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- o Ms T Maloney, Commissioner, Women's Health Transformation Taskforce
- o Mr P Mayes, Ministry of Health
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Next Meeting Date: 09 August 2017



# WAIKATO DISTRICT HEALTH BOARD

# A g e n d a

## Performance Monitoring Committee

**Date:** 14 June 2017

**Time:** 8.30 am

**Place:** Board Room  
Level 1  
Hockin Building  
Waikato Hospital  
Pembroke Street  
HAMILTON

***Meeting of the  
Performance Monitoring Committee  
to be held on Wednesday 14 June 2017, at 8.30am  
Board Room, First Floor, Hockin Building***

## **AGENDA**

**Item**

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1. Apologies
2. **INTERESTS**
  - 2.1 Schedule of Interests
  - 2.2 Conflicts Related to Items on the Agenda
3. **MINUTES AND MATTERS ARISING**
  - 3.1 Minutes Performance Monitoring Committee 12 April 2017
  - 3.2 Minutes of Bay of Plenty Hospital Advisory Committee  
Next meeting 5 April 2017
  - 3.3 Minutes of Lakes DHB Hospital Advisory Committee  
1 May 2017
4. **SYSTEM LEVEL MEASURES**
  - 4.1 System Level Measures Report
5. **OPERATIONS AND PERFORMANCE**
  - 5.1 Operations and Performance Report
  - 5.2 Acute Flow Performance Deep Dive
6. **SERVICES**
  - 6.1 Community and Clinical Support
  - 6.2 Mental Health and Addictions
  - 6.3 Waikato Hospital Overview Reports
    - Medicine, Oncology, Emergency and Ambulatory Services
    - Surgical and Critical Care
    - Older Persons Rehabilitation and Allied Health
    - Womens and Children
7. **QUALITY**
  - 7.1 Quality Report
8. **FINANCE REPORT**
  - 8.1 Finance Report

9. **PEOPLE**
  - 9.1 People and Performance Report
10. **INFRASTRUCTURE**
  - 10.1 Infrastructure Report due 9 August 2017
11. **INFORMATION SERVICES**
  - 11.1 Information Services Plan Report
12. **PERFORMANCE OF FUNDED ORGANISATIONS**
  - 12.1 Performance Report from Strategy and Funding
13. **NEXT MEETING**
  - 13.1 9 August 2017

**RESOLUTION TO EXCLUDE THE PUBLIC  
NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000**

**THAT**

- (1) The public be excluded from the following part of the proceedings of this meeting, namely –

Item 14: Minutes Performance Monitoring Committee 12 April 2017 – Public Excluded

Item 15: People and Performance Report – Public Excluded

- (2) The general subject of each matter to be considered while the public is excluded, and the reason for passing this resolution in relation to each matter, are as follows:

<u>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</u>	<u>REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER</u>
Item 14: Minutes	Items to be adopted / confirmed / received were taken with the public excluded.
Item 15: People and Performance report	Negotiations will be required

- (3) This resolution is made in reliance on Clause 33 of Schedule 3 of the NZ Public Health & Disability Act 2000 and the grounds on which the resolution is based, together with the particular interest or interests protected by the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public are as follows:-

Item 14: As shown on resolution to exclude the public in the minutes.

Item 15: Section 9(2)(j) of the Official Information Act 1982 – To enable the Waikato DHB to carry on negotiations without prejudice or disadvantage.

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Item
14. MINUTES – PUBLIC EXCLUDED
15. PEOPLE AND PERFORMANCE REPORT – PUBLIC EXCLUDE

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**RE-ADMITTANCE OF THE PUBLIC**

**THAT**

- (1) The public be re-admitted
- (2) The Executive be delegated authority after the Board meeting at which the minutes are confirmed to determine which items should be made publicly available for the purposes of publicity or implementation.

## **Interests**

# **SCHEDULE OF INTERESTS AS UPDATED BY COMMITTEE MEMBERS TO JUNE 2017**

## **PERFORMANCE MONITORING COMMITTEE MEMBERS**

### **Sally Christie (Chair)**

Board member, Waikato DHB  
Partner, Mr Michael O'Donnell, employee of Workwise.

### **Crystal Beavis (Deputy Chair)**

Board member, Waikato DHB  
Director, Bridger Beavis & Associates Ltd, management consultancy  
Director, Strategic Lighting Partnership Ltd, management consultancy  
Life member, Diabetes Youth NZ Inc  
Trustee, several Family Trusts  
Employee, Waikato District Council

### **Bob Simcock**

Chairman, Waikato DHB  
Chairman, Orchestras  
Member, Waikato Regional Council  
Director, Rotoroa LLC  
Director, Simcock Industries Ltd  
Trustee, RM & AI Simcock Family Trust  
Wife is the CEO of Child Matters, Trustee of Life Unlimited which holds contracts with the DHB, Member of Governance Group for the National Child Health Information Programme and Member of the Waikato Child and Youth Mortality Review Group.

### **Sally Webb**

Deputy Chair, Waikato DHB  
Chair, Bay of Plenty DHB  
Member, Health Workforce NZ  
Member, Capital Investment Committee  
Director, SallyW Ltd

### **Martin Gallagher**

Board member, Waikato DHB  
Member, Hamilton City Council  
Board member Parent to Parent NZ (Inc), also provider of the Altogether Autism service  
Trustee, Waikato Community Broadcasters Charitable Trust  
Alternate Member, Waikato Spatial Plan Joint Committee  
Wife employed by Selwyn Foundation (contracts with Waikato DHB)

### **Mary Anne Gill**

Board member, Waikato DHB  
Employee, Life Unlimited  
Son is an employee of Hongkong and Shanghai Banking Corp Ltd (NZ)

### **Dave Macpherson**

Board member, Waikato DHB  
Councillor, Hamilton City Council  
Deputy Chair, Western Community Centre, Inc

Partner is Chair of Ngaruawahia Community House, Inc  
Member, Waikato Regional Transport Committee  
Member, Waikato Water Study Governance Group  
Member, Future Proof Joint Council Committee

**Dr Paul Malpass**

Fellow of the Royal Australasian College of Surgeons  
Fellow of the New Zealand College of Public Health Medicine  
Member for the Medical Practitioners' Disciplinary Tribunal  
Member for the Health Practitioners' Disciplinary Tribunal  
Son is the communication manager for Bayer NZ Ltd (Pharmaceutical Division)  
Daughter is a Registered Nurse for Tuwharetoa Health  
CP & DB Malpass Family Trust  
Involved in consultancy work with Lakes District Health Board.

**Ken Price**

Director and Shareholder of various family companies  
Director, AvoFresh Ltd  
Trustee and Protector of a number of family trusts  
Trustee, Katikati Community Health Trust  
Trustee, Western Bay Museum  
Chairman, Health & Welfare Committee, Katikati Pakeke Lions  
Niece is a Nurse at Waikato District Health Board  
Member, Katikati Lions.

**Iwi Maori Council representative**

Dr Kahu McClintock  
Interests to be advised

**Lakes DHB representative**

Ana Morrison  
Interests to be advised

**Bay of Plenty DHB representative**

Anna Rolleston  
Interests to be advised

**Consumer Council representative**



# **Minutes and Matters Arising**



**WAIKATO DISTRICT HEALTH BOARD**  
**Minutes of the Performance Monitoring Committee Meeting**  
**held on Wednesday 12 April 2017**  
**commencing at 8:30am**

**Present:** Ms S Christie (Chair)  
Ms C Beavis (Deputy Chair)  
Mr M Gallagher  
Mrs MA Gill  
Mr D Macpherson  
Mr B Simcock  
Ms S Webb (via web cam)

**In Attendance:** Mr N Murray (Chief Executive)  
Mr M ter Beek  
Mr B Paradine (Executive Director Waikato Hospital Services)  
Mr M Spittal (Executive Director Community & Clinical Services)  
Mr D Wright (Executive Director Mental Health & Addictions Service)  
Mrs B Garbutt (Director Older Persons Rehabilitation and Allied)  
Mr R Lawrenson (Clinical Director Strategy & Funding)  
Ms J Deane (Manager Ambulatory Care)  
Ms J Farley (Acting Director, Surgery, CCTVS, Care & Theatre)  
Ms P Fitzgerald (Acting Director Women's and Children)  
Ms L Aydon (Executive Director Public and Organisational Affairs)  
Mr G King (Director, Information Services)  
Ms J Wilson (Executive Director Strategy and Funding)  
Mrs J MacDonald (Director Finance Advisory)  
Mr C Wade (Chair Health Strategy Committee)

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**IN THE ABSENCE OF DELEGATED AUTHORITY ALL ITEMS WERE  
FOR RECOMMENDATION TO THE BOARD**

**ITEM 1: APOLOGIES**

Apologies were received for Mr K Price, and Mr P Malpass, and Ms C Beavis (for leaving early).

**ITEM 2: INTERESTS**

**2.1 Changes to Register**

No changes to the register of interests were advised.

**2.2 Conflicts Related to Any Item on the Agenda**

No conflicts of interest relating to items on the agenda were foreshadowed.

## **ITEM 3: MINUTES AND MATTERS ARISING**

### **3.1 Performance Monitoring Committee: 8 March 2017**

**Resolved  
THAT**

The minutes of a meeting of the Performance Monitoring Committee held on 8 March 2017 be confirmed as a true and correct record.

### **3.2 Bay of Plenty DHB – Hospital Advisory Committee:**

Next meeting 5 April 2017.

### **3.3 Lakes DHB – Hospital Advisory Committee:**

Minutes were noted.

A paper had been written for the regional DHB boards to confirm appointments across Committees.

The importance of capturing learnings from board training workshops was highlighted. It was suggested that regional committee members be invited to future workshops, with an expectation that committee members would be able to provide presentations on learnings from these workshops.

## **ITEM 4: SYSTEM LEVEL MEASURES**

### **4.1 System Level Measures Report**

Next report due 14 June 2017.

## **ITEM 5: OPERATIONS AND PERFORMANCE**

### **5.1 Operations and Performance Report**

Mr M ter Beek presented this agenda item.

Additional measures for inclusion in the Operations and Performance Report would be phased in over time. It was expected that, phase 2 measures (existing DHB wide measures) would be included by the 14 June meeting, with phase 4 (new measures) anticipated to be incorporated into reporting by the end of 2017.

Service level reporting would continue to be provided in the Service reports. The development of a new reporting KPI dashboard was on the project prioritisation list which would allow further “drilling down” to more detailed information.

Areas highlighted included:

- Both Waikato and Thames hospitals struggled to meet the 95% 6 hour Emergency Department target. Analysis showed that the main delay was during the ED assessment. It was acknowledged that the turnaround of non-admitted patients

from ED showed higher performance than that of admitted patients, effectively ED had 6 hours to manage patients that specialities had 3 hours to manage, albeit that ED did complete the initial assessment work that would assist specialities.

- A theatre plan has been completed for 2017/18 which included outsourcing. A Request for Proposal process would be completed to determine suppliers able to undertake the outsourcing work. Discussions were ongoing with other DHBs seeking their availability to complete some of this work. The current lack of capacity was due to a shortage of staff resource, and would likely be a 2 year project before resolved. A long term plan of theatre utilisation was being worked on. It was likely that even with the fit out of the theatre that currently exists in shell only, in the near future capacity would exceed this resource as well.
- It was intended to shortly have all DHB policies available on the website which included the Absent without Leave policy for Waikato Hospital which was about general hospital patients.

**Resolved  
THAT**

The report be received.

## **ITEM 6: SERVICES**

### **6.1 Community and Clinical Support**

Presented by Mr M Spittal.

- A different model of primary care in Te Kuiti was resulting in a sustained reduction in unplanned presentations.
- Most rural hospitals are performing well against the smoke free target. Work was underway to look at other, more useful key performance indicators regarding a smoke free environment including the number of babies who live in smoke free homes.
- Tairāwhiti DHB had formally requested that their breast screening services be moved from Coast to Coast to Breastscreening Midland. Mrs MA Gill challenged staff to think of opportunities of how to ensure screening volumes were increased especially in the maori population. Mr M Spittal acknowledged the lengths the breast screening team went to, to be culturally sensitive.
- Mr B Simcock suggested that perhaps a focus on achieving one or two interventions, and that the new bowel screening programme could provide an opportunity to change the way these services are delivered.

**Resolved  
THAT**

The report be received.

### **6.2 Mental Health & Addictions**

Presented by Mr D Wright.

- February and March 2017 had seen unprecedented demand and resultant pressure on services, following a quieter than usual December/January period.
- The Peoples Project whilst a good model only provided for homeless people in Hamilton city, which didn't cater for cross sector accommodation support for other mental health patients.
- Integrated Safety Response should be a DHB wide responsibility. Staff needed to be supported to ask the right questions of patients and data should enable, patients presenting multiple times to ED to be flagged.

**Resolved**

**THAT**

The report be received.

**6.3 Waikato Hospital Services overview report**

Internal Medicine Oncology, Emergency and Ambulatory Care

Ms J Deane presented this agenda item.

Points highlighted included:

- The new Waikato Hospital Leadership structure was being used to strengthen relationships due to the alignment of clinical structures with Clinical Directors now reporting direct to Clinical Unit Leaders CULs).
- Internal Medicine were working closely with the Emergency Department which included medical teams attending the 4pm daily handover meeting. CULs were also being encouraged to use the new acute flow dashboard to manage breaches in their service.

Surgical and Critical Care

This item was presented by Mrs J Farley.

It was expected that elective services would meet compliance for April. with work underway to ensure that it remained so which included business managers managing electives on a daily basis.

The consistently high cardiac waitlist over recent months was highlighted as an emergent issue.

Womens and Children Health

Ms P Fitzgerald presented on this agenda item.

The maternity day assessment unit had been officially opened on 3 April which would assist with patient flow.

Older Persons, Rehabilitation and Allied Health

Mrs B Garbutt presented this agenda item.

Mr B Paradine provided a brief update on the implementation of the new Waikato Hospital Structure, following a robust process which

included workshops with affected staff. Feedback appeared positive with expectations that 80% should be implemented within 6 weeks.

**Resolved  
THAT**

The report be received

## **ITEM 7: QUALITY**

- 7.1 Q2 Quality Report**  
Next report due 14 June 2017.

## **ITEM 8: FINANCE REPORT**

- 8.1 Finance Report**

**Resolved  
THAT**

The report be received.

## **ITEM 9: PEOPLE**

- 9.1 People and Resources Report**  
Next report 14 June 2017.

## **ITEM 10: INFRASTRUCTURE**

- 10.1 Infrastructure Report**  
This report was discussed under the public excluded section due contractual information.

## **ITEM 11: INFORMATION SERVICES**

- 11.1 Information Services Plan Report**  
Mr G King attended for this item.

A report on the IS plan was submitted for the Committee's information.

Of note:

- Cyber-attacks continued to be a concern but Waikato DHB had not and would not provide any blackmail payment. A new national government cyber entity had been set up but would not change operational business at Waikato DHB.
- Priority would be given to Infrastructure as a Service (IaaS) which may lead to a slowdown in the delivery of local programmes.

**Resolved  
THAT**

The report be received.

## **ITEM 12: PERFORMANCE OF FUNDED ORGANISATIONS**

### **12.1 Performance of Funded Organisations**

Mrs J Wilson presented this item.

The primary care dashboard was the only report that had been updated since the last Committee meeting. Future primary care dashboards would provide a long term view and for the unenrolled population, separate people living outside the Waikato District. It was highlighted that it would be useful to have an ethnicity breakdown of unenrolled people presenting to the Emergency Department. If unenrolled patients show as having high attendance at ED then the focus needs to be on primary care. It was suggested that an initial workshop between the Performance Monitoring Committee and the Health Strategy Committee could be on child health and Maori health intervention.

Raising healthy kids target provides a snap shot but more detailed information is required to drill down into nutrition reasons.

## **ITEM 13: DATE OF NEXT MEETING: 14 JUNE 2017**

Committee members voiced their commitment to agenda items being heard in the public part of the meeting as much as possible. The infrastructure report contained information around commercial aspects and contract negotiations. It was agreed that future reports would be heard in the public section, with anything deemed necessary to be in public excluded separated into a separate report.

### **Resolved THAT**

Any reference to lease renewal and contractual negotiations in the 12 April 2017 Facilities and Business paper be redacted and the paper be made publically available.



**MINUTES OF THE MEETING OF THE HOSPITAL ADVISORY COMMITTEE  
HELD ON MONDAY 1<sup>st</sup> MAY 2017 AT 10.00 A.M.  
BOARDROOM, ROTORUA HOSPITAL, PUKEROA HILL, ROTORUA**

**Meeting:** [153]

**Present:** L Thurston (Chair), A Morrison (Deputy Chair), D Shaw (Board Chair), J Morreau, C Rankin, P Marks and R Isaacs (from 10.10am)

**In Attendance:** W Webber, S Burns, D Epp (from 10.35am), R Dunham, N Saville-Wood, S Wilkie (from 10.10am), Dr S Kletchko, G Lees, M Fraser, H Schoeman, D Mayes, G Fannin, presenters - P Rollo and S McMillan and B E Harris (Board Secretariat)

**153.10 MEETING CONDUCT**

The Chair welcomed everyone to the meeting before following with a karakia.

153.11 Apologies (*Agenda Item 1.1*) J Horton, P Tangitu and A Mountfort  
**Resolution:**  
THAT the apologies be accepted.  
**C Rankin : L Thurston**  
CARRIED

**Late Item : Letter of 27<sup>th</sup> April 2017 from the Ministry of Health re Lakes DHB's financial performance results**

**Resolution:**  
THAT the meeting move into Public Excluded.  
**L Thurston : D Shaw**  
CARRIED

**Resolution:**  
THAT the meeting move out of Public Excluded.  
**L Thurston : A Morrison**  
CARRIED

153.12 Schedule of Interests Register (*Agenda Item 1.2*)  
The Interest Register was circulated during the meeting with no additions or deletions made.

153.13 Conflict of interest relating to agenda items (*Agenda Item 1.3*)  
The Chair asked for any disclosures of interest regarding agenda items to which none were submitted.

153.14 General Business (*Agenda Item 1.4*)

153.15 Presentations

153.15.1 **Presentation update on Family Violence by Penny Rollo, Family Violence Co-ordinator and Sarah McMillan, Child Protection Co-ordinator**

The presentation given by P Rollo covered the following points:-

- Violence Intervention Programme – Introduction
- Background – MoH Initiative – 2016 MoH Guidelines updated
- MoH Service Specification
- Lakes DHB FVIP Policy
- Where we are now
- Where to
- A final thought – why we do what we do

The Chair thanked P Rollo and S McMillan for a very stimulating presentation, noting that this initiative started back in 2002 with Lakes DHB being one of the pilots. It was good to know that this is Lakes DHB's effort to ensure children are in a safe place. The take home message stated by S McMillan was:-

“a breach of trust  
a thief of innocence  
a robber of childhood  
a soul destroyer  
a KILLER’

## 153.20 SIGNIFICANT ISSUES

### 153.30 CHIEF OPERATING OFFICER

#### 153.31 Hospital & Specialist Secondary Services (Agenda Item 3.1)

- 153.31.1 Chief Operating Officer monthly report : March 2017 (Agenda Item 3.1.1)  
N Saville-Wood took his report as having been read. The relevant areas he highlighted were:-
- The two functions held for Julie Eilers with appreciation extended to the Board members and staff who attended.
  - Winter planning is underway, noting care with each area, patient volumes and level of sickness within the staff.
  - Elective services is a potted history of ESPIs 2 and 5.
  - Provider arm is busy with a number of reviews with a lot of work going into them.

- 153.31.2 Balanced Scorecard (Agenda Item 3.1.2)  
It was noted that the six hour short stays in ED was at 94% and is a constant battle but everyone is committed.

With regard to smoking, D Shaw stated Lakes had been the national leader two years ago. N Saville-Wood stated that when Lakes focusses on it and achieves 100% the momentum is directed elsewhere and the concentration lapses.

#### **Resolution:**

THAT the Chief Operating Officer's report and Balanced Scorecard provided for the information of the committee be received.

**D Shaw : L Thurston**  
CARRIED

## 153.40 REPORTS

#### 153.41 Performance Monitoring : Finance & Audit 31<sup>st</sup> March 2017 (Agenda Item 4.1)

In the absence of A Mountfort, M Fraser spoke to the financials highlighting the following:-

- Net deficit (\$1.1 million) with the variance negative to budget (\$3.5 million).
- Medical locums (\$421k).
- Other outsourced clinical services (\$216k).
- Slight variances between contracts and other revenue.
- Personnel costs (\$94k) mainly attributable to nursing staff.
- Outsourced Services (\$637k) majority of unbudgeted medical costs for locums.
- One-off accounting adjustment IS Imprivata project management fees (\$67k) August 15 to February 17.
- Infrastructure and non-clinical costs were favourable to budget in the month of \$85k.
- Population Health Unit was at break even in March.
- Disadvantage in not having enough critical mass to cover lead and sabbatical leave. Bigger hospitals can sustain themselves.
- Pharmaceuticals (\$157k) is the fault of Lakes DHB but cancer therapy is expensive. Drug-related to demand aspect which fluctuates.
- Noted that New Zealand has got the best system in the world which is equitable and affordable at present because we have a single purchaser, using clinical expertise. Pharmacy is making decisions based on expert knowledge and input.

#### **Resolution:**

THAT the Financial Report for 31<sup>st</sup> March 2017 be received.

**L Thurston : D Shaw**  
CARRIED



<b>153.50 SECRETARIAL</b>	
153.51	<p>Minutes of previous Hospital Advisory Committee meeting held 27<sup>th</sup> February 2017 (<i>Agenda Item 5.1</i>)</p> <p><b>Resolution:</b>            THAT the minutes of the previous Hospital Advisory Committee meeting held 27<sup>th</sup> February 2017 be confirmed as a true and accurate record.</p> <p><b>C Rankin : J Morreau</b>            CARRIED</p>
153.52	<p>Schedule of Tasks (<i>Agenda Item 5.2</i>)</p> <ul style="list-style-type: none"> <li>➤ The Chair acknowledged N Saville-Wood's office in updating the acronyms.</li> <li>➤ Delete Family Violence</li> <li>➤ Patient letters – these are challenged all the time and checking with consumers for readability. An on-going issue we try to do the best we can.</li> </ul>
153.53	<p>Matters Arising (<i>Agenda Item 5.3</i>) : Nil</p>
<b>153.60 INFORMATION AND CORRESPONDENCE (<i>Agenda Item 6.0</i>)</b>	
153.61	<p>Waikato DHB Health Strategy Committee Minutes of meeting held 8<sup>th</sup> March 2017</p>
153.62	<p>Waikato DHB Performance Monitoring Committee Minutes of meeting held 8<sup>th</sup> March 2017</p> <p><b>Resolution:</b>            THAT the minutes of the Waikato DHB Health Strategy and Performance Monitoring Committee minutes dated 8<sup>th</sup> March 2017 be received.</p> <p><b>L Thurston : A Morrison</b>            CARRIED</p>
153.63	<p>Configuration of Kaupapa Maori Services            An on-going internal process of keeping affected staff informed.</p> <p><b>Resolution:</b>            THAT the information be received.</p> <p><b>L Thurston : D Shaw</b>            CARRIED</p>
153.64	<p>Update – Planning and Funding Key Activities first six months 2016/17</p> <p><b>Resolution:</b>            THAT the update be received.</p> <p><b>L Thurston : A Morrison</b>            CARRIED</p>
153.65	<p>Midland update on the National Bowel Screening Programme            This update was provided for the information of committee members.</p> <p><b>Resolution:</b>            THAT the updated information be received.</p> <p><b>L Thurston : C Rankin</b>            CARRIED</p>
153.66	<p>HDC Complaints to the Advocacy Service DHB Annual Report 01.07.15-30.06.16</p>
153.67	<p>Complaints to HDC involving DHBs – Lakes DHB</p> <p><b>Resolution:</b>            THAT the above information be received.</p> <p><b>L Thurston : J Morreau</b>            CARRIED</p>
153.68	<p>Did Not Attend (DNA) – Failed to Deliver Services Results Update            N Saville-Wood spoke to the report from B Smith, Population health Analyst, Planning and Funding. N Saville-Wood stated that basically measurements created by B Smith showed how they fared against each other and takes time to progress. In response to a question, the meeting was advised that the programme has no budget. Other points noted included:-</p> <ul style="list-style-type: none"> <li>➤ Whole list of items are case managed.</li> </ul>

- Need more modern types of communication i.e. facebook.
- Out-patients clinic needs to be careful as people may not want family members to know of their appointments.
- Need to consider providing clinical appointments out of hours. This has commenced with the Children's Centre.
- Two clinics offering clinics outside normal working hours.
- Have phone-in service to be more convenient.
- Find text reminders a real helpful service and great way of informing people.
- Trying to introduce programmes to make communication a lot easier.

D Shaw congratulated N Saville-Wood and his team for their excellent work and engagement with consumers. N Saville-Wood commented on the successful programme carried out by the Murupara practice.

**Resolution:**

THAT the information be received.

**L Thurston : C Rankin**

CARRIED

**Iwi representative reports:**

Both iwi representatives, P Marks and R Isaacs spoke on the matter of health programmes coming on board and DNA relative to Maori men and the positive things being tried to change the attitudes of Maori men.

**Resolution:**

THAT the verbal reports from Te Arawa and Tuwharetoa iwi representatives be received.

**L Thurston : J Morreau**

CARRIED

153.69

Letter 15.03.17 of appreciation re Certification Audit : Noted

**153.70**

**PUBLIC EXCLUDED**

**Resolution:**

THAT the meeting move into Public Excluded at approximately 11.30am

**L Thurston : A Morrison**

CARRIED

.....  
Chair

26<sup>th</sup> June 2017



**SCHEDULE OF TASKS: Hospital Advisory Committee meeting  
1<sup>st</sup> May 2017**

<b>Agenda Item</b>	<b>Action</b>	<b>Responsibility of</b>	<b>Timeframe</b>
<b>Presentations:</b>			
Faster Cancer Treatment	That a further presentation be given on this matter at a future HAC meeting.	Chief Operating Officer	June 2017
<b>Tasks</b>			
Patient letters	Improvements to the patient letters are on-going.	N Saville-Wood	Ongoing

DRAFT



# **System Level Measures**

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

14 JUNE 2017

## AGENDA ITEM 4.1

### STRATEGY AND FUNDING DASHBOARD & SYSTEM LEVEL MEASURES

<b>Purpose</b>	1) For information
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#### **System level measures**

The report on performance against the 2016/17 System Level Measures will be reported through to the August 2017 Performance Monitoring Committee.

The focus on System Level Measures over the last few months has been on the development of new measures for 2017/18. This year's process has involved significantly increased engagement across the primary, secondary and NGO sectors and increased focus on local priorities and activities.

These measures will be discussed at the Health Strategy Committee and finalised with our alliance partners during June 2017. It is expected that reporting on the System Level Measures will become one of the key reporting items through Strategy and Funding replacing the existing dashboard.

#### **Health Targets**

No updated information has been received in relation to the primary health targets.

There was a very useful discussion within the inter-alliance forum in relation to the lack of progress in relation to both the smoking and immunisation targets. It is noted that the smoking target applied only to the process of providing advice and does not reflect cessation information. Information on smoking cessation has been provided by Pinnacle and is attached as appendix A.

#### **Reporting in more depth on specific performance and equity issues**

In addition to routinely reporting on System Level Measure activity we are suggesting that a schedule of service areas will be developed with a suite of supporting information presented to the Committee on a yearly basis.

As an example for child health a suite of indicators may include:

Emergency Department Presentations (children)
Ambulatory Sensitive Hospitalisations (ASH)
Acute Admissions
Fully Immunised at 6 Months
Fully Immunised at 8 Months
Fully Immunised at 2 Years
Fully Immunised at 5 Years

Raising Health Kids (Obesity HT)
Teenage Births
Teenage termination of pregnancies
Smoking in Pregnancy
B4 School Checks
Well Child Tamariki Ora Enrolment
Well Child Tamariki Ora Core Checks 1-5
Early Enrolment with LMC
PHO Enrolment for 0-24 years
PHO Enrolment of 0-1
Dental Caries Free at 5 yrs
Dental Caries Free at Year 8
Mental Health - access to services 0 - 19 yrs

At each meeting detail will be discussed around indicator to be included in the reporting for the subsequent meeting.

**Recommendation**

**THAT**

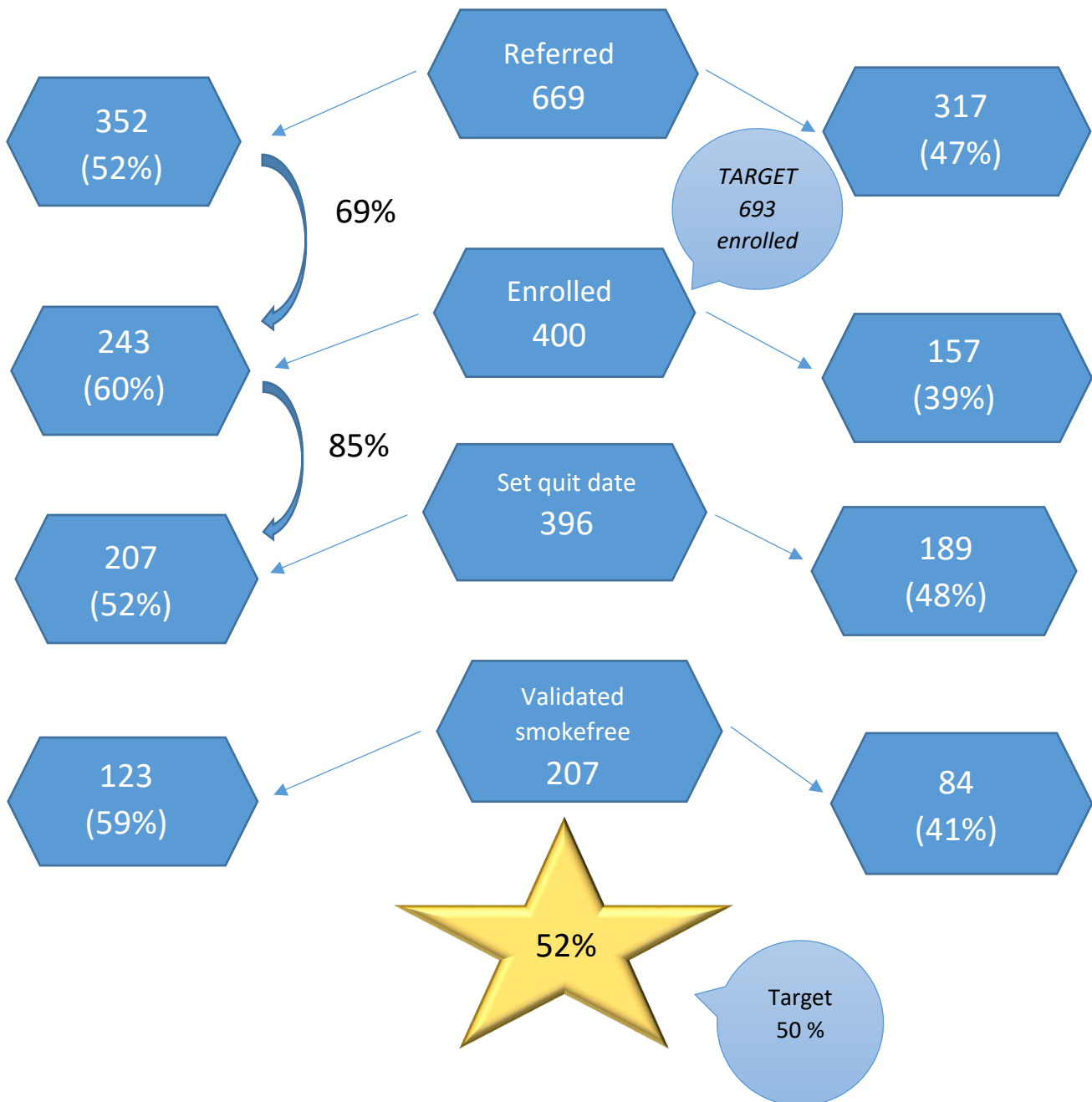
The Committee notes the content of the report

**JULIE WILSON**  
**EXECUTIVE DIRECTOR, STRATEGY AND FUNDING**

# How is the stop smoking service going?

## Waikato

Maori **Total** Non-Maori





# **Operations and Performance**



# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

## 14 JUNE 2017

### AGENDA ITEM 5.1

#### OPERATIONS AND PERFORMANCE DIRECTORATE

<b>Purpose</b>	1) For information
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#### **Operations & Performance summary report**

The Operations & Performance team has been busy during the last period with facilitating the production planning for the annual budgeting process and associated work related to this (theatre planning, bed planning).

In addition, bed occupancy during the period has been high, with very high volumes of patients presenting in ED during April and May and some signs of an early flu recently (yet to be confirmed).

Feedback on the proposed IOC structure changes was received, analysed and a feedback panel session held on 29 May. Decision document will be released early June.

Due to high number of vacancies and unexpected resignation by Director of Operational Performance & Support, the team has had to prioritise some work, and request interim management assistance until recruitment can be completed.

#### **Waikato Hospital bed occupancy – Coordinated Incident Management**

Due to the high bed occupancy, a Coordinated Incident Management (CIM) response was called on Tuesday 23 May. The response involved extraordinary focus on discharging patients without high acuity needs, increased transfers to rural hospitals, and admissions avoidance through communication with primary care, the general public and cancelling some electives (29 in total). The CIM had the desired effect and ensured the remainder of the week saw much better bed availability and acute flow performance (92% within 6 hours on Wednesday). A big thank you has to go to all Waikato DHB staff for their pro-active response and execution of the CIMs plan on the day. A debrief session following the CIM was conducted with key members of the response team, and learnings were captured. Additional root cause analysis of the days leading up to the event will be completed by 9 June. Key focus of recommendations will be to improve understanding how a similar situation can be better anticipated in the future, with action taken earlier to address an upcoming bed shortage. There are additional learnings which will result in a more efficient process of CIM response.

# Part 1 DHB wide performance - Operations & Performance scorecard period ending April 2017

## Operations & Performance

April 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	86.9	95.0	(8.1) ❌	88.3	95.0	(7) ❌		1
Emergency Department (3/2/1 performance)		Under development							
Number of long wait patients on outpatient waiting lists	# > 4 mths	23	0	(23) ⚠️	2,715	0	(2715) ❌		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	144	0	(144) ❌	893	0	(893) ❌		3
CTs reported within 6 weeks of referral	%	87.7	90.0	(2.3) ⚠️	93.6	90.0	3.6 ✅		
MRIs reported within 6 weeks of referral	%	87.9	85.0	2.9 ✅	88.9	85.0	3.9 ✅		

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Waiting Time for acute theatre < 24 hrs	%	69.5	80	(10.5) ❌	72.7	80.0	(7.3) ❌		4
Waiting Time for acute theatre < 48 hrs	%	85.9	100	(14.1) ❌	87.1	100.0	(12.9) ❌		5

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Laboratory – ED urgent Biochemistry profile TAT within 90 mins	%	94.0	90.0	4.0 ✅	94.3	90.0	4.3 ✅		
All inpatients scanned within 24 hours	%	88.0	90.0	(2.0) ⚠️	88.7	90.0	(1.3) ⚠️		
All inpatients scanned within 48 hours	%	95.0	95.0	- ✅	95.8	95.0	0.8 ✅		
Emergency Department patients Ultrasound and CT scanned within 6 hours	%	99.5	100.0	(0.5) ⚠️	99.6	100.0	(0.4) ⚠️		
Emergency Department patients General X-Ray scanned within 30 minutes	%	80.0	100.0	(20.0) ❌	75.6	100.0	(24.4) ❌		6
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	100.0	100.0	0.0 ✅	100.0	100.0	(0.0) ⚠️		
Output Delivery Against Plan - Inpatient Number of Episodes	%	102.7	100.0	2.7 ✅	99.3	100.0	(0.7) ⚠️		
Output Delivery Against Plan - Inpatient CWD Volumes	%	96.3	100.0	(3.7) ⚠️	99.0	100.0	(1.0) ⚠️		

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Number of long stay patients (>20 days length of stay)	Discharges	64	54	(10) ❌	632	555	(77) ❌		7
Number of long stay patient bed days (>20 days los)	Bed Days	2,095	1,637	(458) ❌	21,623	18,565	(3058) ❌		8
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			5.10	4.79	(0.31) ❌		9
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.80	1.89	0.08 ✅		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.97	1.05	0.08 ✅		

#### Key - MTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%	❌

#### Key - YTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%; operational plan in place	❌

#### Key - Trend Measure

Favourable Trend	✅
Unfavourable Trend - but YTD performance has met target	⚠️
Unfavourable Trend - but YTD performance is below target	❌

## Operations & Performance KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	<b>Shorter Stays in ED</b>	<p>Waikato Hospital continues to struggle with performance of the 6 hour target. In addition, Thames hospital experienced a busy month and did not meet the 6 hr target. Overall DHB performance still declining on this measure.</p> <p>For Waikato Hospital, main delay phases in May were most commonly specialist assessment (39%), ED assessment (37%), and bed allocation (24%). Patient flow programme projects underway to address root cause issues.</p> <p>Further detail to be included in separate acute flow deep dive presentation on PMC agenda.</p>
2/3	<b>ESPI 2 and 5</b>	<p>Work continues on this on a daily basis with a number of specialities, against the MOH ESPI2 target. With initiatives in managing inflows, recruitment and implementation of the orthopaedic action plan we achieved ESPI 2 compliance in April and are projecting compliance for May.</p> <p>ESPI 5 compliance for April compromised due to continued reduced elective operating theatre and acute demand increase made worse by the number of public holidays that occur in April. This has had a knock on impact to May performance.</p> <p>RFP for surgical outsourcing underway with responses from suppliers evaluated by panel.</p>
4/5	<b>Waiting time for acute theatre</b>	<p>Waiting time for acute theatres has been declining in recent months. Particularly the performance against 48 hrs has been of concern.</p> <p>Required acute theatre capacity for next year has been modelled by the production planning team and options for increasing acute theatre time by sacrificing elective time are being developed. Also, additional acute theatre time on the weekends proposed.</p>
6	<b>ED Patients General X-ray within 30 minutes</b>	<p>For the past 4 months there has been very little change on this measure. Improved performance during business hours, however out of hours and weekends are compromised as resource compromised by competing demands for MRTs required for Theatre (high demand), Traumas, inpatient mobiles and patients not ready to come to Xray. Trend for this measure is improving.</p>
7/8	<b>Number of long stay patients</b>	<p>The number of long stay patients that have been discharged YTD is still above target, however it has been tracking down in recent months.</p> <p>SAFER implementation (part of patient flow programme), which includes weekly doctor review of all patients in hospital with LOS&gt;10 days, is scheduled for July.</p>

9	<b>Inpatient length of stay (Acute)</b>	<p>12 month rolling average experienced an uplift since the last reporting period.</p> <p>There has been a slight increase for Waikato Hospital to 4.15 vs target of 4.01, however the acute length of stay in Thames and rural hospitals combined has declined. Further investigation required to understand the key driver for this combined ALOS measure.</p> <p>The work underway as part of SAFER bundle implementation is expected to improve acute length of stay, and further targeted work will be defined as part of the Patient Flow Programme – including a focus on DRGs with a high relative stay index compared to peer hospitals in HRT.</p>
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## Part 2. Operations & Performance team overview report – period ending May 2017

### Team: Operational Performance and Support

#### 1. **Initiatives and Highlights**

- The National Patient Flow (NPF) project. Progress being made with the addition of one of the Data Quality analyst to support business process analysis and data quality improvement.
- The Production Planning project is well advanced and with the draft PVS with Strategy and Funding for review. Process learnings for future production planning process captured.
- The pilot using the new 'Qlik' tool for some Mental Health Dashboards. A new project Manager has been appointed, and will have oversight of each of the approved BI work streams.

#### 2. **Emerging issues and risks**

- Current vacancy in Director of Business Intelligence and Production Planning role is being covered by an experienced external vendor who has been engaged to specifically oversee the NPF, Production Planning and Quality Audit functions. The Director role has been advertised, however delays to KPI reporting and other reporting service development work are expected.
- The change to department structure to support to the production planning process is under consideration starting with the advertising of a Production Planning Manager. We are considering possibilities to strengthen the production planning function within the constraint of existing budget.
- The Data Quality team is back to 2 staff with one being assigned to NPF data issues. A considerable investment is made to National Patient Flow project with up to 1.4 FTE from the team occupied by this for the long term and this is having an effect on other priority work.
- The recruitment process to cover maternity leave for one analyst is underway with an offer on the table. Recruitment of a temporary analysis to cover the second analyst due to go on Maternity leave will commence in June.

#### 3. **Next period focus areas**

- Development of a new KPI dashboard for the Performance Monitoring Committee
- Support for the Mental Health 'Qlik' pilot and further rollout of the tool.
- Possible change to department structure to create a couple of dedicated production analysts and re-allocate other work.
- Establish a useful support mechanism for NPF software development.

### Team: Clinical Records

#### 1. **Initiatives and Highlights**

- Work is continuing on processing the Urology paper files - some to be sent offsite and some scanned.
- More staff being trained in scanning. The aim is to have some scanning done after normal working hours.

#### 2. **Emerging issues and risks**

- Staff sickness and maintaining the 24/7 roster continues to be an issue.

#### 3. **Next period focus areas**

- Continue with Urology file processing
- Planned upgrade to scanning software in the near future. IS have commenced work on this.

### Team: Clinical Coding

#### 1. **Initiatives and Highlights**

- Audit initiatives showing positive downward trend in potential loss of revenue in IDF charts with DRG B or C and long length of stay - documentation by the Clinicians

has improved in most areas and/or the coding can be rectified before sending to Ministry as it is picked up on audit in real time.

- Met with external ACC Revenue Auditor and highlighted key areas where the admission should be recorded as being an ACC event and what is required to ensure an inpatient event can be coded as an ACC event.
- 3M Codefinder Version 6.30 successfully tested and implemented.
- Majority of staff have attended WDHB values session and are embedding these in everyday working practice.

## 2. **Emerging issues and risks**

- Cardiothoracic IDF documentation still poor and at risk of losing revenue and/or but this will be raised with the new service manager for Cardiac directorate.
- Any delays in implementation of annual reporting changes may impact year end reporting targets to MOH.
- Changes in mail runs and Clinical Records impacting on workload and accessing charts for coding.
- Lack of availability of La Trobe Auditing course causing some delays in training other auditors to replace Manager as an auditor. Impacts on the number of charts audited and the complexity.

## 3. **Next period focus areas**

- Developing a plan to ensure Cardiothoracic IDFs are coded to the correct DRG first time and avoid the need for retrospective auditing and rework.
- Successful completion and implementation of 1st July reporting changes.
- Investigation of suitable space and time line for moving Clinical Coding nearer to Clinical records.
- Investigate alternative training for auditors.

### Team: Integrated Operations Centre

#### 1. **Initiatives and Highlights**

- Met with McKesson re upgrade for one staff and planner, McKesson agreed to do this as per contract with no fee. 'Onestaff' upgrade has commenced this week. 'Capacity Planner' upgrade will occur when this has been completed (August).
- Rural Hospital Project underway, patient design moving forward to help inform the correct ways of working.
- Assignment workload manager (AWM) data used to inform 17/18 nursing budgeting process with increased in hours per patient day made in a number of wards; this will help base line staffing needs.
- Patient Transport Service project going well with a positive presentation day by suppliers, visits may occur to both suppliers.
- Paging system upgrade requirements signed off.
- Clinical Whiteboard (IMPACT) project moving forward with implementation planning and additional requirements gathering, and we are still awaiting decision from MoH on the proposed business case.
- Presented at the Ministry of Health day on production planning on our bed capacity planning process, this was well received.
- Temporary external staff contract taken over by IOC as the previous contract manager's position was disestablished and the IOC engaged the majority of external staff.

#### 2. **Emerging issues and risks**

- Bed planning continues to show demand greater than supply, on a daily basis. Variance response is occurring daily with extra beds being opened to offset this however the staffing gap means that these are often not resourced with staff - on going however has escalated with a CIMS required on the 23rd/May Detailed review of this will be completed by 9 June. Medihotel and ward M14 will be increasing beds in a planned way until OPR 5 is opened.
- Some expected unrest and anxiety within the IOC team due to proposed structure change however mostly there has been no disruption to service.

**3. Next period focus areas**

- 17/18 bed planning and budget process being worked through increases to nursing budgets and OPR 5 will need to be recruited to, before full bed plan can be actioned.
- McKesson CapPlan upgrade to version 7: this will allow additional functionality with staff planning and theatre planning.
- Completing RFP for Interhospital transfers.
- IPM system upgrade, this is behind schedule due to the work IS had to do with ensuring the DHB was protected from the international virus.
- Paging system upgrade to occur.
- Detailed process design and implementation work on Clinical Whiteboard.

**Recommendation**

**THAT**

The report be received

**MARCTER BEEK**

**EXECUTIVE DIRECTOR OF OPERATIONS AND PERFORMANCE**

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 14 JUNE 2017

## AGENDA ITEM 5.2

### ACUTE FLOW PERFORMANCE DEEP DIVE

<b>Purpose</b>	1) For information
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#### **Situation**

Acute flow, and the Ministry of Health target 'Shorter Stays in ED' (SSED, 6 hour target) has been an area of concern for the DHB for a considerable time. Waikato DHB has not met this target of 95% patients discharged from ED or admitted to a ward within 6 hours in any of the last 31 quarters. Despite many efforts over time, performance has continued to decline in more recent months. The number of patient presentations at Waikato Hospital ED continues to increase unrelentingly, with total presentations for May 2017 7.5% above last year's volume and year to date presentations 3.4% higher than last year's.

#### **Acute Flow Deep Dive**

Discussions at recent Waikato DHB Board and DHB Board committees have raised questions about the causes for this declining performance. In response to these questions it was thought to be useful to have a more in-depth presentation and discussion about the acute flow within Waikato DHB. The objective for this Deep Dive presentation is to delve deeper into the drivers behind the performance, to better understand the demand and capacity. The focus will be on the Waikato Hospital performance, and is not expected to cover primary care or community care in great detail at this stage. The information that will be presented covers the breakdown of acute flow performance in the components of 'ED assessment / 3hr', 'Specialty assessment / 2hr' and 'Bed allocation / 1hr'. A review of 'main delay phases' will demonstrate that the causes for our performance are across the entire patient journey.

#### **Next steps**

There are many initiatives and changes underway which are aimed to have an impact on the acute flow performance. Additional staffing in ED, additional bed capacity in OPR5, improved transfer processes and utilisation of rural hospital beds are examples of this. A summary of the activities under the Patient Flow Programme will be presented in this month's Health Strategy Committee meeting. It is recognized by the Patient Flow Programme governance group, the Acute Patient Governance Group and the Demand Management Advisory Group, that increased focus and more impactful changes are required to make an impact. A task team with members from across these groups will be established to review options to fast-track current work and prioritise additional changes required, including broader review of alternative models of care across the end-to-end patient flow journeys.



**Recommendation**

**THAT**

The report be received

**MARCTER BEEK**

**EXECUTIVE DIRECTOR OF OPERATIONS AND PERFORMANCE**

**ALEX GORDON**

**DIRECTOR OF INTERNAL MEDICINE**

# Services

**MEMORANDUM TO THE PERFORMANCE MONITORING  
COMMITTEE  
14 JUNE 2017**

**AGENDA ITEM 6.1**

**COMMUNITY AND CLINICAL SUPPORT**

<b>Purpose</b>	1) For Committee assessment
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A wide range of initiatives to both develop services and enhance service performance are underway in the Community & Clinical Support directorate. The services are generally performing well against the range of performance metrics expected of them.

The Community & Clinical Support Services group is on track to achieve 81% of the targeted savings plan for the year which is a considerable achievement given the extremely stretching nature of the activities involved. The performance reflects the high degree of front line ownership of being effective stewards of the public purse that is evident amongst many staff.

This month's report places a particular spotlight on a range of the non-hospital activities that are underway. It is all too easy for inpatient services to dominate the discourse otherwise.

**Recommendation**      1) **THAT:**  
The Committee notes the content of the report.



**MARK SPITTAL  
EXECUTIVE DIRECTOR – COMMUNITY & CLINICAL SUPPORT**

# 1 Service Development

With great joy the community health staff in Te Awamutu have finally been able to vacate a dilapidated house and move into a refurbished facility on the Matariki hospital site. The former accommodation was in a serious state of disrepair and it had taken a number of years for the capital to be available so that this goal could be achieved. The former premises will now be sold.

The Population Health Service will have a more active presence in the Health Hub at Field Days this year, with an exhibit focused on improving the quality of drinking water to improve the health of children.

Every year the DHB hosts a cervical screening update for practice nurses from throughout the district. This year the update had its largest ever audience, reaching about 220 nurses from a wide variety of practices. The update was also pre-recorded at Waikato DHB so it can be available to smear takers who did not attend via the Waikato DHB website.

The Productive Operating Theatre (TPOT) series has commenced at Thames Hospital which is the first site within the DHB to adopt the TPOT programme. TPOT is a front line continuous improvement project that has three main goals; to:

- Increase the safety and reliability of care
- Improve team performance and staff wellbeing
- Add value and improve efficiency

The Productive Operating Theatre methodology has 10 unique modules to support these goals in the theatre environment

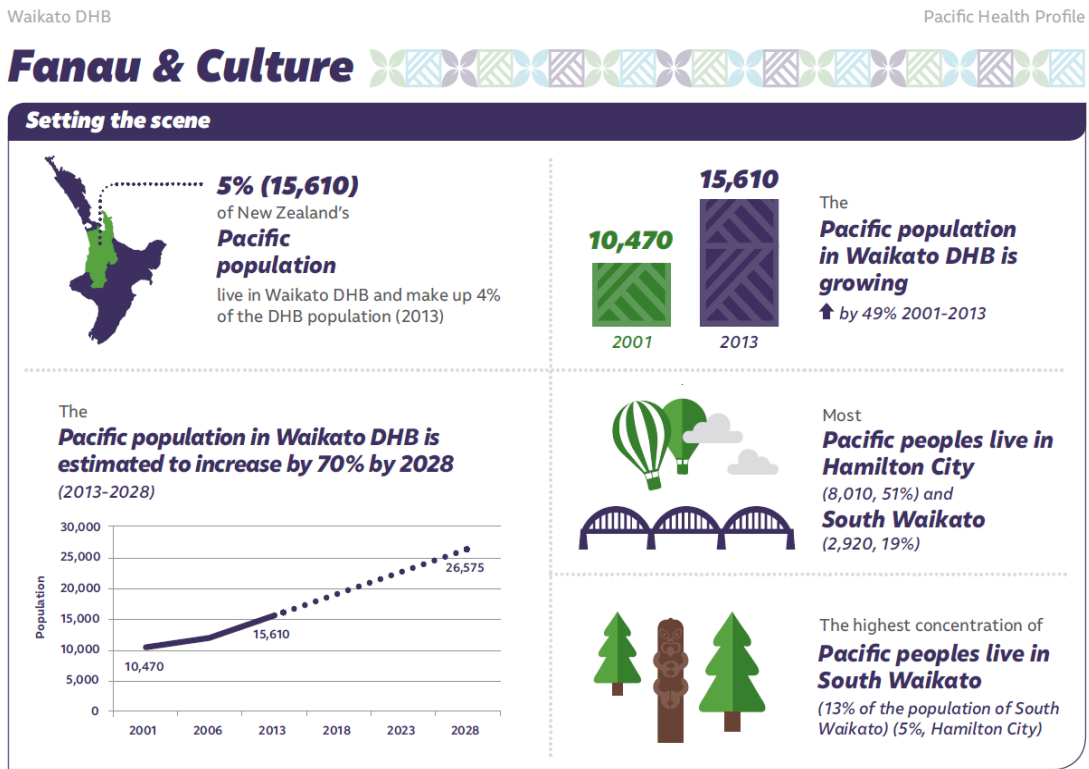


The District laboratory service is currently hosting presentations from a range of key industry vendors as part of the process of developing a ten year strategic plan for the laboratory. The rapid pace of technological development within laboratory science means that this aspect of the DHB's operation will undergo significant change over that period. Understanding the technology development path of the wider industry is a key part of planning for those changes.

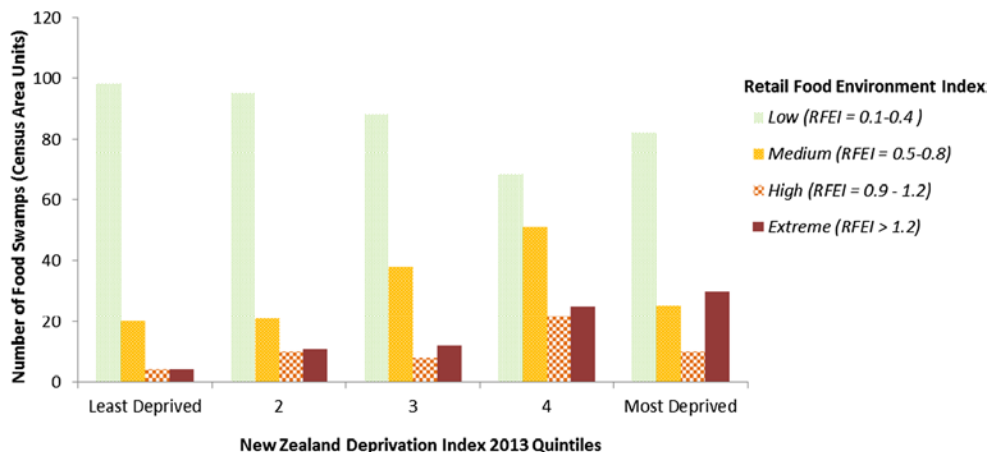
The DHB Board's decision last month to adopt the primary maternity proposal for the south will now be translated into a detailed implementation plan. Progress against that plan will be reported on through the Health Strategy Committee.

## 2 Service Performance

The **Pacific Health profile** that describes the health needs and strengths of our Pacific population is due for publication shortly. The final draft is being reviewed by our Pacific stakeholder group and will be made available on the Waikato DHB website once finalised. By working closely with the community, the authors have endeavoured to reflect a range of community strengths as well as highlight areas of inequality and reduced health outcomes. The DHB can work with the Pacific community to build on their strengths to reduce the health disparities over time.



A recent publication in the International Journal of Public Health, for which one of the DHB's Population health staff was a co-author, has demonstrated a "significantly positive association was observed between area deprivation and density of all retailers. A significantly negative association was observed between area deprivation and proximity to all retailers. Nationwide, 722 Census areas were identified as food swamps."



Number of food swamps: by New Zealand Deprivation Index Quintiles [higher RFEI (Retail food environment index) indicates a higher relative availability of unhealthy food outlets] (National study on community retail food environments, New Zealand, 2014–2015). NZDep New Zealand Deprivation Index.

The research demonstrates that “access to food retailers is significantly higher in more deprived areas than in less deprived areas” and recommends “restricting unhealthy outlets in areas with a high relative density of those outlets.”<sup>1</sup>

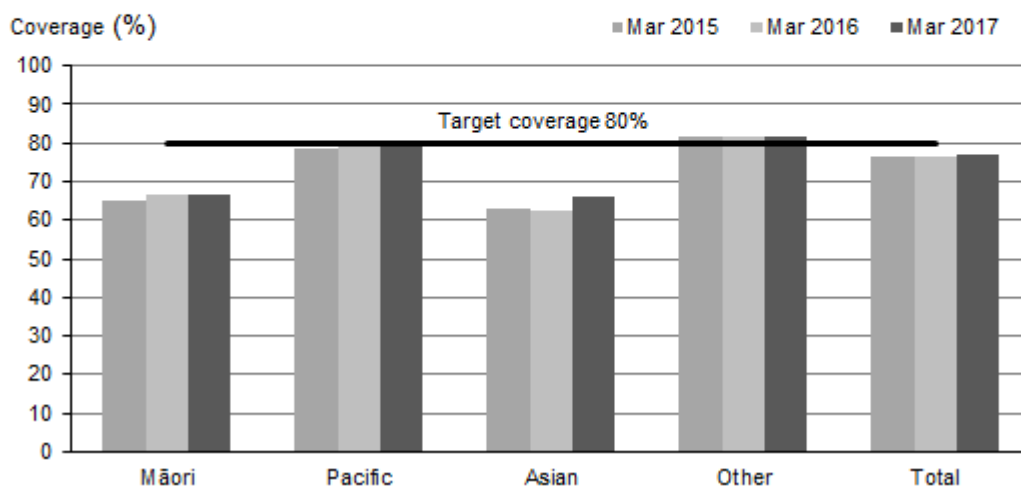
This work once again shows the pivotal leadership role that local authorities have in influencing the health of the community. On that note the Otorohanga District Council is to be congratulated for recently reaffirming its sinking lid policy on class four gambling machines in their area. The prevalence of pokie machines is significantly associated with areas of social deprivation which is, in turn, a primary influencer of health status.

Ka Pai Kai is a community development project in South Waikato that began by supplying healthy lunches to school children, prepared in the hospital kitchen (on a cost recovery basis). A community group was then formed and the work was shifted to a local kitchen in Tokoroa. At the same time that the DHB was reducing its input to the project, community leaders were being developed to take the project over. Ka Pai Kai is now fully run by the community as a small enterprise without DHB support other than community development guidance. In more recent months the Ka Pai Kai team have progressed to working with marae based gardens to source produce, etc, which is deepening the community sustainability and influence of the project within the local area on multiple levels. Ka Pai Kai has now become a work experience site for local secondary school students who are transitioning into the food industry. The success of this project was recognised at the recent Vital Waikato awards. Not only has this initiative led to a great outcome within the local schools, but has had far reaching positive affect on the whole community. It was one of three finalists (out of 69 applicants) to receive a Vital Waikato grant. The grant will enable the community to employ staff to coordinate and expand the programme over the next two years. The active support of a range of NGOs and the South Waikato District council has been an important feature of its continued success. Positive community led development such as this is an important way of reducing the negative impact that food swamps have on the community.

Funding targeted to reduce the rates of women who are significantly overdue for a cervical smear is showing some success. Whilst there is a lot of work still to be done to achieve the national target, a slight improvement in coverage rates for cervical screening is evident.

## Waikato coverage trends by ethnicity

**Figure 2: NCSP coverage (%) of women aged 25–69 years in the three years ending 31 March 2017 by ethnicity, Total Coverage**



<sup>1</sup> Sushil, Z et al, “Food swamps by area socioeconomic deprivation in New Zealand: a national study”, Int J Public Health DOI 10.1007/s00038-017-0983-4, May 2017

A voucher system to attract Asian and Maori women through the work of Family Planning is due to be added to the existing range of incentives shortly.

**Sometimes women are so busy looking after their families, they leave themselves until last...**

**This voucher entitles you to a FREE cervical smear**

**To do list:**  
School lunches  
Ironing  
Grocery shopping  
Car-wash  
Smear

**This voucher entitles you to a FREE cervical smear**

Please book an appointment with your practice nurse or GP.  
Or try Family Planning at 240 Tristram Street, Hamilton (across road from Founderis Theatre)

For clinic hours or to make an appointment phone 07 839 4061 or use the Ask for an Appointment form on our website [www.familyplanning.org.nz](http://www.familyplanning.org.nz)  
Late night and Saturday appointments available.

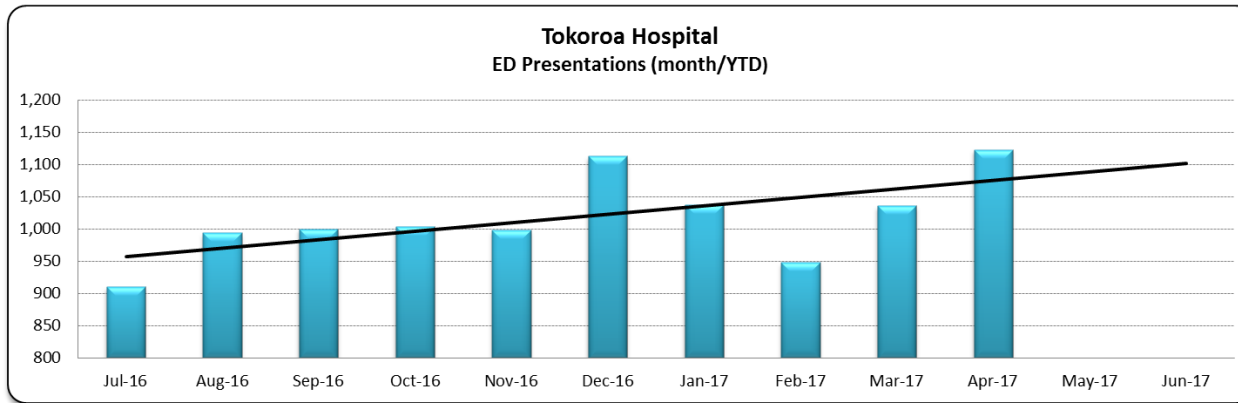
The Breast Screening programme is currently working with the Bay of Plenty DHB to assess the merits of an incentivisation programme for PHOs. Under the proposal the PHOs working in the Bay of Plenty area will be paid a bonus if they get 90% of the women enrolled with the PHO enrolled in the Breast screening programme. Discussions are currently underway to ensure that the needs of unenrolled women are met before this innovative programme can be finalised.

The increasing rate of referral for high cost imaging, especially MRI and CT, is placing considerable pressure on the performance of the radiology service. Referrals for MRI over the first five months of the calendar year have increased by 16% compared to the first five months of the previous year. Despite that, the national target for access to MRI (85% of scans reported within six weeks) was met in April. The target for CT was not met (88% against a target of 90%). Referrals for CT have grown by 8.3% in the first five months of 2017 compared to the same period last year. Reducing this demand pressure, where appropriate, will be a focus in the 2017/18 year. The impact on the current Radiologist workforce is unsustainable.

The pressure of patient numbers in the Emergency Department at both Tokoroa and Thames is resulting in reduced performance against the six hour Emergency Department target. The resulting pressure on the ED staff at Tokoroa is of notable concern in particular. In general the number of low acuity patients who are presenting for unplanned treatment is a clear indication that the primary care system is not functioning as intended in most of these rural towns. Te Kuiti remains the best performing rural Emergency Department.

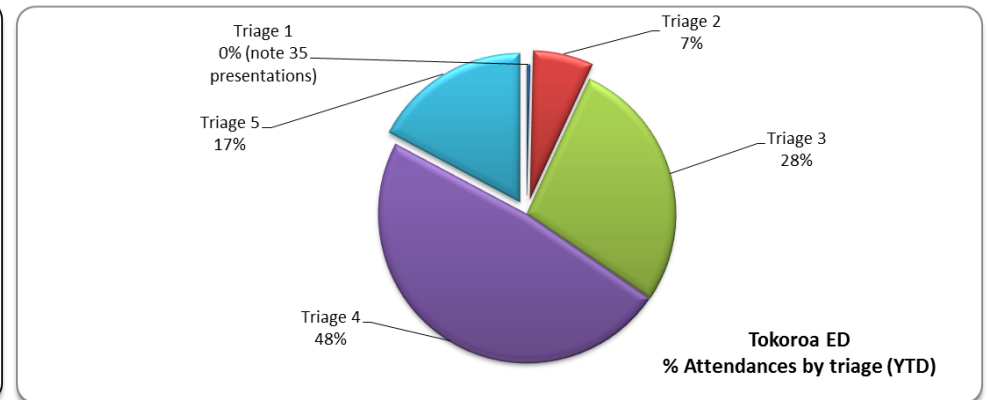
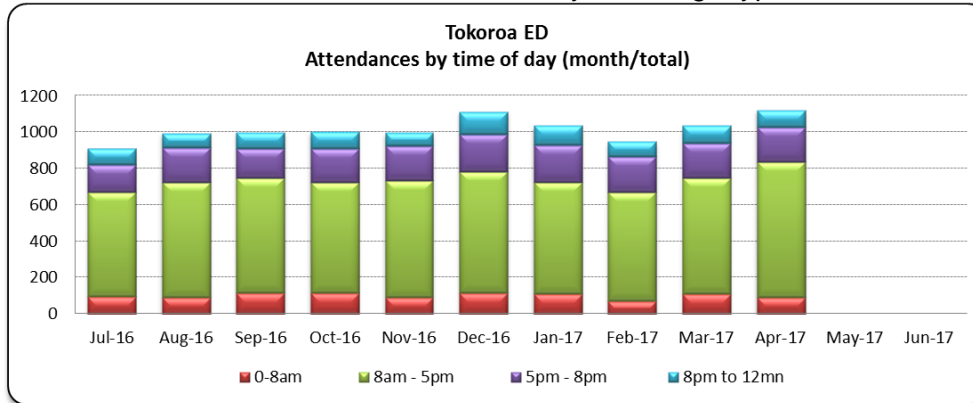
Consideration of a virtual ED and retrieval service will be progressed in the first half of 2017/18. A proposal to implement a single point of entry at Taumarunui, similar to that at Te Kuiti, through which people are triaged to either the GP practice or the emergency department, is currently being investigated prior to discussions with primary care providers and the wider community.

- Tokoroa Hospital ED



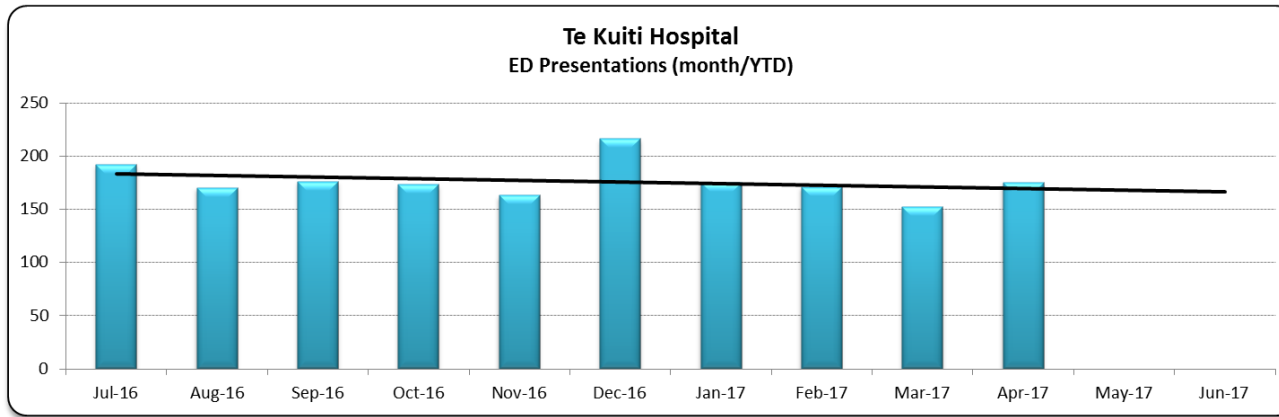
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- Presentations to Tokoroa ED - times of day and triage type



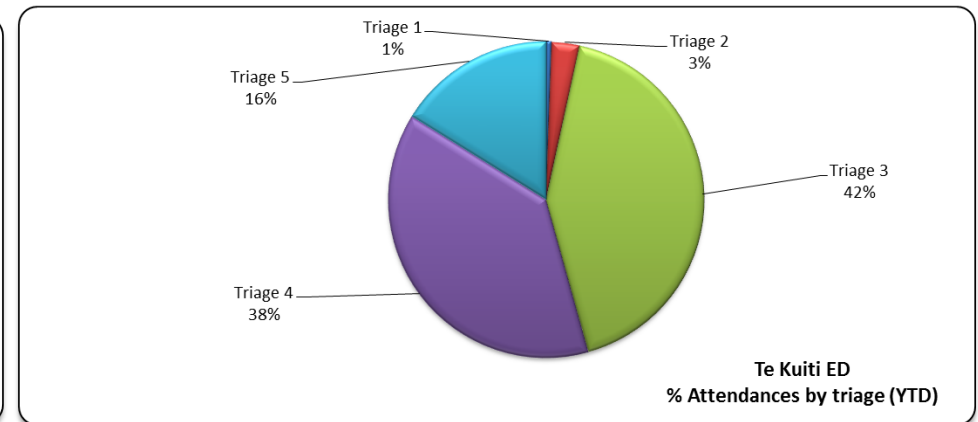
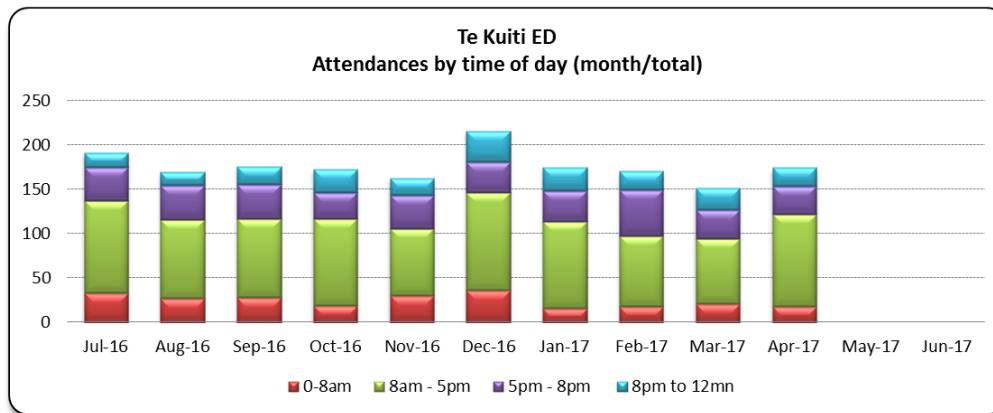


- Te Kuiti Hospital ED

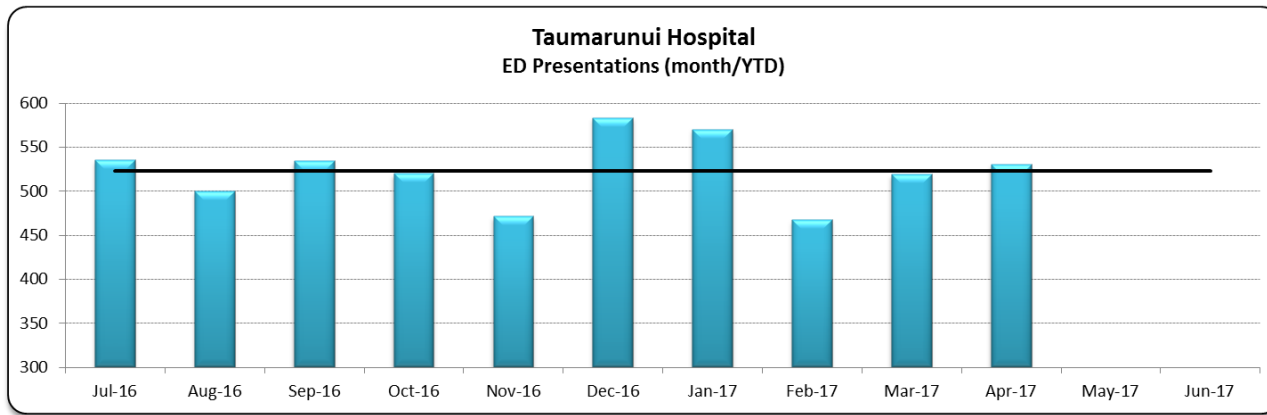


Trend line = 

- Presentations to Te Kuiti ED - times of day and triage type

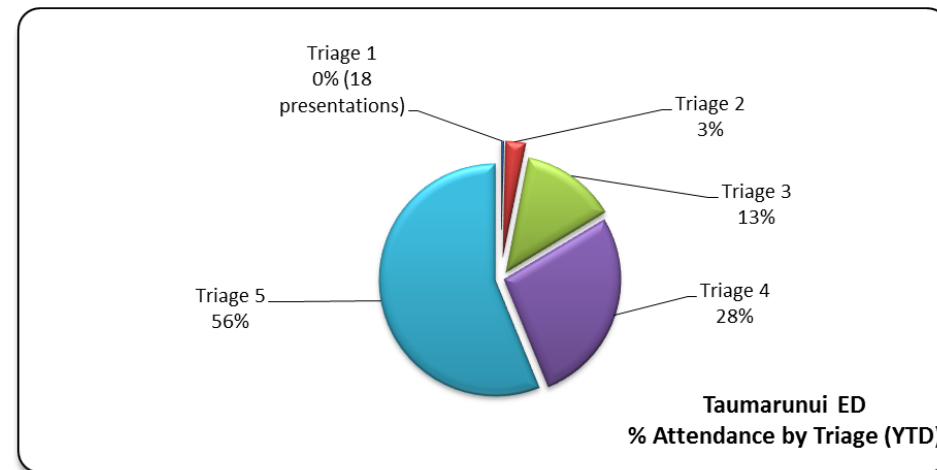
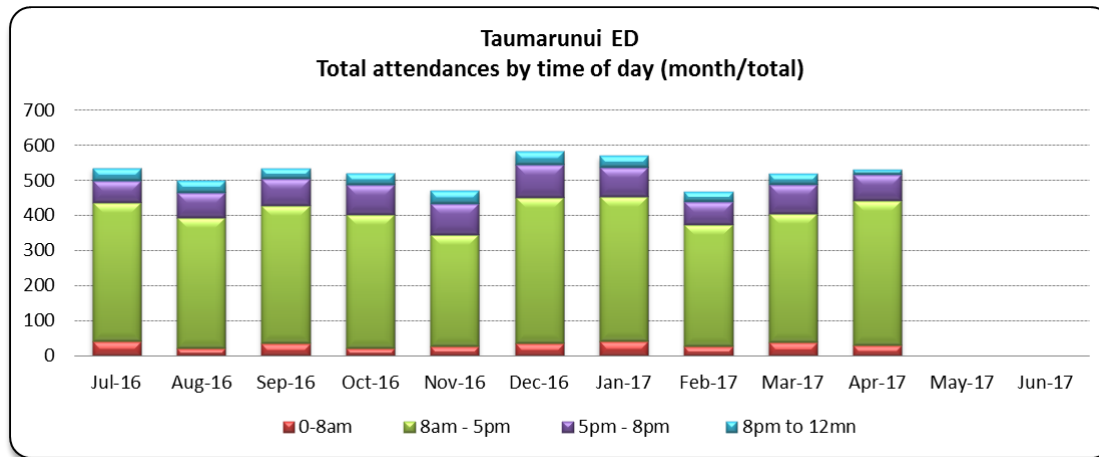


- Taumarunui Hospital ED



Trend line = 

- Presentations to Taumarunui ED - times of day and triage type



## Quality & Patient Safety

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The numbers of requests for imaging that indicate the wrong side of the patient is to be imaged is of concern. While the radiology staff perform logic checks, including asking the patients themselves where their injury is and comparing the request to previous imaging, the system is not failsafe and on occasion patients are exposed to radiation who do not need to be. The Radiology service is actively working with specialty staff to increase the care taken when making referrals.

The District Pharmacy Service continues to prepare for the launch of the Medication Improvement programme in July. This programme will initially focus on the top drugs (by expenditure), and aims to ensure that all aspects of the guidelines for use and hospital formulary are adhered to. An increase in the rate of medication review and reconciliation is also one of the outcomes being sought. The additional pharmacists needed to support these improvements in clinical care will be funded by the savings made. Medication improvement has been noted in the Board's risk register for some time and it is pleasing to see this initiative gathering momentum.

Two new intern pharmacist projects have commenced. They are: underway:

- a review of the medication education & advice needs of consumers. This is looking at what people want to know, and how, whilst in hospital. The project will also investigate whether there is any difference in the needs of Māori vs non-Māori; and
- an audit of the accuracy of weight documentation on medication charts to determine the potential impact on medicine prescription

A recent fire at the Rotorua premises of a third party provider to the Midland Breast Screen programme led to a small number of women receiving the wrong follow-up advice. A minor error in how the temporary replacement machines were used for reporting mammograms meant that 147 scans had to be re-read, and a handful of women had to be recalled despite initially receiving a clear mammography report. The speed with which the error was detected and acted upon is a testament to the robustness of the quality assurance programme within the Screening Service. All of the affected women have been followed up.

Progress on addressing the lack of a retrieval service to support the transfer of acutely unwell patients from the rural hospitals to Waikato Hospital has been inadequate to date. In an effort to get more traction on solving this issue the Executive have recently agreed to invest in a more dedicated retrieval service which it is hoped will be operational by the middle of the 2018/19 financial year. Several of the very successful Virtual ED services that are now operational in rural Australia have been visited to inform the development of a better rural retrieval system.

The rural laboratories have all undergone the independent IANZ accreditation audits over the last couple of months. Each of the rural laboratories passed the audits without any corrective actions being required which is a testament to the detailed attention that lab staff pay to quality assurance in each of the sites. Their considerable success is to be congratulated.

## Staff

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The number of vacant radiologist, MRT and sonographer roles continues to be of concern. These gaps are placing considerable pressure on the remaining staff and parts of the Radiology service are vulnerable. Active recruitment is underway.

The current system of training MRT is an issue, with NZ graduates only coming on stream once a year. The Midland Radiology Advisory Group is attempting to influence at a national

level so that one of the two educational providers that train MRTs develops a mid-year intake and graduation cycle to match the period when younger MRTs tend to leave NZ to gain experience overseas after their first few years of clinical practice.

The number of Radiologists in the service has been benchmarked on several occasions and Waikato routinely demonstrates a higher level of output per radiologist than other NZ centres. A further analysis of demand and capacity will be undertaken in the first half of 2018/19 in order to inform a comprehensive review of the service. Any service that gains a reputation for significant workload pressure relative to other centres will experience difficulty in attracting and retaining staff.

Several of the leaders within the Community & Clinical Support Division are in the process of stepping down or changing jobs at the current time. They include Dr Stephen Du Toit, Clinical Unit Leader, Laboratory, Dr Daniel Ninin, CD Histology and Clare Coles who has successfully managed the screening services to an extremely high standard for the last decade. Their collective work is gratefully acknowledged. It is important that neither the laboratory nor the screening services lose leadership momentum while these transitions occur.

### 3 Finance

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The Community & Clinical Support services division is forecasting to deliver almost all of the savings required in its 2016/17 budget by the end of June. The forecasted achievement of 81% exceeds that of any other comparable division and reflects a great deal of hard work by staff, managers and clinical leaders at all levels.

#### **2016-17 performance embedded into 2017/18 budget**

Budgeted savings to achieve in 16/17	7,748	
Forecast savings that will be achieved	<u>6,248</u>	81%
	<u>\$ 6,248</u>	

A further \$5.4M of savings will be required from the division in the 2017/18 year in addition to sustaining those that will be achieved in this financial year. There is growing concern that these savings are not able to be invested in activities that enable the DHB to make progress towards achieving its strategic goals and in particular the imperatives to reduce the systemic inequity experienced by rural and Māori consumers.

Several major capital projects are underway or nearing completion. The significant upgrade to the laboratory Information system and the installation of a new suite of Haematology analysers were both achieved with a minimum of fuss since the committee last met. The fluoroscopy and nuclear medicine projects undertaken by Radiology have been successfully concluded, and the tender to replace three CT machines is in its final stages with site evaluation visits occurring this month. It is expected that the first of the CT machines will go live in late August/September, with the final of the three to be upgraded being completed in oncology early the 2018 year. The crucial importance of maintaining an active replacement and maintenance programme for clinical equipment cannot be understated. Waikato hospital was without any access to CT due to an unplanned outage across both machines for almost half a day during May. This incident meant that emergency management plans were enacted to divert critically unwell patients to other hospitals, although it was with considerable relief that the CT service was restored before those plans had to be acted

upon. The incident itself was due to a failure of the water supply that is used to cool the machines as they operate.

## 4 KPIs

Commentary on the current KPI report:

Note	Indicator	Commentary
1	Elective and Arranged Day Surgery Admissions	Phenomenally good performance in Australasian terms. The is suggesting the mix of same day vs overnight surgery is changing. The kpi target requires resetting.
2	Elective and Arranged Day of Surgery Admissions	Phenomenally good performance in Australasian terms. The kpi target requires resetting.
3	Laboratory – Histology specimens reported within 7 days of receipt	Actual specimens are triaged on the basis of clinical risk. Significant work has been done to successfully improve histology turnaround times. No concerns of significance are noted. The kpi target requires resetting to measure time critical histology only. (Actual data is not available in this report. That data will be tabled at the Performance Committee meeting.)
4	Outpatient DNA rate	No concerns of note.
5	Output delivery against plan – inpatient episodes	Lower than planned demand in general surgery and general medicine. This reflects (i) a deliberate service change to reduce acute surgical admissions (utilising Waikato instead) and (ii) the lack of influenza in the community in winter.
6	Output delivery against plan – inpatient cwd	Refer above. The average cwd per case for both acute and elective is consistent with the plan. The difference is due to the reduced volume not altered case-mix.
7	Breast screening – Total volumes	The forecast is that breast screening volumes will be fully met by the end of the financial year, as planned. One service provider in Rotorua was adversely affected by a fire, but effective remedial and business continuity plans are in place.
8	Breast Screening – Māori volumes	This target will not be met for the year. The change in Support to Screening providers effectively reduced activity for 5-6 months. All of the new Support to Screening providers are now fully operational and the rate of Maori women now being referred to be booked is showing improvement.
9	Complaints	Staff attitudes and clinical treatment are the main themes. Each is being investigated more fully.
10	Complaints resolved in 20 working days	Improving performance against this kpi has been a focus as discussed at the last Board. The April result is a positive sign, but as yet it is too early to conclude that the immediate lift in performance that has been achieved is secure for the long term.
11	Overtime \$'s	No particular concerns are evident that have not been reported in prior periods.
12	Annual leave taken	No particular concerns are evident that have not been reported in prior periods. A rate of 92.2% is an exemplary result by national standards across all industries.

# Key Performance Dashboard

Community & Clinical Support

April 2017

## Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	93.4	95.0	(1.6) ⚠	95.4	95.0	0 ✓		⚠
Number of long wait patients on outpatient waiting lists	# > 4 mths	0	0	0 ✓	0	0	0 ✓		✓
Number of long wait patients on inpatient waiting lists	# > 4 mths	0	0	0 ✓	0	0	0 ✓		✓
CTs reported within 6 weeks of referral	%	87.7	90.0	(2.3) ⚠	93.6	90.0	3.6 ✓		⚠
MRIs reported within 6 weeks of referral	%	87.9	85.0	2.9 ✓	88.9	85.0	3.9 ✓		⚠

## General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department - Number relative to Target growth of 4% p.a.	Numbers	Rolling 12 month measure			34,085	33,948	(137) ⚠		✗
Elective Surgery Volumes vs Elective Health Target	% of target	Under development - see separate Elective Health Target Report							
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			83.9	89.0	(5.2) ✗		✓ 1
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			93.0	99.4	(6.4) ✗		✗ 2
Laboratory – Histology specimens reported within 7 days of receipt	% for Mar YTD	0.0	80.0	(80.0) ✗	44.0	80.0	(36.0) ✗		✗ 3
Pharmacy - Chart turnaround times, % within 2.5 hours	%	88.0	80.0	8.0 ✓	92.4	80.0	12.4 ✓		⚠
Pharmacy on Meade script turnaround time in minutes	minutes	8.1	10.0	1.9 ✓	7.2	10.0	2.8 ✓		⚠
Outpatient DNA Rate	%	11.1	10.0	(1.1) ✗	10.8	10.0	(0.8) ✗		✓ 4
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	94.8	100.0	(5.2) ✗	95.9	100.0	(4.1) ⚠		✓
Output Delivery Against Plan - Inpatient Number of Episodes	%	94.1	100.0	(5.9) ✗	92.9	100.0	(7.1) ✗		✗ 5
Output Delivery Against Plan - Inpatient CWD Volumes	%	85.0	100.0	(15.0) ✗	91.7	100.0	(8.3) ✗		✗ 6
District Nurse Contacts (DHB Purchased)	Numbers	9,231	-		97,585				✗
District Nurse Contacts (ACC Purchased)	Numbers	1,846	-		21,005				✓
School Dental Service - Clients assessed and treated	Numbers	Under development							
Radiology - total imaging events	Numbers	Under development							
Lab - total tests	Numbers	Under development							
pharmacy - scripts processed	Numbers	Under development							
pharmacy - medications reconciled	Numbers	Under development							

## Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			3.48	3.79	0.31 ✓		✓
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.98	0.96	(0.03) ⚠		✗
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.33	0.39	0.06 ✓		✓
DOM101 Avg Length of Stay	Days	Under development							

## Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	86.3	95.0	(8.7) ✗	90.7	95.0	(4.3) ⚠		✗

## Quality Indicators - Patient Safety

Indicator	Unit of Measure	Actual	Month Target	Variance	Actual	YTD Target	Variance	Last 12 Mths Trend	Note
Breast screening Total volumes - Waikato DHB	Numbers	3,040	3,500	(460) ✗	33,913	34,000	(87) ⚠		✓
Breast screening Maori volumes - Waikato DHB	Numbers	176	309	(133) ✗	2,065	2,797	(732) ✗		✗ 7
Hospital Acquired MRSA (Department)	Numbers	0	0.0	0 ✓	0.0	0.0	0 ✓		✓

### Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers	15	8	(7) ❌	133	78	(55) ❌		8
Complaints resolved within 20 wd (1 month lag)	% for Mar-17	76	70	6 ✅	64	70	(6) ❌		9
Falls Resulting in Harm	Numbers	0			19				
Pressure Injuries - Total	Numbers	15	11	(4) ❌	119	139	20 ✅		
Patient Feedback	Not yet collected - in Development								

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Revenue vs Budget (\$000s)	\$000s	2,416	2,480	(64) ⚠️	26,353	24,439	1,915 ✅		
Actual Expenditure vs Budget (\$000s)	\$000s	12,299	11,969	(330) ⚠️	125,392	121,846	(3,546) ⚠️		
Actual Contribution vs Budget (\$000s)	\$000s	(9,883)	(9,489)	(394) ⚠️	(99,039)	(97,407)	(1,631) ⚠️		
Actual FTEs vs Budget	FTEs	1,006.3	1,003.0	(3.3) ⚠️	999.6	996.9	(2.7) ⚠️		
Sick Leave	% of paid hours	2.3	3.2	0.9 ✅	2.9	2.9	(0.0) ⚠️		
Overtime \$'s	\$000s	190	189	(0) ⚠️	1,736	1,362	(374) ❌		10
Annual Leave Taken	% of Budget	Rolling 12 month measure			92.2	100.0	(7.8) ❌		11

#### Key - MTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%	❌

#### Key - YTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%; operational plan in place	❌

#### Key - Trend Measure

Favourable Trend	✅
Unfavourable Trend - but YTD performance has met target	⚠️
Unfavourable Trend - but YTD performance is below target	❌

**MEMORANDUM TO THE PERFORMANCE  
MONITORING COMMITTEE  
14 JUNE 2017**

**AGENDA ITEM 6.2**

**MENTAL HEALTH & ADDICTIONS SERVICES**

**Purpose**

1) For information

**Service Overview**

April & May have seen continued demand and resultant pressure on services. The service continues to see admissions associated with methamphetamine use, there is also anecdotal evidence that there is an increase in people presenting with Synthetic Cannabis. These presentations tend to manifest as high levels of aggression. We also see service users presenting with very complex mental health and social problems as well as a number of people in the inpatient service who have limited community placement options.

Crisis services have seen an increase in the number of first presentations of young people, mainly males, who are presenting as feeling suicidal, as the result of relationship break ups.

There would appear to be a lack of other services/family support for these young people. I am concerned about the lack of reliance of some of the younger people with whom we deal.

Following on from previous months we have continued with a strong focus on recruitment. We have been successful in recruiting additional clinical staff into community and inpatient roles. While recruitment to services has remained strong and a significantly improved position from the same time period last year, a focus on retention continues to be critical to ensure stability across the service during this time of increased demand. The Creating our Futures transformation programme is critical to achieving a clearly defined model of care and work flow, however requires sustainable resourcing to ensure that business as usual activity is manageable during the transition from current state to the implementation of new ways of working now and into the future.

We have had a number of appointments and changes in middle management roles over the past two months. We have made permanent appointments into a number of Team Leader roles in the community. Recruitment is under way for an Operations Manager to replace Christopher Baker. Following an external recruitment process, we did not deem anyone suitable to undertake this role, so we have offered a six month contract to one of our current Charge Nurse Managers, she has accepted the contract and commenced in early June.

The current Clinical Director for Adult Acute Services has been offered a role with ESPACE, he will lead on the rollout for mental health. We have offered him a two year secondment from his Clinical Director role, we are currently in the process of backfilling his position in Adult Mental Health.



## Initiatives and highlights

### 1. Creating our Futures: Making it Happen

Following the completion of the Model of Care development and the Investment Logic Mapping process, the draft Model of Care and Strategic Assessment have been presented to the stakeholder group for feedback and refinement. To ensure an approach which takes the successes and lessons learned from others, a core group has also commenced site visits to a number of other facilities. The Better Business Case is progressing well, with work and timeframes on target. There was a presentation at the Waikato District Health Board meeting April. We have included Treasury and Ministry of Health officials in both the stakeholder workshops and ILM processes. Feedback on both the content and process has been very encouraging to date.

With an election cycle in the near future, the Strategic Assessment will be presented to the National Capital Committee on June 8th.

The focus of the strategic assessment is on the development of a new Model of Care that will inform what it is we deliver; the acute environment/s and capital infrastructure needed [including, the impacts of NZ Corrections Programme increasing Waikeria prison capacity by 2021; and, the Substance Addiction (Compulsory Assessment and Treatment) Bill]; and, the resources required to support delivery. The outcome of the process will be used to help inform the investment priorities for the Creating Our Futures Programme 2016 – 2019, shape programme work packages, and to identify new strategic responses that may be required to address specific challenges where gaps currently exist.

The document identifies the key problems and rationale for investment, outlines the potential benefits of investment, and provides the strategic context and fit for future investment.

The five workstreams underpinning Creating our Futures have been mapped out and a number of workshops have occurred. The five workstreams are:

- Leadership Development and Management Capability
- Care Coordination
- Professional Practice
- Productivity and Flow
- IT supports - Business Intelligence

Workstreams have a mix of DHB staff, NGO representatives, Community organisations, consumer, family and cross government representation. The output from these workstreams will be a consultation document due for circulation and widespread consultation in August/September.

Work is beginning to look at the Programme Business Case long list options process. The development of the long list will need to be informed by the Creating our Futures work to date and have input from a wide range of stakeholders.

## 2. Acute Care Pathway

Following a workshop held late last year with key stakeholders (including Emergency Department representatives), work has continued on how we might improve our acute mental health responses. A small group formed to gather information on models for increased responsiveness to Emergency Departments and included a visit to Counties Manukau who have a model with a very strong mental health presence in their Emergency department. From the data, we know that mental health presentations to the emergency department are increasing and a significant amount of limited consultation liaison and crisis team resource is being spent attending to this. A proposal is being drafted that will better respond to mental health presentations to Waikato ED and in ensures our consultation liaison team can provide services which are consistent with a consultation liaison model.

Year	HRBC Admissions	MH ED presentations	Admission Rate
2011	143	208	68.75%
2012	138	357	38.66%
2013	140	491	28.51%
2014	165	525	31.43%
2015	187	668	27.99%
2016	193	876	22.03%

## 3. “Let’s talk wellbeing”

‘Let’s Talk Wellbeing’ days are progressing well. Communication has gone to the Board so that they have visibility of the days being planned, and can have a presence should they wish.

We have had a number of wellbeing events that have occurred over the past few weeks. A Hopewalk in Te Awamutu on Sunday 12 March, an event at the Turangawaewae Regatta on Saturday 18th March and an evening event Friday 24 March in Tokoroa. These events are collaborations between our service, Suicide Prevention and other health and social sector services in the community. We have had a number of staff committing to make these events a success. There have been real benefits for communities understanding what services are available in the community, being able to contribute to destigmatising mental illness and ensuring we remain connected to our communities. A number of staff involved have worked on weekends and outside of their normal hours and gone over and beyond what is expected.

Te Kuiti Lets Talk Wellbeing day was on 27 April to coincide with School holidays, so that we can encourage engagement with youth, much like the Te Awamutu day. This was planned in conjunction with the community house in Te Kuiti.

Planning is well underway to be part of Field Days again this year.

Following engagement with Ngaruawahia Community House, we will be commencing weekly drop in clinics for people who have concerns about mental health or alcohol and drug issues. The initial focus will be on wellbeing, providing information and ensuring people are linked with services. In time it is hoped that we will have regular clinics for appointments and offer groups from the community house.

#### 4. Methamphetamine Strategy

Mental Health and Addictions Services are engaged in a multiagency group looking at the development of an integrated strategy to address methamphetamine related harm in Hamilton and greater Waikato.

Waikato has been successful in their bid to receive funds to implement a strategy focussed on "A multi-agency approach to reducing methamphetamine and other drug related harm in our communities".

The initiative will provide education to the community, and provide faster and greater access to help for both the user and their families and ensure adequate support is in place to enable recovery. The strategy is based upon the four pillars approach incorporating Prevention, Harm Reduction, Treatment and Enforcement.

Work has commenced to establish a multiagency vision and model for Waikato. The model is strongly influenced by a health framework which sees access to assessment, treatment and support as critical to addressing methamphetamine and other drug related harm.

Northland DHB received funding last year for their work on dealing with Methamphetamine in their community. We are keeping in contact with our colleagues in Northland to ensure we share the learnings.

#### 5. Information Technology Opportunities

Mental Health & Addictions Services are engaged with Information Services in a number of developments:

- **ESPACE Mental Health solution**

Momentum is growing for development of the Mental Health Workstream following the approval of WDHB Board of the Regional Program. Challenges include:

- ensuring that the regional product supports our MH&AS Model of Care and that it is not reduced to lower common denominators
- sufficient clinical engagement (including time) occurs throughout the development, testing and implementation of the WorkStream

- **Smart Health**

MHAS are actively working with the Change Team to strategically roll the program out to various services within MHAS that have a large rural work component, and in which the benefits of SmartHealth can be more easily realised. Emphasis has been placed on developing and supporting clinical champions in the specific services and supporting them to attain their aspirational targets for Smart Health consultations.

We now have a Clinical Lead for Smart Health in mental health.

- **Development of a Mental Health Business Intelligence Tool**

The mental health business intelligence tool workgroup have now established the blueprint for the first three applications to be built using Qlik sense.

The initial applications will be a replication of the community dashboard currently used by the service, an inpatient effectiveness focussed dashboard and a dashboard providing a picture of the efficiency of community mental health.

The next step for the group is to mock-up these applications, using excel, to reduce the development time when the tool becomes available.

- **Electronic system for recording clinical statistics**

Progress is currently well underway towards recording electronic statistics within Clinical Workstation. The project is tracking against milestones as agreed between MH&AS and IS.

- Contextual component and draft data flow diagram description completed by IS
- First draft report developed by IS
- CWS form development in progress
- Testing, form and report development is running in parallel.

- **Electronic Medical Record**

Mental Health & Addictions services have cleared the last hurdle to roll out a full Electronic Medical Record for service users. There had been an issue with Forensic Legal Orders which we have now resolved. There will be further work to be completed over the coming months, but we intend to move to a Single Electronic Medical Record by the end of the year.

## 6. Budget Announcements

In the recent budget there was an announcement of \$100m to DHB mental health services over four years. So in effect they announced new funding of \$25m per year. On a population based share this would mean \$2.1m for Waikato. We have still not seen any detail so it is too early to know if any of this money is tagged for current initiatives.

There is was also a further announcement of \$100m over four years for the Social Investment Unit for new treatment approaches in mental health.

## 7. Policing and Mental Health meeting – facilitated by Dr Warren Young (IPCA)

A group of mental health and addictions staff met with local Police representatives to discuss the agreed outcomes from a joint summit last year which is aimed at progressing work between mental health services and police as well as providing a clear set of expectations to guide local practice. The key areas of focus will be:

- The management of crisis calls for assessment, including the concept of a centralised two tier call system
- A graduated set of responses for dispatch Where there is a crisis rather than an emergency response, the Police should only be dispatched to the scene at the request of, and for the purpose of assisting, a DAO. How this is achieved will vary from district to district. It may involve coordinating arrival times at the scene, or even in some cases Police and DAOs travelling together to the scene.
- Mental Health services to be the primary decision maker at the scene where there is a mental health emergency or crisis.

- Continued work on limiting the number of mental health assessments for non-offenders that take place in police stations. Further work needs to occur between mental health and ED to ensure that this continues to be a focus.
- Progress on these issues will be monitored through the Police Liaison meeting.

8. Recommendation

**THAT**

That the report is received.

**DEREK WRIGHT**  
**EXECUTIVE DIRECTOR MENTAL HEALTH & ADDICTIONS SERVICES**

# Key Performance Dashboard

## Mental Health

April 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note	
		Actual	Target	Variance	Actual	Target	Variance			
Emergency Department < 6 Hours	% of patients	87.7	95.0	(7.3) ❌	88.6	95.0	(6) ❌		❌	1

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note	
		Actual	Target	Variance	Actual	Target	Variance			
Mental health seclusion hours	Hours	1,121	371	(750) ❌	9,475	3,707	(5768) ❌		✅	2
Mental health treatment plans	% Cases	82.8	95.0	(12.2) ❌	90.3	95.0	(4.7) ⚠️		❌	
Mental health HoNos matched pairs	% Cases	98.9	95.0	3.9 ✅	98.8	95.0	3.8 ✅		✅	
Mental health inpatient bed occupancy	%	95.6	87.1	(8.6) ❌	93.2	87.1	(6.1) ❌		❌	3
Mental health GP methadone cases	Cases	95.0	76.0	19.0 ✅	93.7	76.0	17.7 ✅		✅	

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note	
		Actual	Target	Variance	Actual	Target	Variance			
Mental health post discharge follow up - % seen in 7 days	%	88.7	90.0	(1.3) ⚠️	91.4	90.0	1.4 ✅		⚠️	
Mental health follow up - numbers seen in 7 days	Number of Cases	63	63.9	(0.9) ⚠️	602	593.1	8.9 ✅		⚠️	
Mental health community contract positions filled	% FTEs	100.1	95.0	5.1 ✅	97.6	95.0	2.6 ✅		✅	
Mental health 28 day readmission rate	%	14.0	15.0	1.0 ✅	12.1	15.0	2.9 ✅		⚠️	

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note	
		Actual	Target	Variance	Actual	Target	Variance			
Better help for smokers to quit	% of smokers	95.9	95.0	0.9 ✅	98.0	95.0	3.0 ✅		⚠️	

### Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note	
		Actual	Target	Variance	Actual	Target	Variance			
Complaints	Numbers	6	7	1 ✅	75	69	(6) ❌		✅	4
Complaints resolved within 20 wd (1 month lag)	% for Mar-17	57	70	(13) ❌	36	70	(34) ❌		✅	5
Falls Resulting in Harm	Numbers	0			12				❌	

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note	
		Actual	Target	Variance	Actual	Target	Variance			
Actual Revenue vs Budget (\$000s)	\$000s	164	201	(37) ❌	2,083	2,119	(36) ⚠️		❌	
Actual Expenditure vs Budget (\$000s)	\$000s	6,077	5,910	(167) ⚠️	60,725	59,928	(797) ⚠️		❌	
Actual Contribution vs Budget (\$000s)	\$000s	(5,913)	(5,708)	(204) ⚠️	(58,643)	(57,809)	(833) ⚠️		❌	
Actual FTEs vs Budget	FTEs	743.5	731.2	(12.3) ⚠️	738.5	732.3	(6.2) ⚠️		❌	
Sick Leave	% of paid hours	2.9	3.2	0.2 ✅	3.3	3.0	(0.2) ❌		✅	6
Overtime \$'s	\$000s	91	76	(14) ❌	842	758	(84) ❌		❌	7
Annual Leave Taken	% of Budget	Rolling 12 month measure			89.8	100.0	(10.2) ❌		✅	8

#### Key - MTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%	❌

#### Key - YTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%; operational plan in place	❌

#### Key - Trend Measure

Favourable Trend	✅
Unfavourable Trend - but YTD performance has met target	⚠️
Unfavourable Trend - but YTD performance is below target	❌

**MEMORANDUM TO THE PERFORMANCE  
MONITORING COMMITTEE  
14 JUNE 2017**

**AGENDA ITEM 6.3**

**WAIKATO HOSPITAL SERVICES OVERVIEW REPORTS**

**Purpose**

For information.

**Introduction**

The following reports for the period to April 2017 are provided to assist the Committee to monitor the performance of the services that make up Waikato Hospital. The reports are presented in line with the Waikato Hospital structure, with the following sections

- Internal Medicine, Oncology, Ambulatory Care and Emergency Medicine
- Surgical & Critical Care
- Older Persons, Rehabilitation & Allied Health
- Women's & Children

Each section addresses:

- a brief service overview narrative
- initiatives and highlights
- note of any emerging issues
- key performance indicators
- commentary on key performance indicators by exception

**Recommendation**

**THAT**

The report be received.

**BRETT PARADINE  
EXECUTIVE DIRECTOR WAIKATO HOSPITAL SERVICES**

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

## MEDICINE, ONCOLOGY, EMERGENCY AND AMBULATORY SERVICES

### Service overview report

Since the previous report to this committee, one of the most significant areas of activity for the Directorate has been progressing the implementation of the Waikato Hospital restructure.

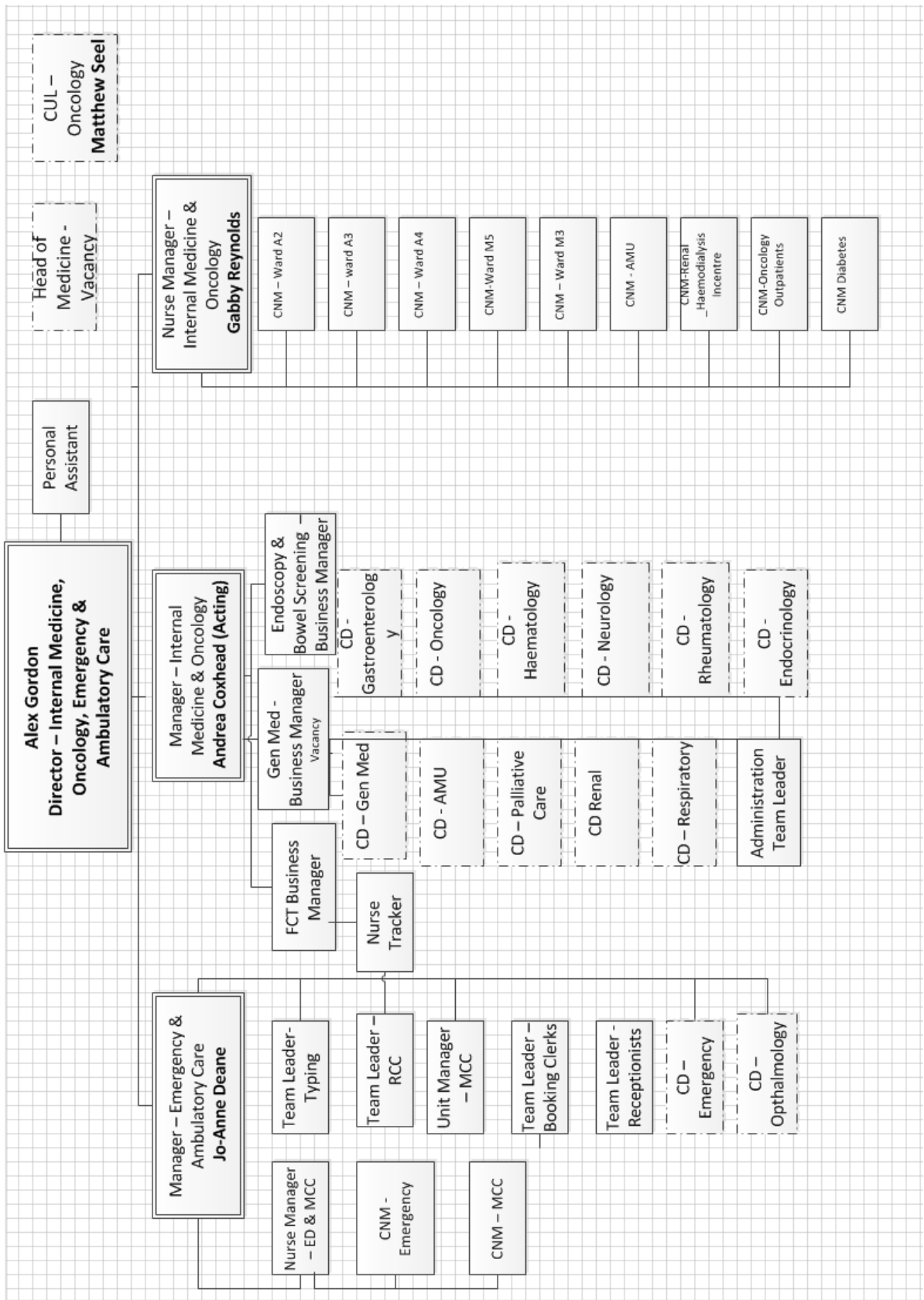
The new structure, through the creation of Service Leadership Groups, creates the opportunity to bring management, nursing and medical leadership and accountability into the Directorate's operating systems and function for the first time.

The new roles have been created and recruited to, with all 7 leadership positions below the director having changed substantially from the previous operating model. Recruiting to these positions has been one of the principal focuses of the Directorate during April and May, along with ensuring continuity of service whilst carrying a number of senior vacancies. The service managers and clinical nurse directors will all be in post in June and the CUL position for Ambulatory, Cancer and Regional services will be filled from July. Recruitment to the business manager posts will be completed in June.

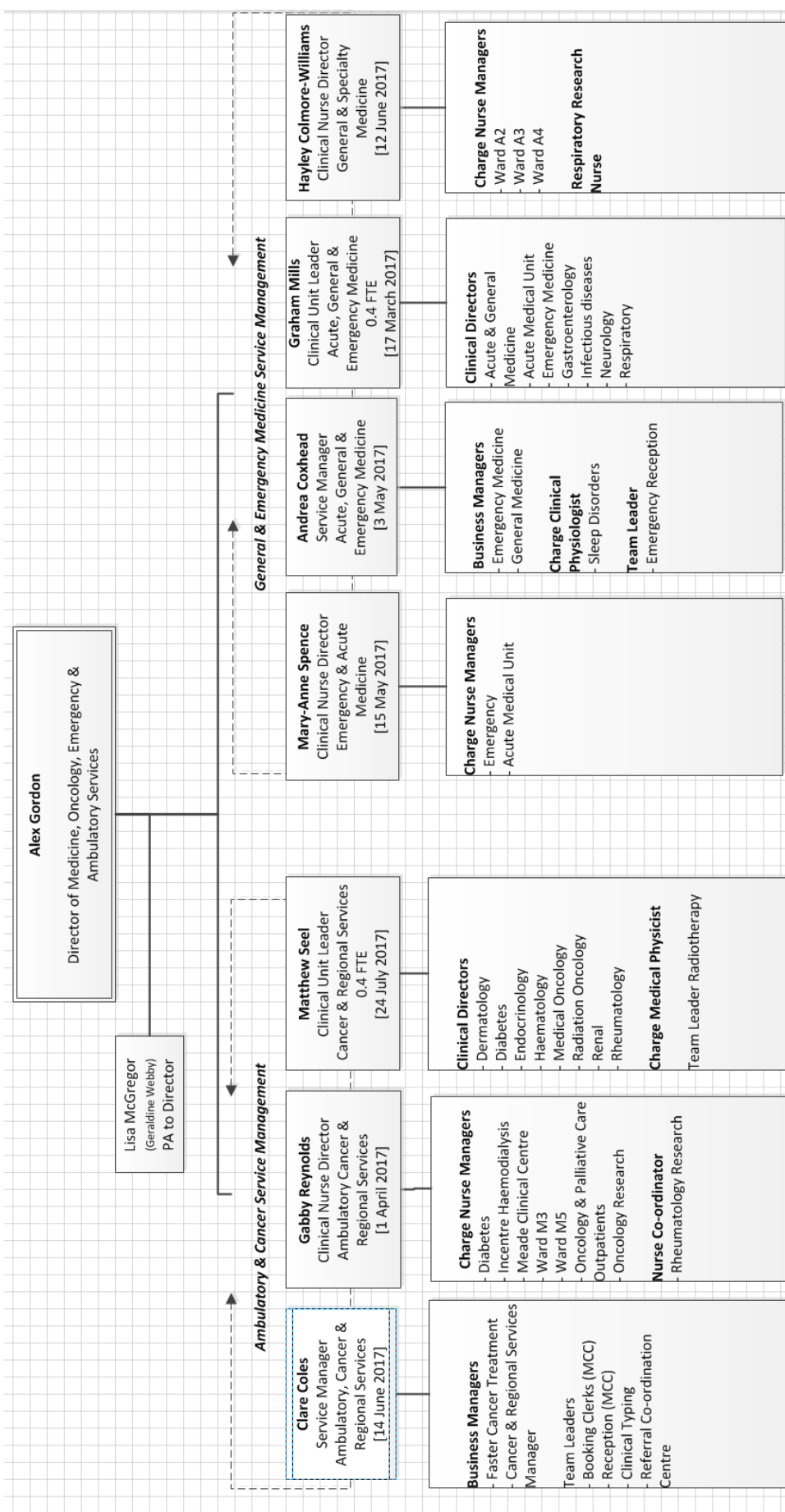
The pre and post consultation Directorate structures are presented as follows:



**Pre Consultation structure:**



**Post Consultation structure:**



Although still in a period of transition, once the Service Leadership Groups senior leaders are in place, the Directorate will work on embedding robust meeting, communications and clinical governance structures into its operating procedures.

## **Service Delivery**

### Faster Cancer Treatment (FCT)

It is encouraging to be able to report that Q2's strong performance has been sustained in Q3, with Waikato DHB continuing to be one of a select number of DHBs delivering this target. Currently we are tracking as the 4<sup>th</sup> strongest performer nationally against this metric. This is supported by being one of the best performers against the 31 day target and consistent performance against the percentage volume target.

### Bowel Screening

Progress in preparing the DHB for implementation of the National Bowel Screening Programme has been sustained, with a presentation to the Regional Bowel Screening Governance Board planned for June and the successful recruitment of a nurse endoscopist from the UK. Although she will need to undertake some courses to ensure compliance with NZ standards, we will be one of the first – if not the first – DHB to employ a nurse endoscopist to assist with the predicted volumes from the introduction of the national screening programme.

### Emergency Department (ED)

Pressure on the acute pathway of care has continued, which has resulted in sustained pressure on staff. This pressure has been felt from continued increases in attendances, compounded by delays in admitting patients into the acute wards. A comparison of ED attendances to Waikato Hospital in the month of May shows a 8% increase from the previous year, and a 21% increase from only 3 years ago.

### Ophthalmology

The DHB has been allocated some additional funding by the Ministry of Health to assist in reducing the number of outpatient follow up patients that have exceeded the recommended time to be seen. We have established a working group to improve reporting in this area; have established a multi-disciplinary approach to managing these follow up patients, through the recruitment of optometrists; continue to provide additional waiting list clinics and the Clinical Director is working on pathway management protocols. Since February we have delivered a 41% reduction in the backlog of patients overdue for treatment and a 62% reduction in those waiting >1.5 times the recommended time for treatment.

Key areas for focus moving forward:

- Embedding Service Leadership Groups
- Emergency Department nursing recruitment

**ALEX GORDON**  
**DIRECTOR MEDICINE, ONCOLOGY, EMERGENCY AND AMBULATORY CARE**

# Key Performance Dashboard

Internal Medicine

April 2017

## Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	73.0	95.0	(22.0) ❌	73.2	95.0	(22) ❌		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	2	0	(2) ⚠️	215	0	(215) ❌		2
Waiting Time for semi urgent colonoscopy - within 6 wks	%	Under development							
Waiting time for surveillance colonoscopy - within 12 wks of plan	%	Under development							

## General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Outpatient DNA Rate	%	11.6	10.0	(1.6) ❌	11.0	10.0	(1.0) ❌		3
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	107.9	100.0	7.9 ✅	108.6	100.0	8.6 ✅		
Output Delivery Against Plan - Inpatient Number of Episodes	%	100.2	100.0	0.2 ✅	104.1	100.0	4.1 ✅		
Output Delivery Against Plan - Inpatient CWD Volumes	%	101.4	100.0	1.4 ✅	108.6	100.0	8.6 ✅		

## Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Acute Readmissions to Hospital	%	Rolling 12 month measure			12.3	8.5	(3.8) ❌		4
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			3.82	3.84	0.02 ✅		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.90	0.84	(0.06) ⚠️		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.47	0.41	(0.06) ⚠️		

## Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	90.2	95.0	(4.8) ❌	95.3	95.0	0.3 ✅		

## Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	4,753	4,385	(368) ❌	46,726	43,365	(3,361) ❌		5
Actual FTEs vs Budget	FTEs	387.6	362.2	(25.4) ❌	380.0	360.0	(20.0) ❌		6
Sick Leave	% of paid hours	2.7	2.6	(0.1) ❌	2.8	2.9	0.1 ✅		
Overtime \$'s	\$000s	23	14	(10) ❌	265	120	(145) ❌		7
Annual Leave Taken	% of Budget	Rolling 12 month measure			87.0	100.0	(13.0) ❌		8

## Operational Management Indicators (for Service use only)

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Referrals notified within 15 calendar days (ESPI1) - 1 month lag	% of services meeting target	0.0	100.0	(100.0) ❌	37.5	100.0	(62.5) ❌		
Unacknowledged Results > 10 days	Numbers	Current month result is shown as YTD			1,888	0	(1,888) ❌		

### Key - MTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%	❌

### Key - YTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%; operational plan in place	❌

### Key - Trend Measure

Favourable Trend	✅
Unfavourable Trend - but YTD performance has met target	⚠️
Unfavourable Trend - but YTD performance is below target	❌

## Internal Medicine KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	ED pressures have continued during this period, with sustained pressure on Medical beds, resulting in frequent implementation of accommodating patients in full capacity beds. The medical leadership team are active participants in the APGG. As a result of the new Waikato Hospital Leadership restructure, there are significant opportunities for the Medical team to work more closely with ED.
2	Number of long wait patients on outpatient waiting list	Plans have been created for treating all long waiters.
3	Outpatient rate DNA	This had been showing an overall decreasing trend but has increased in month. Once in post, the new Service Manager will review performance against this metric.
4	Acute Readmissions to Hospital	The trend has continued to decrease in recent months, which is encouraging as admission levels and operational pressures have not reduced to a similar extent. Waikato DHB has a favourable admission rate compared to peer DHBs.
5 & 6	Actual expenditure vs budget	Further work on understanding the variances is being undertaken with the Directorate finance manager. Further work is required in terms of IDF coding, expenditure on clinical supplies and the high leave balances.
7	Overtime \$'s	This measure remains high due to the current disparities between demand and capacity in key clinical areas.
8	Annual Leave Taken	After an improvement in this area over the summer months, this measure has slightly deteriorated due to normal seasonal fluctuation and the current mismatch between demand and capacity in key clinical areas. The overall result remains favourable compared to historical and sector norms.

# Key Performance Dashboard

## Oncology

## April 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	67.7	95.0	(27.3) ❌	77.3	95.0	(18) ❌		1
Faster Cancer Treatment - Referral received to first treatment <= 62 days	% of patients	82.4	85.0	(2.6) ⚠️	86.0	85.0	1.0 ✅		
Faster Cancer Treatment - DTT to first treatment <= 31 days	% of patients	96.2	85.0	11.2 ✅	92.1	85.0	7.1 ✅		
Chemotherapy treatment < 4 Weeks Wait	% of patients	100.0	100.0	0.0 ✅	100.0	100.0	0.0 ✅		
Radiotherapy < 4 Weeks Wait	% of patients	100.0	100.0	0.0 ✅	100.0	100.0	0.0 ✅		
Number of long wait patients on outpatient waiting lists	# > 4 mths	0	0	0 ✅	1	0	(1) ⚠️		

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Outpatient DNA Rate	%	6.8	10.0	3.2 ✅	5.5	10.0	4.5 ✅		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	104.3	100.0	4.3 ✅	101.7	100.0	1.7 ✅		
Output Delivery Against Plan - Inpatient Number of Episodes	%	143.5	100.0	43.5 ✅	104.7	100.0	4.7 ✅		
Output Delivery Against Plan - Inpatient CWD Volumes	%	114.9	100.0	14.9 ✅	106.8	100.0	6.8 ✅		

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Acute Readmissions to Hospital	%	Rolling 12 month measure			15.1	8.5	(6.6) ❌		2
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			5.71	5.14	(0.57) ❌		3
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.84	1.42	(0.43) ❌		4
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.61	2.72	1.11 ✅		

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	80.0	95.0	(15.0) ❌	95.2	95.0	0.2 ✅		

### Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	2,909	2,764	(145) ❌	30,424	28,395	(2,029) ❌		5
Actual FTEs vs Budget	FTEs	190.5	189.2	(1.2) ⚠️	185.0	188.6	3.6 ✅		
Sick Leave	% of paid hours	2.8	2.6	(0.2) ❌	2.7	2.8	0.2 ✅		
Overtime \$'s	\$000s	18	16	(1) ❌	224	107	(118) ❌		6
Annual Leave Taken	% of Budget	Rolling 12 month measure			87.9	100.0	(12.1) ❌		7

### Operational Management Indicators (for Service use only)

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Referrals notified within 15 calendar days (ESPI1) - 1 month lag	% of services meeting target	100.0	100.0	0.0 ✅	100.0	100.0	0.0 ✅		
Unacknowledged Results > 10 days	Numbers	Current month result is shown as YTD			159	0	(159) ❌		

#### Key - MTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%	❌

#### Key - YTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%; operational plan in place	❌

#### Key - Trend Measure

Favourable Trend	✅
Unfavourable Trend - but YTD performance has met target	⚠️
Unfavourable Trend - but YTD performance is below target	❌

## Oncology KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	Recent performance has shown an improvement for Oncology patients attending ED. There has also been constructive discussion with the CDs for Oncology services about proactive support for Oncology patients in ED and how best to use the newly developed acute flow dashboard to identify themes and trend analysis for the service.
2	Acute Readmissions to Hospital	After a period of continued positive declining trend, this metric has increased recently. This could be due to a normal fluctuation as a result of a number of sicker patients requiring readmission for treatment. We will monitor this over the next few months to review if it is a sustained trend.
3 & 4	Inpatient length of stay – acute and as arranged	After a recent period of declining length of stay, this has increased recently. This has principally been identified as a result of an increased acuity.
5	Actual Expenditure vs Budget	It is encouraging to note an in-month improvement.
6	Overtime \$'s	Overall overtime rates have declined in the month, principally due to the service filling a key medical position in Medical Oncology.
7	Annual leave taken	After an improvement in this area over the summer months, this measure has recently slightly deteriorated, however the overall result remains favourable compared to historical and sector norms.

# Key Performance Dashboard

## ED & Ambulatory Care

## April 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	83.8	95.0	(11.2) ❌	84.9	95.0	(10) ❌		1

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department - Number relative to Target growth of 4% p.a.	Numbers	Rolling 12 month measure			74,236	74,822	586 ✅		!
Outpatient DNA Rate	%	10.9	10.0	(0.9) ❌	10.0	10.0	0.0 ✅		!

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Presentation to ED < 14 Days after discharge as an Acute InPatient	%	Under development							

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Better help for smokers to quit	% of smokers	83.3	95.0	(11.7) ❌	89.0	95.0	(6.0) ❌		2

### Organisational Quality Safety Markers

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Compliance with good hand hygiene practice (WDHB Rate)	%	82.3	80.0	2.3 ✅	85.3	80	5.3 ✅		!

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	2,949	3,112	163 ✅	30,178	30,029	(149) !		✅
Actual FTEs vs Budget	FTEs	349.5	350.4	0.8 ✅	345.8	350.4	4.6 ✅		!
Sick Leave	% of paid hours	2.5	2.9	0.3 ✅	3.0	3.0	(0.0) !		✅
Overtime \$'s	\$000s	40	15	(26) ❌	226	132	(94) ❌		3
Annual Leave Taken	% of Budget	Rolling 12 month measure			88.4	100.0	(11.6) ❌		4

### Operational Management Indicators (for Service use only)

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Referrals notified within 15 calendar days (ESPI1) - 1 month lag	% of services meeting target	23.1	100.0	(76.9) ❌	34.6	100.0	(65.4) ❌		❌
Unacknowledged Results > 10 days	Numbers	Current month result is shown as YTD			1,394	0	(1,394) ❌		❌

#### Key - MTD Measures

At or above target	✅
Below target by less than 5%	!
Below target by more than 5%	❌

#### Key - YTD Measures

At or above target	✅
Below target by less than 5%	!
Below target by more than 5%; operational plan in place	❌

#### Key - Trend Measure

Favourable Trend	✅
Unfavourable Trend - but YTD performance has met target	!
Unfavourable Trend - but YTD performance is below target	❌



## ED & Ambulatory Care KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	The ED team are actively recruiting to the additional positions in the approved business case. 2 additional SMOs have been appointed and will join the DHB in September, a MOSS and 2 Fellows have been recruited as part of the department's strategy to improve senior medical cover out of hours. Nursing recruitment remains a concern and additional resource has been allocated to address recruitment in this key area.
2	Better help for smokers to quit	This is the first time this has flagged as an issue. The new Service Manager will review performance against this metric.
3	Overtime \$'s	This measure remains high due to the significant increases in ED attendances.
4	Annual Leave Taken	While this indicator has dipped with the onset of the busier mid-year months, the overall result remains favourable compared to historical and sector norms.

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

## SURGICAL AND CRITICAL CARE

### Service overview report

Balancing the need to achieve Elective Service Patient Flow Indicator targets (ESPIs) against meeting acute demand continues to be the focus for the directorate.

Slow but steady progress towards improving waiting times across a number of specialities continues however the last two months have highlighted the need for more accurate production planning. The current process around request for proposal supporting development of the outsourcing programme for the 17/18 year should assist with this.

The directorate continues to be slightly above planned acute throughput year to date (3%) but below the planned elective volume throughput year to date (8%); the main contributions to the elective volume deficits are spread in Orthopaedics, General Surgery and Cardiothoracic Surgery. The net position is that we have produced 97.7% of scheduled volumes across elective and acutes.

Acute responsiveness remains challenging in the areas of acute access to theatre, shorter stays in ED and the high numbers of patients on the eligible bypass cardiac surgery waitlist.

The key areas of focus over the next months are:

- Stabilising our elective patient flow processes
- Improving acute theatre responsiveness
- Improving plastics and cardiology speciality response to ED
- Addressing the eligible bypass cardiac surgery waitlist levels

### Stabilising our elective patient flow processes

The pre-hospital project continues its implementation phase heralding a significant change to the way that we prepare patients for elective surgery to reduce late cancellations and improve the physical status of patients prior to surgery. The areas of focus for the next quarter are cardio-thoracic surgery and cardiology. This project is due to transition towards business as usual by the end of July. A report evaluating the programme will be presented to the executive leadership group.

ESPI compliance has been an area of intense focus overall, with significant operational staff attention on achievement of these targets.

- With initiatives in managing inflows, recruitment and implementation of the orthopaedic action plan we achieved ESPI 2 compliance in April and are projecting compliance for May.
- We projected ESPI 5 compliance for April however qualified this noting ongoing risk with continued reduced elective operating theatre due to anaesthetic RMO vacancies and acute demand increase made worse by the number of public holidays that occur in April. Regrettably these risks came to materialise, this had a knock on impact to May which we worked hard to mitigate. A provisional result should be available for the committee meeting.

### **Improving acute theatre responsiveness**

In order to meet acute surgical demand we have been running two regular additional acute theatre sessions at weekends; our Theatre and Interventional Governance Group (TIGG) has initiated a piece of work to right size acute theatre capacity across both the week and weekends. The first phase has been to establish the demand Monday to Friday in hours and develop an implementation plan to address this within existing capacity. This work is being overseen by our Theatre and Interventional Governance Group with clear outcomes and deliverables.

### **Improving plastics and cardiology speciality response to ED**

In support of the work for the acute patient governance group we have started work focusing on two service areas to improve speciality response and reduce wait times in ED – plastic surgery and cardiology starting with daily feedback re performance and understanding the block to speedier patient disposition. The delivery of regional service to meet the targets for acuter coronary syndrome intervention are challenging the hospital as we move to increased bed occupancies over the winter months.

### **Addressing the eligible bypass cardiac surgery waitlist levels**

Last period I reported that the eligible bypass cardiac surgery waitlist required attention. The position has deteriorated in April to rise to a level of 91 patients waiting assured where the maximum under the ministry guidelines is 65. We have commenced regular teleconferences with the Ministry to provide regular updates on our recovery plan. The situation in respect of cardiac intervention per se has been further complicated by a high number of transcatheter aortic valve implantation (TAVI) referrals. We are working with our regional partners including the Central region and the Ministry of Health to develop a plan to address the current backlog and develop a sustainable inflow path moving forward.

**JOY FARLEY**  
**ACTING DIRECTOR SURGICAL & CRITICAL CARE**

# Key Performance Dashboard

## Surgical & CCTVS

April 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	72.0	95.0	(23.0) ❌	74.9	95.0	(20) ❌		❌ 1
Number of long wait patients on outpatient waiting lists	# > 4 mths	14	0	(14) ❌	1,989	0	(1989) ❌		❌ 2
Number of long wait patients on inpatient waiting lists	# > 4 mths	143	0	(143) ❌	836	0	(836) ❌		❌ 3

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	77.6	85	(7.4) ❌	76.4	85.0	(8.6) ❌		❌ 4
Hospital initiated elective theatre cancellations	%	5.0	2.5	(2.5) ❌	5.6	2.5	(3.1) ❌		❌ 5
Waiting Time for acute theatre < 24 hrs	%	68.5	80	(11.5) ❌	70.9	80.0	(9.1) ❌		❌ 6
Waiting Time for acute theatre < 48 hrs	%	84.8	100	(15.2) ❌	86.2	100.0	(13.8) ❌		❌ 7

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			74.8	80.6	(5.8) ❌		❌ 8
Outpatient DNA Rate	%	10.7	10.0	(0.7) ❌	9.6	10.0	0.4		⚠️
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	98.5	100.0	(1.5) ⚠️	96.1	100.0	(3.9) ⚠️		⚠️
Output Delivery Against Plan - Inpatient Number of Episodes	%	103.1	100.0	3.1	98.2	100.0	(1.8) ⚠️		⚠️
Output Delivery Against Plan - Inpatient CWD Volumes	%	97.3	100.0	(2.7) ⚠️	97.7	100.0	(2.3) ⚠️		⚠️

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Presentation to ED < 14 Days after discharge as an Acute InPatient	%	Under development							
Acute Readmissions to Hospital	%	Rolling 12 month measure			9.0	8.5	(0.5) ❌		❌ 9
Number of long stay patients (>20 days length of stay)	Discharges	38	34	(4) ❌	387	349	(38) ❌		❌ 10
Number of long stay patient bed days (>20 days los)	Bed Days	1,295	1,093	(202) ❌	13,161	11,608	(1553) ❌		❌ 11
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			4.77	4.58	(0.19) ⚠️		⚠️
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			4.19	4.06	(0.12) ⚠️		⚠️
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.19	1.30	0.10		⚠️

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	96.0	95.0	1.0	96.5	95.0	1.5		⚠️

### Organisational Quality Safety Markers

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Compliance with good hand hygiene practice (WDHB Rate)	%	82.3	80.0	2.3	85.3	80	5.3		⚠️

## Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance		Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	9,155	8,853	(301)	!	90,091	87,999	(2,092)	!	
Actual FTEs vs Budget	FTEs	699.2	695.4	(3.8)	!	688.9	693.6	4.7	✓	
Sick Leave	% of paid hours	2.1	2.6	0.4	✓	2.6	2.8	0.2	✓	
Overtime \$'s	\$000s	220	178	(43)	✗	2,182	1,527	(655)	✗	12
Annual Leave Taken	% of Budget	Rolling 12 month measure				76.4	100.0	(23.6)	✗	13

## Operational Management Indicators (for Service use only)

Indicator	Unit of Measure	Actual	Target	Variance		Actual	Target	Variance	Last 12 Mths Trend	Note
Referrals notified within 15 calendar days (ESPI1) - 1 month lag	% of services meeting target	33.3	100.0	(66.7)	✗	33.3	100.0	(66.7)	✗	
Unacknowledged Results > 10 days	Numbers	Current month result is shown as YTD				4,706	0	(4,706)	✗	
Theatre late starts	%	28.7	5.0	(23.7)	✗	27.1	5.0	(22.1)	✗	

### Key - MTD Measures

At or above target	✓
Below target by less than 5%	!
Below target by more than 5%	✗

### Key - YTD Measures

At or above target	✓
Below target by less than 5%	!
Below target by more than 5%; operational plan in place	✗

### Key - Trend Measure

Favourable Trend	✓
Unfavourable Trend - but YTD performance has met target	!
Unfavourable Trend - but YTD performance is below target	✗

## Surgical & CCTVS

Note	Indicator	Commentary
1	<b>ED &lt; 6 hours</b>	Surgical and CCTVS are participating fully in the Waikato Acute Patient Governance Group (APGG). We are focusing on two service areas to improve speciality response and reduce wait times in ED – plastic surgery and cardiology starting with daily feedback re performance and understanding the block to speedier patient disposition. The impact of the acute coronary syndrome pathway has added to the challenge of improving our performance in this area and is the subject of ongoing discussion.
2	<b>Long wait patients on outpatient waiting lists</b>	Work continues on this on a daily basis with a number of specialities, against the MOH ESPI2 target. With initiatives in managing inflows, recruitment and implementation of the orthopaedic action plan we achieved ESPI 2 compliance in April and are projecting compliance for May. Patients outside the benchmark wait time for April are 14 compared to an average of 199 per month for the year to date.
3	<b>Long wait patients on inpatient waiting lists</b>	We projected ESPI 5 compliance for April however qualified this noting ongoing risk with continued reduced elective operating theatre due to anaesthetic RMO vacancies and acute demand increase made worse by the number of public holidays that occur in April. Regrettably these risks came to materialise, this has had a knock on impact to May which we work hard to mitigate.
4	<b>Theatre Utilisation</b>	This remains an area of attention. The deficit in budgeted anaesthetic resource will continue to adversely affect this marker in the short term. There is robust weekly management of utilisation against this resource. The high number of public holidays days in April impacted on our elective utilisation
5	<b>Hospital initiated elective theatre cancellations</b>	The paper based audit of reasons for cancellations is still being analysed and the results will be included in the project evaluation of the pre hospital preparedness project due for completion by July.
6	<b>Waiting time for acute theatre (24hrs)</b>	This KPI is monitored via our Theatre and Interventional Governance Group (TIGG). The piece of work to develop a business case with some options to address this is within the work plan of this group; currently under development is a plan to right size acute theatre capacity to be presented to TIGG in May.
7	<b>Waiting time for acute theatre (48hrs)</b>	As for # 6

8	<b>Elective and day of surgery admissions</b>	Although our day stay rates compare favourably there is room for improvement in both day stay and DOSA. Our TIGG has initiated investigation to address this and identified clinical leads to initiate process change across services starting with those procedures identified as being suitable for day stay but where those procedures have incurred an overnight stay. This will be monitored via our Theatre and Interventional Governance Group (TIGG)
9.	<b>Acute Readmissions to hospital</b>	This KPI is increasing and will require investigation.
10	<b>Long stay patient beddays &gt; 20 day patients</b>	This KPI is linked to the above.
11	<b>Number of long stay patients (&gt; 20 days length of stay)</b>	A DHB wide discharge initiative includes emphasis on long stay patients, which has been enhanced with weekly reporting to the capacity and demand management forum and higher scrutiny of long stay reasons. There has been some improvement in recent months, however, YTD still higher than target. Resourcing and staffing of regular audits of long stay patients are being considered as part of the patient flow programme, to supplement weekly nursing audit of reasons for long stay.
12	<b>Overtime</b>	This has remained steady as a result of regular levels of escalation lists required to support acute service delivery particularly at weekends. This links to # 6.
13	<b>Annual leave</b>	The juxtaposition of the public holidays in April supports continuation of our annual leave planning to improve levels of annual leave taken.

# Key Performance Dashboard

## Critical Care & Theatre

## April 2017

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	77.3	85	(7.7) ❌	76.1	85.0	(8.9) ❌		1
Hospital initiated elective theatre cancellations	%	6.0	2.5	(3.5) ❌	5.9	2.5	(3.4) ❌		2
Elective theatre cancellations - total	%	#DIV/0!	5.0		12.2	5.0	(7.2)		
Waiting Time for acute theatre < 24 hrs	%	69.5	80	(10.5) ❌	72.7	80.0	(7.3) ❌		3
Waiting Time for acute theatre < 48 hrs	%	85.9	100	(14.1) ❌	87.1	100.0	(12.9) ❌		4

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			75.7	81.2	(5.6) ❌		5

### Organisational Quality Safety Markers

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Compliance with good hand hygiene practice (WDHB Rate)	%	82.3	80.0	2.3 ✅	85.3	80	5.3 ✅		

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	8,299	8,237	(62) ⚠️	82,483	81,932	(551) ⚠️		
Actual FTEs vs Budget	FTEs	582.5	593.9	11.5 ✅	569.3	593.1	23.8 ✅		
Sick Leave	% of paid hours	2.1	2.5	0.5 ✅	3.2	3.0	(0.2) ❌		6
Overtime \$'s	\$000s	87	21	(66) ❌	698	185	(513) ❌		7
Annual Leave Taken	% of Budget	Rolling 12 month measure			91.5	100.0	(8.5) ❌		8

### Operational Management Indicators (for Service use only)

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Theatre late starts	%	41.3	5.0	(36.3) ❌	47.4	5.0	(42.4) ❌		

#### Key - MTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%	❌

#### Key - YTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%; operational plan in place	❌

#### Key - Trend Measure

Favourable Trend	✅
Unfavourable Trend - but YTD performance has met target	⚠️
Unfavourable Trend - but YTD performance is below target	❌



## Critical Care & Theatre

Note	Indicator	Commentary
1	<b>Theatre utilisation</b>	This remains an area of attention. The deficit in budgeted anaesthetic resource will continue to adversely affect this marker in the short term. There is robust weekly management of utilisation against this resource.
2	<b>Hospital initiated elective theatre cancellations</b>	The paper based audit of reasons for cancellations is still being analysed and the results will be included in the project evaluation of the pre hospital preparedness project due for completion by July.
3	<b>Waiting time for acute theatre (24hrs)</b>	This KPI is monitored via our Theatre and Interventional Governance Group (TIGG). The piece of work to develop a business case with some options to address this is within the work plan of this group; currently under development is a plan to right size acute theatre capacity to be presented to TIGG in May.
4	<b>Waiting time for acute theatre (48hrs)</b>	As for # 3
5	<b>Elective and arranged day of surgery rate</b>	Although our day stay rates compare favourably there is room for improvement in both day stay and DOSA. Our TIGG has initiated investigation to address this and identified clinical leads to initiate process change across services starting with those procedures identified as being suitable for day stay but where those procedures have incurred an overnight stay. This will be monitored via our Theatre and Interventional Governance Group (TIGG)
6	<b>Sick leave</b>	The continued downward trend is pleasing.
7	<b>Overtime</b>	This has remained steady as a result of regular levels of escalation lists required to support acute service delivery particularly at weekends. This links to # 3.
8	<b>Annual leave</b>	The juxtaposition of the public holidays in April supports continuation of our annual leave planning to improve levels of annual leave taken.

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

## OLDER PERSONS, REHABILITATION AND ALLIED HEALTH

### Service overview report

#### Month End Financials and Performance Update

The April financials for WK05 - Rehab and Allied Health report a net result that is \$228k unfavourable for the year-to-date. This variance is mostly a timing issue for inpatient and START services (a program of rehabilitation delivered within the patient's own home), as revenue is received in the month of discharge.

The budget includes a \$1.2m savings plan that has been delivered for the year to date. A reduction in clinical supply costs from 2016 and reduction in outsourced services have contributed to the saving plan result.

Contractually there have been no issues raised by the various funding agencies to report. However, outpatient volumes have continued to track unfavourably. This can mostly be attributed to vacancies within the Allied Health service over the previous months, in particular the audiology service. Recovery plans are in place and April's results have seen some improvement over the previous months.

START continues to track favourably for the year-to-date and is forecasted to exceed contracted volumes by 10% at year end.

Inpatient activity continues to track favourably; however, ACC volumes will continue to be monitored as there is currently a 7% unfavourable variance to budget. An Older Persons and Rehabilitation driven audit of these volumes found no variances in patients seen versus billed revenue to-date.

#### Winter Planning

Older Persons and Rehabilitation managers have collaborated to develop the 2017 response and strategy document for winter planning. The strengths of Older Persons and Rehabilitation include the partnership care teamwork that has been implemented on the wards, a clear escalation plan with concurrent actions, the willingness of the senior nursing team and Older Persons Assessment and Liaison (OPAL) to support ward staff shortages, and the increasingly responsive and innovative way in which waiting lists are addressed.

#### Realising Employment through Active Coordinated Healthcare (REACH)

The REACH team are now at capacity. After a slow January/February/March they have seen a sharp increase in referrals from the Ministry of Social Development. REACH and the Ministry of Social Development are collaborating to make sure the right clients are being referred and clients have had a chance to consider the service and understand the commitment.

#### Needs Assessment Service Coordination Service - Health of Older People

The team have been involved in a number of complex clients that involve numerous agencies and there are no ready made options for these clients. These clients involve

collaborative approaches with Mental Health, Corrections, WINZ, CYFS and other DHB and Primary Care services.

#### Equipment for Physiotherapy and Occupational Therapy

A preliminary review of the procurement, tracking and the maintenance of equipment issued on short-term loan by Allied Health (physiotherapy and occupational therapy) including the Emergency Department has identified opportunities to improve the tracking and maintenance process. A brief will be prepared identifying opportunities for a project to review the equipment issue across Waikato Hospital.

**BARB GARBUTT**  
**DIRECTOR OF OLDER PERSONS, REHABILITATION AND ALLIED HEALTH**

# Key Performance Dashboard

## Older Persons & Rehabilitation

April 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Number of long wait patients on OPRS outpatient waiting lists	Patients	0	0	0	0	0	0		

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
START - bed day volumes	Days	1,481			1,977				
Nursing hours per patient day - OPRS	Hours	3.92	4.00	0.1	3.94	4.00	0.1		
Ward Utilisation - OPRS	%	98.7	90.0	8.7	98.8	90.0	8.8		
OPRS - Outpatient DNA Rate	%	4	8	4	4	8	4		

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Acute Readmissions to OPRS within 28 days	12 mth %	Rolling 12 month measure			0.2	6.0	5.8		
Average length of stay - OPRS	Days	17.3	16.5	(0.8)	17.2	16.5	(0.7)		

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	75.0	95.0	(20.0)	95.8	95.0	0.8		

### Quality Indicators - Patient Safety

Indicator	Unit of Measure	Actual	Month Target	Variance	Actual	YTD Target	Variance	Last 12 Mths Trend	Note
Hospital Acquired MRSA (Department)	Numbers	0	0.3	0	0.0	6.0	6		
Hand Hygiene Rate (Cluster)	Period to date %	74	80.0	(6)	74.0	80.0	(6)		1
C-Diff (Department)	Numbers	0	1.1	1	2.0	11.3	9		
Medication Incidents - Wrong Patient (Department)	Event Numbers	0	0.0	0.0	0.0	2.0	2.0		

### Organisational Quality Safety Markers

Indicator	Unit of Measure	Actual	Month Target	Variance	Actual	YTD Target	Variance	Last 12 Mths Trend	Note
Patients aged >75 (Maori and Pacific Islanders >55) given a falls risk assessment.	% for Mar-17	98.7	90.0	8.7	98.2	90.0	8.24		
Patients assessed as being at risk have an individualised care plan which addresses their falls risk.	% for Mar-17	100.0	90.0	10.0	99.9	90.0	9.9		

### Quality Indicators - Patient Outcomes

Indicator	Unit of Measure	Actual	Month Target	Variance	Actual	YTD Target	Variance	Last 12 Mths Trend	Note
Stroke patients admitted to a stroke unit	% for Mar-17	71.43	80.00	(8.6)	79.64	80.00	(0.36)		
Ischaemic stroke patients thrombolysed	%	250.0	6.0	244.0	8.2	6.0	2.2		
<i>Other Patient Outcome Indicators Under Development</i>									

### Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers	1	2	1	19	22	3		
Complaints resolved within 20 wd (1 month lag)	% for Mar-17	100	70	30	89	70	19		
Falls Resulting in Harm	Numbers	12			60				
Pressure Injuries - Total	Numbers	3	6	3	43	50	7		
Patient Feedback	Not yet collected - in Development								

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	1,931	1,860	(71)	18,577	18,598	21		
Actual FTEs vs Budget	FTEs	271.8	269.6	(2.2)	257.9	267.3	9.4		
Sick Leave	% of paid hours	2.9	3.1	0.1	3.4	3.0	(0.4)		2
Overtime \$'s	\$000s	2	2	(0)	46	19	(27)		3
Annual Leave Taken	% of Budget	Rolling 12 month measure			84.9	100.0	(15.1)		4

### Operational Management Indicators (for Service use only)

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Unacknowledged Results > 10 days	Numbers	Current month result is shown as YTD			0	0	-		

#### Key - MTD Measures

At or above target	
Below target by less than 5%	
Below target by more than 5%	

#### Key - YTD Measures

At or above target	
Below target by less than 5%	
Below target by more than 5%; operational plan in place	

#### Key - Trend Measure

Favourable Trend	
Unfavourable Trend - but YTD performance has met target	
Unfavourable Trend - but YTD performance is below target	

## Older Persons and Rehabilitation - KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	Hand hygiene rate (cluster)	<p><b>Inpatients</b> National gold standard auditing is still being undertaken for the Older Persons and Rehabilitation inpatient wards (37/50 moments correct). The charge nurse managers are working with champions to refresh the education/ learning packages for staff.</p>
2	Sick Leave	<p><b>Inpatients</b> Sick leave continues to trend high due to four staff on ACC and one staff member on long-term sick leave.</p> <p><b>Disability Support Link</b> Higher than average sick leave, with one person on long-term sick leave due to serious illness and two people with complications post-surgery.</p> <p><b>Continuing Care Facilities</b> Higher than average sick leave across the facilities, with one person on long-term sick leave. Other staff have been away for different illnesses and short notice leave.</p>
3	Overtime \$	<p><b>Inpatients</b> Minimal amount of overtime on OPR2 this month due to after-hours authorisation to ensure patient safety.</p>
4	Annual Leave	<p><b>Inpatients</b> All staff over 240 hours have leave plans in place.</p> <p><b>Continuing Care Facilities</b> All staff over 240 hours have leave plans in place.</p>

# Key Performance Dashboard

Allied health

April 2017

## Waiting times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Long wait patients of > 4 mnths on Physio OP waitlists	%	0%	5%	-5%	0%	5%	-5%		
Long wait patients of > 4 mnths on Occup Therapy OP waitlists	%	4%	5%	-1%	2%	5%	-3%		
Long wait patients of > 4 mnths on SLT OP waitlists	%	0%	5%	-5%	0%	5%	-5%		
Long wait patients of > 4 mnths on Audiology OP waitlists	%	77%	5%	72%	61%	5%	56%		1
Long wait patients of > 4 mnths on SW OP waitlists	%	0%	1%	-1%	0%	1%	-1%		
Long wait patients of > 4 mnths on Dietician OP waitlists	%	5%	5%	0%	3%	5%	-2%		

\*Long wait = Waiting more than 4 months

## General Throughput indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
<b>Outpatient DNA rates</b>									
Physiotherapy	%	13%	10%	3%	10%	10%	0%		
Occupational therapy	%	13%	10%	3%	11%	10%	1%		
Speech therapy	%	8%	10%	-2%	12%	10%	2%		
Psychology	%					10%			
Audiology	%	13%	10%	3%	13%	10%	3%		2
Social work	%	N/A	10%		-	10%			
Dietician	%	1%	10%	-9%	10%	10%	0%		
Time from OPAL referral to first assessment		Under development							
<b>PVS vs Actual</b>									
Physiotherapy	Volume	1,725	1,546	179	17,832	18,275	(443)		
Occupational therapy	Volume	770	829	(59)	8,395	8,287	108		
Speech therapy	Volume	112	119	(7)	1,245	1,402	(157)		3
Psychology	Volume	23	-	-	496	-	-		
Audiology	Volume	123	311	(188)	2,118	3,710	(1592)		4
Social work	Volume	301	338	(37)	4,235	3,997	238		
Dietician	Volume	404	521	(117)	6,271	6,164	107		

## Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers	0	0	-	0	0	-		
Complaints resolved with 20 wd (1 month lag)	%	100	70	30	94	70	24		
Falls resulting in harm	Numbers	0	0	-	5	0	(5)		
Falls with no harm	Numbers	0	-	-	2	-	(2)		

## Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	1,311	1,332	21	1,393	1,498	105		
Actual FTEs vs Budget	FTEs	241	245	4	233	264	32		
Sick Leave	% of paid hours	3	3	0	2.9	3.1	0.3		
Overtime \$'s	\$000s	5.7	8.3	2.6	79.2	51.5	(28)		5
Annual Leave Taken	%	Rolling 12 month measure			95.8	98.2	(2.3)		

### Key - MTD Measures

At or above target	
Below target by less than 5%	
Below target by more than 5%	

### Comments:

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### Key - YTD Measures

At or above target	
Below target by less than 5%	
Below target by more than 5%; operational plan in place	

### Key - Trend Measure

Favourable Trend	
Unfavourable Trend - but YTD performance has met target	
Unfavourable Trend - but YTD performance is below target	

## Allied Health - KPI dashboard – Commentary by exception – April 2017

Note	Indicator	Commentary
1	Long wait patients of > 4 months on Audiology OP waitlists	There is a 50% staff vacancy in-service. An action plan has been developed to outsource specific volumes and to employ a contractor to deliver on site.
2	Outpatient DNA Rates: <ul style="list-style-type: none"> <li>• Audiology</li> </ul>	Phone call to determine ongoing service need prior to making appointment, text appointment reminders, phone call reminders all implemented and monitored monthly.
3/4	PVS versus Actual: <ul style="list-style-type: none"> <li>• Speech therapy</li> <li>• Audiology</li> </ul>	<p><u>Speech Therapy</u> The month is on track for the PVS target. For the year-to-date this is under target, but has improved considerably from mid-way through the year when the service was carrying a 50% vacancy rate.</p> <p><u>Audiology</u> There is a 50% vacancy in-service. An action plan has been developed to outsource specific volumes and to employ a contractor to deliver on site. Draft contracts have been developed and are awaiting legal input.</p>
5	Overtime	The current month is favourable; however, the small unfavourable variance for the year-to-date is a result of strike action and long weekends where Allied Health delivered an additional service to meet demand.



# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

## WOMENS AND CHILDRENS

### Service overview

It was with deep sadness that the Womens Health Service informed staff of the sudden death of Dr Stewart Hastie on 15 May 2017. Dr Hastie began his time at Waikato DHB in 1989 and over the years until his retirement from the DHB in January 2017 had provided a variety of clinical services as an Obstetrician Gynaecologist.

### Women's Health

The Women's Health Service continues to have a major focus on the recruitment of Registrars, Senior Medical Officer's and midwives in order to provide a safe obstetric/maternity service and to meet the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) reaccreditation requirements for a training provider in obstetrics and gynaecology.

In May, vacancies for registrars are down to 2.0 FTE with two commencing and one leaving in June which will result in 1.0 FTE vacancy; one SMO has been appointed to commence in July leaving 2.0 FTE vacancies and eight midwives commence employment between June and November which leaves 5.28 FTE midwife vacancies to recruit to over the next few months.

The transformation team continues to work with the service in relation to the following work streams and models of care:

- Provision of separate elective (planned) caesarean section lists – this work is near completion with a business case being developed in consultation with key stakeholders
- Reconfiguration of the Womens Assessment Unit, gynaecology and antenatal wards
- Model of care for the Induction of Labour process

### Child Health

The two paediatric negative pressure rooms on E7 are near completion and will be commissioned with the opening of the winter ward in mid June.

Winter planning is well underway and the additional part time paediatrician located in ED (the child emergency short stay unit) will commence on 12 June.

Recruitment initiatives have seen four additional registrars added to the team structures which will greatly assist with Royal Australasian College of Physicians (RACP) reaccreditation at the end of the year. Two Senior Medical Officers who commence in August and September will see the service fully staffed.

### Initiatives and highlights

A review of the Waikato DHB colposcopy service was undertaken in October 2015 and a number of Corrective Audit Requirements (CARs) were identified as requiring attention in order to provide a colposcopy service that met the Ministry of Health standards. The Womens Health Service has implemented a number of initiatives since 2015 to meet the

CARs. We are delighted to inform the committee that all CARs have now been met with the final two being signed off by the Ministry of Health on 23 May 2017.

It is also significant to note that the colposcopy service continues to have a low Did Not Attend (DNA) rate – in April 7.2% compared to the Ministry of Health target of 15%. The working group that was established to address the CARs will continue to meet monthly in order to ensure the colposcopy service continues to provide the service according to the Ministry of Health criteria.

An article highlighting Sharon Becht (an Enrolled Nurse who works in the Mothercraft facility on the Waikato Hospital site) was included in the May edition of the Kai Tiaki Nursing journal. The article described the Mothercraft facility and the role that staff have in supporting / educating mothers to care for their newborn babies and infants.

**MICHELLE SUTHERLAND**  
**DIRECTOR WOMEN'S AND CHILDREN'S HEALTH**

# Key Performance Dashboard

## Child Health

## April 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	89.2	95.0	(5.8) ❌	89.1	95.0	(6) ❌		❌ 1
Number of long wait patients on outpatient waiting lists	# > 4 mths	1	0	(1) ⚠️	146	0	(146) ❌		❌ 2
Number of long wait patients on inpatient waiting lists	# > 4 mths	1	0	(1) ⚠️	4	0	(4) ⚠️		❌ 2

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	71.1	85	(13.9) ❌	72.9	85.0	(12.1) ❌		❌ 3
Hospital initiated elective theatre cancellations	%	0.0	2.5	2.5 ✅	0.8	2.5	1.7 ✅		✅

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			61.0	65.6	(4.6) ❌		❌ 4
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			83.4	84.5	(1.1) ⚠️		⚠️
Outpatient DNA Rate	%	18.6	10.0	(8.6) ❌	16.9	10.0	(6.9) ❌		❌ 5
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	86.3	100.0	(13.7) ❌	95.0	100.0	(5.0) ⚠️		⚠️
Output Delivery Against Plan - Inpatient Number of Episodes	%	95.6	100.0	(4.4) ⚠️	92.8	100.0	(7.2) ❌		❌ 6
Output Delivery Against Plan - Inpatient CWD Volumes	%	77.3	100.0	(22.7) ❌	91.6	100.0	(8.4) ❌		❌ 7

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Acute Readmissions to Hospital	%	Rolling 12 month measure			7.4	8.5	1.1 ✅		✅
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			2.57	2.50	(0.07) ⚠️		⚠️
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			3.09	3.13	0.03 ✅		✅
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.94	0.93	(0.01) ⚠️		⚠️

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	100.0	95.0	5.0 ✅	100.0	95.0	5.0 ✅		✅

## Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	-	-	- ✓	-	-	- ✓		✓
Actual FTEs vs Budget	FTEs	250.7	230.1	(20.6) ✗	250.1	234.7	(15.5) ✗		✓ 8
Sick Leave	% of paid hours	3.1	2.7	(0.4) ✗	3.0	3.0	0.1 ✓		✓
Overtime \$'s	\$000s	41	37	(4) ✗	478	333	(145) ✗		✓ 9
Annual Leave Taken	% of Budget	Rolling 12 month measure			90.7	100.0	(9.3) ✗		✗ 10

## Operational Management Indicators (for Service use only)

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Referrals notified within 15 calendar days (ESP11) - 1 month lag	% of services meeting target	0.0	100.0	(100.0) ✗	0.0	100.0	(100.0) ✗		✗
Unacknowledged Results > 10 days	Numbers	Current month result is shown as YTD			136	0	(136) ✗		✗
Theatre late starts	%	30.0	5.0	(25.0) ✗	22.0	5.0	(17.0) ✗		✗

### Key - MTD Measures

At or above target	✓
Below target by less than 5%	⚠
Below target by more than 5%	✗

### Key - YTD Measures

At or above target	✓
Below target by less than 5%	⚠
Below target by more than 5%; operational plan in place	✗

### Key - Trend Measure

Favourable Trend	✓
Unfavourable Trend - but YTD performance has met target	⚠
Unfavourable Trend - but YTD performance is below target	✗

## Child KPI dashboard

Note	Indicator	Commentary
1	Emergency Department <6	89.2% achieved, sustaining a positive trend
2	Number of long wait outpatients	1 breach reported – unfortunately this was an unavoidable due to unplanned bereavement leave.
3	Theatre utilisation elective sessions	Last minute changes and theatre cancellations to accommodate the above leave, have resulted in the target not being met this month
4	Elective and Arranged Day Surgery Percentage	Unfortunately target not met this month, acuity and demand driven
5	Outpatient DNA rate	We continue to work on making improvements in reducing patient DNAs – trending positively
6	Output against Plan – Inpatient number of episodes	A consistent 94-95% recorded, reduced elective throughput experienced due to increasing outsourcing of theatre lists
7	Output delivery against plan – Inpatient CWD volumes	A less positive achievement this month, against a much improved 102% being recorded last month. Localising paediatric surgery service will contribute to this
8	Actual FTE v Budget	BRRG approved business cases to increase paediatric medical clinical staff, as well as the externally funded increase in HPS staffing levels
9	Overtime	An exceptionally busy month in the NICU resulting in additional staff being required each shift
10	Annual Leave Taken	While not meeting the central target this is a high level of achievement for this indicator.

# Key Performance Dashboard

## Womens Health

April 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	76.7	95.0	(18.3) ❌	77.7	95.0	(17) ❌		❌ 1
Number of long wait patients on outpatient waiting lists	# > 4 mths	6	0	(6) ❌	364	0	(364) ❌		❌ 2
Number of long wait patients on inpatient waiting lists	# > 4 mths	0	0	0 ✅	50	0	(50) ⚠️		✅

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	77.6	85	(7.4) ❌	74.0	85.0	(11.0) ❌		✅ 3
Hospital initiated elective theatre cancellations	%	8.0	2.5	(5.5) ❌	5.7	2.5	(3.2) ❌		✅ 4
Waiting Time for acute theatre < 24 hrs	%	69.2	80	(10.8) ❌	77.3	80.0	(2.7) ⚠️		❌
Waiting Time for acute theatre < 48 hrs	%	89.7	100	(10.3) ❌	88.9	100.0	(11.1) ❌		✅ 5

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			53.8	56.6	(2.8) ⚠️		✅
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			97.9	100.0	(2.1) ⚠️		✅
Outpatient DNA Rate	%	11.1	10.0	(1.1) ❌	10.2	10.0	(0.2) ⚠️		❌
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	102.2	100.0	2.2 ✅	112.8	100.0	12.8 ✅		✅
Output Delivery Against Plan - Inpatient Number of Episodes	%	104.0	100.0	4.0 ✅	102.5	100.0	2.5 ✅		✅
Output Delivery Against Plan - Inpatient CWD Volumes	%	100.1	100.0	0.1 ✅	101.2	100.0	1.2 ✅		✅

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Acute Readmissions to Hospital	%	Rolling 12 month measure			3.5	8.5	5.0 ✅		⚠️
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			1.80	1.75	(0.05) ⚠️		❌
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.37	0.35	(0.02) ⚠️		❌
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.90	1.17	0.28 ✅		✅

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	94.9	95.0	(0.1) ⚠️	97.4	95.0	2.4 ✅		⚠️

## Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note	
Actual Expenditure vs Budget (\$000s)	\$000s	2,204	2,006	(198) ❌	20,512	19,807	(705) ⚠️		❌	
Actual FTEs vs Budget	FTEs	182.6	191.9	9.3 ✅	180.5	190.3	9.8 ✅		⚠️	
Sick Leave	% of paid hours	2.7	2.8	0.1 ✅	3.2	3.0	(0.2) ❌		✅	6
Overtime \$'s	\$000s	15	24	9 ✅	297	232	(65) ❌		❌	7
Annual Leave Taken	% of Budget	Rolling 12 month measure			78.5	100.0	(21.5) ❌		❌	8

## Operational Management Indicators (for Service use only)

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Referrals notified within 15 calendar days (ESP11) - 1 month lag	% of services meeting target	0.0	100.0	(100.0) ❌	0.0	100.0	(100.0) ❌		✅
Unacknowledged Results > 10 days	Numbers	Current month result is shown as YTD			2,058	0	(2,058) ❌		❌
Theatre late starts	%	34.8	5.0	(29.8) ❌	27.7	5.0	(22.7) ❌		❌

### Key - MTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%	❌

### Key - YTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%; operational plan in place	❌

### Key - Trend Measure

Favourable Trend	✅
Unfavourable Trend - but YTD performance has met target	⚠️
Unfavourable Trend - but YTD performance is below target	❌

## Women's KPI dashboard

Note	Indicator	Commentary
1	Emergency Department <6	Although there are low volumes of referrals to gynaecology, it remains a challenge to receive timely referrals from ED to the service in order to meet the 6 hour target.
2	Number of long wait outpatients	6 breaches this month – this was as a result of a bereavement, resulting in a specialty clinic being cancelled which could not be backfilled.
3	Theatre utilisation elective sessions	Trending positive to a much improved 77.6%.
4	Hospital Initiated Theatre cancellations	Continues to improve, the acute/elective gynae/obstetric demand versus capacity is an ongoing issue
5	Waiting time for Acute theatre	Also trending positive. Gynae do not have a dedicated acute theatre
6	Sick Leave	Medical staff sick leave not significant. Positive trend
7	Overtime	Ongoing high vacancies, have resulted in the requirements for increased overtime throughout the service
8	Annual Leave Taken	Vacancies are a constraint to service ability to meet leave targets



# Quality

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

14 JUNE 2017

## AGENDA ITEM 7.1

### QUALITY AND PATIENT SAFETY

<b>Purpose</b>	For discussion and feedback.
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#### Introduction

The Quality and Patient Safety Directorate has previously developed a quarterly quality report for the Audit and Risk Committee with adhoc reports to the Health Waikato Advisory Committee. With the change of reporting lines, it would seem appropriate to update the board members through the Performance Management Committee on the scope and activity of the quality and patient safety team as well as reporting on the quality / patient safety performance from the DHB perspective.

#### Quality and Patient Safety team

The team has been restructured during the last 18 months to ensure the work is focused on the key objectives within the quality governance strategy approved in December 2015, and reinforced in the refreshed DHB strategy priority areas.

The core quality and patient safety teams cover:

- risk management – incident management including serious event reviews, risk register, mortality reviews, product recall, Datix governance
- consumer engagement – complaints and feedback management including Health and Disability Commission (HDC), national patient survey, support / advise on co-design, patient stories and other consumer engagement methods.
- clinical effectiveness – clinical audit, policy and guideline process and management, research governance
- patient safety - programmes of improvement work identified in quality account or from other data including Health Quality and Safety Commission (HQSC) dashboard / priorities and supporting a quality improvement capability within the DHB
- the regulatory framework - certification, accreditation and clinical governance structures and function including measurement such as health round table (HRT), quality indicators

The Directorate also contains the infection, prevention and control team, wound care service and suicide prevention / postvention coordinator.

#### Proposed performance reports through 2017/18

- Monthly quality indicator report including relevant HRT data
- Monthly - brief update on achievements and challenges for the QPS team, future focus
- Quarterly HQSC quality safety markers

- Quarterly incident and complaint report (Datix) including serious events and Health and Disability Commission (HDC) complaints
- Six monthly certification / accreditation report
- Annual Quality strategy – progress with governance and work plan

**Recommendation**

**THAT**

The report be received.

**MO NEVILLE**

**DIRECTOR QUALITY AND PATIENT SAFETY**

## Quality report

### Quarter 3 (January – March 2017) Serious Adverse Events

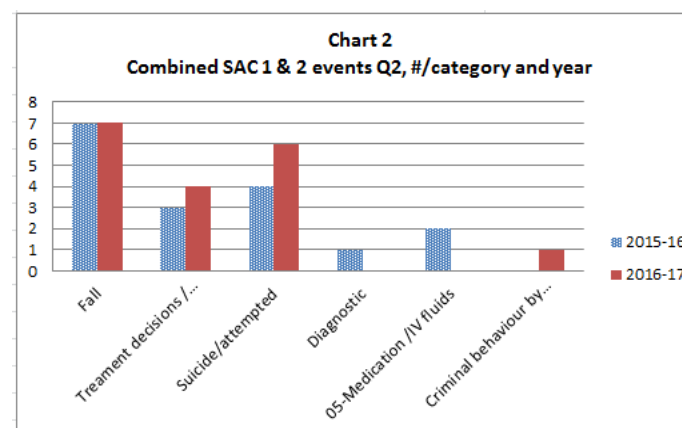
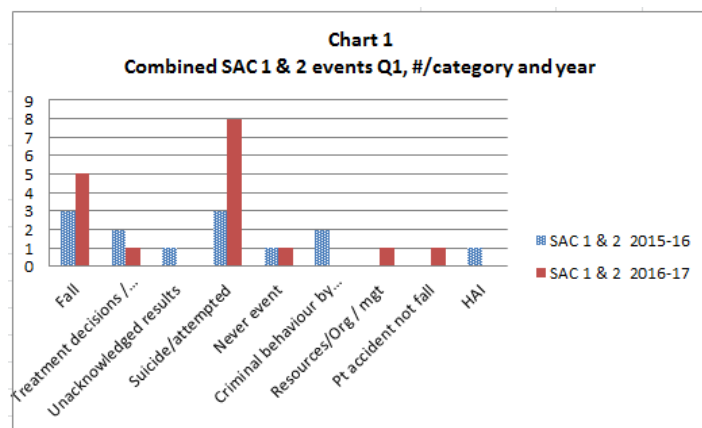
All incidents logged at Waikato DHB are rated given a Severity Assessment Code (SAC) rating between 1-4; the rating is determined from the Health Quality and Safety Commission (HQSC) matrix of consequence / harm versus likelihood that the harm will occur again.

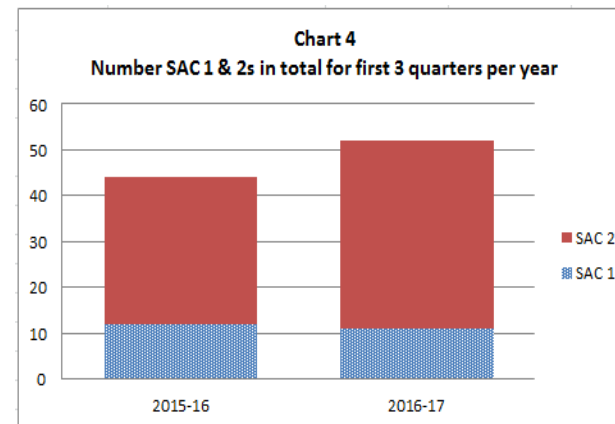
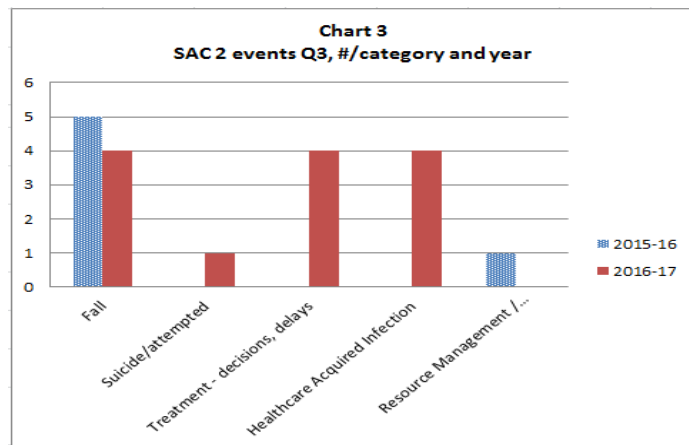
SAC 4 is the least significant / lowest level of harm and SAC 1 is the most severe / significant. (Although the HQSC matrix is currently under review and is likely to be amended, the current version has been in use since March 2012.)

**Table 1:** shows the number of SAC 1 and 2 events logged per quarter 2016-17 and in the same quarters in 2015-16 for comparison.

	Q1		Q2		Q3	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
SAC 1	4	6	2	2	6	3
SAC 2	9	11	15	15	8	15
Reclassified to SAC 3 following investigation	4	1	2	3	3	1

The charts below show the number of combined SAC 1 and 2 events per category for Q1, Q2 and Q3.





Falls with fracture are usually the highest number although this is not the case in Q3 where treatment decisions / delays events were the most common category.

### Review findings:

Under the HQSC National Reportable Events policy reviews should be completed within 70 working days from the date the incident is notified. As a consequence many of the reviews in Q3 are not yet completed so the themes from review findings relate to Q2 events.

### Falls

There were 7 falls in quarter 2:

- 6 fractured neck of femur
- 1 fractured humerus

Themes from fall reviews:

- Communication / handover
- Need to customise use of fall mitigation resources
- Close doors to en-suite bathrooms to encourage patients to call for assistance when mobilising
- Mobility Plan at the bedside as a visual display of mobility requirements
- Raise awareness regarding 'normal' routine of the patient and disruptions to it particularly with regard to overnight toileting regime
- Consider the impact of changes to co-clients in shared bedrooms may have on risk of falling

## **Behaviour**

There was a total of 7 'behaviour' classifications in this quarter;

- 6 suspected suicides (community)
- 1 alleged homicide

Themes from behaviour reviews:

- Review the orientation process for triage clinicians in small / rural teams
- Difficulties of managing chronic suicidality in the least restrictive environment

## **Clinical process/procedure**

There was a total of 3 clinical process/procedure classifications in this quarter;

- Diagnostic result incorrect, action taken before revised report available leading to patient undergoing an unnecessary procedure by the time the report was reviewed and amended.
- Delay with actioning diagnostic result leading to patient deterioration and ultimately death.
- Delayed follow up leading to permanent reduction in vision.

Themes from clinical process/procedure reviews:

- Competency issue identified
- Masking properties of steroids with regard to sepsis
- Need for DHB wide sepsis protocol
- Extra clinics to address back log

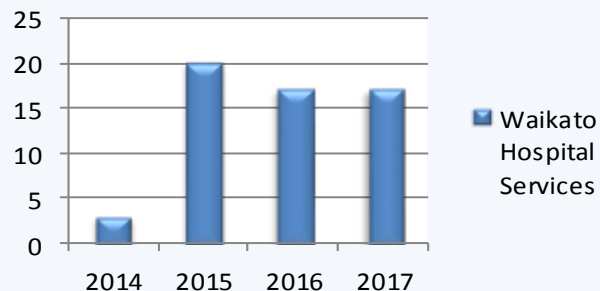
## **Recommendations (Actions) from Serious Event Reviews:**

Each serious event review includes recommendations known as Serious Event Actions which are assigned to staff members along with a completion date. The recommendations are monitored for completions and evaluation of effectiveness.

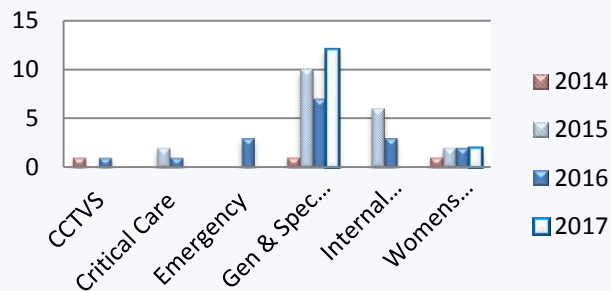
Whilst progress is being made on completing recommendations, 57 recommendations remain overdue.

Chart 5 shows the number of overdue recommendations per year, all of which belong to Waikato Hospital services. Chart 6 shows the number of overdue actions per service.

**Chart 5 Outstanding Serious Event Recommendations by Year & Directorate**



**Chart 6 Outstanding Serious Event Recommendations by Year & Service**



**Health and Disability Commission (HDC) complaints received during quarter 3 2016-2017**

During this third quarter:

- 16 new complaints were received by HDC regarding Waikato DHB.
- 4 of these complaints were referred to Waikato DHB to respond directly to the complainant.
- In addition Waikato DHB was asked to supply information to HDC in respect of 6 complaints regarding other providers.

The 12 complaints reviewed by HDC related to the following services\*:

Service	Number of complaints received	Complaint summary (This is a summary of the consumer's complaint - from their perspective - prior to review by HDC)
Mental Health and Addictions Service	1 - MH Crisis Assessment and Home Treatment Team	Patient's partner phoned helpline and was unable to get help for at home patient who was experiencing an "episode".
	1 - Mental Health Services for Older People - OPR 1	Concerns about the way patient was treated on ward, staff refusing to speak with her.

<b>Service</b>	<b>Number of complaints received</b>	<b>Complaint summary</b> <i>(This is a summary of the consumer's complaint - from their perspective - prior to review by HDC)</i>
Community and Clinical Support	1 – Thames Hospital ED	Patient with ankle fracture should have been referred to Waikato Hospital immediately due to the need for acute treatment.
WH General and Emergency Medicine	1 - AMU	Patient unhappy with Doctor's condescending manner and clinical skills in respect of diagnosis.
	1 – Neurology	Husband believes his deceased wife was given a too high dose of steroids.
	2 – Emergency Department	Patient died shortly after being discharged from ED with chest pains. Husband feels she should have been monitored for longer. Patient presented many times but never received proper diagnosis for pain.
WH Ambulatory, Cancer & Regional	1 - Rheumatology	Doctor would not discuss possible effects of prednisone. Patient now has permanent damage to her eye.
WH Theatre, Perioperative & Interventional Services	1 – Anaesthetics	Patient asserts he did not consent to general anaesthesia, but this was administered. (also covers urology).
WH Surgical Service	1– Plastics	Patient with injury to finger concerned that Doctor scheduled and cancelled surgical bookings by text and that finger was splinted for too long without treatment, causing permanent damage to the joint.
	1 – Urology	Patient asserts he did not consent to general anaesthesia, but this was administered (also covers anaesthetics).
	1 – General Surgery	Patient presented to ED many times but never received proper diagnosis for pain. Referral for surgery did not meet threshold.
	1 – M6	Patient alleges that nurse was rough and “snapped” her neck.
WH Cardiology, Critical Care, CardioThoracic & Vascular (C4TV)	1 – Cardiology	Patient concerned that his defibrillator was not being checked regularly, and about attitude of staff.
<b>Total</b>	<b>14</b>	

\*note that a single complaint can relate to more than one service.



**Complaint decisions made by HDC**

During the report period HDC made 5 decisions regarding complaints about Waikato DHB. In one case Waikato DHB was found in breach of the Code of Rights. 4 complaints were closed by HDC with a decision of no further action.

HDC decision	Number of complaints	Services involved	Recommendations/Notes
<p><b>Breach of Code of Rights</b>                      Waikato DHB failed to provide services to patient with reasonable care and skill and, accordingly, breached Right 4(1) of the Code.                      A copy of HDC’s report naming Waikato DHB was placed on HDC’s website for educational purposes on 6 March 2017.</p>	1	<b>Surgery</b>	<ul style="list-style-type: none"> <li>• Provide a formal written apology to deceased patient’s family. Completed.</li> <li>• Provide evidence of staff training using the anonymised version of the report. Training to focus on specific issues identified in the report including open disclosure.</li> <li>• Perform a randomised audit of patient records for the past 12 months to assess the effectiveness of its Electronic Acknowledgement of Results system.</li> <li>• Perform an audit evaluating current access to MRIs, in particular timeframes.</li> <li>• Consider conducting a regular surgical / pathology meeting and report back to HDC on the outcome of this.</li> </ul>
<p><b>No further action – with follow up actions required</b></p>	3	<p><b>NICU</b>                      While removing baby’s IV luer with scissors, scissors slipped and part of baby’s finger was cut off</p>	<ul style="list-style-type: none"> <li>• Conduct an audit of implementation of new procedures for removing IV luers on neonates.</li> <li>• Report on alternative products available for neonates for fixing and removing IV luers</li> </ul> <p>(in progress)</p>
		<p><b>Thames ED</b>                      Patient with stage 4 colon cancer spent 6 hours in ED with</p>	<ul style="list-style-type: none"> <li>• Put in place a formal procedure so infused medication syringe drivers can be refilled while in ED (Thames)</li> <li>• Provide staff education regarding pumps function, management and required documentation</li> </ul> <p>(completed)</p>

		empty pain pump and no pain medication provided	
		<b>Women's Health Clinics</b> Woman not informed of Termination of Pregnancy appointment by GP or Women's Health Clinics	<ul style="list-style-type: none"> <li>Termination of Pregnancy stakeholder group to review current process to see if there is a more efficient way of informing women of their appointments.</li> </ul> (completed)
<b>No further action – no follow up actions required (treatment and care was appropriate)</b>	1	<b>Mental Health Services Older Persons – OPR1</b> Complaint from former staff member about treatment of patient on OPR1	<ul style="list-style-type: none"> <li>HDC did not receive consumer consent to review this complaint, hence decision of No Further Action.</li> </ul>
<b>Total</b>	<b>5</b>		



# **Finance Report**

# WAIKATO DISTRICT HEALTH BOARD

## YEAR TO DATE FINANCIAL COMMENTARY

### FINANCIAL PERFORMANCE MONTHLY COMMENT:

#### Funder and Governance:

For April 2017 the Funder and Governance are favourable to budget by \$4.1m

The result for the Funder is favourable mainly due to favourable Provider payment costs.  
The result for Governance is close to budget.

#### Provider:

For April 2017 the Provider Arm is unfavourable to budget by \$14.1m

It should be noted that this in the context of:

- Acute cases, excluding ED : episodes 2.6% above plan; case-weights 6.3% above plan
- Elective cases: episodes 9.7% below plan; case-weights 17.3% below plan
- Overall 0.7% below plan for cases and 1.0% below plan for case-weights.
- ED attends: YTD ED attends are 3.2% higher than the same period last year.

### RECOMMENDATION(S):

That this report be received

**ANDREW McCURDIE**  
**CHIEF FINANCIAL OFFICER**

Waikato DHB Result for April 2017	Year to Date			Budget Jun-17 \$m
	Actual \$m	Budget \$m	Variance \$m	
Funder	44.7	40.5	4.2 F	42.9
Governance	(0.4)	(0.3)	(0.1) U	(0.3)
Provider	(41.7)	(27.6)	(14.1) U	(38.1)
<b>DHB Surplus/(Deficit)</b>	<b>2.6</b>	<b>12.6</b>	<b>(10.0) U</b>	<b>4.5</b>

Note: \$ F = favourable variance; (\$ ) U = unfavourable variance

YTD Actuals Apr-16 \$'000	Provider Result for April 2017	Month			Year to Date			Budget Jun-17 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000	
628,587	Government and Crown Agency	63,986	64,574	(588) U	675,857	676,330	(473) U	816,163
19,780	Other Revenue	1,773	1,777	(4) U	19,626	19,059	567 F	22,734
<b>648,367</b>	<b>Total Revenue</b>	<b>65,759</b>	<b>66,351</b>	<b>(592) U</b>	<b>695,483</b>	<b>695,389</b>	<b>94 F</b>	<b>838,897</b>
425,044	Personnel	44,977	43,879	(1,098) U	445,012	439,579	(5,433) U	533,413
11,254	Outsourced Personnel	2,500	965	(1,535) U	20,339	8,913	(11,426) U	10,843
39,001	Outsourced Services	5,146	4,052	(1,094) U	44,638	40,611	(4,027) U	48,751
107,858	Clinical Supplies and Patient Related	10,891	11,375	484 F	112,310	112,225	(85) U	136,527
57,779	Infrastructure and Non-Clinical Supplies	6,224	6,738	514 F	66,850	66,070	(780) U	79,821
(1,933)	Internal Recharges	(193)	(193)	(0) U	(1,936)	(1,933)	3 F	(2,320)
<b>639,002</b>	<b>Operating Expenditure before IDCC</b>	<b>69,545</b>	<b>66,816</b>	<b>(2,729) U</b>	<b>687,213</b>	<b>665,465</b>	<b>(21,748) U</b>	<b>807,035</b>
55,208	Total IDCC	4,417	6,011	1,594 F	50,002	57,533	7,531 F	69,933
14	Extraordinary Costs	(2)	0	2 F	4	0	(4) U	0
<b>(45,857)</b>	<b>Provider Surplus/(Deficit)</b>	<b>(8,201)</b>	<b>(6,476)</b>	<b>(1,725) U</b>	<b>(41,736)</b>	<b>(27,609)</b>	<b>(14,127) U</b>	<b>(38,071)</b>

Note: \$ F = favourable variance; (\$ ) U = unfavourable variance

YTD Actuals Apr-16 \$'000	Funder & Governance Result for April 2017	Month			Year to Date			Budget Jun-17 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000	
909,447	Crown Funding Agreement	94,975	95,602	(627) U	954,511	956,018	(1,507) U	1,147,384
102,120	Inter-district Inflows	9,388	10,993	(1,605) U	106,056	109,934	(3,878) U	131,921
<b>1,011,567</b>	<b>Total Revenue</b>	<b>104,363</b>	<b>106,595</b>	<b>(2,232) U</b>	<b>1,060,567</b>	<b>1,065,952</b>	<b>(5,385) U</b>	<b>1,279,305</b>
503,851	Personal Health and Maori	50,725	51,211	486 F	541,780	542,504	724 F	655,274
64,774	Mental Health	6,874	7,008	134 F	67,845	70,075	2,230 F	84,091
15,912	Disability Support Services	1,728	1,798	70 F	16,526	18,179	1,653 F	21,839
<b>584,537</b>	<b>Payments to Internal Provider</b>	<b>59,327</b>	<b>60,017</b>	<b>690 F</b>	<b>626,151</b>	<b>630,758</b>	<b>4,607 F</b>	<b>761,204</b>
222,976	Personal Health and Maori	21,142	20,881	(261) U	208,255	212,718	4,463 F	256,938
36,943	Mental Health	3,741	3,905	164 F	38,249	39,382	1,133 F	47,192
86,245	Disability Support Services	8,412	9,257	845 F	90,993	92,566	1,573 F	111,080
47,694	Inter-district Outflows	4,940	4,559	(381) U	47,847	45,595	(2,252) U	54,714
<b>393,858</b>	<b>Payments to NGO's</b>	<b>38,235</b>	<b>38,602</b>	<b>367 F</b>	<b>385,344</b>	<b>390,261</b>	<b>4,917 F</b>	<b>469,922</b>
4,106	Cost of Governance	411	401	(10) U	4,758	4,741	(17) U	5,606
<b>982,501</b>	<b>Operating Expenditure</b>	<b>97,973</b>	<b>99,020</b>	<b>1,047 F</b>	<b>1,016,253</b>	<b>1,025,760</b>	<b>9,507 F</b>	<b>1,236,734</b>
<b>29,066</b>	<b>Funder &amp; Governance Surplus/(Deficit)</b>	<b>6,390</b>	<b>7,575</b>	<b>(1,185) U</b>	<b>44,314</b>	<b>40,192</b>	<b>4,122 F</b>	<b>42,571</b>

Note: \$ F = favourable variance; (\$ ) U = unfavourable variance

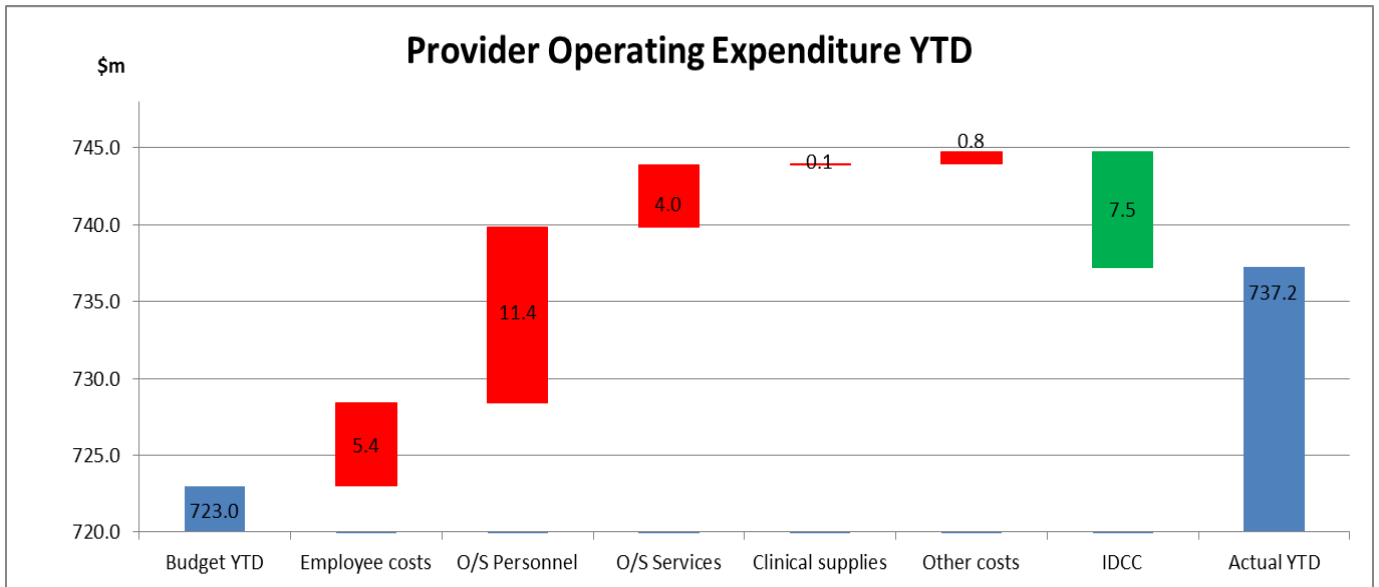
**Please note when reading the commentary regarding revenue**

Provider	CFA Revenue variance	(\$9.9m)
	IDF Inflows variance	\$2.6m Separated in the Provider accounting
	Sector Services variance	\$2.7m Separated in the Provider accounting
		<b>(\$4.6m)</b>
Funder	Provider Payments variance	\$4.6m is combined in the Funder view of internal payments
		<b>\$4.6m</b>

In the total Waikato DHB view these net off to zero.

That ensures the costs are recorded only in the ProviderArm and revenue only in the Funder Arm

As revenue and expenses are reported, not a net view, this ensures no overstatement of either in our financial reporting.



The Provider YTD Variance resulted from:	Variance \$m	Impact on forecast	
<b>Revenue</b>	<b>\$0.1 F</b>	<b>0.01%</b>	<b>Neutral</b>
<b>CFA Revenue</b>			
Revenue from the Funder is unfavourable to budget due to underdelivery of volumes across most inpatient services but primarily Orthopaedics	(\$9.9) U	(5.54%)	Neutral
<b>Crown Side-Arm Revenue</b>			
Side-arm contracts revenue favourable due mainly to: <ul style="list-style-type: none"> <li>Funds received for the 2015/16 Colonoscopy project \$0.3m</li> <li>A contract variation on the main Public health contract \$0.1m (offset by costs)</li> <li>Breast screening running ahead of contract volumes \$0.1m</li> <li>Gynae colps catch up on contract volumes \$0.2m (offset by costs)</li> </ul>	\$0.7 F	4.11%	Neutral
<b>Other Government and Crown Agencies Revenue</b>			
Other Government and Crown revenue is \$3.4m favourable mainly due to: <ul style="list-style-type: none"> <li>Reimbursement of costs associated with the implementation of NOS \$3.7m favourable (offset in Outsourced Personnel)</li> <li>Catch up invoicing for outreach clinics at Bay of Plenty and Lakes DHBs \$0.5m</li> <li>Higher than expected invoicing of blood and laboratory items \$0.1m</li> </ul> Offset by: <ul style="list-style-type: none"> <li>ACC unfavourable \$1.0m due to non acute rehab contract running lower than planned due to less discharges and the focus on Elective Service Performance Indicators meaning the elective surgical treatments contract patients are being delayed.</li> </ul>	\$3.4 F	12.30%	Neutral

The Provider YTD Variance resulted from:	Variance \$m	Impact on forecast	
<b>IDF in and Sector Services</b>			
Sector Services is \$2.7m favourable mainly due to higher than budgeted sales in the Retail Pharmacy \$1.7m and higher than budgeted reimbursement of Oncology drug costs \$0.8m IDF in is \$2.6m favourable primarily due to high acute volumes across Oncology, Renal and CCTVS and elective volumes across CCTVS and Neurosurgery	\$5.3 F	6.70%	Neutral
<b>Other Revenue</b>			
Other revenue is favourable primarily due to higher sales in the Café than expected \$0.6m and the favourable revenue washup from Urology Services Limited relating to 2015/16 of \$0.2m. This is offset by lower than budget volumes of non resident patients \$0.1m unfavourable and other revenue \$0.1m unfavourable.	\$0.6 F	2.97%	Favourable

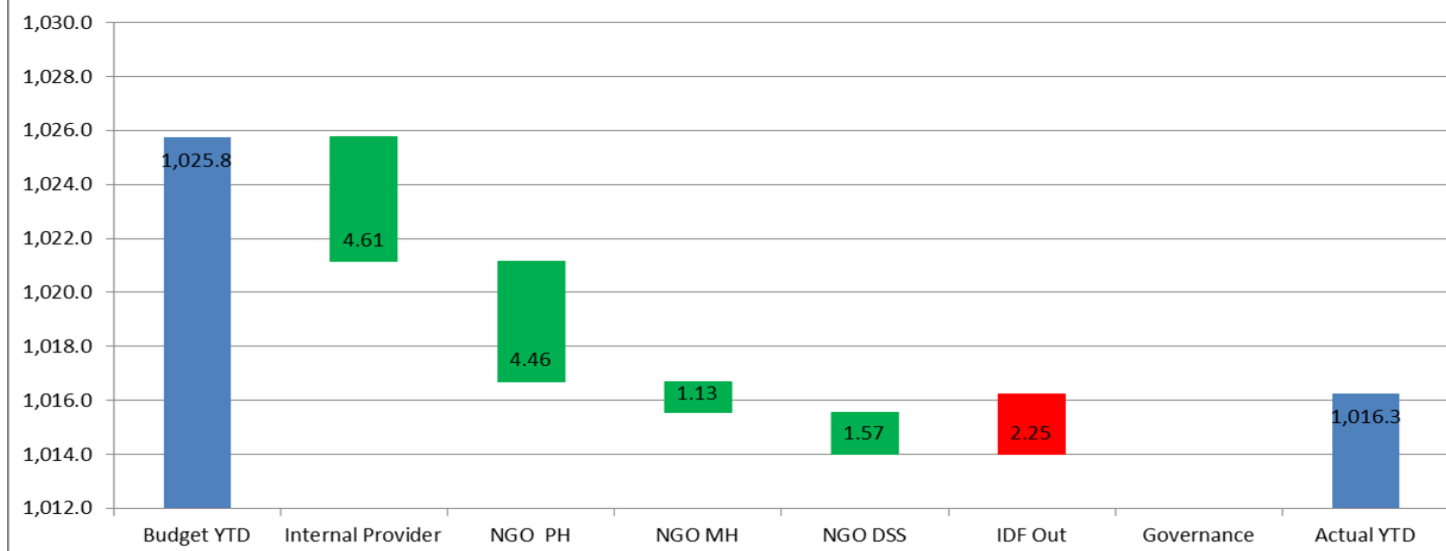
<b>Operating expenditure including IDCC</b>	<b>(\$14.2) U</b>	<b>(3.27%)</b>	<b>Unfavourable</b>												
<b>Personnel (employees and outsourced personnel total)</b>	<b>(\$16.8) U</b>	<b>(3.76%)</b>													
<p>Employed personnel are unfavourable to budget mainly due to:</p> <ul style="list-style-type: none"> <li>Medical costs are favourable by \$0.9m. Senior Medical Officers (SMO's): SMO costs are \$1.5m favourable mainly due to: <ul style="list-style-type: none"> <li>- paid FTE costs favourable \$2.0m arising from vacancies,</li> <li>- favourable course and conference costs which is as a result of reduced accrual for CME costs following SMO resignations \$0.6m,</li> <li>- annual leave movement \$0.9m unfavourable due to less leave earned offset by less leave taken,</li> <li>- professional membership fees \$0.2m unfavourable.</li> </ul> </li> </ul> <p><u>Resident Medical Officers (RMO's)</u> RMO costs are \$0.6m unfavourable due to vacancies offset by annual leave taken running lower than budgeted.</p> <p>The net direct financial YTD impact of the RMO strikes on personnel costs is currently:</p> <table border="1"> <thead> <tr> <th></th> <th>Oct 2016</th> <th>Jan 2017</th> </tr> </thead> <tbody> <tr> <td>SMO claims cover RMO shifts</td> <td>\$0.3m</td> <td>\$0.5m</td> </tr> <tr> <td>Savings on payments to RMO's</td> <td>\$0.1m</td> <td>\$0.2m</td> </tr> <tr> <td>Net impact</td> <td>\$0.2m</td> <td>\$0.3m</td> </tr> </tbody> </table> <p>The far greater cost of the strikes is the impact on volume delivery.</p> <ul style="list-style-type: none"> <li>Nursing costs are unfavourable to budget by \$5.7m. Paid FTE cost is \$1.1m unfavourable due to budgeted vacancy savings not being achieved. In addition to this the annual leave movement is running \$5.2m unfavourable. Course conference fees and payment on return from maternity leave are running favourable by \$0.6m.</li> <li>Allied Health costs are unfavourable to budget by \$1.2m. Base costs are \$0.5m favourable offset by unfavourable overtime \$0.5m and penal \$0.2m due to vacancies. In addition annual leave taken unfavourable to budget \$0.9m.</li> <li>Other favourable variances, largely in Management, Administration and Support \$0.5m</li> </ul>		Oct 2016	Jan 2017	SMO claims cover RMO shifts	\$0.3m	\$0.5m	Savings on payments to RMO's	\$0.1m	\$0.2m	Net impact	\$0.2m	\$0.3m	(\$5.4) U	(1.24%)	Unfavourable
	Oct 2016	Jan 2017													
SMO claims cover RMO shifts	\$0.3m	\$0.5m													
Savings on payments to RMO's	\$0.1m	\$0.2m													
Net impact	\$0.2m	\$0.3m													

<b>The Provider YTD Variance resulted from:</b>	<b>Variance \$m</b>	<b>Impact on forecast</b>	
Outsourced personnel are unfavourable mainly due to:			
<ul style="list-style-type: none"> <li>Higher than planned use of locums within medical personnel to cover vacancies \$4.5m.</li> <li>Nursing is \$1.1m unfavourable due to external agency costs to fill roster gaps and watches.</li> </ul>	(\$5.6) U	(95.15%)	Unfavourable
<ul style="list-style-type: none"> <li>Higher than planned use of contractors in management/admin \$5.9m primarily due to contractors working on the NOS implementation. Costs recovered in Other Government Revenue - \$3.7m.</li> </ul>	(\$5.8) U	(192.96%)	Neutral
<b>Outsourced services</b>	<b>(\$4.0) U</b>	<b>(9.92%)</b>	
Outsourced services are unfavourable primarily due to: <ul style="list-style-type: none"> <li>Outsourced corporate services \$1.4m favourable primarily due to reduced spend on Clinical Work Station - budget set on business case but expected spend has been revised and is lower due to reduced costs over the first months of the year. In addition the actual calculation of Health Share Limited (HSL) operating costs has come in lower than budget for the first half of the financial year.</li> <li>Outsourced clinical service costs are unfavourable to budget \$5.4m due to higher than planned outsourcing of electives and unmet savings.</li> </ul>	(\$4.0) U	(9.92%)	Unfavourable
<b>Clinical Supplies</b>	<b>(\$0.1) U</b>	<b>(0.10%)</b>	
Instruments & equipment are \$0.3m favourable primarily due to favourable service contract costs.	\$0.3 F	2.66%	Favourable
Implants & prosthesis are \$2.8m favourable due to underspends on spinal plates and screws and implants and prosthesis due to a combination of outsourcing to private providers and lower than planned orthopaedic volumes.	\$2.8 F	15.15%	Neutral
Treatment disposables unfavourable due to savings allocation of \$4.3m offset by favourable variances across a range of areas such as dressings, staples, tubes/drainage/suction, IV fluids and rebates.	(\$1.9) U	(4.05%)	Unfavourable
Pharmaceuticals \$1.3m unfavourable primarily due to cytotoxic drug costs running higher than budgeted. This in part due to the newly approved melanoma treatment.	(\$1.3) U	(5.09%)	Unfavourable
Diagnostic Supplies & Other Clinical Supplies - on budget.	\$0.0 F	(0.16%)	Neutral



The Provider YTD Variance resulted from:	Variance \$m	Impact on forecast	
<b>Infrastructure and non-clinical supplies</b>	<b>(\$0.8) U</b>	<b>0.00%</b>	
<p>Infrastructure and non-clinical supplies are \$0.8m unfavourable primarily due to:</p> <ul style="list-style-type: none"> <li>• Savings allocation unfavourable by \$2.1m,</li> <li>• Cost of Goods Sold (COGS) is \$1.6m unfavourable as a result of higher sales by Pharmacy on Meade resulting in higher cost of goods sold. Offset in Non Government Organisations (NGO) provider payments (\$1.6m),</li> <li>• IT costs \$1.0m unfavourable due to minor hardware purchases and telecommunication costs for SmartHealth and timing of planned replacement of laptops and PCs,</li> <li>• Offset by favourable facilities variance \$2.9m due to delayed start of maintenance programme and Hilda Ross House demolition and hotel services costs are \$1.0m favourable due to cleaning and laundry costs running lower than budgeted.</li> </ul>	(\$0.8) U	(1.14%)	Unfavourable
<b>Interest, depreciation and capital charge</b>	<b>\$7.5 F</b>	<b>13.09%</b>	
Interest charge favourable mainly due to interest costs on the Ministry of Health loan ceasing after the debt equity swap in March. Offset in CFA Revenue.	\$2.0 F	0.00%	Neutral
Capital charge is favourable to budget as a result of the reduction in the rate from 8% to 6%. Offset in CFA revenue	\$2.6 F	16.63%	Neutral
<p>Non Cash Depreciation favourable due to:</p> <ul style="list-style-type: none"> <li>• Timing of capitalisation of IS projects.</li> </ul>	\$2.9 F	8.41%	Favourable

## Funder Operating Expenditure YTD



The Funder Arm YTD variance resulted from:	Variance \$m	Impact on forecast
<b>Revenue</b>	(\$5.4) U	
<b>Crown funding</b>		
Favourable to budget mainly due to: <ul style="list-style-type: none"> <li>• 15/16 elective surgery wash-up \$1.5m received,</li> <li>• additional funding received which is offset by cost in External Provider Payments:                             <ul style="list-style-type: none"> <li>Palliative Care \$0.7m</li> <li>Rheumatic fever \$0.2m</li> </ul> </li> <li>• PHO Care Plus wash-up &amp; VLCA \$0.8m,</li> <li>• other favourable variances \$0.9m.</li> </ul> Offset by unfavourable variances relating to: <ul style="list-style-type: none"> <li>• Reduction in revenue received relating to the change in rate for the capital charge \$2.7m. This reduction is offset by a reduction in capital charge paid.</li> <li>• In between travel wash up relating to 2016/17 \$0.9m (offset by reduced cost in External Provider payments) and to 2015/16 \$0.4m.</li> <li>• Reduction in revenue as a result of debt to equity conversion \$1.6m (offset in reduction of interest payable).</li> </ul>	(\$1.5) U	Neutral
<b>Interdistrict inflows</b>		
When compared with the Ministry of Health budget file there is unfavourable flow from BoP \$3.1m, Taranaki \$1.2m and Auckland \$0.2m offset by favourable flow from Lakes \$0.2m and Tairawhiti \$0.4m	(\$3.9) U	Unfavourable
<b>Operating expenditure excluding IDCC</b>	\$9.5 F	
<b>Payments to the Internal Provider</b>	\$4.6 F	
Payments paid to the internal provider favourable due to under delivery of volumes across most inpatient services but primarily Orthopaedics.	\$4.6 F	Neutral

The Funder Arm YTD variance resulted from:	Variance \$m	Impact on forecast
<b>Payments to NGO's</b>	\$4.9 F	
<b>Personal Health:</b>	\$4.5 F	
Personal Health favourable to budget mainly due to: <ul style="list-style-type: none"> <li>- Pharmaceuticals \$3.6m F due to revised PHARMAC forecast, offset with internal provider</li> <li>- LY Primary Practice \$0.5m and PHO Quality Indicators pool \$0.6m over accrued</li> <li>- Urology wash-up relating to 15/16 \$0.3m</li> <li>- Post acute convalescent costs being incurred in the internal Provider \$0.6m</li> <li>- Dental Fee for Service (FFS) volumes favourable to budget \$0.7m.</li> <li>- Reduction of costs for in between travel \$0.7m (offset in revenue)</li> </ul> Offset by unfavourable variances relating to: <ul style="list-style-type: none"> <li>- Palliative care \$0.5m costs (offset by revenue)</li> <li>- Accrual against under delivery of elective volumes in the provider \$1.7m</li> <li>- Rheumatic fever and healthy Homes initiative costs \$0.3m (offset by revenue)</li> </ul>	\$4.5 F	Neutral
<b>Disability Support:</b>	\$1.6 F	
Favourable variance arises mainly from: <ul style="list-style-type: none"> <li>• A reduction in cost of In Between Travel (offset by reduced revenue) \$0.6m.</li> <li>• Residential Care is favourable as a result of:               <ul style="list-style-type: none"> <li>- timing differences (budget phasing) \$0.4m</li> <li>- change of patient care costs to a non-dhb govt. fund \$0.3m</li> <li>- a high needs residential patient that has moved out of the Waikato area \$0.3m</li> </ul> </li> </ul>	\$1.6 F	Neutral
<b>Mental Health:</b>	\$1.1 F	
Mental Health favourable to budget mainly due to Adult Alcohol & drug and home based care.	\$1.1 F	Favourable
<b>Interdistrict outflows:</b>	(\$2.3) U	
IDF out unfavourable by \$2.3m due to increased outflow to Counties Manukau DHB due to timing of a GP practice PHO change not aligning with budget assumption and two high cost patients who have gone to Counties Manukau for treatment.	(\$2.3) U	Unfavourable

# People

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

14 JUNE 2017

## AGENDA ITEM 9.1

### PEOPLE AND PERFORMANCE REPORT

#### Purpose of the Report

To provide information about:

1. Safety Culture Working Group
2. Recruitment Indicators

#### 1. Safety Culture Working Group

Work is underway in all of the streams of the Safety Culture Working Group work plan. Significant progress has been made in the following work streams

- Staff Safety: A programme of work to implement DHB wide processes to enhance and maintain staff safety and well-being.

The content of the briefing sessions that were introduced to managers earlier in the year, and will shortly be available via Ko Awatea LEARN as an e-learning module. The online content provides information regarding how to use the tools and training to meet the specific needs of their staff and identify individual "champions" in their own area.

Eight training sessions have been held to provide training for those staff that have been identified as staff safety champions to give them support and skills to facilitate bespoke training to their teams that is based on actual incidents that could occur or have occurred in their service(s).

- Values: Translation into workplace application and sustainability along with strategy implementation.

186 areas have been represented by 507 staff (including 166 managers or identified leaders.) and values sessions (held across all Waikato DHB sites). These sessions have been facilitated by Linda Hutchings. Further sessions are scheduled in June at Waikato Waioira and Thames hospitals and a session for Board members and the Executive Team is scheduled on 14 July.

A list of over 350 ideas of how the values can be embedded into the day to day has been generated by staff, many of which are already in place.

- Workplace Support Person (WSP) programme: Workplace intervention (along with other measures) to manage uncivil behaviour – perception of bullying.

Sixty staff expressed interest in taking part in the pilot project. Two of the three scheduled training days have taken place and were hugely successful and well received. The final training day is scheduled for July 2017. The WSPs include staff from all staff types, including SMOs, nurses, scientists, admin, and technicians.

The key focus of the training is to provide the WSPs with tools and skills to help staff to deal with minor issues, which have the potential to escalate if not resolved at the local level, and an emphasis on the use of the term *uncivility* rather than *'bullying'* which is often misused. The intent is to address behaviours that are inappropriate whether or not those behaviours meet the judicial definition of bullying.

- WorkWell: Phased implementation of the WorkWell process.

WorkWell is a programme developed and offered by Toi Te Ora (the Bay of Plenty DHB's public health unit) which supports the wellbeing of staff and is supported by the WHO and the MOH.

Community and Clinical Support are the pilot service for the initiative and have agreed on three work streams; physical health, mental wellbeing, and sun safety. Action plans are in place to commence this work.

The exceptional work of the Project Lead, Clare Coles, who is transferring to another position within Waikato DHB, is acknowledged. Given the similarities with other work that is taking place as part of the other Safety Culture Work Plan consideration is to be given to waiting a year before rolling WorkWell out elsewhere within the DHB.

## 2. Recruitment Indicators

Outlined below are recruitment indicators to 31 May 2017.

*RMOs have been removed from the information provided because they are predominantly hired over an annual recruitment cycle – Nov to Nov.*

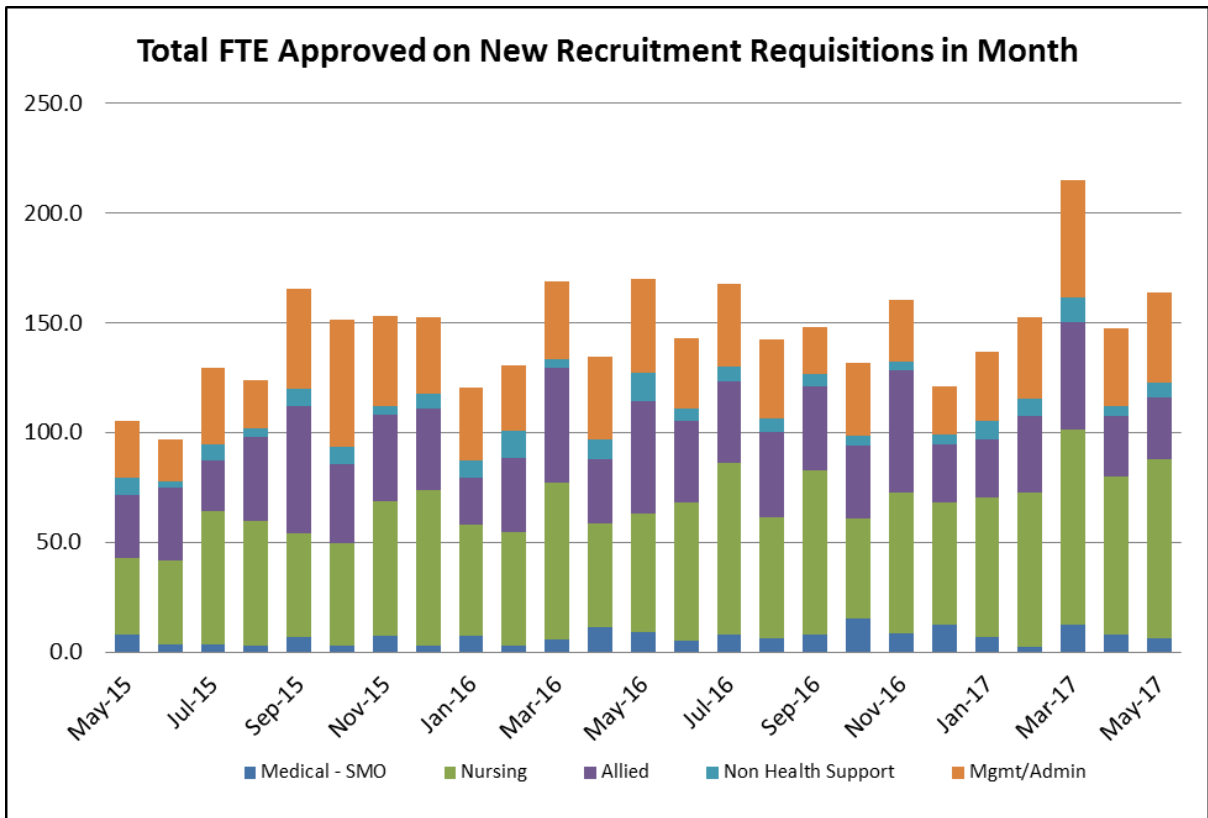
### *Recruitment in progress*

These figures show the percentage of total workforce that is currently in some part of the recruitment process, from approval to recruit to offer accepted. It gives an indication over time as to whether the number of vacancies are increasing or decreasing.

Recruitment in Progress	May 2016	Feb 2017	Mar 2017	Apr 2017	May 2017
Total FTE open to recruit as percentage of total contracted FTE within organisation (at month end)	7.87%	10.15%	10.87%	10.03%	10.10%

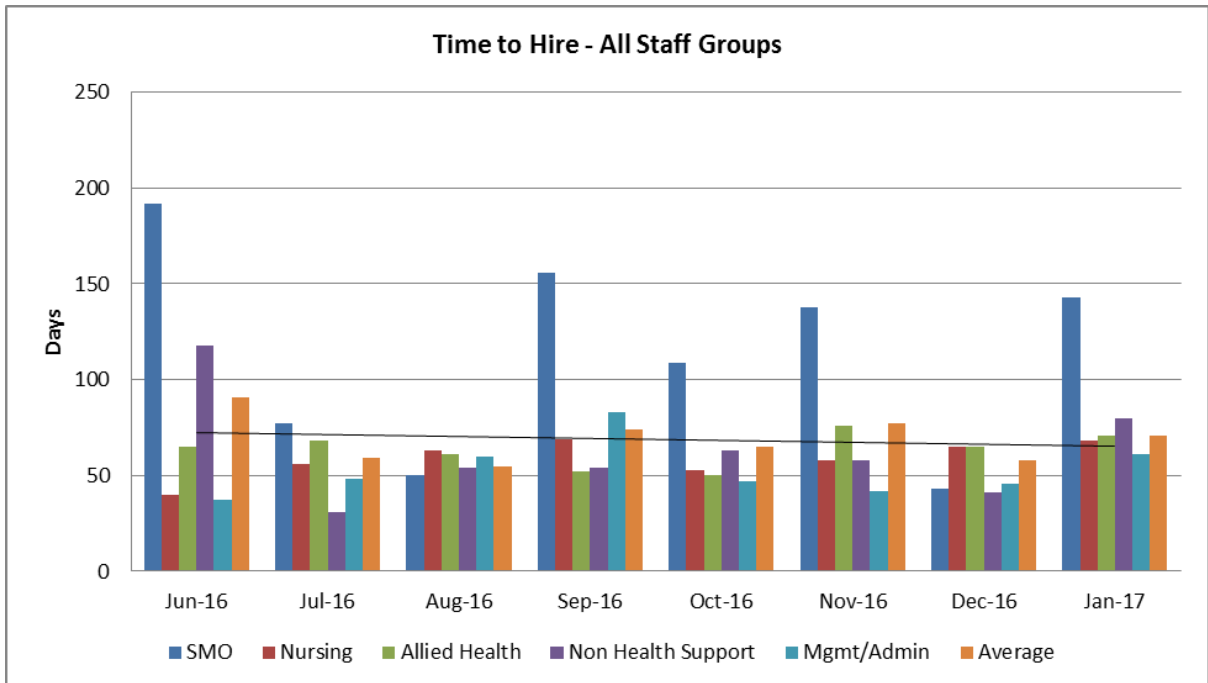
Of particular note for this period is a significant jump in the number of FTE approved on recruitment requests during March. Normally sitting around 150 FTE per month, March saw a total of 254 FTE approved to recruit to.

The graph below shows that this increase was across all staff groups and not isolated to any particular workforce.



**Time to hire:**

The graph below shows average time from recruitment requisition approved until offer accepted.



**Recommendation**

That the paper be noted

**GREGORY PEPLAE  
DIRECTOR PEOPLE & PERFORMANCE**



# **Infrastructure**



# **Information Services**

**MEMORANDUM TO THE BOARD**  
**14 JUNE 2017**

**AGENDA ITEM 11.1**

**IS PERFORMANCE MONITORING COMMITTEE REPORT**

**Purpose**

1) For Committee information

The IS Plan report is submitted for board information.

**Recommendation**

**THAT**

The Committee receives this report.

**GEOFF KING**  
**DIRECTOR INFORMATION SERVICES**

# IS Plan Report



<b>Period Ending</b>	31st May 2017
<b>Prepared By</b>	Geoff King

KPI's	Status	Metric Change	Comment
<b>Overall</b>	<b>A</b>		<p>Report Covers operational and performance reporting 31/3/2017 thru 31/5/2017 and Financial reporting as at 30/4/2017 (M10).</p> <p>The IS team is favourable to budget, adjusting for unprocessed capitalisation, and continues to drive improvements to levels of service quality and risk reduction.</p> <p>The multi-year DevOps transformation, along with the underpinning Service Improvements Plans, continues to be focus for the IS Leadership Team. This initiative, as discussed in previous reports, continues to deliverable measurable improvements in service quality.</p> <p>Cyber security, particularly the increasing volume and targeting of attacks continues to be a concern. Over the reporting period the worldwide "WannaCry" ransomware attack occurred however due to the DHB's threat management approaches and operational response no significant impact was experienced. The IS team continue to focus on the Security In-depth programme to ensure an appropriate level of protection.</p> <p>The IaaS business case has been approved and the team are now focusing on the delivery of this large and complex multi-year initiative.</p> <p>IS workload continues to increase (both volume and complexity) and will present delivery and risk challenges over the remainder of the year as the IS team looks to meet expectations and balance activity across operational, tactical and strategic initiatives.</p>
<b>Key Result Area – Financials M10 (30 April 2017)</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>

<p><b>Annual Operating Budget - Before IDCC and Extraordinary</b></p> <p>YTD Budget Actual</p> <p><b>Variance</b></p> <p><b>Including IDCC</b></p> <p><b>Variance</b></p>	<b>G</b>	<p>23,097k</p> <p>19,145k 19,255k</p> <hr/> <p><b>(310k)</b></p> <hr/> <p>\$ 1,481k</p>	<p>Information Services are operating within Budget. The result includes revenue as favourable, FTE/personnel cost favourable, outsourced costs are unfavourable. Labour Recoveries are unfavourable. Annual leave is unfavourable. Infrastructure costs are favourable which includes an unallocated annual saving plan of \$494k (the \$844k unallocated saving plan 16-17 less \$350k for capitalisation of under \$2k desktop replacements). The results include approximately \$740k of costs that will be capitalised re new policy and pooled assets</p> <p>Unfavourable, however reporting as Green as a result of capitalisation of &lt;\$2k in May which will correct</p> <p>Information Services are \$ 1.5 mil favourable to budget at M10.</p>
<b>Key Result Area – Financials Full Year Forecast</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>
<p><b>Annual Operating Budget - Before IDCC and Extraordinary</b></p> <p>Forecast 16-17</p> <p><b>Variance</b></p> <p><b>Including IDCC</b></p> <p><b>Variance</b></p>	<b>A</b>	<p>23,097k</p> <p>23,303k</p> <hr/> <p><b>(206k)</b></p> <hr/> <p>\$ 1,579k</p>	<p>Current forecast at M10 is indicating a 675k unfavourable position the key contributor being a \$570k unbudgeted allocation for IaaS.</p> <p>Unfavourable</p>
<b>Key Result Area – Capital Budget M10 (over 50k)</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>
<p><b>Capital Budget (over 50k)</b></p> <p>Board Approved (carry forwards)</p> <p>Board Approved (2016/17 Capex)</p> <p>Transfers</p> <p><b>Board Approved (TOTAL)</b></p> <p><b>DHB funding of Regional Initiatives</b></p> <p>IS Projects yet to commence</p> <p>IS Projects Open or Completed</p>	<b>G</b>	<p>\$30,660</p> <p>\$38,198</p> <p>-244</p> <p><b>\$68,614</b></p> <p><b>\$ 13,958</b></p> <p>\$31,433</p> <p>\$37,181</p>	<p>As at 31-Apr-17. Of the \$68m board approved budget, \$37m is for projects currently inflight or already completed. \$14m of approved budget is for WDHB funding to HSL for regional initiatives.</p> <p>As noted within the project delivery KPI <b>100% of projects have been delivered within budget</b>. In accordance with the IS Project Delivery Framework and the DFA policy all variations to project budgets are approved by BRRG. In summary the major variance items (over-runs and budgets approved above original capital plan);</p> <ul style="list-style-type: none"> <li>No major items</li> </ul>

<b>TOTAL</b>		<b>\$68,614</b>	
<b>Approved Expenditure</b>		<b>\$68,614</b>	
<b>Forecast Spend for approved projects</b>		<b>\$66,825</b>	
<b>Underspend / (Overspend)</b>		<b>\$1,789</b>	
<b>Key Result Area – Labour Recoveries M10</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>
YTD Budget Actual  <b>Variance</b>	<b>R</b>	3,693k 3,186k <hr/> <b>(507k)</b>	Although a significant level of delivery work is in progress labour recoveries remain unfavourable YTD. This is due to a combination of vacant positions and regional work being completed as 'local opportunity cost'. The ISLT are actively working on further rebalancing initiatives to address variance prior to year-end however with only two months remaining and the priority of the above mentioned regional work, this now presents a heightened risk.
<b>Key Result Area - IS Service Delivery</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>
- Yearly review of Service Level Agreements with Waikato District Health Board Executive Management and Clinical Information Governance Board	<b>G</b>	<b>No</b>	This item remains under IS review and development as at May 2017. It is being revised as part of the Waikato as Service Provider (WaSP) project. The existing SLA remains underpinning standard until the new release is finalised.
- Service level Agreement reporting on a quarterly cycle	<b>G</b>	<b>Yes</b>	Report developed and published monthly.
- <b>75%</b> of Information Services customers satisfied or very satisfied.	<b>G</b>	<b>100%</b> (satisfied/ Very Satisfied)	Of those customers responding to the April survey 75% indicated they were satisfied and 25% very satisfied.
- <b>75%</b> of Information Services users satisfied or very satisfied.	<b>G</b>	<b>89%</b> (satisfied/ Very Satisfied)	Service Desk satisfaction survey that surveys one 1 in 5 service desk calls logged to validate service delivery has reduced by 4 points over the reporting period however remains above target.
- No more than <b>2 Priority 1</b> issues occurring per month. This means we have no more than 2 site wide or critical system issues in a calendar month.	<b>G</b>	<b>0</b> Occurrences Average per month	0 x P1 Incidents experienced.

<ul style="list-style-type: none"> <li>- No more than <b>4 Priority 2</b> issues occurring per month. This means we have no more than 4 single system or single department issues in a calendar month.</li> </ul>	<b>A</b>	<b>6</b> Occurrences Average per month	12 x P2 Incidents experienced exceeding target of no more than 4 per month. April was within target, however there was an increase in incidents in May which were due to a combination of national, local, & non-IS issues (eg power outage at site).
<ul style="list-style-type: none"> <li>- <b>All</b> category 1 &amp; 2 services with an agreed Service level Agreement and business owner Identified.</li> </ul>	<b>A</b>		
<ul style="list-style-type: none"> <li>- <b>100%</b> Service level Agreement</li> </ul>	<b>G</b>	<b>100%</b>	All systems now covered by SLA approved through BRRG. SLA under review and targets expected to change.
<ul style="list-style-type: none"> <li>- <b>100%</b> Business Owner</li> </ul>	<b>G</b>	<b>100%</b>	All (cat 1 and 2) systems in IS systems register have business owner identified.
<ul style="list-style-type: none"> <li>- <b>100%</b> Business Owner Charter</li> </ul>	<b>A</b>	<b>90%</b>	New approach currently being deployed and will be of increasing focus as year progresses and new ISM on boarded. Process Currently under review.
<ul style="list-style-type: none"> <li>- <b>100%</b> Criticality assessments</li> </ul>	<b>A</b>	<b>90%</b>	<p>The Initial Criticality and Risk Assessment (ICRA) is being run over all new and significant change deliveries.</p> <p>Current ICRA status across IS supported solutions is:</p> <ul style="list-style-type: none"> <li>Cat 1 Solutions 89%</li> <li>Cat 2 Solutions 51%</li> <li>Cat 3 Solutions 56%</li> </ul> <p>Implementation of regularised cat1 / 2 annual refresh reviews scheduled for 2017/18 FY.</p>
<ul style="list-style-type: none"> <li>- <b>100%</b> Systems with risk scorecard</li> </ul>	<b>A</b>	<b>90%</b>	<p>Now included in ICRA process and risk acceptance process is under development including where required DIA and MOH Cloud Risk Assessment and Privacy Impact Assessments. Where required residual risks subject to Risk Acceptance process requiring business owner sign-off.</p> <p>Implementation of regularised cat1 / 2 annual refresh reviews scheduled for 2017/18 FY.</p>
<ul style="list-style-type: none"> <li>- <b>100%</b> Risks with mitigations agreed</li> </ul>	<b>A</b>	<b>90%</b>	<p>The IS risk Register is implemented and IS risks are reported in DATIX (Organisation Risk System). Actively monthly reporting in place. Monthly IS Risk review forum is established and risks have mitigation and assurance activities identified.</p>

- Small projects/Non Standard Service Requests	A		NSWRs are delivered utilising a constrained resource model, with the funding for resource below that which would be required to deliver everything requested within the timeframe requested. This is an intentional and conscious decision by the executive due to economic constraints, with the intention being that those NSWRS that deliver the most benefit to the DHB progress through the prioritization process. A prioritisation process is in place to ensure those initiatives which deliver the most value to the DHB are delivered in a timely manner.
Resource allocation	A	139,610k	\$75k p/month of resource assigned to the delivery of NSWRS. Current resource assigned is below budget with \$73,381 allocated in April and \$66,229 in May. The ISLT are implementing initiatives to reaccelerate delivery.
Number Delivered or Closed Target is 35 per month / 420 per year	A	35	Average 17.5 per month over reporting period (10 delivered / 25 closed)
Older than 6 months	G	14%	Target is <20% of the total number outstanding.
Older than 9 months	A	11%	Target is <10% of the total number outstanding
Older than 12 months	R	42%	Target is 0
Number Open	A	222	The number of NSWRS exceeding KPIs is increasingly a concern and the ISLT are implementing initiatives to reaccelerate delivery.

Key Result Area - IS People	Status	Metric Change	Comment
- Skills maps for all staff incorporated into year performance management that maps to Waikato District Health Board Information Services needs	G	Yes	
- <b>90%</b> of staff with appropriate professional qualifications	G	No	Training plans agreed on annual basis as part of the annual performance review process. Due to the constant changing nature of technology and the below market recruitment, staff training is a key & ongoing area of investment.
- Staff retention rate greater than <b>90%</b> per annum	A	80%	YTD retention rate exceeds target being driven by increasing skillset shortages, sector pay level rises & increased local recruitment activity.
- Staff satisfaction ( <b>75% satisfied or very satisfied</b> )	G	70%	The April survey indicates a rise in overall staff satisfaction by 3 points to 70%, so now meets target.



Key Result Area - IS Process	Status	Metric Change	Comment
<ul style="list-style-type: none"> <li>- Alignment of Waikato IS processes and frameworks</li> </ul>	G	Yes	<p>The integrated IS project delivery framework is now published to all project managers, with supporting materials and training. The framework is subject to continual process improvement and is further evolving to better serve departmental needs and reduce process overhead.</p>
<ul style="list-style-type: none"> <li>- Project Assurance regime in place to ensure all projects are compliant with process</li> </ul>	G	Yes	<p>Individual project assurance responsibilities are agreed via a revised project governance plan, created for each new project. New projects are completing GCIO risk potential assessments to inform possible Assurance Plans. This is in line with GCIO requirements taking effect in July this year. The format of assurance reviews has been aligned to the IS project delivery framework and regular reviews are underway. Further work is ongoing to finalise documentation of the assurance strategy.</p> <p>Initial Criticality assessment now performed over all significant change initiatives and where required Cloud Risk and Privacy impact assessments completed in addition to more in-depth security reviews as required. Any risks identified are managed as part of delivery and residual position requires business owner risk acceptance prior to go live.</p> <p>Audit program agreed with Internal Audit and primary audits will cover Security and Privacy, ICT Controls and Service Delivery commencing 2017/18 FY.</p>
<ul style="list-style-type: none"> <li>- Security Audit Performed</li> </ul>	G	Yes	<p>Security Maturity Assessment, Microsoft security RAP and the annual Network Penetration test are completed. Resulting actions are managed as part of the ICT teams audit program and have monthly ISLT oversight. GCIO HISF assessment completed and submitted (DHB shift upwards from 3 to 4).</p>
<ul style="list-style-type: none"> <li>- Critical Issues recorded</li> </ul>	G	Yes	<p>GCIO were updated with issues and status June 2016, Quarterly ISLT internal update and reporting of outstanding audit items has been moved to monthly to better cover audit and risk management accountabilities.</p>
<ul style="list-style-type: none"> <li>- Service Delivery assurance regime in place to ensure Service level Agreement attainment</li> </ul>	G	Yes	<p>Service Delivery follow up audit completed and identified recommendations under ISLT review. Operational assurance review for 2017 currently underway and due for GCIO submission June 2017.</p>

<ul style="list-style-type: none"> <li>- Information Technology Infrastructure Library (ITIL) Review Undertaken</li> </ul>	<p style="text-align: center;"><b>A</b></p>	<p><b>Yes</b></p>	<p>The recent change in IS structure and focus on the “DevOps” based delivery approach will look to drive improved synergy, throughput and quality across ICT delivery and improved collaboration between stakeholders. Work is continuing reviewing and improving key processes including Change and Release Management and Incident Management. Work has commenced developing an ITIL based IS Services Catalogue that will further define and support the delivery of best practice process and approach in relation to ICT service delivery. IS are working with internal audit to develop a controls audit that will assess maturity and set goals.</p>
<ul style="list-style-type: none"> <li>- Processes at agreed level</li> </ul>	<p style="text-align: center;"><b>A</b></p>	<p><b>No</b></p>	<p>Further development of key processes as part of “DevOps” approach and ongoing process maturity efforts continue.</p>
<ul style="list-style-type: none"> <li>- Control Objectives for Information and Related Technology (COBIT) Review Undertaken</li> </ul>	<p style="text-align: center;"><b>A</b></p>	<p><b>No</b></p>	<p>Current focus is implementing the identified improvement changes for the IS e-2-e process which will assist delivery of improved process maturity and COBIT alignment. The framework is now being used as the baseline for developing the department’s internal assurance strategy which will support assurance across the complete delivery stream and inform our overall risk position. IS are working with internal audit to develop a controls audit that will assess maturity and set goals. A meeting with Internal Audit and CTAS has been completed and an improved ICT Audit Program has been proposed.</p>
<ul style="list-style-type: none"> <li>- Processes at agreed level</li> </ul>	<p style="text-align: center;"><b>A</b></p>	<p><b>No</b></p>	<p>The work in this area has been put on hold whilst the major delivery activities and e-2-e process improvements are completed.</p>
<ul style="list-style-type: none"> <li>- The Open Group Architecture Framework (TOGAF) framework review undertaken yearly:</li> </ul>	<p style="text-align: center;"><b>A</b></p>	<p><b>No</b></p>	<p>TOGAF base for architectural work undertaken. The IS Architecture team are actively working on the development of Architecture Roadmaps and Standards, however this work is being balanced against the delivery priorities &amp; staff turnover.</p>
<ul style="list-style-type: none"> <li>- Processes at agreed level</li> </ul>	<p style="text-align: center;"><b>A</b></p>	<p><b>No</b></p>	<p>Will be assessed as part of the 2017/18 ICT controls review in the interim Architects team continues to build standards and approaches aligned to TOGAF framework.</p>

Key Result Area - IS product	Status	Metric Change	Comment
- Execution of plan to move to current or current-1 release of software products with reporting on project timelines	G	Yes	IS continues to progress software lifecycle plans.
- Execution of plan to maintain hardware products with reporting on project timelines	A	Yes	IS continues to progress hardware lifecycle plans to address capacity, support and performance challenges. The delays in delivery of the national IaaS solution have increased DHB risk and the KPI has been moved to amber to reflect this position and will be maintained until IaaS transition completed.
- On-going decrease of number of projects not aligned with roadmaps (and associated cost)	G	Yes	Significant focus given DIA mandate on life cycle upgrades across both Hardware and Software platforms. Standards and strategy alignment driving ICT requirements of Business Process changes.

Key Result Area - IS Strategy	Status	Metric Change	Comment
- <b>100%</b> of Information Services projects prioritised via the business group (BRRG).	G	100%	All projects prioritised and approved by BRRG.
- Awareness of the regional portfolio in local Waikato District Health Board decision making	G	Yes	The DHB is contributing to the funding of Projects delivering regional portfolio solutions. Of particular note is the Midlands Clinical Portal Foundation Project.
- Business resource review group goals delivered to Waikato DHB	A		Delivery of projects has slowed and the ISLT are actively working on a plan to reaccelerate delivery.
- <b>25% On Time</b>	G	44%	4/9 projects were delivered on time. The 5 projects that weren't delivered on time were; <ul style="list-style-type: none"> <li>- LIS Drop 6 (IS1602-009) due to technical complexity/vendor delivery, testing and a change in Project Manager.</li> <li>- Application Lifecycle Management 14-15 (IS1411-006) due to resource availability</li> <li>- ITSM (IS1409-005) due to resource availability and system access</li> <li>- NSW 69639 ProVation Host Tairāwhiti due to regional consultation process in design (outside of IS control)</li> <li>- Retail Pharmacy in Mead - due to building fit out works not completed on time (outside of IS control)</li> </ul>

- <b>100%</b> On Budget	<b>G</b>	<b>100%</b>	9/9 projects were delivered on budget.
- <b>100%</b> With Deliverables achieved	<b>G</b>	<b>100%</b>	9/9 projects achieved deliverables
- <b>100%</b> With PIR's completed	<b>A</b>	<b>20%</b>	1/5 projects requiring a PIR have completed one. Of the 5 projects requiring a PIR within the last 24 months, 4 are pending resource allocation <ul style="list-style-type: none"> <li>- Perimeter Redesign 14-15 External Firewalls</li> <li>- Backend Security – ISE</li> <li>- Telehealth</li> <li>- Data Centre Enhancement and Reconfiguration.</li> </ul>

Delivery Status			
<p><b>Completed in Period</b></p> <ul style="list-style-type: none"> <li>• <b>3rd Party Password Reset for primary and community partners</b></li> <li>• <b>SCID Upgrade</b></li> <li>• <b>DOC DB upgrade</b></li>   <li>• <b>SmartHealth</b> <ul style="list-style-type: none"> <li>- <b>MOH Compliance</b></li> <li>- <b>ePrescribing</b></li> <li>- <b>Lifecam Video improvements</b></li> <li>- <b>After Hours Service extended Support</b></li> </ul> </li> </ul> <p><b>Planned for next Period</b></p> <ul style="list-style-type: none"> <li>• E2e Clinical Docs – first go live was 20-March with rolling go lives through to the end of April</li> <li>• RIS Upgrade 5-April:</li> <li>• Decommission GALEN</li> <li>• Access to Primary Encounters (Indici)</li> <li>• PACS Upgrade</li> <li>• iSL Reporting go live</li> <li>• TQUAL go-live</li> <li>• Surgical Services Audit Database</li> <li>• Oral Health Phase 2 go-live</li> <li>• iPM Upgrade</li> <li>• Netscaler infrastructure upgrade</li> <li>• Win10 mobile device desktop build operationalised</li> <li>• MIMs upgrade</li> <li>• IaaS interim environment, SAN augment and new Clinical/Corporate Platform for PeopleSoft</li> </ul>			

- Trend Upgrade
- PaceArt upgrade
- Inteleviewer Upgrade
- Waitlist Data Entry Upgrade
- Interai Upgrade
- NicVue Upgrade
- ScannerVision Upgrade
- Pharmacy Dispensing Upgrade
- GynaePlus Upgrade
- Provation Upgrade
- Internal Directory Upgrade
- Paeds Growth Chart Upgrade
- Outpatient Tracking board upgrade
  
- SmartHealth
  - RealMe Integration
  - People I care for v1.0
  - Display NHI Number
  - Training environment
  - Unsolicited Inbox consults
  - KIOSK

<b>Potential/actual changes to key dates</b>

<b>Potential/actual changes to costs/benefits</b>

<b>Top Issues</b>	
<b>Issue</b>	<b>Impact</b>
<b>IS Structure</b> – IS reorganisation and associated structure and process changes	<b>High</b> – Impact to staff morale, retention and throughput
<b>Work program</b> – Constrained resource model impacting IS ability to meet all user expectations now heightened with forecasted effort related to laaS delivery regional service provision and espace program.	<b>High</b> – Impact to business and potential for increased failures.
<b>Resourcing</b> – Staff turnover and market pressures including competition from other health sector agencies is continuing to increase resource risks	<b>High</b> – Loss of key staff will impact delivery of IS services both operational and project.

<p><b>Capacity</b> - Delays in the delivery and up-take of the National Infrastructure Programme (NIP's) Infrastructure as a Service (IAAS) offering may lead to capacity impacts that present potential to delay project delivery and/or impact operational ICT services.</p>	<p><b>High</b> – Impact to business and potential for increased failures</p>
<p><b>Security</b> – Increased cyber security threat risk due to current level of global phishing and malware activity.</p>	<p><b>High</b> - Impact to business if service delivery impacted by malware/virus attack.</p>
Legend	Status
	<p><b>R</b> Area of focus not on target with risk to service delivery. Area requires remediation plan to be in place and executing.</p>
	<p><b>A</b> An area of focus close to target or has improvement to target and has low risk to service delivery. Area requires direct management oversight and engagement.</p>
	<p><b>G</b> Area of focus on target with no risk to service delivery.</p>



# **Performance of Funded Organisations**