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- o Ms C Beavis (Deputy Chair)
- o Mr M Gallagher
- o Mrs MA Gill
- o Mr D Macpherson
- o Dr P Malpass
- o Mr K Price
- o Mr B Simcock
- o Ms S Webb
- o Iwi Maori Council representative
- o Lakes DHB representative
- o Bay of Plenty DHB representative

Board Members (1 copy each)

- o Ms T Hodges
- o Ms S Mariu
- o Mrs P Mahood
- o Dr C Wade

Executive Management Team

- o Dr N Murray, Chief Executive
- o Mr B Paradine, Executive Director, Waikato Hospital Services
- o Ms M Chrystall, Executive Director, Corporate Services
- o Mr N Hablous, Chief of Staff
- o Mr D Hackett, Executive Director, Virtual Care and Innovation
- o Mrs S Hayward, Director of Nursing and Midwifery
- o Ms M Neville, Director Quality & Patient Safety
- o Mr M Spittal, Executive Director, Community and Clinical Services
- o Ms M Berryman, Executive Director, Māori Health (acting)
- o Mr D Wright, Executive Director Mental Health and Addictions Service
- o Dr D Tomic, Clinical Director, Primary and Integrated Care
- o Dr T Watson, Chief Medical Advisor
- o Mrs J Wilson, Executive Director, Strategy and Funding
- o Mr I Wolstencroft, Executive Director, Strategic Projects
- o Mr M ter Beek, Executive Director, Operations and Performance
- o Ms L Aydon, Executive Director, Public and Organisational Affairs
- o Professor R Lawrenson, Clinical Director, Strategy and Funding
- o Mr C Cardwell, Executive Director Facilities and Business
- o Ms T Maloney, Commissioner, Women's Health Transformation Taskforce
- o Mr P Mayes, Ministry of Health
- o Minute Secretary
- o Board Records

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Next meeting Date: 12 April 2017



WAIKATO DISTRICT HEALTH BOARD

A g e n d a

Performance Monitoring Committee

Date: 8 March 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 8 March, at 8.30am
Board Room, First Floor, Hockin Building***

AGENDA

Item

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 Health Waikato Advisory Committee 10 August 2016
 - 3.2 Minutes of Bay of Plenty Hospital Advisory Committee 2 November 2016
 - 3.3 Minutes of Lakes DHB Hospital Advisory Committee 25 October 2016
4. **COMMITTEE STRUCTURE**
 - 4.1 Committee Structure at Waikato DHB
 - 4.2 Role of Committee and How We Will Work
5. **SYSTEM LEVEL MEASURES**
 - 5.1 System Level Measures Report
6. **OPERATIONS AND PERFORMANCE**
 - 6.1 Operations and Performance report
7. **SERVICES**
 - 7.1 Community and Clinical Support
 - 7.2 Mental Health and Addictions
 - 7.3 Waikato Hospital Overview Reports
 - Internal Medicine, Oncology, Ambulatory Care, and Emergency Medicine
 - Surgical and Critical Care
 - Older Persons Rehabilitation and Allied Health
 - Womens and Children
8. **QUALITY**
 - 8.1 Q2 Quality Report

9. **FINANCE REPORT**
 - 9.1 Provider Finance Report
 - 9.2 Funder Arm and Governance Finance Report
10. **PEOPLE**
 - 10.1 People and Performance Report
11. **INFRASTRUCTURE**
 - 11.1 Next report due 12 April 2017
12. **INFORMATION SERVICES**
 - 12.1 Information Services Plan Report
13. **PERFORMANCE OF FUNDED ORGANISATIONS**
 - 13.1 Performance Report from Strategy and Funding (Approach still being developed)
14. **NEXT MEETING**
 - 14.1 12 April 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 15: Minutes Health Waikato Advisory Committee 10 August 2016 – Public Excluded

Item 16: 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 15: Minutes	Items to be adopted / confirmed / received were taken with the public excluded.
Item 16 : 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 15: As shown on resolution to exclude the public in the minutes.

Item 16: Section 9(2)(j) of the Official Information Act 1982 – To enable the Waikato DHB to carry on negotiations without prejudice or disadvantage.

<u>Item</u>
15. MINUTES – PUBLIC EXCLUDED
16. PEOPLE AND PERFORMANCE REPORT – PUBLIC EXCLUDED

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 MARCH 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, Lions Child Mobility Foundation
Chairman, Katikati Heritage Museum Inc
Chairman, Health & Welfare Committee, Katikati Pakeke Lions
Wife is a District Nurse for Waikato District Health Board
Niece is a Nurse at Thames Hospital.
Member, Katikati Lions.

Lakes DHB representative

Bay of Plenty DHB representative

Iwi Maori Council representative

Consumer Council representative



Minutes and Matters Arising

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Health Waikato Advisory Committee Meeting
held on Wednesday 10 August 2016
commencing at 9am

Present: Ms S Christie (Chair)
Ms C Beavis
Mr A Buckley
Ms M Burdon
Dr P Malpass
Ms S Mariu
Ms G Shirley
Mr B Simcock
Ms J Turner
Dr C Wade
Mr E Wilson

In Attendance: 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 A Gordon (Director Oncology & Medicine)
Mr K Harris (Director, Surgery, CCTVS, Care & Theatre)
Mr C Cardwell (Executive Director Facilities and Business)
Ms M Neville (Director Quality and Patient Safety)
Ms L Aydon (Executive Director Public and Organisational Affairs)
Mr G King (Director, Information Services)
Mr G Peplow (Director, People and Performance)
Mr N Hablous (Chief of Staff)

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

ITEM 1: APOLOGIES

Apologies were received for Mr K Price.

ITEM 2: INTERESTS

2.1 Changes to Register

No changes to the register of interests were advised.

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 Health Waikato Advisory Committee: 8 June 2016

Resolved

THAT

The minutes of a meeting of the Health Waikato Advisory Committee held on 8 June 2016 be confirmed as a true and correct record.

3.2 Workplan

Noted.

3.3 Bay of Plenty DHB – Hospital Advisory Committee: 6 July 2016

Minutes were noted.

3.4 Lakes DHB – Hospital Advisory Committee: 20 June 2016

Minutes were noted.

ITEM 4: SERVICES

4.1 Community and Clinical Support

Presented by Mr M Spittal.

- A summary of the financial, health target and service delivery results for 2015/16.
- This service has a team and leaders who are performing well and on task.
- It will be an intensive year ahead.

Resolved

THAT

The report be received.

4.2 Mental Health & Addictions

Presented by Mr D Wright.

- Service demand and acuity remains high. Short and long term measures have been identified to support the service.
- The service is seeing a group of people that when it comes time for discharge there are very few options available for them. To address this will be considering NGO beds (do we have the right level beds in the right places) and trialling a governance group of NGOs and the DHB to jointly decide where a patient is discharged to. The present structure will not deliver what is needed. Noted that NGOs are employing clinical staff to deal with increased complex cases.
- Corrections. Issues around continuity of care need to be addressed. Will look to pilot the use of videoconferencing including during the weekends for follow up appointments. Will be considered as part of the DHB's virtual health programme.
- Odysseys House. Relationship with Odyssey House is progressing well. Recruitment process underway for the appointment of a joint SMO.

- Fieldays. The service was at this year's Fieldays and spoke to many people during this event. Also attended a similar open day in the Coromandel and Whitianga. Again, a number of people came to the site to talk about mental health issues, now to access the services and about their families. Will now look to attend these type of events a few times a year (and in different areas).
- Risk of staff burn-out. Workshop has been organised for managers and clinical leaders to talk about what is going on in the service. Want to engage with staff, find solutions and build resilience to ensure the service is prepared for ongoing pressure.
- FTE indicator. FTEs have increased from this time last year but there will always be churn and movement. May look to over recruit knowing there is always movement and that it can be difficult to find the right person for the role, particularly for highly skilled roles.
- Child Protection training and Family training. Discussions occurring with Child Matters to develop a training programme with identified champions trained at a higher level and then generic training for everyone else. Child Matters have responded as to how they see this working.

Resolved

THAT

The report be received.

4.3 Waikato Hospital Services overview report

Medicine and Oncology

Mr A Gordon presented this agenda item.

- Demand for services continues resulting in increased presentations, admissions and operational pressures.
- Faster Cancer Treatment performance continued to improve at 84%. Early indicators are that the July result will hit target for the first time (85%).
- There was a slight improvement in the ED six hour target at 91%.
- Replacement of the 4th linear accelerator has progressed well and is fully operational.
- A synopsis of Lakes DHB patients experiencing significant delays for intervention was noted with analysis showing that there was one breach attributed to delays at Waikato.
- Clarification of the process for indicating patients that are on the cancer 62 day pathway had been distributed to DHBs making referrals to Waikato.
- Performance in ED continues to be a significant challenge (Waikato has never achieved this target). A detailed business case has been prepared to address some principle causes of breaches but improved performance has to be owned by the whole organisation and in some services, this is not the case (it is still seen as an ED only issue). Approval of the ED business case in terms of policy setting may have negative consequences to be managed for other services.
- Noted the process for monitoring clinical and patient safety within ED.
- The Gastroenterology service had their job sizing signed off, which saw an extra clinical session secured within existing resources.

- Final adjustments are being made to the model of service change in Neurology and will be implemented next month.

Surgical and Critical Care

Mr K Harris presented this agenda item.

- Acute and elective throughput continue to be above plan year to date.
- Significant work to achieve ESPI 2 and ESPI 5 compliance continued. The dispensation requirements for ESPI 2 were met in May and for ESPI 5 in June with amber performance achieved for June. July's interim result indicates ESPI 5 dispensation target compliance will be met. There is still significant work to do in terms of process and wait list issues within the system to attain a sustainable state. Management is clear on what most of the elements of the solutions are but in some cases, how this fits together will be challenging.
- The Surgical Safety Check List programme (an HQSC sponsored initiative) will be rolled out at Waikato Hospital.
- The pre-hospital project continues its implementation phase.
- The Acute Coronary Syndrome target is on track and shows compliance for the last four months.
- The Capplan theatre module was launched during the month. This is an add-on to the Capplan activity tool used for bed planning. It will allow the DHB to plan theatre capacity and optimise the use of theatres. The DHB is in the early stages of understanding the information from this tool. A follow up paper will be submitted to a future committee meeting.
- Work is underway in theatres to ensure health and ventilation functions can cope with humidity levels during the summer period.

Older Persons, Rehabilitation and Allied Health

Mrs B Garbutt presented this agenda item.

- The work to date to support issues around patient flow at Waikato Hospital was noted.
- The patient outcomes target for thrombolysis has been achieved.
- A business case for additional resource in Disability Support Link has been approved. The recruitment process is underway. This will give focus to reducing times for assessment of hospital based patients being referred to long term residential care support.
- The service is providing additional social work hours in ED on weekends to support timely and appropriate discharges.
- Geriatricians are now available to respond to ED requests 24/7. Also looking into opportunities for a rapid response outpatients clinic for the elderly who present to ED but do not require admission.
- The Staff Wellness programme has been reasonably successful. This programme is about giving staff ownership to support themselves and colleagues when they are unwell or returning to work after a period of ill health.
- Noted that the Average Length of Stay (OPRS) target has been set by clinical staff and is based on clinical safety and appropriate discharging.

- Noted the long standing funding issues related to under 65 inpatient service delivery growth in volumes particularly rehabilitation. A paper has been written to support a conversation with the Ministry on equitable funding in Waikato DHB and other DHBs.
- An issue with regard to incorrect reporting of annual leave hours within the Allied Health service is being investigated by Payroll.

Womens and Children Health

Mr B Paradine presented on this agenda item.

- There has been good progress in relation to the Transformation project with the finalisation of the consultation process and new team structure. Discussion on how this will be implemented is underway.
- There are still a number of challenges associated with continued service delivery for Women's Health.
- With regard to ESPI 5, the dispensation target was met in June and July.
- With regard to ESPI 2, this is a particular issue for Women's Health. A remediation plan has been prepared. Women's Health will not be complaint for August but the DHB will need to be compliant in September and if not met, financial penalties will be incurred. Women's Health is on track for September compliance.
- Two Registrar vacancies in Child Health services are on track to be filled by the end of this month.
- Paediatric Medicine has received interim feedback from a recent accreditation visit including recommendations around supervision of trainees, staffing levels and improvements to RMO rostering which will need to be finalised.
- An "informal" visit by RANZCOG occurred in August, with a formal visit planned for September.

Resolved

THAT

The Waikato Hospital service overview reports be noted.

4.4 The Institute of Healthy Ageing

Presented by Ms B Garbutt and Prof M Parsons, the Committee were provided with information on the initiatives, workstreams and achievements of the Institute of Healthy Ageing.

Resolved

THAT

The Committee received the presentation.

ITEM 5: QUALITY

5.1 Quality Safety Markers

Ms M Neville presented this agenda item.

A report providing information on quality and safety markers was submitted for the Committee's review.

Of note:

- A quarterly report is provided by the Health Quality and Safety Commission giving comparative data across DHBs.
- In terms of falls risk assessment and management, Waikato's performance is in the top quartile.
- Peri-operative harm is a new marker. The Theatre team have only just started to collect this data.
- Waikato had its best performance with hand hygiene compliance.

Resolved

THAT

The Committee received the report.

5.2 Certification

Ms M Neville presented this agenda item.

A report providing an overview of certification work within Waikato DHB was submitted for the Committee's information.

Management noted there had been significant improvements in coordinating and managing the various external audits that occurred and in driving the corrective actions and actions plans that result from auditing.

Certification audits are now published on the Ministry of Health's website.

Resolved

THAT

The Committee received the report.

ITEM 6: FINANCE REPORT

6.1 Finance Report

Ms J MacDonald (Finance Manager) attended for this item.

Noted that for the year to June 2016 the Provider was favourable to budget at \$6.7m.

Resolved

THAT

The Committee received the report.

ITEM 7: PEOPLE

7.1 People and Resources Report

Mr G Peplow attended for this item.

With regard to the Vulnerable Children's Act 2014 it was noted:

- Police timeliness and response to safety checks is within the service level agreement of 20 working days.
- As part of the Vulnerable Children's legislation, safety checks will now be required for all non core childrens workforce. These need to be undertaken in the next three years and will involve police checks and face to face interviews.

With regard to the Safety Culture Working Group it was noted:

- That a presentation was given to the Board on this group's work plan.
- The appointment of a Project Manager and Administrator to implement and support the work plan.
- That regular reporting on the progress of the work plan would be submitted to the Health Waikato Advisory Committee.

Resolved

THAT

The Committee received the report.

ITEM 8: INFRASTRUCTURE

8.1 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:

- At year end IS delivered to budget, its savings initiatives and capital expenditure.
- Service Improvement Plans for the DevOps transformation are delivering improvements (the number of P1 and P2 incidents has significantly reduced).
- Positive feedback was received from the Ministry of Health on Waikato DHB's ICT operations assurance plan report to the GCIO. It is the Ministry's intention to use this report as the standard to be achieved by the sector.
- An ongoing focus remains on automation tools.
- Staff satisfaction survey results showed 75% satisfied or very satisfied.
- CTAS service delivery review is underway. This follows a review undertaken by PWC in 2013 and will look at progress and identify key areas of focus.

Resolved

THAT

The report be received.

DATE OF NEXT MEETING

At the close of the meeting, the Chair advised that this was the last meeting for the Committee before the elections. It would be the new Board's role to review Committee structures and the appointment of external members.

The Chair acknowledged the work and ongoing commitment of the external Committee members.

The Committee would meet again in February 2017.

Chairperson: _____

Date: _____

Meeting Closed: 12pm

HEALTH WAIKATO ADVISORY COMMITTEE MINUTES OF 10 AUGUST 2016

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 9: Minutes: Health Waikato Advisory Committee 8 June 2016 (items taken with the public excluded)
 Item 10: People and Performance Report – Public Excluded
 Item 11: Facilities and Business/Strategic Projects – Public Excluded
 Item 12: The REACH Initiative – 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 9: Minutes	Items to be adopted/ confirmed/ received were taken with the public excluded
Item 10: People and Performance report	Negotiations will be required
Item 11: Facilities and Business/ Strategic Projects	Negotiations will be required
Item 12: REACH Initiative	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 9: As shown on resolution to exclude the public in minutes.
 Items 10-12: Section 9(2)(j) of the Official Information Act 1982 – To enable the Waikato DHB to carry on negotiations without prejudice or disadvantage.



Minutes

Bay of Plenty Hospital Advisory Committee

Venue: 889 Cameron Road, Tauranga

Date and time: Wednesday 2 November 2016 at 2:00pm

Committee: Mark Arundel (Chair), Sally Webb, David Stewart, Geoff Esterman, Marion Guy, Anna Rolleston, Ron Scott, Mary Burton, Clyde Wade

Attendees: Helen Mason (Chief Executive), Gail Bingham (GM Governance & Quality), Julie Robinson (Director of Nursing), Hugh Lees (Medical Director), Trevor Richardson (Team Leader Decision Support) Pete; Bron,

Item No.	Item	Action
1	<p>Apologies</p> <p>No apologies were received</p>	
2	<p>Interests Register</p> <p>The Committee were asked if there were any conflicts in relation to items on the agenda.</p>	
3	<p>Minutes</p> <p>Resolved that the minutes of the meeting held 7 September 2016 be confirmed as a true and correct record.</p> <p>Moved: M Arundel Seconded: S Webb</p>	
4	<p>Matters Arising</p> <p>4.1 <u>Matters Arising</u></p> <p>As per report circulated with the agenda.</p>	
5	<p>Reports requiring decision</p> <p>5.1 <u>Chief Operating Officers Highlights Report</u></p>	

Item No.	Item	Action
	<p>The Committee discussed the report as circulated with the agenda.</p> <p>The Committee noted the decrease in patient satisfaction numbers.</p> <p>Resolved that the Committee receive the report.</p> <p style="text-align: right;">Moved: G Esterman Seconded: D Stewart</p> <p>5.2 <u>Chief Operating Officers Performance Report</u></p> <p>The Committee discussed the report as circulated with the agenda.</p> <p>Resolved that the Committee receive the report.</p> <p style="text-align: right;">Moved: S Webb Seconded: M Guy</p>	
6	<p>Reports for Noting</p> <p>6.1 <u>Work Plan</u></p> <p>The Committee noted the information.</p> <p>6.2 <u>Draft Work Plan 2017</u></p> <p>The Committee reviewed the draft BOPHAC Work Plan for 2017.</p> <p>6.3 <u>Colonoscopy Wait Time</u> - tabled</p> <p>The Committee discussed the paper setting out the plan to reduce waiting times and reduce backlogs.</p> <p>BOP has a higher rate of referral than other DHBs.</p> <p>The Committee supported the report and the proposed program. Final decision needs to come from the Board.</p> <p>Resolved: That the Committee recommends that the Board endorse the plan and associated funding.</p>	

Item No.	Item	Action
	<p style="text-align: right;">Moved: S Webb Seconded: G Esterman</p> <p>6.4 <u>Issues around Avastin/Elective Thresholds/National Enrolment and Implications for DHB elective procedures</u></p> <p>The Committee noted the information.</p>	
7	<p>Presentations</p> <p>7.1 <u>Acute Flow Improvement Project Update</u></p> <p>The Committee thanked the Francis Group team for the informative presentation.</p>	
8	<p>General Business</p> <p>There was no general business</p>	
9	<p>Next Meeting – Wednesday 1 February 2017.</p>	

The open section of the meeting closed at 3:37pm.

The minutes will be confirmed as a true and correct record at the next meeting.



**MINUTES OF THE MEETING OF THE HOSPITAL ADVISORY COMMITTEE
HELD ON TUESDAY 25th OCTOBER 2016 AT 10.00 A.M.
TAUPO HOSPITAL LIBRARY, KOTARE STREET, TAUPO**

Meeting: [151]
Present: M Burdon (Chair), D Shaw, D Loughlin, M Gallagher, A Morgan and R Isaacs
Apologies: M Bentley, I McLean, D Honore, T Lloyd, M Arundel, J Calnan
In Attendance: N Saville-Wood, A Mountfort, P Tangitu, S Wilkie, J Eilers, M Smith, C Foley (in lieu of Dr S Kletchko), J Horton, P Malpass and minute recorder T Fraser (EA to Chief Executive)
Absent:

151.10 MEETING CONDUCT

The Chair welcomed everyone to the meeting. D Loughlin led the opening karakia.

151.11 Apologies (*Agenda Item 1.1*)
Resolution:
THAT the apologies be accepted.
D Loughlin: A Morgan
CARRIED

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

151.13 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.

151.14 General Business (*Agenda Item 1.4*) : Nil

151.20 SIGNIFICANT ISSUES

Presentation: Dose Adjusting for Normal Eating (DAFNE) – presentation by Lewese Hicks, Diabetes Clinical Nurse Specialist, Lakes DHB Diabetes Team

- DAFNE stands for Dose Adjustment For Normal Eating
- A five day structured skill-based training programme, created in Germany in the 1980s, for adults with type 1 diabetes and equips participants with the tools to self-manage their insulin doses. This inpatient programme focused on intensive insulin therapy and the self-management of type 1 diabetes
- Diabetes teams from Victoria, Queensland and Western Australia visited the UK for DAFNE Educator training in November 2004. These teams started to run DAFNE courses in Australia for people with type 1 diabetes in 2005. Over 2000 people have now completed the course in Australia.
- In Australia, the programme is called "OzDAFNE". There are now OzDAFNE courses in most Australian states. DAFNE has also spread to nearby countries like New Zealand and Singapore.
- Waitemata and Auckland DHB started to run DAFNE courses in New Zealand in 2009.
- In July 2016 Krystal Whui and Lewese Hicks ran the first Lakes DHB DAFNE course in Rotorua and became the third DHB in NZ to gain accreditation to run DAFNE courses.

Lewese advised that in the future the team will be looking to offer support and training to other DHBs. Work is underway with primary care to identify type 1 patients that could undertake the programme as well as working with Hospice for end of life type 1 patients. Next training course is in November in Taupo if six

patients can be sourced. P Tangitu requested that an analysis be completed in six months' time of Maori people who have type 1 diabetes and have undertaken training or identified barriers to not doing the training.

The Chair thanked Lewese for her informative presentation.

151.30

CHIEF OPERATING OFFICER

151.31

Hospital & Specialist Secondary Services (Agenda Item 3.1)

151.31.1 Chief Operating Officer monthly report (Agenda Item 3.1.1)

- N Saville-Wood thanked G Vandergoot and J Eilers for covering for the COO position whilst he was on annual leave
- It has been a busy month especially in maternity with staff developing contingency plans to manage resources
- Orthopaedic acute volumes are down
- The Frances Group work has finished and the report has been received and will be presented to the February 2017 HAC meeting
- Mental Health & Addictions report – the Chair noted the short report this time. N Saville Wood advised that planning is underway on the new service configuration
- Taupo maternity numbers - N Saville Wood to confirm
- St John trial underway regarding radio communications on status one and two patients
- Second cardiologist recruitment underway
- Faster Cancer Treatment – result of 77% this quarter
- Noted that the hospitals non-closures at Christmas are a resource re-allocation rather than closures
- RDA strike – K Lash and team did excellent work on the preparing for the strike. N Saville Wood also thanked the clinicians for their assistance.
- MRI replacement scanner work proceeding satisfactorily

151.31.2 Balanced Scorecard (Agenda Item 3.1.2)

ENT is now compliant with Dental being yellow.

151.31.3 Elective Services 4th Quarter Report (Agenda Item 3.1.3)

N Saville Wood provided members with an update on the report to 30 June 2016.

- Radiology numbers not as high as previous years. Growing trend in an increase in CT requests
- Coloscopies - currently not part of ESPI monitoring
- Colonoscopies - 2016 year has been successful. Good plan and extra work completed.
- ENT – major work completed

The Chair requested that acknowledgement go to W Bunker for her excellent work on the report.

Resolution:

THAT the Chief Operating Officer's report be received.

D Loughlin: D Shaw

CARRIED

151.40

REPORTS

151.41

Performance Monitoring : Finance & Audit 31st August and 30th September 2016 (Agenda Item 4.1)

A Mountfort updated members on the August and September results and variances.

- Mental Health, Taupo and anaesthetic locum costs high for September. One factor in this is accruing of costs in the correct month
- Action Plan savings – noted the need to achieve these budgeted savings
- Clinical supplies over by \$268k
- High pharmaceutical costs
- Savings in interest and capital costs
- IDF inflows were down for August and September which created an associated revenue variance. Lakes DHB is working with Waikato DHB to assist with their ESPI compliance. Some patients are reluctant to be treated in Rotorua and would rather wait to be treated in Waikato

Resolution:

THAT the Financial Reports for 31st August and 30th September 2016 be received.

D Loughlin: M Gallagher

CARRIED

- 151.42 Quality Risk and Clinical Governance (*Agenda Item 4.2*)
- 151.42.1 Quality Risk and Clinical Governance report (*Agenda Item 4.2.1*)
- The Chair noted that the Quality & Risk report has been received by the Board.
C Foley took the members through the Quality & Risk report.
- Quality Account is progressing
 - J Forrester has been appointed as the Privacy Officer
 - The revised risk framework will go to the Board February 2017 meeting
 - Adverse events report to be published in November
 - Certification audit to occur in February 2017. Self-assessment to occur in November

Resolution:

THAT the Quality Risk and Clinical Governance report be received.

D Loughlin: D Shaw

CARRIED

151.50 SECRETARIAL

- 151.51 Minutes of previous Hospital Advisory Committee meeting held 22nd August 2016 (*Agenda Item 5.1*)

Resolution:

THAT the minutes of the previous Hospital Advisory Committee meeting held 22nd August 2016 be confirmed as a true and accurate record.

A Morgan: R Isaacs

CARRIED

- 151.52 Schedule of Tasks (*Agenda Item 5.2*)

- Hospital key audits – G Lees is preparing the report for the HAC meeting to occur in February 2017
- Faster Cancer – ongoing with presentation to HAC meeting to occur in May 2017
- FVIP Coordinator – to remain on schedule of tasks as noted
- Patient letters – ongoing
- ED 6 hour target – to remain on schedule of tasks as noted
- Maori DNA rates – S Kletchko and B Smith working on this. N Saville-Wood updated on the initiatives in clinical service underway. Further report to HAC meeting to occur in February 2017
- Waikato and Bay of Plenty minutes – this can now be taken off the schedule of tasks
- Lakes DHB GP Liaison newsletter - this can now be taken off the schedule of tasks
- Cardiac report - presentation to HAC meeting to occur in May 2017

- 151.53 Matters Arising (*Agenda Item 5.3*) : Nil

- 151.54 Presentation slides on Pain Service (*Agenda Item 5.4*) : Noted

151.60 INFORMATION AND CORRESPONDENCE (*Agenda Item 6.0*)

- 151.61 Draft Health Waikato Advisory Committee Minutes dated 10th August 2016 (*Agenda Item 6.1*)

M Gallagher updated members on:

- The new incoming Waikato DHB Board members. Noted that the new members will have a focus on mental health
- Auckland University Third Training School proposal is a potential gain for the region. Would like Lakes DHB to be supportive of the proposal

M Burdon noted that the requirements of the Vulnerable Childrens Act are major for Waikato DHB with the number of staff being recruited. This is also a challenge for Lakes DHB.

Resolution:

THAT the minutes as above be received.

M Gallagher: R Isaacs

CARRIED

- 151.62 Bay of Plenty Hospital Advisory Committee Minutes dated 7th September 2016 (*Agenda Item 6.2*)

Resolution:

THAT the minutes as above be received

M Burdon: D Shaw

CARRIED

- 151.63 2015-2016 CFA Q4 Performance Report (*Agenda Item 6.3*)
Noted that this report has been received by the Board.
- 151.64 MoH approval of DHB Maori Health Plan (*Agenda Item 6.4*) : Noted
- 151.65 Did Not Attend (DNA) – Failed to Deliver Services Results update and letter from K Kletchko (*Agenda Item 6.5*)
Noted.
- 151.66 2017 Board and Advisory Committee Meetings Schedule (*Agenda Item 6.6*)
Resolution:
THAT the information be received.
M Burdon: D Loughlin
CARRIED
- 151.67 Community representative reports (*Agenda Item 6.7*)
R Isaacs – asked if Health Passports is still happening. J Eilers advised that they were being used widely in the disability sector and were very helpful. Patients needed to bring them to the hospital as currently there is no ability to access from GPs. P Tangitu agreed to provide R Isaacs with a copy of the Health Passports information.

151.70 PUBLIC EXCLUDED

Resolution:
THAT the meeting move into Public Excluded at approximately 11.45am
D Loughlin: D Shaw
CARRIED

.....
Chair

27th February 2017



LAKES DISTRICT HEALTH BOARD

**SCHEDULE OF TASKS: Hospital Advisory Committee meeting
25th October 2016**

Agenda Item	Action	Responsibility of	Timeframe
Presentations:			
Hospital Key Audits	That a presentation be given on this issue.	D Oliff/G Lees	February 2017
Faster Cancer	That a further presentation be given on this matter at a future HAC meeting.	Chief Operating Officer	May 2017
FVIP Co-Ordinator	That a presentation be given by the new appointee later in the 2017 year.	Chief Operating Officer	2017
Tasks			
Patient letters	Improvements to the patient letters are on-going.	N Saville-Wood	Ongoing
Maori DNA Rate	That work be carried out on patient survey experience and data treatment versus diagnostic DNAs along with a breakdown of areas where DNA occurred to gain a better understanding of any variations and that the report be submitted to the next HAC meeting.	Dr S Kletchko and Dr B Smith	February 2017
Cardiac Report	Be presented early in 2017	N Saville-Wood	May 2017
Elective Services 4 th Quarter Report	The Chair requested that acknowledgement go to W Bunker for her excellent work on the report.	N Saville-Wood	ASAP
Report of Francis Group	Report of Francis Group to be presented to HAC	N Saville-Wood	February 2017
Taupo Maternity numbers	Taupo Maternity numbers to be confirmed	N Saville-Wood	February 2017

Committee Structure

**MEMORANDUM TO THE PERFORMANCE
MONITORING COMMITTEE
8 MARCH 2017**

AGENDA ITEM 4.1

COMMITTEE STRUCTURE AT WAIKATO DHB

Purpose	1) For information
----------------	--------------------

Introduction

One of the reasons for the change to the committee structure promoted by the Chair after the last election and adopted by the Board in February was the need to strengthen monitoring so that it goes beyond the provider arm of the Waikato DHB.

A number of changes have been made to the agenda structure of the Performance Monitoring Committee as a result. They are apparent on the present agenda albeit not all agenda slots include the relevant report this time around.

In terms of the order of this agenda the following comments might be helpful:

1. We have structured the agenda from broad assessments of performance to more narrow assessments of performance as will be apparent from comments below.
2. The System Level Measures Report has yet to be finalised but will report on whole-of-system indicators being developed for the sector for 2017/18.
3. The Operations and Performance Report is a report from the Executive Director Operations and Performance that examines Waikato DHB provider performance in its entirety. In an ideal world a little tension (but not too much!) between this report and the reports from our core clinical services would be constructive as we look at our performance from the perspective of overall production, demand, and capacity on the one hand and from the perspective of our day-to-day activity on the other. It will take a little time for its format to be finalised so expect it to be a little ad hoc in the meantime.
4. The heading Performance Report from Strategy and Funding will include reporting on outputs from NGO agreements and also an overview of system performance. Over time a data-driven approach to assessing performance across all organisations will be developed. This is “work in progress” with the first report from Strategy and Funding expected for the June agenda.

Recommendation

THAT

The report be received

**NEVILLE HABLOUS
CHIEF OF STAFF**

System Level Measures

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

8 MARCH 2017

AGENDA ITEM 5.1

SYSTEM LEVEL MEASURES

Purpose	1) For information
----------------	--------------------

Background - National context

System Level Measures (SLMs) are high level aspirational goals for the health system that align with the five strategic themes of the New Zealand Health Strategy and other national strategic priorities such as Better Public Services targets. They have a focus on children, youth and vulnerable populations. SLMs are part of the DHB annual planning process and provide an opportunity for DHBs to work with their primary, secondary and community care providers to improve health outcomes of their local population. They promote better understanding and use of health information, engagement with people in the design and delivery of health services and better health investment in models of care based on local population needs.

The framework relies on the concept of SLMs, which are:

- set nationally
- reflect integration of health services
- highlight equity gaps
- connect to contributory measures.

Contributory measures.

- Contribute to achievement of SLMs.
- Are front line service level measurements of health processes or activity – tangible and clinically meaningful.
- Align with local quality improvement.

Waikato system level measure plan

The process for development of the initial targets for the system level measures and agreement around contributory measures for 2016/17 occurred within a fairly condensed timeframe. As a result the initial focus was largely on areas able to be directly influenced by primary health organisations. These measures are expected to be enhanced for 2017/18 to include measures within the influence of secondary care or other areas of primary care to get an improved whole of system approach.

Comment on each of the 4 contributory measures is included in the attached report. This is an initial report only and work is currently occurring to formalise reporting requirements from primary care and enhance

A copy of the plan submitted to the Ministry of Health is attached as Appendix 1. Work is currently commencing to develop an updated plan for 2017/18. This is will include review of the measurements and targets for the measures established for the 2016/17 plan along with two new measures being:

- Proportion of babies that live in a smoke-free household at six weeks postnatal
- A youth system level measure (youth are healthy, safe and supported).

A draft plan for 2017/18 will be included in the April Health Strategy Committee agenda.

Recommendation

THAT

The Committee notes the content of the report

**DAMIAN TOMIC
CLINICAL DIRECTOR
PRIMARY AND INTEGRATED CARE**

**JULIE WILSON
EXECUTIVE DIRECTOR
STRATEGY AND FUNDING**

System Level Measures Reporting

Expectations

Rating	Explanation
Achieved	All actions, milestones and measures related to the reporting period are on track.
Partially Achieved	Some actions, milestones and measures are not on track but adequate mitigation strategies are presented.
Not Achieved	Some actions, milestones and measures are not on track and adequate mitigation strategies are not presented or there are any missing deliverable components.

2016/17 quarter two

The below tables outlines Waikato DHBs latest results and if we are on track to meet our 2016/17 milestones against each measure.

Waikato has decided to have at least one clinical champion (and preferably a DHB and primary care champion) for each measure. In quarter three:

- Internal and primary care champions will be confirmed;
- The local group that each measure reports to will be confirmed to measure performance and drive change initiatives required;
- A technical working group is being established to agree the reporting framework and methodology for all contributory measures.

1. 0-4 ASH				
<i>Rates per 100,000 population for 0-4 year olds</i>				
<i>Milestones reduce by 4% for Maori and Pacific and 2.5% for 'other' across each DHB in order to reduce inequality.</i>				
<i>Note the 'total' has been removed as a milestone as it is not possible to estimate with any accuracy</i>				
Clinical champions	Dr Dave Graham – DHB Primary care to be confirmed			
Group reports to	Waikato Child Health Network			
	Baseline result (March 2016)	16/17 milestone (by June 2017)	Latest results (Year to Sep 16)	Q2 update
Maori	9,088	8,724 (-4%)	8,497 (-6.5%)	Partially on track 2016/17 milestone achieved for Maori & Pacific ethnicities meaning the equity gap is reducing. The rate for other has actually increased and a review of the causes for this will be discussed within the child health network but appear to be an increase in gastroenteritis, pneumonia and upper and ENT respiratory infections
Pacific	12,031	11,568 (-4%)	10,606 (-11.6%)	
Other	6,612	6,447 (-2.5%)	6,669 (+0.9%)	

2. Acute Hospital Bed Stays																								
<i>Number of bed days for acute hospital stays per 1000 population domiciled within a DHB per year (standardised)</i>																								
Clinical champions		To be confirmed																						
Group reports to		Demand Management Advisory Group																						
	Baseline result (March 2016)	16/17 milestone (by June 17)	Latest results (Year to Sep 16)	Q2 update																				
Total	474	462 (-2.5%)	456 (-3.8%)	<p>On track. 2016/17 milestone of a 2.5% reduction has been achieved and Waikato DHB is ranking 2nd out of the 20 DHBs.</p> <p>Initial data circulated had included an error in the standardisation rates which had understated the results for Maori and Pacific. For this reason separate targets were not included in the plan.</p> <p>Revised data is now available (ad below and we would expect higher % reductions to be included in targets for Maori and Pacific in 2017/18.</p> <p>Using Age Standardisation to Population: Census 2013 Usual Resident Population</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Maori</th> <th>Pacific</th> <th>Other</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Year to Sep 2014</td> <td>626</td> <td>519</td> <td>423</td> <td>459</td> </tr> <tr> <td>Year to Sep 2015</td> <td>633</td> <td>551</td> <td>434</td> <td>468</td> </tr> <tr> <td>Year to Sep 2016</td> <td>630</td> <td>551</td> <td>421</td> <td>456</td> </tr> </tbody> </table> <p>Note: the Baseline data included in the plan is currently being reviewed given the standardisation issue in the original national data noted above.</p>	Year	Maori	Pacific	Other	TOTAL	Year to Sep 2014	626	519	423	459	Year to Sep 2015	633	551	434	468	Year to Sep 2016	630	551	421	456
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Year to Sep 2014	626	519	423	459																				
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3. Patient experience of care				
<i>90% of general practices uptake the primary care patient experience survey by 30 June 2017.</i>				
Clinical champions		Mo Neville DHB Primary care to be confirmed		
Group reports to		To be confirmed		
	Baseline result	16/17 milestone	Latest results	Q2 update
Total	8.5	90% uptake by general practices		Reporting on this measure's progress has been delayed. In quarter three the clinical champions and reporting group will be confirmed. Progress will follow national process for roll out.

4. Amenable Mortality																																																																						
<i>Untimely, Unnecessary deaths from causes amenable to health care (per 100,000)</i>																																																																						
<i>Reduction for the milestones is set at 4% for Maori and Pacific and 2.5% for 'other' to reduce the gap between Maori & Pacific and non-Maori.</i>																																																																						
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Clinical champions		Doug Stephenson DHB Primary care to be confirmed																																																																				
Group reports to		To be confirmed																																																																				
	Baseline result (as of March 16)	16/17 milestone (by June 2017)	Latest results (as of Dec 2016)	Q2 update																																																																		
Maori	248.5	239 (-4%)	251.8 (+1.2%)	<p>The contributory measures for amenable mortality include areas such as</p> <ul style="list-style-type: none"> - Improving HbA1c results for diabetics - CVD risk assessments - Cervical screening - Percentage of smokers referred to a smoking cessation service. <p>All of these measures whilst expected to influence amenable mortality over time are not expected to impact quickly on these results due to time lag. As importantly the data reported for this measure is reported three years in arrears with the most recent data available showing:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>2010</th> <th>2011</th> <th>2012</th> <th>2013</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Coronary disease</td> <td>145</td> <td>130</td> <td>133</td> <td>119</td> <td>527</td> </tr> <tr> <td>Cerebrovascular diseases</td> <td>46</td> <td>56</td> <td>31</td> <td>35</td> <td>168</td> </tr> <tr> <td>COPD</td> <td>43</td> <td>42</td> <td>40</td> <td>40</td> <td>165</td> </tr> <tr> <td>Suicide</td> <td>46</td> <td>40</td> <td>41</td> <td>38</td> <td>165</td> </tr> <tr> <td>Diabetes</td> <td>38</td> <td>52</td> <td>35</td> <td>36</td> <td>161</td> </tr> <tr> <td>Land transport accidents excluding trains</td> <td>49</td> <td>38</td> <td>42</td> <td>25</td> <td>154</td> </tr> <tr> <td>Female breast cancer</td> <td>32</td> <td>30</td> <td>37</td> <td>38</td> <td>137</td> </tr> <tr> <td>Melanoma of skin</td> <td>18</td> <td>26</td> <td>13</td> <td>23</td> <td>80</td> </tr> <tr> <td>Rectal cancer</td> <td>15</td> <td>13</td> <td>19</td> <td>26</td> <td>73</td> </tr> <tr> <td>Prostate cancer</td> <td>12</td> <td>14</td> <td>18</td> <td>23</td> <td>67</td> </tr> </tbody> </table>		2010	2011	2012	2013	Total	Coronary disease	145	130	133	119	527	Cerebrovascular diseases	46	56	31	35	168	COPD	43	42	40	40	165	Suicide	46	40	41	38	165	Diabetes	38	52	35	36	161	Land transport accidents excluding trains	49	38	42	25	154	Female breast cancer	32	30	37	38	137	Melanoma of skin	18	26	13	23	80	Rectal cancer	15	13	19	26	73	Prostate cancer	12	14	18	23	67
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System Level Measures Improvement Plan

Final plan

1. Ambulatory Sensitive Hospitalisations (ASH)

ASH Rates per 100,000 population for 0-4 year olds

Target Reduction reflects the plan will be in place for 6 months only in 2016/17 but current ranking for Waikato DHB is 16th out of 20 DHBs. Reduce by 4% for Maori and Pacific and 2.5% for 'other' across each DHB in order to reduce inequality.

Note the 'total row has been removed as it is not possible to estimate with any accuracy.]

		Waikato DHB	
		Baseline March 15/16	Target 16/17
Baseline	Māori	9,088	8724
	Other	6,612	6447
	Pacific	12,031	11568
	Total	7,805	
	Increase in the number of Asthma plans in place for children presenting with Asthma		
	Increasing proportion of Newborns fully enrolled in a PHO by 6 weeks. Note this is expected to reduce to 4 weeks in future years. Subject to data availability		
Goal of full enrolment by 3 months			
Immunisation 2 years			
Children are routinely given a Lift the Lip assessment annually or at each immunisation with those with a Lift the Lip score of 2-6 referred to an oral health provider			

2. Acute Hospital Bed Days

Number of bed days for acute hospital stays per 1000 population domiciled within a DHB per year (standardised)

Note: for this Item Waikato DHB is reported as being 18th out of 20 DHBs. More work is however required to identify realistic future reductions however a proposed 2.5% reduction is included below reflecting that the plan will be in place for 6 months only.

Waikato DHB			
323Baseline *using census 2013 usual resident population		Baseline March 15/16	Interim target -2.5%
	Māori	416	405
	Other	498	485
	Pacific	327	319
	Total	474	462
	The number of influenza vaccinations for people over the age of 65 years		
	Hospitalisation rates of people with COPD conditions		
	ED Presentation rates		
	People aged 65 years and older dispensed 8 or more unique long term medications		

3. Patient experience of care

Consumer health care experience and level of integration of care covering the domains of communication, partnership, co-ordination and physical and emotional needs

90% of general practices uptake the primary care patient experience survey by 30 June

Waikato DHB	
Baseline	Māori
	Non-Māori
	Total
	8.5
	An increase in the percentage of General Practices offering patient e-portal by June 2017
	Baseline data to be included in Quarter 2 Report
Baseline	An increase in the percentage of patients using patient e-portal by June 2017
	Baseline data to be included in Quarter 2 Report

Achievement of the contributory measures is subject to the caveats that:

- *That there is NES available for Profile for Windows by 30 June 2017*
- *That MoH NES deployment meets the 30 June 2017 timeline for all Providers.*

4. Amenable Mortality (not financially incentivised)

Untimely, Unnecessary deaths from causes amenable to health care (per 100,000)

Reduction for the milestones is set at 4% for Maori and Pacific and 2.5% for 'other' to reduce the gap between Maori & Pacific and non-Maori. The 'total' row values have been removed as it is difficult to calculate with varying rates of reduction]. Further engagement in relation to this area and consideration in relation to the time delay between improvements in the contributory measures and impact on the over measure

Waikato DHB																
Baseline	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Baseline March 15/16</th> <th style="width: 35%; text-align: center;">Target 16/17</th> </tr> </thead> <tbody> <tr> <td>Māori</td> <td style="text-align: center;">248.5</td> <td style="text-align: center;">239</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">85.2</td> <td style="text-align: center;">83</td> </tr> <tr> <td>Pacific</td> <td style="text-align: center;">196.7</td> <td style="text-align: center;">189</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">131.7</td> <td></td> </tr> </tbody> </table>		Baseline March 15/16	Target 16/17	Māori	248.5	239	Other	85.2	83	Pacific	196.7	189	Total	131.7	
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Other	85.2	83														
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Total	131.7															
Contributory Measures that primary care will be assessed against	Percentage of enrolled people in the PHO within the eligible population with a record of a Diabetes Annual Review during the reporting period whose HbA1c test result is 8% or less or 64mmol/mol or less															
	Percentage of PHO enrolled people within the eligible population who have had a CVD risk recorded within the last five years and/or measure showing good management of CVD risk															
	Percentage of PHO enrolled women aged 25 to 69 years who have had a cervical sample taken in the past three years															
	Percentage of registered smokers who have been referred to a smoking cessation service. (note this is subject to equitable access to services)															



Operations and Performance

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 8 MARCH 2017

AGENDA ITEM 6.1

OPERATIONS AND PERFORMANCE DIRECTORATE

Purpose	1) For discussion and feedback
----------------	--------------------------------

Context

The Operations and Performance directorate has not previously reported to the Board committees.

The Operations & Performance directorate includes four teams: Clinical Coding, Clinical Records, Operational Performance & Support (OP&S) and Integrated Operations Centre (IOC).

It should be noted that a change proposal for the division is drafted and staff consultation planned in the next few months. This structure proposal includes the proposed establishment of a dedicated team of production planners and analysts to assist clinical services, clinical support services and theatres with their medium term planning. Part of the proposed structure is the establishment of dedicated positions for service planning and analysis, theatre planning and bed planning.

Performance of clinical services, clinical support services, as well as support services is already reported to the Performance Monitoring Committee by the relevant service directors. The OP&S team produces the monthly Key Performance Indicators (KPI) dashboards that form the measurement basis for these reports.

Two key initiatives within the Operations & Performance Directorate will help improve performance reporting to assist with decision making a) for strategic service design b) for tactical planning and learning as well as c) for operational decision making.

1. The implementation of patient flow manager (iMPACT project) will provide much richer data on patient flow, dependencies and flow constraints.
2. The implementation of a new Business Intelligence toolset to support data-driven decision making through interactive performance dashboards.

It has been agreed in principle to develop an integrated performance scorecard that reflects the strategic themes for the Waikato DHB as well as the goal of greater healthcare value. The Executive Director Operations & Performance and the Director of Quality & Patient Safety in conjunction with the other above mentioned groups will develop a proposal for an integrated performance measurement framework to improve alignment and avoid measurement duplication. This is not expected to be available until late 2017.

Proposed structure for Operations & Performance report

It is proposed that the monthly reporting covers two areas of interest to the Committee:

1. DHB-wide performance report providing whole of DHB perspective on operational performance, in particular in relation to patient flow.

2. Brief monthly team performance report of achievements and challenges within the Operations & Performance division.

1. DHB wide performance perspective

The Performance Monitoring Committee already receives detailed performance information from many areas of the DHB, including the clinical and clinical support services, quality, finance, People, IS.

Guiding principles:

- Selected measures to provide whole of DHB perspective on patient flow
- All measures have accountable owner(s) within the services.
- Measure owners should be informed about performance first, so there are no surprises and measure owner can address performance issues.
- Preference for leading measures, where ever feasible.

Selected performance measures

Given the many other performance measures that are already reported, the draft selection below is made to provide insight into patient flow through the DHB. As such, measures of interest are particularly related to input volumes, queues, waiting times, occupancy, throughput and underlying measures such as discharge management and capacity utilisation.

Many measures are already included on existing KPI dashboards, and some new measures are envisioned for the future, partially enabled as new data comes available. Accurate data for these measures does not always exist currently and this is expected to improve with the implementation of Patient Flow Manager (iMPACT project) by end of 2017. Development and embedding of these measures will take time and it is also expected that as new issues emerge, relevant measures of interest will change. The establishment of a dedicated production planning team will also help to develop new measures of interest to patient flow.

Proposed measure	Ownership	Status
GP referral volumes trends	TBC	New measure, data available
Community and District Nursing Services referrals, patients under care, referral wait times	Community services	Some new measures
Community Mental Health services referrals, patients under care, referral wait times	Mental Health community services	New measures
Acute ED Presentations and conversions to inpatient stays, ED triage breakdown and performance against recommended triage assessment times.	ED services	Existing measures, partially included on KPI dashboards
Acute flow performance (3-2-1). Trends in timeliness to acute service in all Emergency Departments. Split in 'ED assessment', 'Specialist assessment' and 'Bed allocation' timeliness.	ED services, inpatient clinical services, IOC	Existing measures, partially included on KPI dashboards
Elective patient wait time performance (ESPI measures, waitlist lengths, age and 'time to clear' in months forward load)	Hospital services	Some new measures
Access to radiology (Outpatient, ED and inpatient)	Clinical support services	Existing measures included on KPI dashboard
Access to laboratory services (ED and inpatient)	Clinical support services	Existing measures included on KPI dashboard
Access to acute theatre	Surgical services	Existing measures on KPI dashboard

Proposed measure	Ownership	Status
Patient bed occupancy, overflow procedure usage	Hospital services, IOC	Some new measures
Patient complexity and acuity	Hospital services	New measures
Inpatient Length of Stay, long stay patients	Inpatient clinical services	Existing measures on KPI dashboard
Discharge management, SAFER policy bundle adherence	Inpatient clinical services	New measures
Discharge volumes trends and versus plan, case-weight volumes trend and to plan	Inpatient clinical services	Some new measures, existing measure on KPI dashboard
Transfers to rural hospitals, district nursing	Hospital services, district nursing	Existing measures
Transfers to intermediate care facilities	Hospital services, intermediate care	New measures
Intermediate care referrals, access and utilisation (PACC – <i>Post acute convalescent care</i> , REACH - <i>Realising Employment through Active Co-ordinated Healthcare</i> , START - <i>Supported Transfer and Accelerated Rehabilitation Team</i> , DSL – <i>Disability support link</i> , Acute home based support, aged residential care)	Intermediate care organisations (DHB and non-DHB)	New measures
<i>Quarterly – system performance:</i>		
National Patient Flow data – particularly referral decline rates	Hospital services	Existing measures (MoH)
Standardised Intervention Rates	Hospital services	Existing measures (MoH)
Health Round Table (HRT) operational performance rates	TBC	Existing measures (HRT)
Benchmarking with other DHBs (e.g. FSA rate, non-contact FSA rate, Follow-up to FSA ratio)	Hospital services	Existing and new measures (National Minimum Data Set - NMDS data)

The relevant reporting will need to be established in conjunction with the services accepting the ownership for any new measures.

2. Operations & Performance team overview report

Given the small size of the Operations & Performance team, it is proposed that the team's service performance measures are not relevant given the Committee's governance interests. A high-level summary team report is therefore proposed to be used for the Performance Monitoring Committee reporting:

- Initiatives and highlights
- Emerging issues and risks
- Next period focus areas

Recommendation

THAT

The report be received

MARCTER BEEK
EXECUTIVE DIRECTOR OF OPERATIONS AND PERFORMANCE

Services

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

8 MARCH 2017

AGENDA ITEM 7.1

COMMUNITY AND CLINICAL SUPPORT

Purpose	1) For Board assessment
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Content of Report

A wide range of initiatives to both develop services and enhance service performance are underway in the Community & Clinical Support directorate. Some key points of note are:

Service developments to embed virtual service delivery are actively underway across the community and rural services. The new community hub in Gallagher Drive that will open later in 2017 has been designed to ensure that virtual delivery is a core service model. The changes to the Population Health service that were made last year are now starting to bear fruit as the service realigns to a settings based model of service delivery across whanau, education and employment sectors. The next phase of laboratory automation has commenced with the haematology analyser upgrade project due to be completed by May.

Service Performance relative to both external Ministry of Health and internal service targets is generally high. Particularly pleasing is the ongoing reduction in the number of children who are not enrolled with the Community Oral Health Service. Performance against the six hour target for emergency department access was high. Thames Hospital achieved this despite the need to completely alter its reception and low acuity service location due to seismic remediation that was underway during the summer period when presentations peak. The Breast Screening service exceeded its targets in February and is on track to deliver all contracted volumes by the end of the year. This is a significant turnaround.

Quality and Patient Safety improvements are in train across the services. These range from improved IT systems to support increased immunisation rates that will be implemented over the next quarter through to significant reductions in sample labelling errors for the laboratory. IANZ accreditation audits were completed of both the main laboratory and also drinking water services late last year. Corrective actions were received in relation to the poor accommodation for the satellite cytogenetics, molecular biology and histology labs on the Waiora Waikato campus. Plans are underway to relocate and completely redesign these facilities in the 2018/19 year. The drinking water service, where a number of necessary quality improvements are in progress, was accredited. In February the Executive signed off on a major Medication Management Improvement (MIM) programme which will be launched in July of this year. This is a significant step forward for both the pharmacy service and for the quality of clinical care in general. As the programme progresses a number of significant risks will be addressed.

Staff pressures are particularly evident in the District Radiology Service due to both the number of Radiologist vacancies and long term sick leave. The interventional radiology service is especially stretched. The use of offshore services to assist with the reporting of images is mitigating some of the pressure, but is not of itself a complete solution. Active international and national recruitment efforts are underway.

Finance trends are improving, but further work is required to achieve budget by year end and correct a 1-2% variance to target. Three of the ten services are under greater financial pressure than the others (Community, Thames/Coromandel and Patient Blood Management) which is challenging the group overall.

Recommendation

THAT

The report be received.

MARK SPITTAL

EXECUTIVE DIRECTOR – COMMUNITY & CLINICAL SUPPORT

1 Service Development

- The proposed new model for primary maternity services in the southern part of the Board's catchment will be publically consulted on during March and early April. A range of community Hui are planned for Te Kuiti, Otorohanga, Taumarunui and Tokoroa. Addressing the ongoing fragility of primary maternity services in the South Waikato & King Country was one of the early work streams to be completed following the review of rural services. The goal is to shift the focus away from the 48 hours surrounding a birth and onto the ten months of pregnancy and connect mothers and babies with the wider health system as a positive life-long engagement. It is anticipated that there will be a high level of local interest in the proposed service change, especially in the Te Kuiti area.
- Work is underway to align several of the smaller community bases with the rest of the primary care system. A new community base adjacent to the Waihi GP practice was opened in January. Discussion is underway with the West Coast Health Trust (Raglan) regarding the development of new GP premises at Raglan which will include space for the district nursing service (a clinic room and storage facilities). The refurbishment of the allocated space at Matariki for the Te Awamutu community base is progressing well and completion is expected by March 2017. This will enable the residential house that has been the base in Te Awamutu for many years to be sold.
- All district and public health nurses are now registered on HealthTap©. Detailed action plans are being implemented to upskill the nurses and grow their confidence using the new technologies. Progress will be audited in 2 - 3 months. The target is for 10% of district nurses visits to be virtual by the end of 2017. The new community hub at Gallagher Drive that is due to open later this year is being purposely designed to support the transition to virtual service delivery.
- Reporting to facilitate roster planning as well as the daily management of rural hospital outpatient clinics has been launched to support the increasing use of telehealth clinics. This will help the organisation move towards service based booking (single point of booking) which should occur in early 2017 after the new video outpatient units are deployed into the southern rural hospitals.
- The new oral health information system, Titanium, went live at the start of the school term. This is a major step forward for the service. The service has 70,000 records to upload into Titanium to create an electronic patient record for oral health. Records are being uploaded in term-based tranches given the scale of the exercise.
- The 'Iron in GP' project has finally been launched; enabling anaemic patients to be treated in general practice prior to surgery eliminating un-necessary visits to Waikato hospital. This is the culmination of two years of planning by a range of stakeholders including the District Pharmacy Service.
- The District Pharmacy Service will take over the supply chain to mental health clinics from mid-March. A review of pharmacy supply chain to rural hospitals will also occur over the next two months. This is the tail end of a multi-year programme of service consolidation.
- The laboratory service has made another step towards extended automation with the installation of the new haematology analysers which began in late February. The new analysers are expected to go-live in April after an extensive period of validation.
- A project to review opportunities for the development of an integrated Cytogenetics and Molecular Biology operation has commenced as part of the service model review to support the proposed physical consolidation in of the laboratory on the Waiora Waikato campus in 2018/19.

- The new process of using offshore support to report radiology images in a timely manner that was launched in December is working well. It has been an invaluable support to the District Radiology Service since the new system went live.

2 Service Performance

- Summer is typically a period when timely access to the Emergency Department declines in Thames due to the influx of visitors to the area. This year both the physical location of the front half of the ED and the model of service were altered to better meet the needs of the large volumes of triage 4 and 5 patients by providing a different environment specifically set up for primary care patients. A fast track process for admissions was also introduced and a Public Health Nurse was deployed into the ED to ensure that younger patients were specifically addressed, including ongoing connection with primary care and other social services. The outcome was that the 6-hour target was achieved despite a significant increase in presentations and there were no complaints from consumers about wait times.
- Inpatient beds were reduced across all four rural hospitals with mixed results. At Thames the Medical and Rehab service successfully managed within 30 beds compared to the normal 48. Unfortunately the small number of beds at the southern sites means there is less ability to manage spikes in demand. Although there were planned bed closures at those sites an unexpected influx of patients and high rates of ED presentations meant that contingency plans had to be enacted to increase staffing levels under urgency.
- ACC funded District Nursing volumes are 10% below plan due to increased competition between providers in urban Hamilton. DHB funded District Nursing visits are slightly ahead of plan.
- Steady progress has been made in reducing the backlog of children awaiting enrolment in community oral health services. Three quarters of the backlog has now been addressed. The work will continue during 2017 until all children have been enrolled in the new dental system (Titanium). At that point another formal match with children registered in the primary care NCHIP database will occur. More duplicates than new enrolments are currently being found (i.e.) the backlog overstates children not enrolled with the service. Achieving a high level of enrolment enables children to receive the care they need to avoid a range of lifelong health issues.

Community Oral Health: NCHIP enrolment progress report													
A match of the DentIS and NCHIP databases to enrol all													
	Dec-15	Jan-16	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Target									800	500	500	500	500
Completed Enrolments	0	800	1301	929	907	363			623	482	462	682	347
Duplicates	0		150	127	535	219			544	159	295	1145	526
Shifted out of area	0			62	53	29			35	12			
Residency queries	0			14	35	14			66	34	14		
Balance Awaiting Enrolment	12,000	11,200	9,749	8,617	7,087	6,462	6,462	5,194	4,849	4,374	3,692	3,126	
Key													
Completed Enrolments	Enrolled												
Duplicates	Not processed - child is already enrolled at a clinic												
Shifted out of area	Not processed - relocated out of DHB area since NCHIP enrolment												
Residency queries	Forwarded to non-residency department to update residency status. Once eligibility is confirmed, enrolment will proceed												
Balance awaiting enrolment	Children enrolled in NCHIP prior to November 2015 but not yet enrolled for oral health services												

- The immunisation coverage for the three months to the end of December was 92% for eight month olds. This is lower than the 95% target but higher than the DHB usually

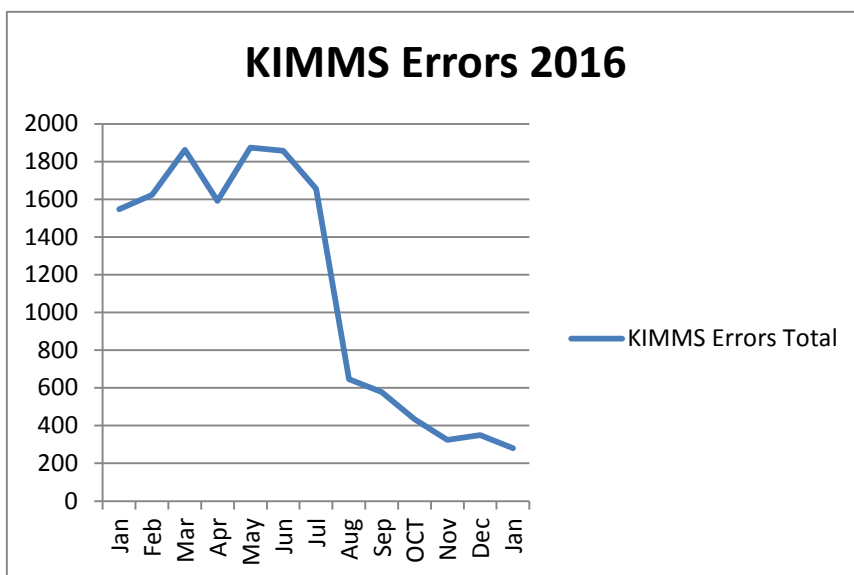
achieves. A new, very low cost, IT reporting tool, Immsnet, has been signed off for implementation in the Waikato. Immsnet will facilitate real time communication between practice nurses immunising children and the NIR team, utilising a push process to alert practices to children whose immunisation is approaching the due date rather than relying on staff to identify those children manually. It will negate the need for paper based reports, often many pages long, to be sent out each month and will improve the turnaround time of any data discrepancies between a practice management system and the NIR. The tool itself is likely to be replaced over time as new primary care systems are developed.

- The number of breast screens completed has increased, and the Breast Screening service has clawed back two thirds of the year to date deficit against plan. It is anticipated that the service will deliver all of the contracted volumes by the end of the year. This is a significant turn-around. The breast care MRTs have agreed to a two month trial to increase the number of bookings per MRT per day to 27 which, when DNAs are accounted for, should achieve the target of screening 25 women per day.
- The District Radiology Service has made significant gains to ensure that the national targets for access to CT and MRI were being met by the end of 2016. Waikato was the only tertiary DHB to achieve this. As expected performance dropped slightly in January (a national seasonality issue). Overall Radiology is performing well against service KPIs despite significant staffing pressures.

Measure	Target	Oct-16	Nov-16	Dec-16
Outpatient CT's completed within 6 weeks of request	90%	98%	97%	99%
Outpatient MRIs completed within 6 weeks if request	85%	89%	91%	90%
All inpatients scanned within 24 hours	90%	88%	88%	91%
All inpatients scanned within 48 hours	95%	95%	96%	96%
Emergency Department patients CT scanned within 6 hours	100%	99.5%	99.8%	99.7%
Emergency Department patients General X-Ray scanned within 30 mins	100%	69%	77%	78%
Orthopaedic department patients scanned within 4 hours	100%	100%	100%	100%

3 Quality & Patient Safety

- The rheumatic fever research project is progressing well. All patients registered in the project have now received phones and receive monthly data top ups when they have their injection. The fact that patients have phones has helped the service text patients for appointments as the district nurses now have an up to date number for the patient. An increase in compliance for injections has been noted on the last Ministry of Health quarterly report.
- Children who have been absent from pre-school venues when vision hearing B4 School checks were carried out are now being encouraged to attending weekly vision hearing technician screening clinics. Previously, technicians attempted to visit these children in their homes which was an ineffectual use of resources. Encouraging these children to attend clinics has proved successful in Te Awamutu, Te Kuiti, and Taumarunui and in Hamilton where up to 24 children have been seen at weekly clinics with minimal DNA rates.
- Last year the laboratory service introduced a series of initiatives to reduce specimen labelling errors that were occurring at the clinical coalface. As a result there has been a significant quality improvement and specimen labelling errors (KIMMS) continue to decrease. In January the number was down to 280 errors – a historic low.



- IANZ accreditation of the laboratory service was achieved although corrective actions related to the inferior accommodation of some parts of the service were received. Work is underway to look at the integration of molecular biology and cytogenetics as part of a redesigned service model that will inform facility planning. A redevelopment of the Waioira facility to co-locate all parts of the laboratory is planned for 2018/19.
- IANZ accreditation of the drinking water service was confirmed just prior to Christmas 2016. This is a big achievement by the service and indicates that a number of necessary service improvements that were identified in an external review of the service earlier in the year have been addressed. There is a need for a continued focus on enhancing the work of the drinking water team over the next 12 months to ensure that a sustainable and robust service is delivered across all 10 Territorial Authorities who operate seventy networked supplies between them.

4 Staff

- During 2016 the nursing leadership structure for the Southern Rural Health Service was restructured to bring district, public and hospital based nurses under a single Charge Nurse Manager in each of the three southern localities. All of these roles have now been appointed to and the new recruits are currently orientating to their roles. This structural change was an important step towards developing a more integrated service built around the needs of patients across the continuum of care from home to hospital and back to home.
- The Community Oral Health Service has received confirmation that it has been fully approved by the Dental Council as a provider of Continuing Professional Development activities for 5 years until December 2021. This enables the DHB's service to be a centre of excellence for continuing professional development for oral health practitioners. This role was demonstrated by the two day "Big Day Out" conference held in late January which attracted a large number of oral health professionals from around New Zealand and was video linked to DHB staff in Taranaki, Invercargill and Nelson. The focus this year was on new technologies to assist dental therapy as well as the critical role of team work. New bioactive and glass ionomer cement were hot topics. Both products are revolutionising the way tooth decay is being treated globally. Bioactive and glass ionomer cement will prevent the ongoing decay process and provide a more comfortable experience for children. The materials are tooth coloured and when the decay is removed the material is placed into the cavity to chemically bond with the tooth. This is a whole new

world when compared with dentistry's pioneering amalgam (silver) fillings. Amalgam will be phased out completely from use within the Waikato DHB service by 2018.

- Changes to the regulation of the laboratory workforce that occurred last year now mean that all laboratory technicians need to pass qualifying examinations. This is part of an overall trend to regulate previously unregulated health workforces which reflects in part, the increased complexity of laboratory work and the greater use of automation to undertake more routine laboratory tasks. So far one existing staff member has passed the examination, and several other staff are expected to sit the qualification this year.
- Radiologist vacancies and long term sick leave for several Radiologists is placing considerable pressure on the Radiology service at present. A particular pressure point is Interventional Radiology. It is expected that the service will be pressured for some months despite an active international and national recruitment programme.

5 Finance

- Pharmacy on Meade is developing well and the current financial return exceeds both that predicted within original business case and the 2016/17 budget. The range of clinical services being offered is expanding and the retail trade is increasing.
- Health Alliance has commenced the tender for new CT machines replacing the machines in Thames, Waikato Radiology and Oncology). The process is expected to take four months.
- Considerable price benefits have been achieved by leveraging the purchase of Image intensifiers and Fluoroscopy machines. More than \$300k was saved compared to the initial offers, and more than \$640k was saved compared to the capital budget estimated before the tender was undertaken.
- Financial performance for the directorate improved in December and January. Although the trends are improving further work is required to achieve budget by year end – a turnaround of circa \$1.8m or just short of 2% of the operating budget. Three of the ten services in the Directorate are under greater financial pressure than the others (Community, Thames/Coromandel and Patient Blood Management) which is challenging the group overall. An update against the February financial result will be available at the Committee meeting.

6 KPI Report

Note	Indicator	Commentary
1	Emergency Department - number relative to target growth of 4% p.a.	In January significantly more patients have attended the emergency departments at Thames (+2.2%), Tokoroa (+4.4%) and Taumarunui (+9.8%) than in the prior year. This reflects an ongoing trend all year, except at Te Kuiti. Actual attendances are running 20% above delivery plan YTD. The increased attendances are by low urgency patients suited to a general practice setting.
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.
4	Outpatient DNA rate	No concerns of note.
5	Output delivery against plan FSA/ F/up etc	The non-delivery of visiting clinics by Waikato hospital services due to other service pressures is influencing this variance. Shifts in community and Thames hospital service delivery to reduce attendances and deliver care in different ways (e.g. phone triage in General Surgery rather than FSA).
6	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.
7	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.
8	Breast Screening – Māori volumes	The kpi was met for January. This kpi and as well as increasing overall coverage by reducing unutilised appointment slots is being intensively managed by the service.
10	Complaints	An above average number of complaints received in relation to Emergency Department services at Thames as well as Thames theatres. Staff attitudes and clinical treatment (inferior pain management) are the main themes. Each is being investigated more fully.
11	Complaints resolved within 20 wd (1 month lag)	The kpi reflects performance in prior periods. The most recent result indicates that the corrective actions are proving effective.
12	All falls	Falls have increased at Thames Hospital. Evidence suggests good use of prevention technologies has occurred; each case is being reviewed in greater detail to look for other causative factors to reverse this decline. Reducing falls is now a renewed focus for the services at Thames.
13	Actual Contribution vs Budget (\$000s)	Unable to reconcile the differing numbers in this KPI report and the numbers in financial reports at the time of submitting this commentary. Blood savings are tracking lower than budget but considerably higher than in prior years due to volumes of a single blood product (IVIG). Reducing costs in Community & Southern Rural and Thames & Coromandel are the key areas of focus. Overall, the C&CS group reduced its budget by \$7m compare to the prior year's budget prior to savings target allocations. Achieving a net reduction of \$10m against prior year budget is not an insignificant achievement. That said the goal is to lift that reduction to \$12m which, whilst a significant challenge, remains imperative.
14	Overtime \$'s	No particular concerns are evident that have not been reported in prior periods.
15	Annual leave taken	No particular concerns are evident that have not been reported in prior periods. A rate of 93.4% is an exemplary result by national standards across all industries.

Key Performance Dashboard

Community & Clinical Support

January 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	95.5	95.0	0.5	95.9	95.0	0.9		
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	%	83.9	90.0	(6.1)	94.5	90.0	4.5		
MRIs reported within 6 weeks of referral	%	84.2	85.0	(0.8)	89.5	85.0	4.5		

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			33,961	33,616	(345)		
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			84.0	86.9	(2.9)		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			94.1	99.4	(5.3)		2
Laboratory – Histology specimens reported within 7 days of receipt	% for Dec YTD	28.0	80.0	(52.0)	47.4	80.0	(32.6)		3
Pharmacy - Chart turnaround times, % within 2.5 hours	%	94.1	80.0	14.1	93.0	80.0	13.0		
Pharmacy on Meade script turnaround time in minutes	minutes	6.8	10.0	3.2	7.0	10.0	3.1		
Outpatient DNA Rate	%	10.6	10.0	(0.6)	10.8	10.0	(0.8)		4
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	97.9	100.0	(2.1)	93.5	100.0	(6.5)		5
Output Delivery Against Plan - Inpatient Number of Episodes	%	95.5	100.0	(4.5)	93.9	100.0	(6.1)		6
Output Delivery Against Plan - Inpatient CWD Volumes	%	83.0	100.0	(17.0)	92.6	100.0	(7.4)		7
District Nurse Contacts (DHB Purchased)	Numbers	9,056	-	-	69,274				
District Nurse Contacts (ACC Purchased)	Numbers	1,796	-	-	13,929				
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			3.59	3.78	0.19		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.98	0.96	(0.02)		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.05	1.08	0.03		
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	96.3	95.0	1.3	92.8	95.0	(2.2)		

Quality Indicators - Patient Safety

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Breast screening Total volumes - Waikato DHB	Numbers	2,569	3,000	(431)	22,875	24,000	(1,125)		
Breast screening Maori volumes - Waikato DHB	Numbers	166	155	11	1,482	1,817	(335)		8
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	13	8	(5)	83	57	(26)		9
Complaints resolved within 20 wd (1 month lag)	% for Dec-16	86	70	16	59	70	(11)		10
Falls Resulting in Harm	Numbers	5		(5)	28		(28)		
All Falls	Numbers	18	9	(9)	92	66	(26)		11
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	9,887	9,777	110	73,827	73,550	277		
Actual Expenditure vs Budget (\$000s)	\$000s	12,189	12,103	(86)	90,255	87,969	(2,285)		
Actual Contribution vs Budget (\$000s)	\$000s	(2,302)	(2,326)	24	(16,428)	(14,419)	(2,008)		12
Actual FTEs vs Budget	FTEs	1,001.1	1,007.5	6.4	1,000.4	996.8	(3.6)		
Sick Leave	% of paid hours	1.6	1.6	(0.0)	3.0	2.9	(0.1)		
Overtime \$'s	\$000s	199	136	(63)	1,225	949	(276)		13
Annual Leave Taken	% of Budget	Rolling 12 month measure			93.4	100.0	(6.6)		14

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
8 MARCH 2017**

AGENDA ITEM 7.2

MENTAL HEALTH & ADDICTIONS SERVICES

Purpose	1) For information
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Service Overview

The Christmas / January period was a more manageable time for the service compared to the previous two years. Occupancy was less than the very high trend we have experienced throughout 2016, with a drop down to 85% for January. This has been a welcome reprieve for staff and enabled many to have a break over this time.

Lower levels of occupancy are also reflected in some of the other KPI results. We experienced our lowest number of seclusion hours since May 2016.

This has also been a very busy period for recruitment. We have been successful in recruiting additional clinical staff into community and inpatient roles. We have also recruited to the new Integrated Safety Response team working with a focus on family violence, SMO's, inpatient Associated Charge Nurse Manager (ACNM) roles and recruited Team Leaders to the North Central and South Central Sector teams. Overall recruitment for the services has remained strong and a significantly improved position from the same time period last year.

Initiatives and highlights

1. Creating our Futures: Making it Happen

The Model of Care workshops have now been completed as part of the Better Business Case development process for the new inpatient facility. The workshops have had good representation across service users, family, NGO, primary care and specialist service areas. A draft Model of Care has been completed, and is ready for consultation with the original stakeholder group and staff.

We also completed the Investment Logic Mapping workshops engaging Andrew McCurdie to facilitate the final two. This has been an extremely useful process which has enabled a very clear understanding of the problems we need to address via a business case, and the strategic responses and solution options.

Next steps include two workshops: The first with the stakeholder group who informed the Model of Care and a workshop for staff. The purpose of the workshops will be to test out the thinking behind the Model of Care, update on the ILM outcomes and present the Strategic Assessment for The Better Business Case for feedback.

We have had strong engagement throughout the process to date with both Treasury and Ministry of Health staff. This has been extremely useful for us and has ensured they have

good visibility of the processes we are undertaking to inform the first stage of the Business Case.

In reviewing the Risk Profile, we have been advised Gateway reviews are not required unless the project risk profile changes. Major Projects Monitoring is also not required. While this may change should the risk rating alter, this is in part a reflection of the good process that has been undertaken to date. Waikato DHB has not gone through a Better Business Case process previously. Getting the right outcome is contingent on a robust process and we are pleased the feedback to date indicates the process we are following is delivering the results required.

The work streams that make up the Making it Happen aspects of Creating our Future are on target with clear deliverables. The work stream leaders are preparing for a number of workshops in March with staff and other key stakeholders to inform the various practice elements that make up the Model of Care. The work streams are diverse and include elements relating to professional practice, how we manage demand and flow and values/leadership approaches.

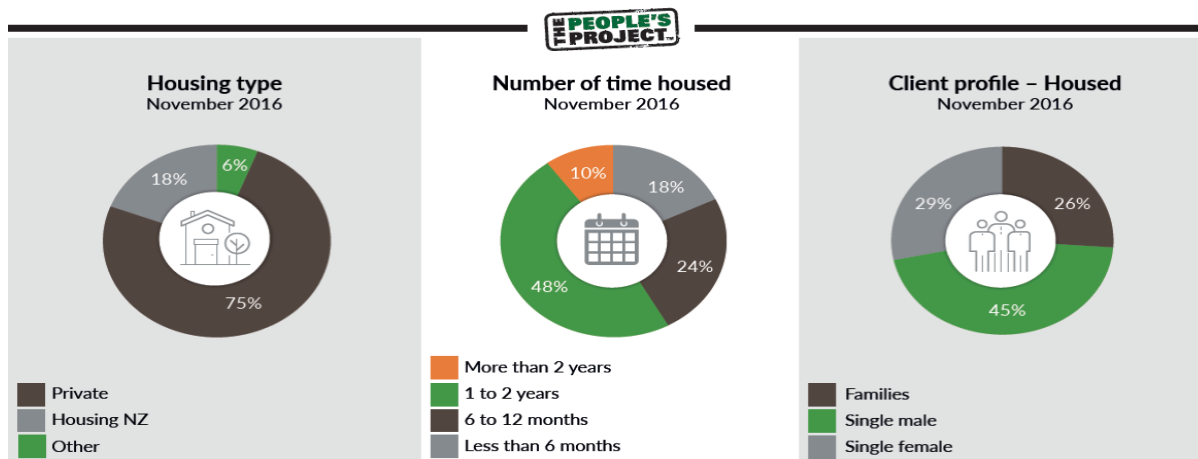
2. The Peoples Project (TPP)

TPP has moved to new premises on Garden Place. Project staff, including DHB MH&AS staff are collocated with LinkPeople. All governance partners are committed to working together to find solutions for both chronic and transitionally homeless populations.

Project 20 is a targeted collaboration that focused on repeat offenders with short sentences who are at risk of homelessness. They are also people with mental health and addiction needs. Our staff have been involved in putting together proactive exit support plans for these clients. In particular we have been very instrumental in assisting two long term repeat offenders who have coexisting mental illness and addictions.

The focus of work is also moving towards supporting people who have been housed to sustain their tenancies. This requires ongoing home visiting and ensuring that wraparound plans for sustained tenancy are in place. This is consistent with international best practice in ending homelessness. There are very strong relationships between TPP staff, our inpatient services, community services and forensic services for those leaving prison.

Table below shows statistics to date with 274 people housed up to December 2016 and 94% of people retained in housing. The key difference from the beginning of the project is that nearly all of the chronically homeless population in Hamilton are now housed; the work is very much with those who are transitionally homeless. This is one of the indicators of the success of the project to date.



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.

Staff were in attendance at the Picnic on the Point in Ngaruawahia on Waitangi weekend. This was an event that we attended at the invitation of the Ngaruawahia Community.

We are currently involved in ‘O’ Week at the University with a stand providing resources and health staff over the O week activities, including a Psychiatrist in attendance.

Our next day will be Turangawaewae Regatta on 18 March, where we will join a range of services in a Health Hub.

Te Kuiti Lets Talk Wellbeing day is being planned for 27 April now to coincide with School holidays, so that we can encourage engagement with youth, much like the Te Awamutu day. We are planning this in conjunction with the community house in Te Kuiti.

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

4. Integrated Safety Response

We have been part of ISR now since the launch late last year. We have had one clinician focussed on the work full time and two other staff providing back up input into the daily SAM meetings. Vicki Aitken, Director Sectors and Specialty Services, has been attending the Intensive Case Management weekly meetings, during which high risk families are discussed and wraparound plans established. The benefit of senior management attendance is to gain a clear understanding of the system and practice changes required back in our Service and the wider organisation in order to effect change in the area of family harm and to ensure a more responsive response from health.

There are a number of issues for consideration which should be fed into the appropriate forums to ensure system disruption for family violence:

- in families where violence is ongoing and high risk, mental health and addictions services are likely to have been involved with either the victim or user of violence.
- there are gaps in both our screening and comprehensive assessment for family violence across the service. A clear framework for risk and comprehensive assessment that is integrated into our own assessments frameworks is a key area for development. There are national projects working on this area at present.
- in every ICM case discussion it is clear that victims and users of violence are getting all of their health care needs through our Emergency Department. This is in part related to cost, as well as a system that is less likely to join the dots of the patterns of harm - or for there to be any further questioning or follow up about family harm.

Vicki Aitken is also attending the Operations Group. It is important that this group not only has a focus on process issues related to the pilot site - but importantly practice issues. She also attended the inaugural Family Violence Death Review Committee conference called "Shifting the Paradigm" exploring the entangled nature of intimate partner violence and child abuse and neglect, and the need for a family violence informed child welfare and health and social sector.

We have now employed three staff to be part of the ISR. One senior practitioner to guide and lead practice for health, and attend the ICM. Two additional staff to be involved in both the daily SAM meetings, influence practice back into services and engage in education and training of the workforce.

5. 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.

A plan is currently being developed to put in a bid for funding for a service initiative under the Proceeds of Crime Funding. The initiative will be multi-sectoral, and cover the domains of prevention, education, treatment, supply reduction, enforcement and demand reduction. Waikato University are also involved in the development to ensure a strong link to evidence and evaluation.

6. SACAT

Vicki Aitken, Director Sectors and Specialty, attended two workshops on preparing the region and sector for the implementation of the Substance Addiction (Compulsory Assessment and Treatment) Bill.

The sector will need to be prepared and have the capacity and capability to assess a person's capacity and level of functioning as well as having the appropriate facilities to conduct this process compulsorily where required. Further work is required to anticipate numbers who will require this type of assessment. In terms of The Better Business Case development we will also need to be considering the impact of this legislation on our requirement for beds.

There is a further workshop scheduled next week which will hopefully have more definitive estimates of numbers to enable useful planning for assessment beds and treatment services.

7. HRBC Improvement and Inpatient Safety

The continuous quality improvement process looking at inpatient safety is demonstrating ongoing improvement in key areas of inpatient safety. Regular auditing is occurring on key policy and procedure areas. By using a PDSA cycle, we have seen improvement in audit results and most importantly, practice across some key areas.

The key factors supporting improvement include:

- strong leadership
- engagement of clinical staff in the process
- regular monitoring and review
- feedback to individuals and teams on performance
- coaching and mentoring
- identifying areas that staff don't understand and focussing training in these areas
- using results to identify improvements in practice required, changes to ward processes and improvements to policies and procedures
- holding people to account
- utilising handover processes that are clear e.g.: SBARR
- senior clinical staff responsible for conducting audits and feeding back results.

The overall benefits and continued service improvement are significant.

8. National Mental Health Adult KPI Forum

As part of the National KPI Project, Seclusion reduction is the key indicator that is being focussed on nationally. In addition to the work that we are carrying out in the Seclusion Minimisation Steering group. The following action plan is in place:

- Reinstated the Seclusion Elimination Steering group, which oversees the seven core strategies (additional strategy Hei Oranga Ake Maori).
- Integrated community and inpatient event reviews occurring post all seclusion events.
- Thematic analysis, combining service user debriefing information referred to clinical governance forums and teams.
- Action plans developed out of recommendations.
- Introduce the analysis of the clinical presentation of those service users who spent extended hours in seclusion.
- To review and recommend the interventions required to enhance proactive treatment planning for our service users: including, (1) signs of deterioration and (2) what, and who should be doing it, to prevent further deterioration / escalation.

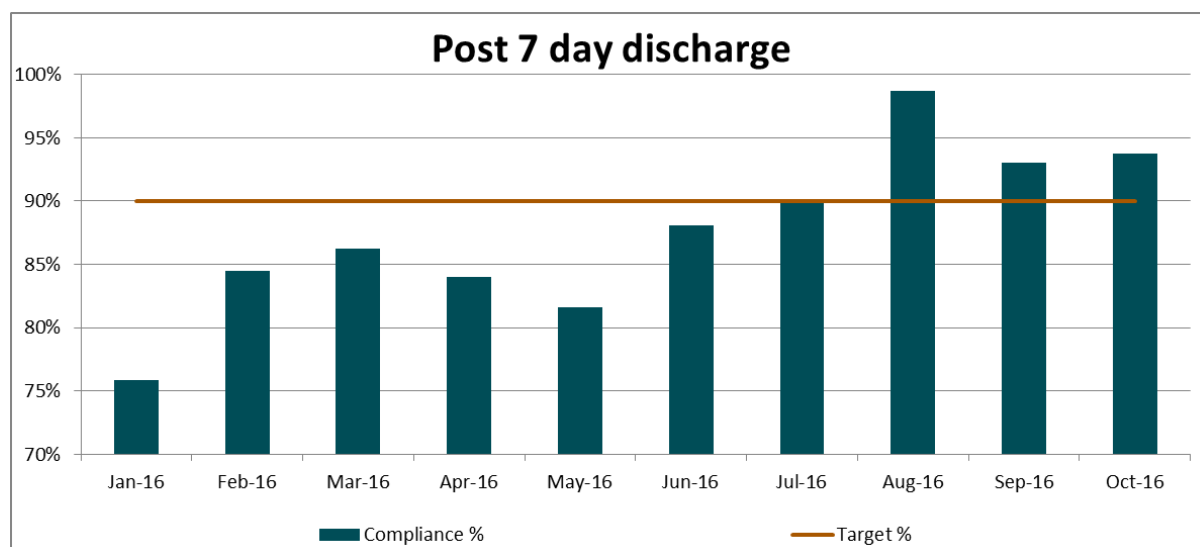
There are a number of additional actions for consideration.

- Establishing accountability measures across management and clinical leadership that focuses on a whole of service approach to both prevention and review.
- Setting a KPI around Advanced Directives, where alternatives to seclusion are incorporated.
- Inclusion of expectation's around no seclusion where service users are asleep
- Looking at the rationale for seclusion only being imminent risk of violence.
- Implementing nurse led seclusion completions

Overall seclusion hours were 377 with a target of 371.

The second area of focus is Post 7 Day Discharge follow-up. This is an area where we have had a significant focus on monitoring to understand the drivers for poor performance and enablers for improvement:

- Daily inpatient discharge report e-mail subscriptions to team leaders
- Continuous monitoring, training and data interrogation
- daily 'plan of day' meetings in the community
- clinical governance forum discussions
- monthly summary of all service users not being followed up within the time frame to determine why that has occurred
- community caseload dashboard – clear visibility of service user status
- data fixes - (e.g. stats not recorded, incorrect referral discharge closure reasons etc.)



9. Otorohanga Community Health Forum

Derek Wright and Vicki Aitken attended the Otorohanga CHF following some concerns raised at the previous meeting. The meeting was positive and the presentation given on Model of Care, Creating our Futures and opportunities for community engagement with the service were well received. There was also an opportunity for dispelling myths and stigma and education around the work of mental health and addictions services.

10. Crisis team and Emergency Department interface

Crisis services and the emergency department continue to meet together to develop new ways of working to improve the responsiveness to those individuals who arrive at ED with a mental health element to their presentation. A proposal is being prepared to pilot having a mental health nurse alongside the triage nurse in ED (including extended hours) for 3 months. The aim of this is to provide early intervention to individuals and to offer training and support to our ED colleagues. Alongside other initiatives it is anticipated that this will have an impact on the 6 hour target.

11. Safety culture and staff assaults

An agreement has been reached with the emergency department whereby staff who have been assaulted on duty, will be quickly processed at the front of ED and moved to an area where they can wait privately to be seen according to their triage score. This will be supportive to staff who have previously felt that waiting in the public area has contributed to their distress following being assaulted on duty.

12. Better Public Services Network

Last year a senior leader from Waikato DHB joined the first 'Better Public Services' leadership development network. This network brings leaders and emerging leaders from Corrections, Police, CYFS and the courts together to participate in a development programme which includes the completion of 3 projects contributing to reducing reoffending.

Mental health and Addictions, whilst not formally part of the Better Public Services group were invited to be part of this and again have been offered 2 places in the leadership network. This work has increased inter-agency working and contributed to improved relationships.

13. National Forensic Mental Health KPI Forum

Following on from the Adult KPI forums work, there is a specific forum to gather and benchmark Forensic specific KPI's. Whilst the group is in its infancy, Puawai Midland Regional Forensic Psychiatric Service is actively engaged in this process.

Emerging Issues

1. Eating Disorder Services

Midland region have historically relied on the Northern Region for Specialist Eating Disorder Services (SEDS) this has included purchasing access to a residential bed.

Discussions are now taking place with the other DHB's in the Region about creating a Midland Region Model of Care for Eating Disorders. This will have three elements to the model:

- Regional Services
- Sub Region Services
- Local Services

We have also held discussions with the Ministry of Health and they are supportive of a Midland Regional service.

2. Increased Demand on Community Services

As has previously been highlighted we are seeing increasing demand on community services, this is especially the case for Community Mental Health Teams. Over the last 4 years there has been a 27% increase in referrals to the Community Mental Health Services.

We are currently in discussion with Strategy & Funding about how we can reflect the demand pressures in the Price Volume Schedules for Community Mental Health Services. If we are successful in these discussions, this will lead to an increase in staff in Community Mental Health Services.

3. Information Technology Opportunities

Mental Health & Addictions Services are engaged with I.T. in a number of developments:

- ESPACE Mental Health solution
- Smart Health
- Development of a Mental Health Business Intelligence Tool
- Electronic system for recording clinical statistics

- We are in discussions with Home Care Medical about an App based Drug & Alcohol system that has been shown to very successful in the USA. We have also been involved in discussed with the Psychologist in the USA who developed the App.

Recommendation

THAT

That the report is received.

DEREK WRIGHT

EXECUTIVE DIRECTOR MENTAL HEALTH & ADDICTIONS SERVICES

Key Performance Dashboard

Mental Health

January 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	88.4	95.0	(6.6) ❌	89.7	95.0	(5.3) ❌		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	377	371	(6) ⚠️	7,552	2,595	(4957) ❌		2
Mental health treatment plans	% Cases	90.6	95.0	(4.4) ⚠️	91.9	95.0	(3.1) ⚠️		
Mental health HoNos matched pairs	% Cases	98.5	95.0	3.5 ✅	98.6	95.0	3.6 ✅		
Mental health inpatient bed occupancy	%	85.7	87.1	1.4 ✅	92.4	87.1	(5.3) ❌		3
Mental health GP methadone cases	Cases	95.0	76.0	19.0 ✅	92.9	76.0	16.9 ✅		

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	%	91.2	90.0	1.2 ✅	92.7	90.0	2.7 ✅		
Mental health follow up - numbers seen in 7 days	Number of Cases	52	51.3	0.7 ✅	430	417.6	12.4 ✅		
Mental health community contract positions filled	% FTEs	99.8	95.0	4.8 ✅	96.6	95.0	1.6 ✅		
Mental health 28 day readmission rate	%	11.6	15.0	3.4 ✅	12.3	15.0	2.7 ✅		

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	100.0	95.0	5.0 ✅	98.5	95.0	3.5 ✅		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers	4	8	4 ✅	43	54	11 ✅		
Complaints resolved within 20 wd (1 month lag)	% for Dec-16	50	70	(20) ❌	26	70	(44) ❌		4
Falls Resulting in Harm	Numbers	1		(1) ⚠️	20		(20) ⚠️		

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	7,032	7,213	(181) ⚠️	48,776	50,569	(1,793) ⚠️		
Actual Expenditure vs Budget (\$000s)	\$000s	5,988	6,295	307 ✅	42,442	42,261	(181) ⚠️		
Actual Contribution vs Budget (\$000s)	\$000s	1,043	918	125 ✅	6,334	8,308	(1,974) ❌		5
Actual FTEs vs Budget	FTEs	747.8	724.8	(22.9) ⚠️	736.7	732.5	(4.2) ⚠️		
Sick Leave	% of paid hours	2.3	1.7	(0.6) ❌	3.3	3.0	(0.3) ❌		6
Overtime \$'s	\$000s	69	76	7 ✅	561	529	(33) ❌		7
Annual Leave Taken	% of Budget	Rolling 12 month measure			88.8	100.0	(11.2) ❌		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

INTERNAL MEDICINE, ONCOLOGY, AMBULATORY CARE AND EMERGENCY MEDICINE

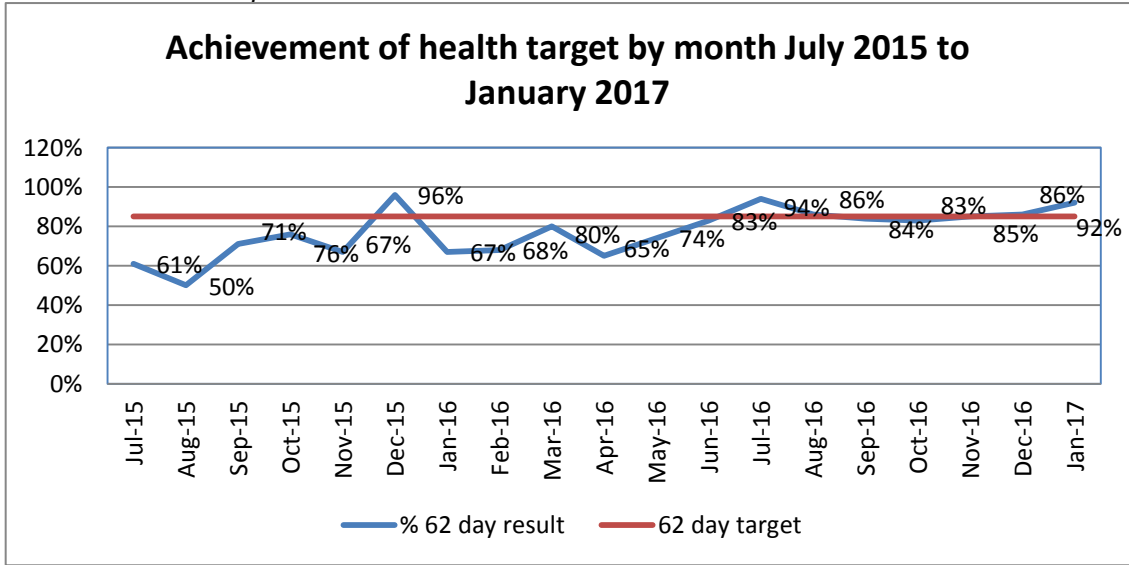
Service overview report

Positive progress has been made on a number of fronts since the last Directorate report to this committee. There have been significant improvements in waiting times across a number of the Directorate's specialties, whilst safe and effective care has been provided during two junior doctor strikes. We have delivered the national 62 day Faster Cancer Treatment (FCT) target for a full quarter for the first time, making us one of the first DHBs to achieve this target.

Performance against the shorter stays in ED target has been more challenging, with continued poor performance against this target. The following report provides further detail against these measures, including actions being taken.

Oncology and FCT performance

Waikato DHB's FCT performance



As stated above, Waikato DHB has become one of the first achievers of the quarterly national 62 day FCT target, with only 6 DHBs having achieved >85% for a full quarter. Clearly this is a significant achievement, and credit needs to go to all the teams involved in treating FCT patients, as this is a DHB-wide target.

The current positive picture is also reflected in performance against the 31 day indicator, with Waikato delivering the 2nd strongest performance nationally with 92.3%. Another key indicator that the DHB is measured on is the FCT volume target, which should indicatively be 15% or higher. Our latest volumes are 19%, so we are also meeting this key performance indicator.

Further work has been undertaken to address the risks identified in the previous report, with the successful recruitment of a Medical Oncologist. This is a one year

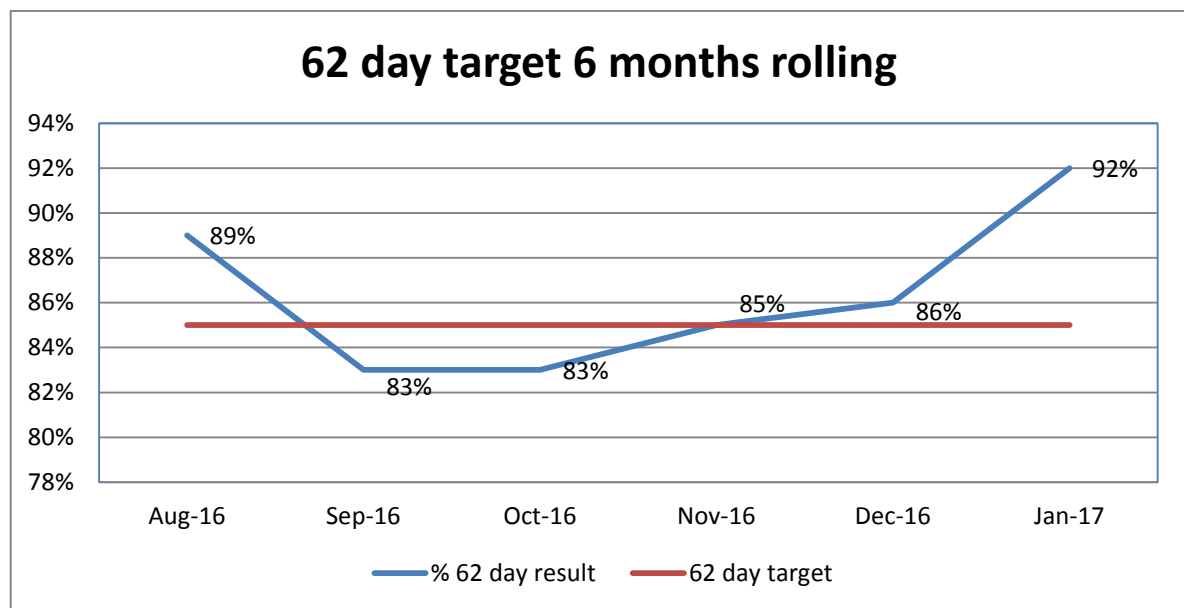
appointment, but we were happy to be able to appoint a suitable candidate thereby avoiding impacts on the service's ability to provide robust clinical service both here in Waikato and in the clinics we provide for Lakes DHB.

We are also currently progressing potential solutions to the capacity constraints in the Chemo Day Stay Unit. As a first step this will involve treating Haematology patients in the Meade Clinical Day stay Unit, whilst we work with the Property and Infrastructure team on relocating existing offices and then expanding the unit into the space freed up by the relocation. This will effectively increase the clinical footprint in this constrained area.

Bearing in mind the fact that a small number of patients breaching can have a large impact on our FCT figures, attention is being put paid to the following areas:

- Women's Health, which is currently the main contributor to the DHBs breaches. We anticipate this will improve with the recent appointment of a new SMO with a special interest in gynaecological cancers
- Reduced clinic and operating capacity over the summer holiday period, compounded by the number of statutory holidays falling on Mondays which are heavy clinic days for a number of specialties, combined with:
- The impact of cancellations from the Junior Doctors strike in January.

Principally as a consequence of the junior doctors strike we anticipate that February's performance will be significantly impacted, where we will not achieve the target, which will be disappointing after the recent consistently strong performance.



Latest six month data for 62-day FCT cohort, by month of first treatment

Local FCT Database	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Total
Number of records submitted	36	29	23	34	42	24	188
Number of records within 62 days	32	24	19	29	36	22	162
% 62 day Target Met (85%)	89%	83%	83%	85%	86%	92%	86%
% Volume Target Met (15%)	22%	18%	14%	21%	26%	15%	19%

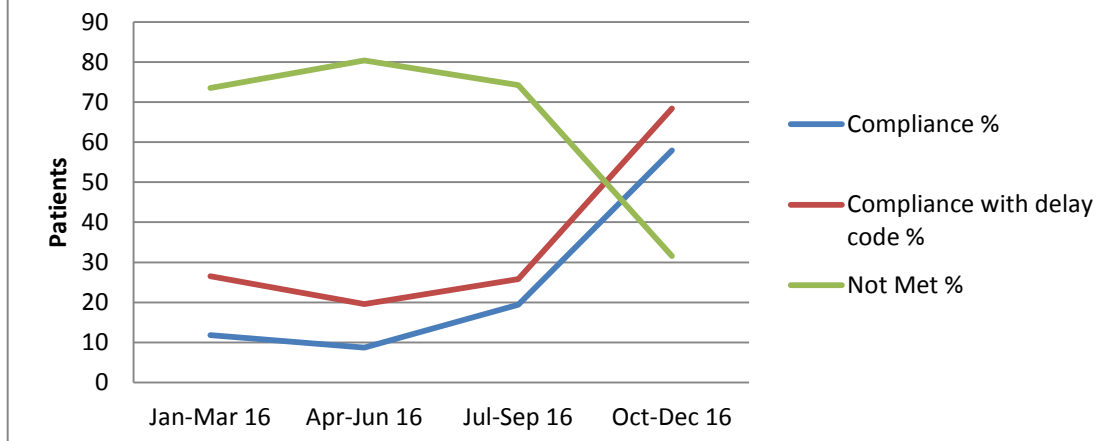
Radiation Oncology

There are a number of categories for Radiation Therapy (Categories A, B, C, C Palliative and D) which require treatment within 24 hours to 4 weeks. All patients are targeted to start treatment within 4 weeks of a decision to treat unless there is a valid reason as defined by the Ministry of Health. For example the patient may not have healed sufficiently from surgery, or more investigations may be required prior to progressing to treatment. The department has a 100% compliance with the 24 hour target and treats all patients within 4 weeks, unless there is a valid reason not to.

There are priority categories of patients that would benefit starting radiation treatment earlier than the target 4 weeks. For example, Category B patients who have tumours for which radiation treatment usually results in 20% or better survival at 5 years and there is evidence that delay may compromise chance of cure. These patients should best start treatment within 10 days of the decision to treat. The patient must be fit enough to have curative treatment.

The Radiation Therapy department has focused on Category B patients in recent months and implemented a number of initiatives (as a result of additional staffing resources approved by BRRG in late 2015) to meet the 10 day goal for these patients, without compromising the 4 week target for all other patients. In early 2016 the average wait for these patients was 16.5 days, less than the 20 day overall target but over the recommended 10 day goal. With the additional FTE and investment in replacement equipment the service has been able to reduce the average wait to 12.3 days in late 2016. Looking forward we will continue focusing on how to improve this further.

Cat B Patients: % of patients starting treatment within 10 working days



Internal Medicine

Bowel screening:

Waikato DHB has been selected as a Tranche 2 site for the roll out of the National Bowel Screening Programme. We have successfully appointed a fixed term business manager to facilitate the DHB's preparation for this new service and have created a governance group to oversee this process and to develop the Implementation Business Case to present to the Ministry of Health. It is envisaged that Bowel screening will result in approximately 1,000 extra endoscopy procedures and 70 additional cancer patients being treated.

Longer term we will need to look at the reporting lines of the various services that are involved in delivering Endoscopy services as a result of this new screening demand, as currently staff reporting lines are spread across Medicine, Surgery and Nursing.

Midlands Integrated Hepatitis C service:

Following the successful application to provide the Midlands Integrated Hepatitis C Service, in conjunction with the Hepatitis Foundation, we have started the new service this month. Although early days, it is envisaged that the new service will provide a much improved treatment programme for this hard to reach cohort of patients.

Medical rosters

We have implemented a new RMO roster, are progressing with job sizing across a range of specialties, and are moving to an 8 team structure in Internal Medicine. This new team structure will aim to smooth the allocation of roles, responsibilities and the management of referrals, as well as increased weekend coverage.

Respiratory services

In August 2016 there were significant delays in the time it took from initial referral for sleep studies to be initiated, with the longest waiting patients waiting as long as 13 months to be tested. We are extremely pleased with the work that we have undertaken, through a range of service improvement initiatives, managing to reduce the longest waiting patients to 3 months as of February 2017.

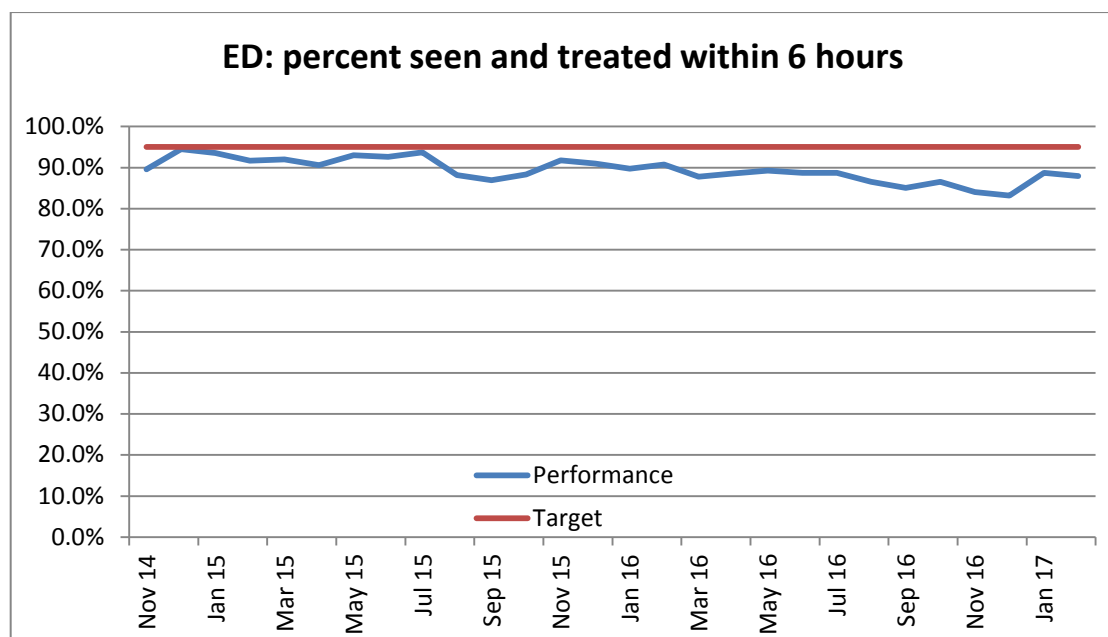
Emergency Medicine

The Emergency Department continues to face increased demand and poor bed availability for acute admissions. Q2 has proved challenging, with Waikato DHB's performance being 87.6% for the quarter.

DHB quarterly results:

DHB Q1 result 15/16	DHB Q2 result 15/16	DHB Q3 result 15/16	DHB Q4 result 15/16	Q1 2016/17	Q2 2016/17
89.5%	91.9%	90.5%	91%	89.3%	87.6%
18 th ranking	16 th ranking	19 th ranking	18th ranking	19th Ranking	20th Ranking

Emergency Department performance by month:



Performance by clinical unit is noted below:

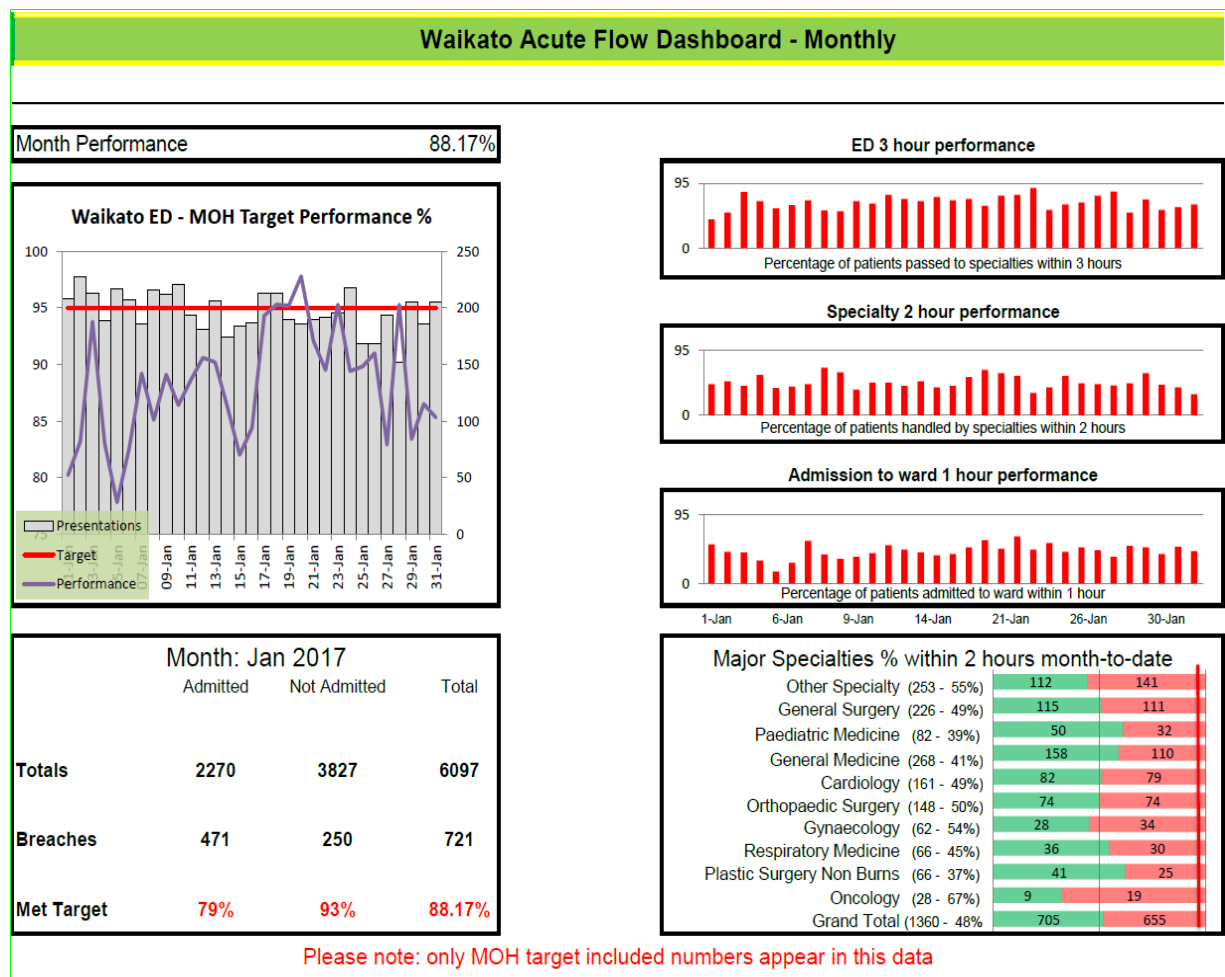
	Clinical Unit	Month: Jan-2017		Year To Date	
		Departures	%	Departures	%
By Specialty/Division (Waikato Hospital Only)	General & Specialty Surgery	825	78.1%	5682	79.4%
	Cardiology	237	70.9%	1806	57.3%
	Cardiothoracic Surgery	11	100.0%	49	89.8%
	Critical Care	0		0	
	Paediatrics	310	91.9%	3057	88.9%
	Emergency Department	3453	94.5%	24581	93.2%
	Internal Medicine	801	81.0%	5830	72.1%
	Womens Care	105	78.1%	772	79.8%
	Oncology	68	82.4%	504	78.3%
	Orthopaedics	285	80.1%	1808	75.9%
	Renal	53	77.4%	333	80.5%
	Vascular Surgery	33	90.9%	246	91.4%
	Allied health	0		0	
	Community Services	0		0	
	Older Persons	2	100.0%	3	100.0%
	Mental Health	111	90.1%	623	88.5%
By Site	Waikato Hospital	6294	88.2%	45294	85.5%
	Thames Hospital	1742	94.7%	10185	94.8%
	Tokoroa Hospital	1027	97.1%	7045	97.2%
	Taumarunui Hospital	570	95.4%	3713	96.7%
	Total Health Waikato	9633	90.7%	66237	88.8%

As this target is reliant on all parts of the system working effectively we have developed a new dashboard, which breaks performance down into the 3-2-1 parts of the journey, to provide greater transparency on which areas are not delivering. This is now used at the daily ED operational meeting and at the Acute Patient Governance Group. The Emergency Department's key performance measures will need to be focused on the initial 3 hours and the non-admitted patients. Admitting teams will need to focus on the 2 hour stage of the pathway, and the 1 hour admission to ward indicator. January's dashboard below shows that we achieved 93% for the non-admitted patient pathway, but only 79% for the admitted patient pathway. This clearly shows the area the DHB needs to prioritise to achieve greater compliance against this target.

Interestingly, >95% performance was consistently delivered during the Junior Doctor strike, when there was sufficient bed capacity for acute admissions, combined with senior medical presence at the front door. A challenge is to increase the availability of doctors sufficiently senior to make definitive management decisions without the impact on service availability seen in the strike.

Recruitment following approval of the ED business case is underway and a panel is in place mid-February to interview a number of SMO applications. The nursing component is progressing well for the RN and HCA components.

Acute flow dashboard for January showing Waikato Hospital's performance, broken down to the constituent parts of the patient journey:



From a Medicine perspective, the following actions are being taken:

- Improved RMO roster;
- Developing an 8 team structure, which will improve coverage including senior presence on weekends;
- Reviewing the Acute Medical Unit's remit ;
- Supporting the implementation of the new Full Capacity Protocol, and
- Working to develop more of a 'pull' culture to expedite patients moving out of ED and into the Medical wards

The key purpose of the Acute Patient Governance Group has now been focused on the issues attending admitted patients which will see all services developing a similar plan of action.

ALEX GORDON
DIRECTOR MEDICINE, ONCOLOGY, EMERGENCY AND AMBULATORY CARE

Key Performance Dashboard

Internal Medicine

January 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	81.6	95.0	(13.4) ❌	72.9	95.0	(22.1) ❌		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	15	0	(15) ❌	190	0	(190) ❌		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		
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			49.1	51.0	(1.9) ⚠️		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			57.7	66.3	(8.6) ❌		3
Outpatient DNA Rate	%	10.9	10.0	(0.9) ❌	10.8	10.0	(0.8) ❌		4
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	106.4	100.0	6.4 ✅	105.2	100.0	5.2 ✅		
Output Delivery Against Plan - Inpatient Number of Episodes	%	102.3	100.0	2.3 ✅	102.4	100.0	2.4 ✅		
Output Delivery Against Plan - Inpatient CWD Volumes	%	105.3	100.0	5.3 ✅	107.3	100.0	7.3 ✅		

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			12.4	8.5	(3.9) ❌		5
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			3.89	3.84	(0.06) ⚠️		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.92	0.84	(0.07) ❌		6
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.47	0.41	(0.06) ❌		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	93.9	95.0	(1.1) ⚠️	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	4,769	4,641	(129) ⚠️	32,658	30,313	(2,345) ❌		8
Actual FTEs vs Budget	FTEs	381.0	370.4	(10.7) ⚠️	378.8	359.9	(18.9) ❌		9
Sick Leave	% of paid hours	1.0	2.9	1.8 ✅	2.7	3.0	0.3 ✅		
Overtime \$'s	\$000s	26	15	(11) ❌	187	84	(103) ❌		10
Annual Leave Taken	% of Budget	Rolling 12 month measure			87.7	100.0	(12.3) ❌		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	❌

Internal Medicine KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	<i>ED pressures have continued during this period, with limited let up in the normally more quiet summer months. Pressure has been sustained on the Medical beds. The medical leadership team are active participants in the APGG. RMO resource to assist with ED demand has improved with the new rosters implemented from December 2016, which has resulted in improved Directorate performance.</i>
2	Number of long patients on waitlist on outpatient waiting list	<i>Plans have been created for treating all long waiters.</i>
3	Elective and day of surgery admissions	<i>The only elective and day of surgery admissions in Medicine relate to Gastroenterology, which is currently substantially over-delivering its contractual volumes. We have gone back to the performance team for greater information relating to this measure.</i>
4	Outpatient rate DNA	<i>This has had a decreasing trend slightly, being over the year now only 0.9% above target.</i>
5	Acute Readmissions to Hospital	<i>The trend has decreased in recent months, which is encouraging as admission levels and operational pressures have not reduced to a similar extent.</i>
6	Inpatient length of stay – as arranged	<i>This is showing an overall decreasing trend and is currently only 0.07% above target</i>
7	Inpatient length of stay – elective	<i>There are very few elective patients treated in General Medicine, so this measure is not considered statistically significant.</i>
8 & 9	Actual expenditure vs budget	<i>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.</i>
10	Overtime \$'s	<i>This measure risks remaining high due to the current disparities between demand and capacity in key clinical areas.</i>
11	Annual Leave Taken	<i>It is encouraging to note that this measure has improved, principally as a result of staff taking leave in the summer months</i>

Key Performance Dashboard

Oncology

January 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	81.4	95.0	(13.6) ❌	78.6	95.0	(16.4) ❌		1
Faster Cancer Treatment - Referral received to first treatment <= 62 days	% of patients	95.7	85.0	10.7 ✅	86.7	85.0	1.7 ✅		
Faster Cancer Treatment - DTT to first treatment <= 31 days	% of patients	94.0	85.0	9.0 ✅	92.7	85.0	7.7 ✅		
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) ❌		2

General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Outpatient DNA Rate	%	6.5	10.0	3.5 ✅	5.4	10.0	4.6 ✅		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	115.7	100.0	15.7 ✅	98.6	100.0	(1.4) ⚠️		
Output Delivery Against Plan - Inpatient Number of Episodes	%	124.4	100.0	24.4 ✅	102.9	100.0	2.9 ✅		
Output Delivery Against Plan - Inpatient CWD Volumes	%	104.4	100.0	4.4 ✅	105.6	100.0	5.6 ✅		

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			14.5	8.5	(6.0) ❌		3
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			5.48	5.13	(0.35) ❌		4
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.74	1.42	(0.32) ❌		5
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.67	2.72	1.05 ✅		

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 ✅	96.9	95.0	1.9 ✅		

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	3,085	2,793	(293) ❌	21,318	19,979	(1,339) ❌		6
Actual FTEs vs Budget	FTEs	187.9	190.7	2.8 ✅	184.0	188.8	4.7 ✅		
Sick Leave	% of paid hours	1.8	2.3	0.5 ✅	2.6	2.9	0.3 ✅		
Overtime \$'s	\$000s	24	11	(13) ❌	169	74	(94) ❌		7
Annual Leave Taken	% of Budget	Rolling 12 month measure			95.0	100.0	(5.0) ❌		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	❌

Oncology KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	<i>The CUL for Oncology is an active participant in the Acute Patient Governance Group (APGG). Recent performance has shown an improvement for Oncology patients attending ED.</i>
2	Number of long wait patients on outpatient waiting lists	<i>It is pleasing to note that there are no long waiting patients.</i>
3	Acute Readmissions to Hospital	<i>It is pleasing to note the continued positive declining trend. As this is a 12 month rolling measure it will take some time for the recent improvement to be fully reflected.</i>
4 & 5	Inpatient length of stay – acute and as arranged	<i>After a recent period of declining LoS, this has increased recently. This has principally been identified as a result of an increased acuity. Although consistent with the overall hospital LoS position, it is disappointing as it bucks recent positive trends.</i>
6	Actual Expenditure vs Budget	<i>A negative variance in month, which is different from a previously positive month.</i>
7	Overtime \$'s	<i>Overtime continues to be monitored closely. This had previously gone down, but has recently had a slight increase. This mostly relates to the med onc service which is experiencing some operational staffing pressures.</i>
8	Annual leave taken	<i>It is encouraging to note that this measure has improved, principally as a result of staff taking leave in the summer months.</i>

Key Performance Dashboard

ED & Ambulatory Care

January 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	88.1	95.0	(6.9) ❌	85.5	95.0	(9.5) ❌		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			73,448	74,092	644 ✅		!
Outpatient DNA Rate	%	10.7	10.0	(0.7) ❌	9.9	10.0	0.1 ✅		!

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	91.4	95.0	(3.6) !	91.1	95.0	(3.9) !		❌

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)	%	85.4	80.0	5.4 ✅	86.1	80	6.1 ✅		✅

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	3,028	2,935	(94) !	21,203	20,709	(494) !		❌
Actual FTEs vs Budget	FTEs	345.0	355.9	10.9 ✅	345.2	351.0	5.8 ✅		!
Sick Leave	% of paid hours	2.5	1.9	(0.7) ❌	3.2	3.0	(0.1) !		✅
Overtime \$'s	\$000s	22	19	(3) ❌	136	91	(45) ❌		❌ 2
Annual Leave Taken	% of Budget	Rolling 12 month measure			92.4	100.0	(7.6) ❌		✅ 3

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	<i>As per comments above this is a particular challenge for the organisation. ED is actively recruiting to additional SMO posts, which once filled will improve the non-admitted pathway performance. This is currently delivering 93% and we will want to achieve 98% once fully recruited.</i>
2	Overtime \$'s	<i>Only a slight variance this month, which is an improvement on the previous trend.</i>
3	Annual Leave Taken	<i>It is encouraging to note that this measure has improved, principally as a result of staff taking leave in the summer months.</i>

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

SURGICAL AND CRITICAL CARE

Service overview report

We have previously noted the internal capacity restrictions related to our operating rooms due to delay in arrival of subspecialty orthopaedic surgeons, unexpected loss of experienced orthopaedic theatre nurses, and unexpected loss of anaesthetic registrars which has further exposed a deficit in budgeted anaesthetic resource. Planning has started to examine the sustainable resource required to better utilise the capacity within our operating room suite to deliver next years plan. This will be supported by a discrete plan for outsourcing.

In the short term, balancing the need to achieve Elective Service Patient Flow Indicator targets (ESPIs) against meeting acute demand remains an area of challenge and intense focus for the directorate.

Initiatives and highlights

- Implementing the Orthopaedic action plan continues - the longer term solutions around heating and ventilation and cleaning are in place after the Christmas shutdown, and nursing recruitment is close to completion. Work continues on acute booking and supply chain initiatives. The last meeting of the Orthopaedic Working Group was positive in acknowledging these improvements.
- 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. Orthopaedics is live and utilising the process well, engagement is underway with Endoscopy, Ophthalmology, Urology and Plastic surgery services for go live in February.

Ongoing ESPI 2 and ESPI 5 issues

As noted, ESPI compliance remains an area of concern overall with significant operational staff focus on the achievement of these targets.

ESPI 2

After the holiday period the majority of services have achieved a steady state, however, maintaining this requires vigilance. With initiatives in managing inflows, recruitment and implementation of the orthopaedic action plan, the Ministry have supported our endeavours by granting a dispensation for compliance in orthopaedics till April 2017 when our sub speciality surgeons will be in place - February (spinal) and April (foot and ankle) respectively. A locum general orthopaedic surgeon has also been recruited to fill the final outstanding orthopaedic senior medical officer vacancy. This surgeon is expected to start by June, depending on timing of NZMC registration.

ESPI 5

While most specialties remain in balance for this target (meaning that the volume of patients being accepted on to the waitlist equals the numbers that are being treated on a monthly basis), the maximum number of patients waiting for surgery will not become compliant till March.

Orthopaedics is again a specialty of note particularly subspecialty (spinal, foot and ankle). Together with our outsourcing plan we are working hard to reduce waiting times and meet this target. This requires careful selection of suitable patient cases.

The support of the Commissioner and Elective Services Manager, both in current service delivery and also in developing a different approach for the next year has been welcome. Promoting planning based on robust clinical engagement is having a very positive impact.

JOY FARLEY
ACTING DIRECTOR SURGICAL & CRITICAL CARE

Key Performance Dashboard

Surgical & CCTVS

January 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	78.8	95.0	(16.2) ❌	75.9	95.0	(19.1) ❌		❌ 1
Number of long wait patients on outpatient waiting lists	# > 4 mths	296	0	(296) ❌	1,681	0	(1681) ❌		❌ 2
Number of long wait patients on inpatient waiting lists	# > 4 mths	213	0	(213) ❌	515	0	(515) ❌		✅ 3

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) ❌	75.9	85.0	(9.1) ❌		❌ 4
Hospital initiated elective theatre cancellations	%	6.3	2.5	(3.8) ❌	5.9	2.5	(3.4) ❌		✅ 5
Theatre late starts	%	29.7	5.0	(24.7) ❌	26.0	5.0	(21.0) ❌		❌ 6
Waiting Time for acute theatre < 24 hrs	%	71.3	80	(8.7) ❌	72.1	80.0	(7.9) ❌		❌ 7
Waiting Time for acute theatre < 48 hrs	%	86.7	100	(13.3) ❌	87.1	100.0	(12.9) ❌		❌ 8

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			74.0	80.6	(6.6) ❌		❌ 9
Number of long stay patients (>20 days length of stay)	Discharges	37	34	(3) ❌	282	240	(42) ❌		❌ 10
Number of long stay patient bed days (>20 days los)	Bed Days	1,440	1,068	(372) ❌	9,843	8,056	(1787) ❌		❌ 11
Outpatient DNA Rate	%	10.7	10.0	(0.7) ❌	9.5	10.0	0.5		⚠️
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	86.2	100.0	(13.8) ❌	92.8	100.0	(7.2) ❌		❌ 12
Output Delivery Against Plan - Inpatient Number of Episodes	%	88.0	100.0	(12.0) ❌	94.7	100.0	(5.3) ❌		❌ 13
Output Delivery Against Plan - Inpatient CWD Volumes	%	86.9	100.0	(13.1) ❌	94.9	100.0	(5.1) ❌		❌ 14

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			Under development				
Acute Readmissions to Hospital	%	Rolling 12 month measure			8.8	8.5	(0.3) ⚠️		❌
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			4.75	4.59	(0.17) ⚠️		❌
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			4.01	4.00	(0.01) ⚠️		❌
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.21	1.20	(0.02) ⚠️		✅

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	95.3	95.0	0.3	96.8	95.0	1.8		⚠️

Organisational Quality Safety Markers

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Compliance with good hand hygiene practice (WDHB Rate)	%	85.4	80.0	5.4	86.1	80	6.1		✅

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	9,259	9,045	(214)	!	63,167	61,642	(1,525)	!		×	
Actual FTEs vs Budget	FTEs	682.3	719.7	37.4	✓	687.6	694.8	7.2	✓		!	
Sick Leave	% of paid hours	0.6	2.9	2.3	✓	2.6	2.9	0.4	✓		✓	
Overtime \$'s	\$000s	270	206	(63)	×	1,535	1,060	(475)	×		×	15
Annual Leave Taken	% of Budget	Rolling 12 month measure				80.2	100.0	(19.8)	×		×	16

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	ED < 6 hours	Surgical and CCTVS are participating fully in the Waikato Acute Patient Governance Group (APGG). This month has again shown a slight directorate increase in meeting this target however the speciality response overall remains a challenge. We are working closely with the ED service to develop a long term solution to addressing this.
2	Long wait patients on outpatient waiting lists	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 are projected to be ESPI compliant by April.
3	Long wait patients on inpatient waiting lists	This has seen also seen some improvement in last month with compliance required in March. Ongoing monitoring continues as well as forward planning to ensure that the waitlist acceptance volumes match the capacity.
4	Theatre Utilisation	This remains an area of concern. While this will improve with the internal capacity restrictions related to delay in arrival of subspecialty orthopaedic surgeons, the deficit in budgeted anaesthetic resource will continue to adversely affect this marker. Planning is underway to examine the sustainable resource required to better utilise the capacity within our operating room suite to deliver next year's plan.
5	Hospital initiated elective theatre cancellations	This KPI requires further analysis as part of the pre hospital preparedness project but is being hampered by the small amount of data and the delay in proposed change to the collection of data via IPM. The paper based audit of reasons for cancellations is still being analysed.
6	Theatre late starts	This measure has taken a slight upward turn for this month. Ongoing work includes a link with the supply chain project (ensuring equipment is available at the correct time and place) and also the process of team brief and surgical safety checklist requirements.
7	Waiting time for acute theatre (24hrs)	Slight plateauing of this result this month; the establishment of group to determine, the reasons for this and also develop a business case with some options to address this is yet to gain traction but will be a focus over the next month.
8	Waiting time for acute theatre (48hrs)	Slight plateauing of this result this month; the establishment of group to determine, the reasons for this and also develop a business case with some options to address this is yet to gain traction but will be a focus over the next month.
9	Elective and day of	Allocation of a group to investigate this downward trend will be done at the next Surgical and Critical Care

	surgery admissions	Governance Group
10	Long stay patients > 20 days	The impact of this target increasing impacts on patient flow within the service and between Theatre, Critical Care and ED and the service. This leads to potential areas of constraint, the implications of which patients are not able to be in the right place. A multidisciplinary group will be established to work on this within Surgical and Critical Care
11	Long stay patient beddays > 20 day patients	This KPI is linked to the above and will be addressed as part of the above action
12	Output delivery against plan – volumes for FSA/Fup and Nurse consults	The trend over the past 12 months is for a steady decline against target; however the most recent dip is consistent with this time of the year that has been exacerbated by the impact of the second the RMO strike; recovery plans are in place for the immediate period and to correct previous month's variance.
13	Output delivery against plan – Inpatient number of episodes	The most recent dip is consistent with this time of the year and impact of the RMO strike, recovery plans are in place.
14	Output delivery against plan – Inpatient CWD volumes	The most recent dip is consistent with this time of the year and impact of the RMO strike, recovery plans are in place.
15	Overtime	Upward spike this month as a result of high levels of escalation lists required over the holiday period
16	Annual leave	The downward trend in leave taken for this area is partly explained by the fact that Christmas ward closures were particularly targeted for OPRS and additional leave was not granted during the Junior Doctor's strike. This measure is also being investigated for other underlying trends.

Key Performance Dashboard

Critical Care & Theatre

January 2017

Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	71.2	85	(13.8) ❌	75.6	85.0	(9.4) ❌		❌ 1
Hospital initiated elective theatre cancellations	%	6.1	2.5	(3.6) ❌	6.0	2.5	(3.5) ❌		✅ 2
Elective theatre cancellations - total	%	#DIV/0!	5.0	#DIV/0! ❌	12.2	5.0	(7.2) ❌		❌
Theatre late starts	%	49.6	5.0	(44.6) ❌	49.0	5.0	(44.0) ❌		❌ 3
Waiting Time for acute theatre < 24 hrs	%	73.1	80	(6.9) ❌	74.0	80.0	(6.0) ❌		❌ 4
Waiting Time for acute theatre < 48 hrs	%	87.7	100	(12.3) ❌	87.9	100.0	(12.1) ❌		❌ 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 of Surgery Admissions	%	Rolling 12 month measure			74.8	81.2	(6.5) ❌		❌ 6

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)	%	85.4	80.0	5.4 ✅	86.1	80	6.1 ✅		✅

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	7,417	8,257	840 ✅	58,822	58,327	(495) ⚠️		✅
Actual FTEs vs Budget	FTEs	557.6	607.7	50.0 ✅	566.7	594.7	28.0 ✅		⚠️
Sick Leave	% of paid hours	1.3	2.5	1.1 ✅	3.3	3.1	(0.2) ❌		✅ 7
Overtime \$'s	\$000s	62	21	(40) ❌	437	131	(306) ❌		❌ 8
Annual Leave Taken	% of Budget	Rolling 12 month measure			93.1	100.0	(6.9) ❌		✅ 9

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	Theatre utilisation	Slight plateauing of this result this month This remains an area of concern. Planning has started to examine the sustainable resource required to better utilise the capacity within our operating room suite to deliver next year's plan.
3	Theatre late starts	This measure has plateaued this month. The supply chain project (ensuring equipment is available at the correct time and place) has commenced and will have positive impact.
4	Waiting time for acute theatre (24hrs)	Slight plateauing of this result this month; the establishment of group to determine, the reasons for this and also develop a business case with some options to address this is yet to gain traction but will be a focus over the next month.
5	Waiting time for acute theatre (48hrs)	Slight plateauing of this result this month; the establishment of group to determine, the reasons for this and also develop a business case with some options to address this is yet to gain traction but will be a focus over the next month.
6	Elective and arranged day of surgery rate	Allocation of a group to investigate this downward trend will be done at the next Surgical and Critical Care Governance Group
7	Sick leave	While the target has not yet been meet the continued downward trend is pleasing.
8	Overtime	Upward spike this month as a result of high levels of escalation lists required over the holiday period
9	Annual leave	Trending up, which is as a result of ensuring leave taken over the Christmas break.

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

OLDER PERSONS, REHABILITATION AND ALLIED HEALTH

Service overview report

January was a busy month for all services. A full ward was closed in Older Persons and Rehabilitation and clinical staff delivered an in-reach service to medicine to maintain geriatric team cares. Staff across the directorate were successfully encouraged to take annual leave, particularly those with high leave balances.

The RDA industrial action impacted on the services, but as a result of fantastic Senior Medical Officer (SMO) and multidisciplinary team support, we were able to maintain safe care for our clients.

Month End Financials and Performance Update

A business case for an ACC funded expansion of START, (a program of rehabilitation delivered within the patient's own home), was submitted and approved at the Business Resource Review Group. Work now focuses on developing the second phase of this expansion and gaining approval for an additional 5,000 bed days per year for non ACC patients over the age of 65 years or close in age and interest. START continues to track favourably for the year-to-date.

Inpatient gerontology activity continues to track favourably, however, ACC volumes will continue to be monitored as there is currently a 3% unfavourable variance to budget.

A teleconference with the Group Manager of Disability Support Services at the Ministry of Health occurred in January to discuss the funding and volumes for rehabilitation services for patients under the age of 65 years, particularly inpatient and outpatient activity. The Ministry of Health staff confirmed national volumes for this service hadn't increased since 2003. The Ministry of Health have also advised that it still didn't have the data from all DHBs to make a decision around funding reallocation. They have suggested this might not occur until 2018/19.

In the case of Waikato DHB the demand for this service continues to exceed capped volumes. In 2016 the excess of demand over capped volumes was 2176 inpatient bed days.

Bupa Fellow, Allied Health

Following agreement and funding from Bupa NZ for a research fellow in rehabilitation within the Institute of Healthy Ageing, John Parsons PhD NZRP (Senior Lecturer and Director of Postgraduate Studies, School of Nursing at the Faculty of Medical and Health Sciences within the University of Auckland) was appointed to the position in December 2016.

This role will lead the initiation and provision of relevant leading edge allied health research programmes that support the advancement of care delivery for both Bupa Care Services NZ (Bupa) and Older Persons, Rehabilitation and Allied Health directorate. The aim for the role is to collaborate to develop 'state of the art' services for adults who need assessment, treatment and rehabilitation, helping them in the *right place*, at the *right time* and with the *right people*.

REACH

Following the approval of the REACH business case, the expansion of service to the wider Waikato region is well underway. REACH is a Ministry of Social Development funded initiative to trial an innovative new service that helps the long term unemployed overcome their health issues and return to work.

REACH (Realising Employment through Active Co-ordinated Healthcare), is supporting clients to manage their health condition or disability so they can find suitable work. This gives them confidence and independence and improves their wellbeing.

New Mobility Chart

A new mobility chart has been developed and is going to be trialled in OPR2. This chart has been developed as a recommendation from an event in 2016. The chart clearly documents any vision or hearing concerns, how the patient mobilises (e.g. with a walking frame) and assistance needs (e.g. assistance by two people). There is also a clear area to document the patient's expected date and time of discharge (9am by default). This will allow the family to clearly see the patients mobility needs and initiate any discharge planning conversations as the date will be clearly visible.

OPR3 moved to OPR2 on 9 January 2017 to permit remedial work on ceiling hoists to be completed. This was a well-planned process, with full support from Allied Health and the wider nursing team ensuring that the move was safe, seamless and efficient.

Telehealth/Smart Health

Plans are in place to roll out the Allied Health training in May with the change team. An Allied Health staff member will attend a workshop with the change team to identify contacts in iPM and virtual health processes.

Disability Support Link

All inpatient referrals to needs assessment and service coordination services in Disability Support Link were seen within five days and 89% were seen within two working days, with the average time to assessment being 1.2 days, compared to approximately 60% being seen within 5 working days for the same period last year.

BARBARA GARBUTT
DIRECTOR OF OLDER PERSONS, REHABILITATION AND ALLIED HEALTH

Key Performance Dashboard

Allied health

January 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	%	7%	5%	2%	❌	1%	5%	-4%	✅		
Long wait patients of > 4 mnths on Occup Therapy OP waitlists	%	5%	5%	0%	⚠️	3%	5%	-2%	✅		
Long wait patients of > 4 mnths on SLT OP waitlists	%	0%	5%	-5%	✅	0%	5%	-5%	✅		
Long wait patients of > 4 mnths on Psych OP waitlists	%		5%		✅		5%		✅		
Long wait patients of > 4 mnths on Audiology OP waitlists	%	67%	5%	62%	❌	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	%	3%	5%	-2%	✅	2%	5%	-3%	✅		

*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			
Outpatient DNA rates											
Physiotherapy	%	13%	10%	3%	❌	11%	10%	1%	⚠️		
Occupational therapy	%	15%	10%	5%	❌	11%	10%	1%	⚠️		
Speech therapy	%	11%	10%	1%	⚠️	13%	10%	3%	❌		2
Psychology	%						10%				
Audiology	%	12%	10%	2%	⚠️	14%	10%	4%	❌		3
Social work	%	N/A	10%			-	10%				
Dietician	%	11%	10%	1%	⚠️	11%	10%	1%	⚠️		
Time from OPAL referral to first assessment		Under development									
PVS vs Actual											
Physiotherapy	Volume	1,251	1,455	(204)	❌	11,974	13,093	(1119)	❌		4
Occupational therapy	Volume	670	829	(159)	❌	5,871	5,801	70	✅		
Speech therapy	Volume	145	112	33	✅	866	1,004	(138)	❌		5
Psychology	Volume	18	-	-	✅	384	-	-	✅		
Audiology	Volume	183	357	(174)	❌	1,604	2,675	(1071)	❌		6
Social work	Volume	324	318	6	✅	2,989	2,864	125	✅		
Dietician	Volume	360	491	(131)	❌	4,528	4,416	112	✅		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month				YTD				Last 12 Mths Trend	Note
		Actual	Target	Variance		Actual	Target	Variance			
Complaints (Staff Attitudes)	Numbers	1	0	(1)	⚠️	5	0	(5)	⚠️		
Complaints resolved with 20 wd (1 month lag)	%	0	70	(70)	✅	0	70	(70)	✅		
Falls resulting in harm	Numbers	0	0	-	✅	2	0	(2)	⚠️		
Falls with no harm	Numbers	0			✅	1			⚠️		
Staff hand hygiene		Under development									

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	1,368	1,330	(39)	⚠️	1,396	1,501	104	✅		
Actual FTEs vs Budget	FTEs	236	245	9	✅	233	264	32	✅		
Sick Leave	%	1	3	2	✅	2.9	3.1	0.3	✅		
Overtime \$'s	\$000s	4.0	4.7	0.7	✅	54.7	35.4	(19)	❌		
Annual Leave Taken	%	Rolling 12 month measure				98.9	96.2	2.6	✅		

Key - MTD Measures

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

Comments:

Key - YTD Measures

At or above target	✅
Below target by less than 5%	⚠️
Below target by more than 5%; operational plan in place	❌
Below target by more than 5%; Change Team/Sustainability Project 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

Note	Indicator	Commentary
1	Long wait patients of > four months on Audiology OP waitlists	<p>This result is significantly affected by vacancy. Recent international advertising resulted in one applicant only; this person subsequently pulled out.</p>
2/3	Outpatient DNA rates: <ul style="list-style-type: none"> - Audiology - Speech Therapy 	<p>Audiology – Significant work has been done in this area, with patients being sent appointments, text reminders and phone reminders prior to their appointment. The main group of DNA's is with children. Ongoing monitoring of this to occur.</p> <p>Speech Therapy – There has been significant improvement in this area, with only 2% over the target and with a full complement of outpatient staff and additional phoning of clients prior to their appointment, we expect to see this decline.</p>
4/5/6	PVS versus Actual: <ul style="list-style-type: none"> - Physiotherapy - Speech therapy - Audiology 	<p>Physiotherapy – This is low for month of January due to the holiday period. Recruitment has been successful in a number of the outpatient areas and for the year-to-date, this is on track to improve over the next three months.</p> <p>Speech Therapy – There has been a significant improvement in this area since the service recruited into its high vacancies and they have worked hard to close the gap against the PVS target. There are only two patients off the target for the month despite it being a month of lesser clinics due to holiday period. It is anticipated that this improvement will continue.</p> <p>Audiology – Meeting with the funder for further discussions. There is a plan under development to alternative options for delivery of service.</p>

Key Performance Dashboard

Older Persons & Rehabilitation

January 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	2,110			2,058				
Nursing hours per patient day - OPRS	Hours	4.19	4.00	(0.2)	3.94	4.00	0.1		
Ward Utilisation - OPRS	%	100.1	90.0	10.1	98.9	90.0	8.9		
OPRS - Outpatient DNA Rate	%	4	8	4	5	8	3		

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			0.1	6.0	5.9		
Average length of stay - OPRS	Days	20.5	16.5	(4.0)	17.4	16.5	(0.9)		

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	96.5	95.0	1.5		

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	0.0	0	0.0	5.1	5		
Hand Hygiene Rate (Cluster)	Period to date %	0	80.0	(80)		80.0			
C-Diff (Department)	Numbers	0	1.1	1	0.0	7.9	8		
Medication Incidents - Wrong Patient (Department)	Event Numbers	0	0.0	0.0	0.0	1.0	1.0		

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 Dec-16	99.2	90.0	9.2	97.8	90.0	7.84		
Patients assessed as being at risk have an individualised care plan which addresses their falls risk.	% for Dec-16	100.0	90.0	10.0	100.0	90.0	10.0		

Quality Indicators - Patient Outcomes

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Stroke patients admitted to a stroke unit	%	70.8	80.0	(9.2)	73.9	80.0	(6.1)		2
Ischaemic stroke patients thrombolysed	%	13.0	6.0	7.0	7.8	6.0	1.8		
<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	3	2	(1)	11	16	5		
Complaints resolved within 20 wd (1 month lag)	% for Dec-16	100	70	30	78	70	8		
Falls Resulting in Harm	Numbers	8		(8)	49		(49)		
All Falls	Numbers	22	24	2	203	169	(34)		3
Patient Feedback	<i>Not yet collected - in Development</i>								

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	1,815	1,898	83	12,984	13,121	136		
Actual FTEs vs Budget	FTEs	252.8	276.8	24.0	254.2	267.0	12.9		
Sick Leave	% of paid hours	1.3	2.6	1.3	3.4	3.1	(0.3)		4
Overtime \$'s	\$000s	3	2	(1)	36	14	(23)		5
Annual Leave Taken	% of Budget	Rolling 12 month measure			85.7	100.0	(14.3)		6

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	Average length of stay – OPR	<p>Older Persons and Rehabilitation – Inpatients and Outpatients Average length of stay was higher this month in the Older Persons and Rehabilitation inpatient areas offset by lower length of stay in the outreach team until 23 January 2017. Outreach patients were not included in the Older Persons and Rehabilitation length of stay data.</p> <p>The clinician perspective of increased length of stay is that it is also reflective of higher acuity of patients.</p>
2	Stroke patients admitted to a stroke ward	<p>Older Persons and Rehabilitation – Inpatients and Outpatients The year-to-date performance is favourable (81%), which is above the target of 80% of stroke patients admitted to a stroke ward.</p>
3	Falls	<p>Older Persons and Rehabilitation – Inpatients and Outpatients There were 12 falls for inpatients during January 2017. One hundred percent of the risk assessments have been completed, with processes followed with prevention measures in place.</p>
4	Sick Leave	<p>Older Persons and Rehabilitation – Inpatients and Outpatients There is an unfavourable variance YTD which is mainly due to higher sick leave in September and October whereby several staff were admitted to hospital, having glandular fever and viral throat infections. ACC deficits have also been a contributing factor. Total ACC shifts in the last six months have been 223 shifts. These items have contributed to the total sick leave rate being high throughout the winter period and thus a negative variance YTD. There has, however, been a favourable trend in the past two months as seen in the positive January results.</p>
5	Overtime \$'s	<p>Older Persons and Rehabilitation – Inpatients and Outpatients Due to no nursing coverage for one shift in OPR4, two nurses did four hours overtime each.</p> <p>Continuing Care Facilities Unrelieved meal breaks at the Continuing Care Facilities as per the MECA for registered nurses.</p>
6	Annual leave taken	<p>Older Persons and Rehabilitation – Inpatients and Outpatients Inpatients are now in positive variance.</p> <p>Disability Support Link/START/REACH All staff with an excess of 200 hours have an annual leave plan in place.</p> <p>Continuing Care Facilities Annual leave has been maximised and occupancy remains high, with 11 staff with over 240 hours. Ten of those have plans in place and one has just taken leave with more leave to be planned.</p>

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

WOMEN'S AND CHILDREN

Service overview report

Women's Health

Women's Health continues with its focus on recruiting both midwives and medical staff. We have adopted a strategic approach regarding the challenges facing the midwifery workforce to address both immediate capacity and the future sustainability of the workforce. We are rectifying the rostering system issue which was inadvertently encouraging midwives to reduce their FTE or move to casual employment. We have also issued a survey to all DHB midwives seeking information on rostering preferences including views on 12 hours shifts.

We have had success with recruitment of the medical workforce over the last few months and our vacancies will reduce to 1.0 FTE (Registrar) by May 2017 and a fully appointed SMO workforce by April. The workforce is still pressured this month due to the 4 registrar vacancies as at February.

Planned (elective) caesarean sections were moved out of the Delivery Suite Theatre to Main Theatre over the elective shutdown period and managed through the acute process. From 16 January 2017 the service, following negotiation with the theatre management group began performing these scheduled identified theatre lists on Monday, Wednesday and Friday mornings. There is still the need to finalise arrangements beyond May when there will be further demands on this acute theatre when orthopaedic staffing has increased.

The Day Assessment Unit ("DAU") and midwifery led clinics is due to commence in late March which should result in easing of pressure in the Women's Assessment Unit.

Electives performance for the service continues to be an issue with many clinics and theatre lists cancelled. We have further locum and outsourcing arrangements in place with detailed work also underway related to follow up appointments.

Emerging issues

There is a risk of not having resources available to maintain the current temporary separation of planned and acute caesarean sections beyond May. All alternative options are currently being considered.

Child Health

Child Health has started the year in a positive position following the approval of our 3 business cases at the end of last year.

- Building works have commenced on the Paediatric Negative Pressure rooms, with completion planned for mid-May 2017.
- The additional (externally funded) hospital play specialists have been appointment with a commencement date of February 2017. Expanding this service will have a very positive impact on our patients' journeys.

We are currently completing our training accreditation interim report to the Royal Australian College of Physicians (RACP). We have made great progress on a large number of their concerns. If recruitment of SMOs as outlined in a recent business case is approved, and consequently our approved team structure can be implemented, we would predict a positive response.

Initiatives and highlights

Paediatric Surgery continue to work on localising service through the region. We currently provide clinic and operating theatre service to Rotorua and Tauranga hospital. We have extended our services to include Whakatane and are in discussions with New Plymouth.

The Countdown Kids Hospital Appeal raised \$104,070 for the children services throughout the DHB, items from our equipment Wishlist were purchased this month, including equipment for ENT, Thames and Tokoroa hospitals and the Child Health service at Waikato.

**PAULA FITZGERALD
ACTING DIRECTOR WOMENS AND CHILDRENS HEALTH**

Key Performance Dashboard

Womens Health

January 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	78.4	95.0	(16.6) ❌	78.6	95.0	(16.4) ❌		❌ 1
Number of long wait patients on outpatient waiting lists	# > 4 mths	10	0	(10) ❌	357	0	(357) ❌		❌ 2
Number of long wait patients on inpatient waiting lists	# > 4 mths	38	0	(38) ❌	47	0	(47) ❌		❌ 3

Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	71.4	85	(13.6) ❌	72.2	85.0	(12.8) ❌		❌ 4
Hospital initiated elective theatre cancellations	%	6.3	2.5	(3.8) ❌	5.7	2.5	(3.2) ❌		❌ 5
Theatre late starts	%	45.5	5.0	(40.5) ❌	27.1	5.0	(22.1) ❌		❌ 6
Waiting Time for acute theatre < 24 hrs	%	74.3	80	(5.7) ❌	80.6	80.0	0.6		⚠️
Waiting Time for acute theatre < 48 hrs	%	91.4	100	(8.6) ❌	89.2	100.0	(10.8) ❌		❌ 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 Surgery Percentage	%	Rolling 12 month measure			54.3	55.3	(1.0) ⚠️		⚠️
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			97.2	100.0	(2.8) ⚠️		❌
Outpatient DNA Rate	%	10.3	10.0	(0.3) ⚠️	10.1	10.0	(0.1) ⚠️		❌
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	130.3	100.0	30.3	108.4	100.0	8.4		⚠️
Output Delivery Against Plan - Inpatient Number of Episodes	%	102.7	100.0	2.7	99.9	100.0	(0.1) ⚠️		⚠️
Output Delivery Against Plan - Inpatient CWD Volumes	%	95.0	100.0	(5.0) ❌	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		
Acute Readmissions to Hospital	%	Rolling 12 month measure			3.3	8.5	5.2		⚠️
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			1.82	1.75	(0.07) ⚠️		❌
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.34	0.35	0.01		⚠️
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.94	1.17	0.24		⚠️

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	96.2	95.0	1.2	97.7	95.0	2.7		⚠️

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	2,102	2,080	(22) ⚠️	13,884	13,900	16		⚠️
Actual FTEs vs Budget	FTEs	176.0	194.5	18.5	178.6	190.1	11.6		⚠️
Sick Leave	% of paid hours	1.6	3.2	1.6	3.4	3.1	(0.3) ❌		⚠️ 8
Overtime \$'s	\$000s	22	26	5	191	163	(28) ❌		❌ 9
Annual Leave Taken	% of Budget	Rolling 12 month measure			80.3	100.0	(19.7) ❌		❌ 10

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 – Commentary by exception
January 2017**

Note	Indicator	Commentary
1	Emergency Department <6 hours Gynaecology	For Women's Health, 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	10 breaches, late clinic cancellations due to sick leave. Service has Locum on site and outsourcing contract to ensure compliance.
3	Number of long waits in inpatient waiting list	38 breaches a result of medical staffing, outsourced contract initiated confident of meeting target for February and March.
4	Theatre utilisation elective sessions	Theatre lists are booked to capacity using the time required indicated on the booking forms, with some of these lists there is a +/- factor following diagnostic surgery. Termination of pregnancy lists included in this report which is difficult to predict with the service type.
5	Hospital initiated elective theatre cancellations	Trending positively, only Theatre list cancelled were due to RMO industrial action.
6	Theatre late starts	Have not received feedback from Theatre regarding audit as to reasons for late starts. DS elective OT used as an acute OT. Daily reports now received and do not indicate surgeon availability a problem.
7	Waiting time for acute theatre <48 hrs	Scheduled by main OT. The availability of a surgeon has not been identified as an issue. Gynaecology does not have a designated acute list. Positive trend.
8	Sick Leave	Medical staff sick leave not significant. Positive trend
9	Overtime	Vacancies requirement.
10	Annual Leave Taken	Vacancies a constraint.

Key Performance Dashboard

Child Health

January 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	92.6	95.0	(2.4) ⚠	89.1	95.0	(5.9) ❌		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	21	0	(21) ❌	138	0	(138) ❌		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	3	0	(3) ❌	3	0	(3) ❌		3

Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	75.2	85	(9.8) ❌	73.4	85.0	(11.6) ❌		4
Hospital initiated elective theatre cancellations	%	0.0	2.5	2.5 ✅	0.9	2.5	1.6 ✅		
Theatre late starts	%	0.0	5.0	5.0 ✅	18.9	5.0	(13.9) ❌		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			61.4	64.0	(2.7) ⚠		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			85.4	84.5	0.9 ✅		
Outpatient DNA Rate	%	21.6	10.0	(11.6) ❌	16.8	10.0	(6.8) ❌		6
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	75.9	100.0	(24.1) ❌	91.5	100.0	(8.5) ❌		7
Output Delivery Against Plan - Inpatient Number of Episodes	%	95.3	100.0	(4.7) ⚠	92.2	100.0	(7.8) ❌		8
Output Delivery Against Plan - Inpatient CWD Volumes	%	81.6	100.0	(18.4) ❌	91.0	100.0	(9.0) ❌		9

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			7.6	8.5	0.9 ✅		
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			2.53	2.50	(0.03) ⚠		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			2.33	3.13	0.80 ✅		
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	246.0	240.0	(6.1) ⚠	252.2	237.5	(14.7) ❌		10
Sick Leave	% of paid hours	0.6	3.4	2.8 ✅	2.9	3.1	0.2 ✅		
Overtime \$'s	\$000s	57	47	(10) ❌	351	229	(122) ❌		11
Annual Leave Taken	% of Budget	Rolling 12 month measure			93.8	100.0	(6.2) ❌		12

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 – Commentary by exception
January 2017**

Note	Indicator	Commentary
1	Emergency Department <6	92.6% achieved this month – noting a number of children requiring negative pressure rooms breached this month
2	Number of long wait outpatients	21 breaches across the services – primarily due to lost capacity as a result of the RDA strike
3	Number of long waits in inpatient waiting list	3 breaches as a direct result of RDA junior doctor strike. There patients have been booked in February.
4	Theatre utilisation elective sessions	Trending positively – a number of lists cancelled/rescheduled due to RDA strike
5	Theatre late starts	Trending positively – no late starts recorded during January
6	Outpatient DNA rate	We continue to work on making improvements in reducing patient DNAs – the summer/holiday period is always a more difficult period
7	Output against Plan – FSA, F/Ups	Trending negatively, however not unexpected with the festive period and junior doctor strikes
8	Output against Plan – Inpatient number of episodes	An improved 95.3% recorded, again reduced numbers experienced during festive and strike periods
9	Output delivery against plan – Inpatient CWD volumes	Case weights less than expected, the service has experienced lower than expected acuity this season.
10	Actual FTE v Budget	6fte variance – approved (unbudgeted) increased SHO staffing levels
11	Overtime \$'s	Increased stat holidays and strike cover has contributed to this month's overspend
12	Annual Leave Taken	This will need closer analysis as a higher than usual number of staff were given leave this month

**MEMORANDUM TO THE PERFORMANCE
MONITORING COMMITTEE
8 MARCH 2017**

AGENDA ITEM 7.3

WAIKATO HOSPITAL SERVICES OVERVIEW REPORTS

Purpose	For information.
----------------	------------------

Introduction

The following reports for the period to June 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 noted.

**BRETT PARADINE
EXECUTIVE DIRECTOR WAIKATO HOSPITAL SERVICES**

Quality

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

8 MARCH 2017

AGENDA ITEM 8.1

Q2 QUALITY REPORT

Purpose	1) For information
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To update on progress and issues across the key domains of quality and patient safety for quarter 2.

National activity in last quarter

- Review of national reportable events policy 2012

Local activity included starting work on the deteriorating patient and end of life work streams prioritized in the quality account.

Highlights

- Staph Aureus Bacteraemia (SAB) rate reduced from 0.26 to 0.15 over last quarter
- Hand hygiene compliance 86.5% for DHB – a sustained improvement
- Ongoing increase in response rate to the national patient experience survey (inpatient)

Disappointments

- Complaint resolution within 20 working day 67% (target 70%)
- 17 complaints (5.7%) reopened
- Policy / guideline currency 76% (against a target of 95%) and worsening across last 3 quarters
- The number of outstanding actions / recommendations following serious event reviews which leaves patients at risk as systems will not have improved

Areas for further investigation / improvement

- Incident classification system to avoid 'other' being used and ongoing education of staff around the severity of an incident
- Response times and themes of complaints reported by ethnicity
- Closing loops – serious event actions completed

Recommendation

THAT

The report be received.

MO NEVILLE
DIRECTOR OF QUALITY AND PATIENT SAFETY



QUALITY and PATIENT SAFETY REPORT

Quarter 2 2015/16

Oct - Dec 2016

Links to Quality Governance Strategic Objectives:

Deliver patient and whanau centred care	√
Embed continuous quality improvement	√
Deliver more effective care	√
Empower our staff to continuously improve quality and safety	√
Comply with our regulatory framework	√

M Neville

Director of Quality & Patient Safety

January 2017

Contents

Contents	Page
Introduction and summary	2-5
Quality Account Priorities	6-8
Patient Safety Initiatives	9
Governance	10
Consumer engagement update –activity across the organisation	11
Complaints and compliments	12-16
Health and Disability Commission (HDC)	17-20
Incident management	21-23
Never and Serious events	23-28
Coroners Activity	29
Clinical Effectiveness	30
Leadership Walks	31

One stop Summary: Q2 Quality Report

<p>The indicators identified here should enable the Board to measure achievement against the strategic objectives and annual work programme.</p> <p>Work is underway to utilise the health round table (HRT) data more widely and the business support unit have committed to reporting the key safety markers within HRT monthly to the Board of Clinical Governance</p> <p>It is important to note that this report should be viewed as a 'summary report' as it is not a substitute for the detailed papers which inform its content and which are presented at various committees and groups in the DHB.</p> <p>Where applicable there are 'hotlinks' to external WebPages.</p> <p>*Nb. Health Round Table have altered the methodology used to define Hospital Standardised Mortality Rate (HSMR) and so target has been altered accordingly</p>	Indicator	Tolerance per month	Quarter 1	Quarter 2
	HSMR (mortality)	<100*	Green (89)	Green (100)
	Attributable Grade 3 & 4 Pressure Ulcers	Zero	Green	Green
	Falls related fractures	< 2	Green	Amber (3)
	Attributable MRSA bacteraemia	< 0.1	Green	Green
	Staph Aureus Bacteraemia (SAB)	< 0.1	Red (0.26)	Amber (0.15)
	Complaints (year on year % reduction of same theme)	< 0.4%	Amber	Amber
	Patient Survey response	> 30%	Green (41%)	Green (43%)
	Policy / guideline compliance	> 95%	Red	Red (76%)
	Never events	Zero	Red (1)	Green
	Hand hygiene	> 85%	Green (87.2%)	Green (86.5%)

Summary – National Picture

<p>National Reportable Events Policy</p> <p>The Health Quality & Safety Commission is carrying out a review of the National Reportable Events Policy 2012 and is seeking views on the proposed changes.</p> <p>The discussion document is aimed at all health and disability organisations – including primary care, aged residential care, disability support services and secondary care. The timeframe for feedback runs from 10 November to 1 February 2017.</p> <p>The review is accompanied by a report on the Reportable Events Policy stakeholder consultation and a scan of overseas literature on patient safety reporting systems.</p> <p>The documents are available to view and download below.</p> <p>https://www.hqsc.govt.nz/news-and-events/news/2722/</p>	<p>The World Health Organization’s global patient safety challenge on medication safety will be launched in the first quarter of 2017. The challenge runs for five years and has a bold aim to reduce medication-related harm by 50 percent globally.</p> <p>The challenge will address both the number of medication safety-related errors and deaths, and present interventions to reduce the number of errors and the global burden of disease due to unsafe medication practices. The initial focus is on:</p> <ul style="list-style-type: none"> • high-risk medications • transitions of care • polypharmacy. <p>Efforts will focus on patients and the public, health professionals, medicines as products, systems, practices, measurement and evaluation.</p> <p>The patient safety week due November 2017 will focus on medication safety and a proposal to commence a medication safety programme at Waikato DHB has been approved in principle</p>	<p>Choosing Wisely focuses on reducing the number of unnecessary tests, treatments and procedures carried out on patients.</p> <p>It is based on international evidence, and similar campaigns are well-entrenched in countries like Australia, Canada and England.</p> <p><i>Choosing Wisely</i> encourages patients to ask their health professionals these four questions:</p> <ul style="list-style-type: none"> • Do I really need to have this test treatment or procedure? • What are the risks? • Are there simpler, safer options? • What happens if I do nothing? <p>For more information visit www.choosingwisely.org.nz.</p> <p>Waikato DHB had already launched <i>Choosing Wisely</i> prior to the HQSC launch</p>
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Summary – Local Picture

Patient Safety – Deteriorating Patient

The deteriorating patient programme is now underway, focussing on two streams of work.

- Patient and family activated escalation
- Introduction of the Sepsis Six bundle of care

Patient and family activated escalation is a process that empowers patients and families to escalate care if they are concerned about the condition of the patient. The process starts by encouraging engagement with the treating clinicians at the bedside and if necessary, can be escalated further, by a phone call to activate an independent clinical review. Evidence shows there is improved patient and family experience, decreased mortality and improved operational outcomes.

The initial work is to meet with different services to understand their particular needs and how the escalation calls would be managed.

The first meeting is to be held in early January. Preliminary work will take place at Waikato Hospital though the intention is that this will be an organisational wide process.

Sepsis Six – Is the name given to a bundle of medical therapies designed to reduce the

mortality of patients with sepsis.

Sepsis is an organisational wide issue and is not always promptly diagnosed or managed well, resulting in poor clinical outcome, prolonged treatment or death. Growing international expertise in the diagnosis and management of sepsis has led to bundles of care such as the Sepsis Six bundle. Pockets of work are already underway within the organisation and the first meeting for Sepsis management will pull together existing work, define best practice and plan a coordinated approach to ongoing implementation of the care bundle.

Twice yearly Quality Forum - to share and celebrate best practice and innovations has been put in place. Following the success of the first forum in April, the forum held in October showcased four fabulous presentations on

- ***Challenge of caring for Paediatric patients in a General ICU***
- ***One Team making a difference in Māori Health***
- ***OPR One – Nursing made easy***
- ***What matters most in OPR Service***

The guest speaker was Associate Professor Sam Charlton from Waikato University, who is an expert in Human Factors and Road Safety Transport. In the past we had heard a lot about airline safety and the links to patient safety. Sam identified there are similar lessons to be learnt from road safety.

Bi-annual forums are planned with the next being held in April 2017 to support the patient experience week and a call for expressions of interest to present and/or posters has recently been sent out to all staff.

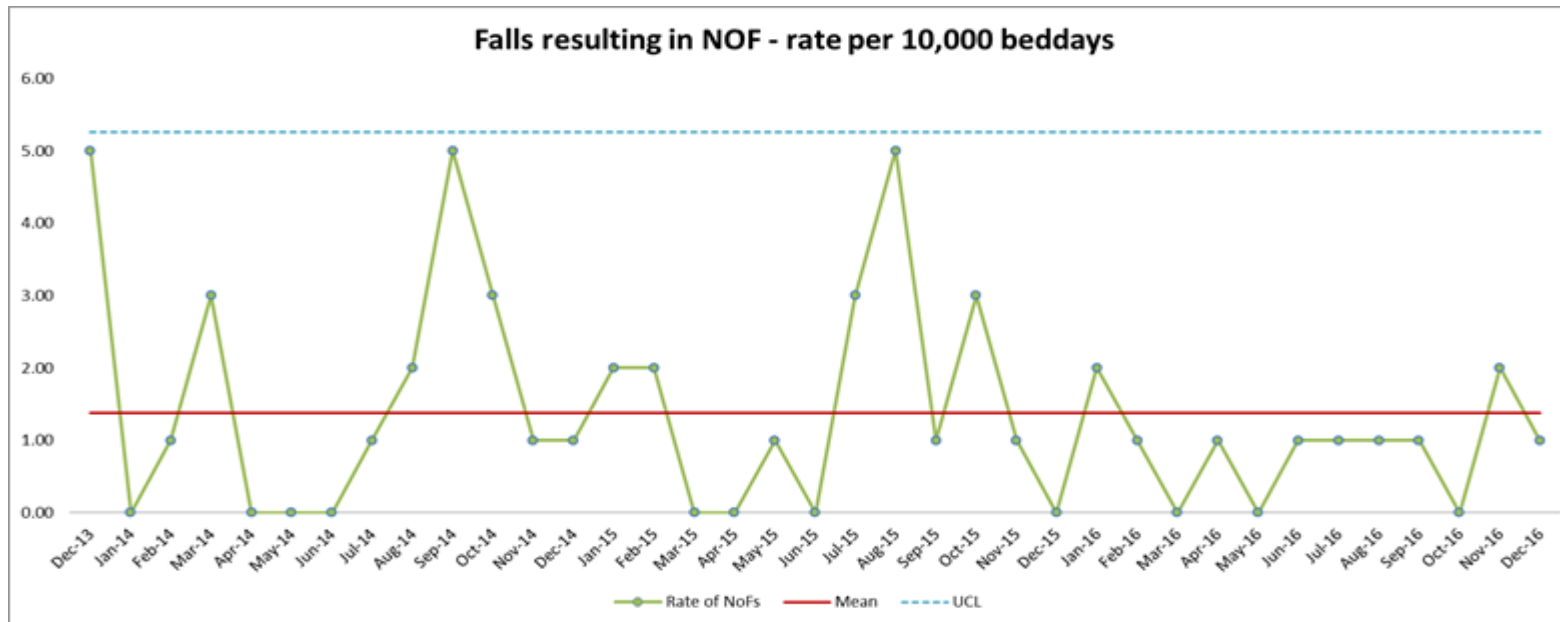
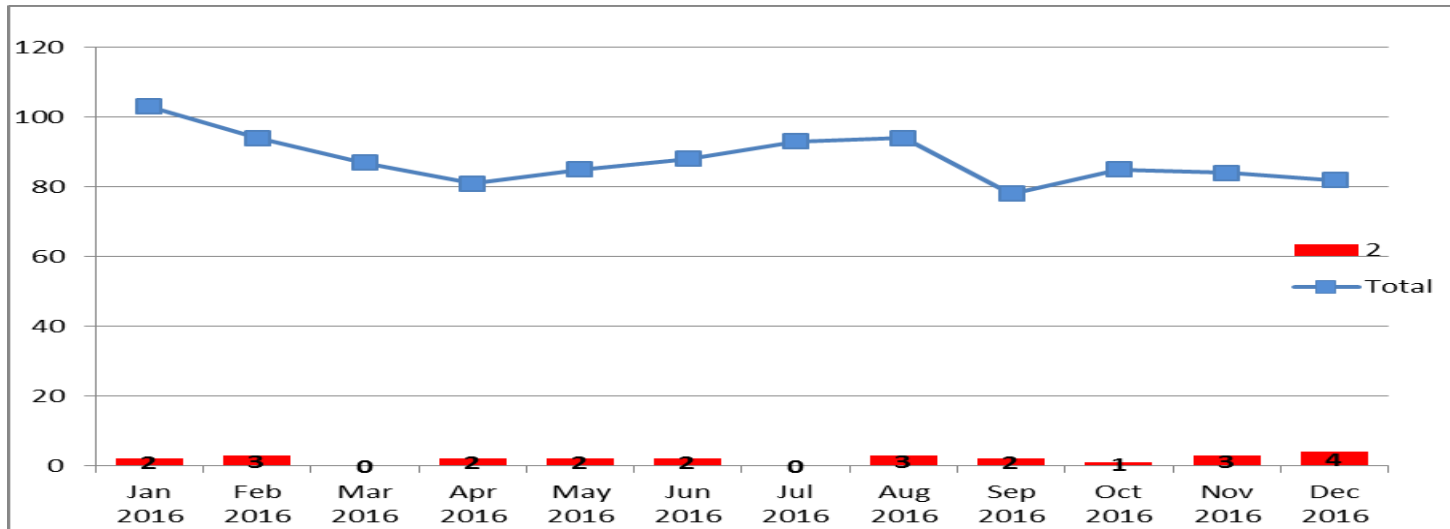
Quality Accounts Summary

Patient Safety Priority areas 15/16	Q1	Q2	Commentary
Reduce severe harm events – falls	Green	Amber	Need to refocus efforts through newly revamped falls committee
Reduce severe harm events – medication safety programme	Red	Amber	Executive group have approved in principal a medication safety programme – funding required
Improve hand hygiene	Green	Green	Progress being sustained. Focus on areas not achieving 85% compliance
Improve care around deteriorating patients – sepsis and family escalation	Amber	Amber	Baseline measures and literature search for best practice commenced
Patient Outcome Priority areas 15/16			
Advise and support patients, pregnant woman and general population to quit smoking	Green	Green	
Continue to increase the uptake of immunisation especially for infants up to 8 months of age	Amber	Amber	
Continue heart and diabetes checks in community	Green	Green	
Patient Experience Priority areas 15/16			
Develop an end of life care framework to be used across the organisation and in ongoing care facilities	Amber	Amber	A review of current practice and gaps undertaken – project plan being drafted
Roll out the Advance Care Planning (ACP) process	Red	Amber	ACP steering group set up, first level 1 training completed 13 Dec. Community area approach proposed
Establish the Consumer Council	Amber	Amber	Hui in November well attended, road shows to some rural areas planned for January

The full Quality Account can be found at http://waikatodhb-ebooks.co.nz/qualityreport_2015-16/index.html

Additional information

1. Falls total and falls with harm. Falls with fracture: 5 in quarter 1, 8 in quarter 2



Pressure Ulcer Project

The roll out of the project across the DHB is nearing completion. The end of 2016 saw the rural hospitals and long term care facilities implement the new risk assessment form, have education on the prevention and management of pressure injuries and commence monthly prevalence audits on a randomised sample of patients.

Early 2017 will see the introduction of the new risk assessment which has been developed for the District Nurses as well as work starting on the development of a paediatric specific form. A look at more specific bundles of care are planned for patients who are at higher risk of developing pressure injuries e.g. vascular patients, patients with fractured neck of femurs.

Monthly prevalence of hospital acquired pressure injuries average is 4.9% with December's being 4.5% (against a target of <6). The monthly audit acts as a prompt to refocus staff on the prevention and management of pressure injuries.

End of Life Framework

The development of an End of Life Framework project commenced to improve the patient and family experience. It has been set up to provide a collaborative effort in three identified work streams:

- Advance Care Planning
- Good end of life care for patients through timely identification of those at risk and records of patient wishes
- Bereavement support for families

The End of Life Framework is a key piece of work which will ensure a comprehensive, integrated and co-ordinated approach to end of life care. It will cross all spectrums of primary and secondary care across the Waikato DHB.

The implementation of Advance Care Planning (ACP) is a priority, driven by a national ACP programme with Health Quality Safety Commission (HQSC) support. Training e-modules and workshops are in place for 2017 with an aim to improve staff confidence in patient conversations. The initial implementation approach agreed is to concentrate training in one or two named rural areas covering primary and secondary care, share learning, evaluate and roll out a similar model to other areas of the region. All Waikato DHB staff will be encouraged to undertake the e-learning ACP module during 2017.

Each of the three work streams will link into current processes and protocols in use, key working groups, personnel and community organisations. Consumer engagement will underpinned by personal stories, feedback and sensitivity to cultural variation.

Governance

Certification Audit

Waikato DHB Certification audit for all facilities (Waikato Hospital, Thames Hospital, Tokoroa Hospital, Te Kuiti Hospital, Taumarunui Hospital, Matariki Continuing Care, Rhoda Read Continuing Care and Mental Health & Addictions Services) took place 23-26 February 2016. Waikato DHB received 23 corrective action requests (8 moderate risk and 15 low risk). In September 2016 eight of these were cleared. An update report was submitted to Ministry of Health on 23 December 2016, with comment due back early in 2017.

Other External Audits

- All New Zealand Blood Service corrective actions have been cleared.
- IANZ audited Waikato Hospital Laboratory in December 2016, with the formal report to be received early in 2017. We are expecting three corrective actions. All other laboratories (Thames, Tokoroa, Te Kuiti and Taumarunui) received no corrective actions from their IANZ audits.

External Audit	Corrective Actions Received	Corrective Actions Completed as at 23/12/16	Comments/Concerns
Colposcopy Service Audit 2015	7	5	One low priority corrective action and one moderate remain open. Work continues to address these.
Certification Audit February 2016	23	8	Eight corrective actions were cleared in October. Action Plan updates endorsed by Board of Clinical Governance in December, and progress report sent to Ministry of Health 23/12/2016.
Baby Friendly Hospital Initiative	15 recommendations	Nil	First report submitted to Ministry of Health in November 2016. Awaiting formal response from the Ministry; but discussion indicated they are pleased with progress. Note that several of the recommendations are linked with the auditing process (yet to be determined) and therefore little action can occur for these at present.
Physiotherapy Audit June 2016	5	2	Following initial report to HDANZ on this audit in October 2016, two corrective actions were cleared. Report is due to HDANZ on the remaining corrective actions by 15 December 2016.
NZ Blood Service	6	6	NZ Blood Service audits occurred between Sept 2015 – July 2016. Following report to NZ Blood Service in November 2016 on the corrective actions at Waikato, Tokoroa, Te Kuiti & Taumarunui in October (no corrective actions for Thames), all corrective actions were cleared.
IANZ Laboratory services	Nil	N/A	No corrective actions were identified in the audits of rural hospital laboratories, a great achievement. The laboratory will respond to IANZ regarding the recommendations made, once final report received.

Consumer Engagement Update – Activity across the organisation

Design and development of a Consumer Council

Work has continued on the development of a Consumer Council for Waikato DHB. For other DHBs who already have Consumer Councils they create a formal structure to gain consumer input into issues of importance for the DHB on an ongoing basis. They also drive consumer involvement in service improvement.

In November a hui was held involving a group of around 50 Waikato DHB staff, Board members, Consumers, and NGO staff, at the Link Community Centre in Hamilton for a workshop to look at designing a Consumer Council for Waikato DHB. It is important that whatever is designed is right for the Waikato and supports the delivery of our strategic priorities.

The workshop was led by Chris Walsh from the Health Quality & Safety Commission and speakers included Graeme Norton, Chair of Hawkes Bay Consumer Council. There was lively and robust discussion about a Consumer Council for Waikato DHB, which was seen as a positive step forward for providing an effective voice for communities and consumers on health service planning and making sure their expertise is used in ongoing strategic development and improvement projects.

Feedback was also received that similar meetings should take place in our rural areas. These are now scheduled for February and will take place in Tokoroa, Taumarunui, Otorohanga, Thames, Te Aroha, and other areas where there is sufficient interest. In addition, information has been presented to and discussion taken place at the full round of Community Health Forums in November.

Next steps following these hui are to firm up the Terms of Reference, position descriptions, recruitment processes and practicalities, for presentation in March.

Eye Clinic – patient experience survey for nurse-led intravitreal injections

Following an audit which evaluated the safety of Clinical Nurse Specialists delivering intravitreal injections, this clinical nurse specialist team undertook to understand the patient experience of their practice by administering a survey. 100 patients were invited to take part in the survey and 71 responses were received.

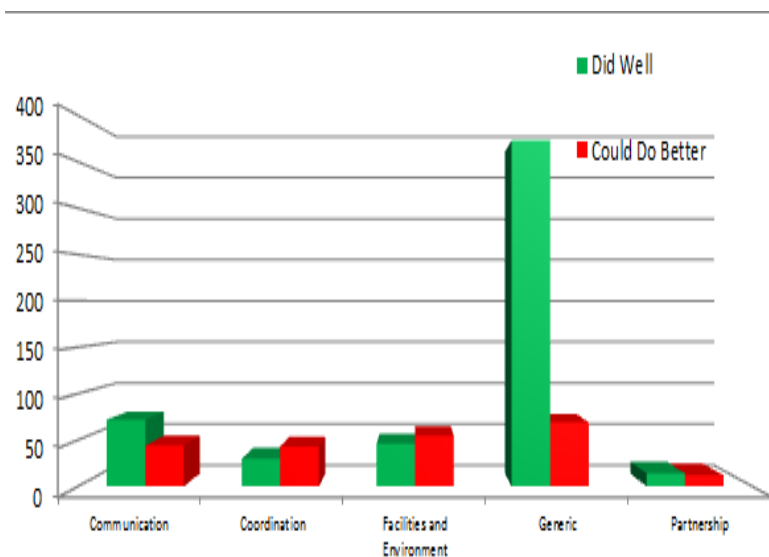
Responses were overwhelmingly positive. 95% of respondents indicated they were made to feel comfortable, were treated with dignity and respect and had confidence in the Clinical Nurse Specialists. 100% indicated they were treated with kindness and understanding. There were also high scores for communication indicating that patients felt informed about procedures, risks and benefits, and had access to clear information which they could understand.

Two areas for improvement have been identified and the Clinical Nurse Specialists are already addressing these:

1. Ensuring family members are involved in the decision making process where possible. (12.9% of respondents indicated that family members were not involved). The nurses plan to ensure that they when a patient's relatives are present they will always ensure the patient knows that family or support people are welcome to join them during the consultation if that is what the patient wishes. They will then also be included in conversations.
2. Ensuring that comprehensive post procedure education is given to all patients in a way they are able to understand. (10% of respondents indicated they did not receive sufficient post procedure education).

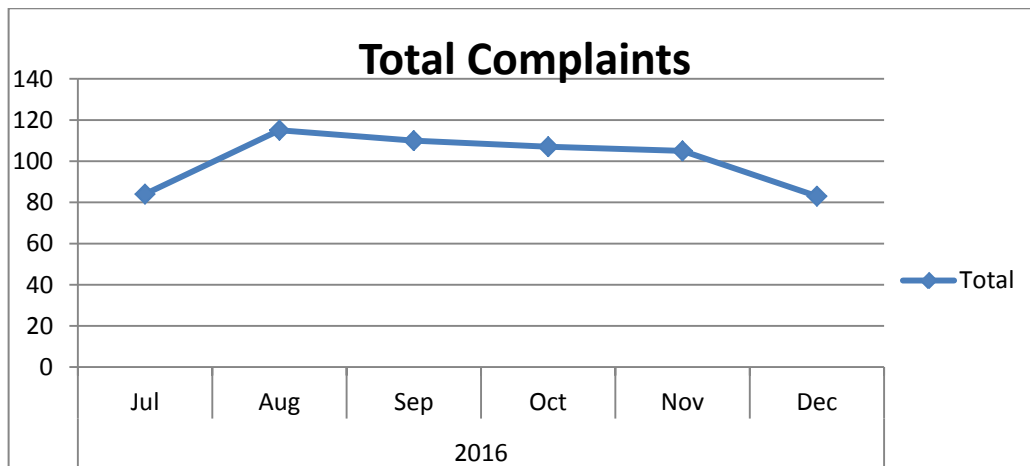
Complaints and compliments

What matters to you? Compliments and feedback cards:



799 individual *What matters to you?* feedback cards and compliments were received. Feedback cards ask: *What did we do well?* and *What could we do better?* The vast majority of feedback received via feedback cards is in the form of a generic compliment. Data below represents broad themes for feedback (both feedback cards and compliments) received across the DHB.

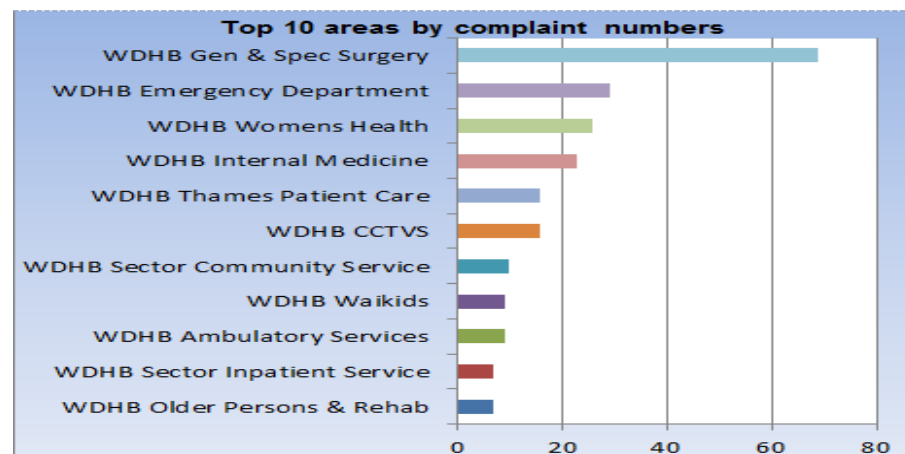
Complaints: There were 295 individual complaints for October - December 2016. This is 14 less complaints compared to previous quarter (309).

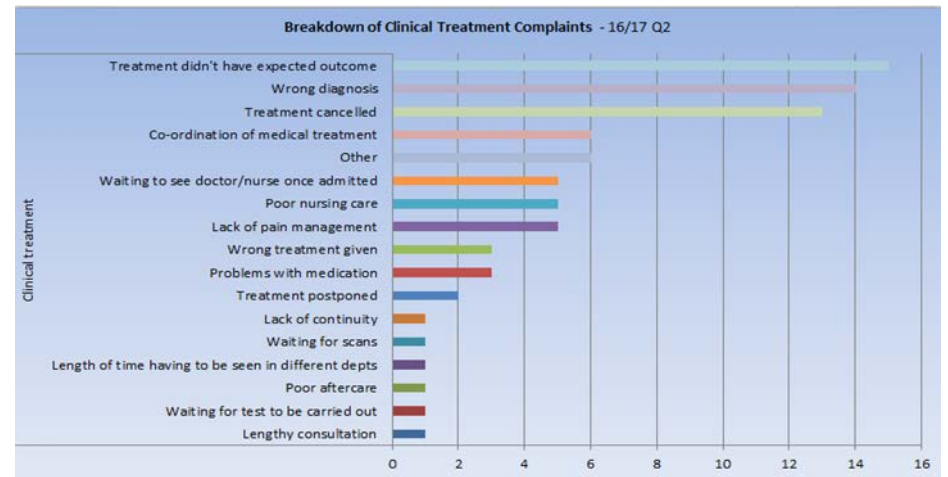
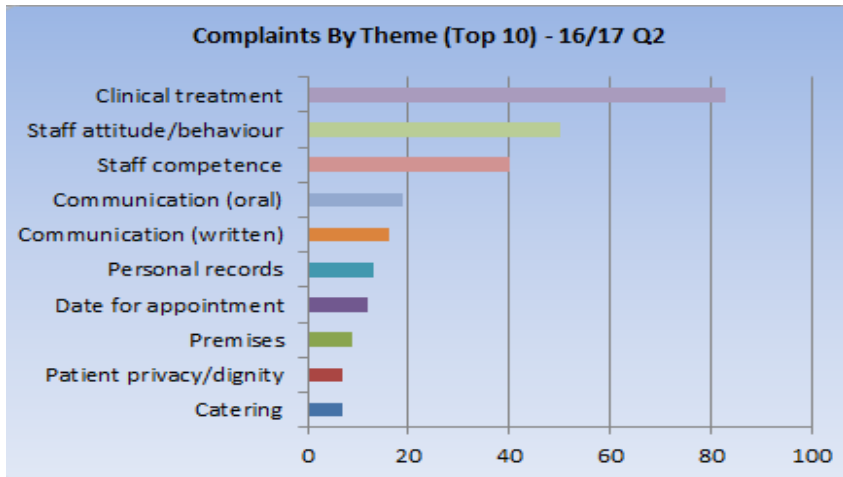


Re-opened complaints:

17 complaints received during the quarter were reopened from an earlier complaint received either during the current or earlier quarter.

This is 5.7% of complaints received during the quarter. Target < 5%

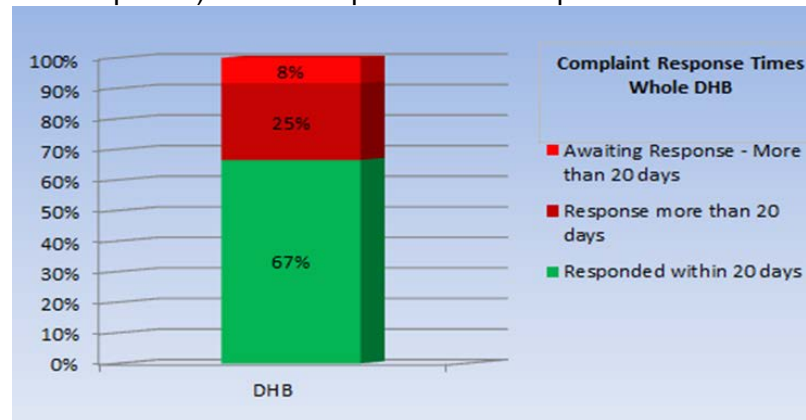


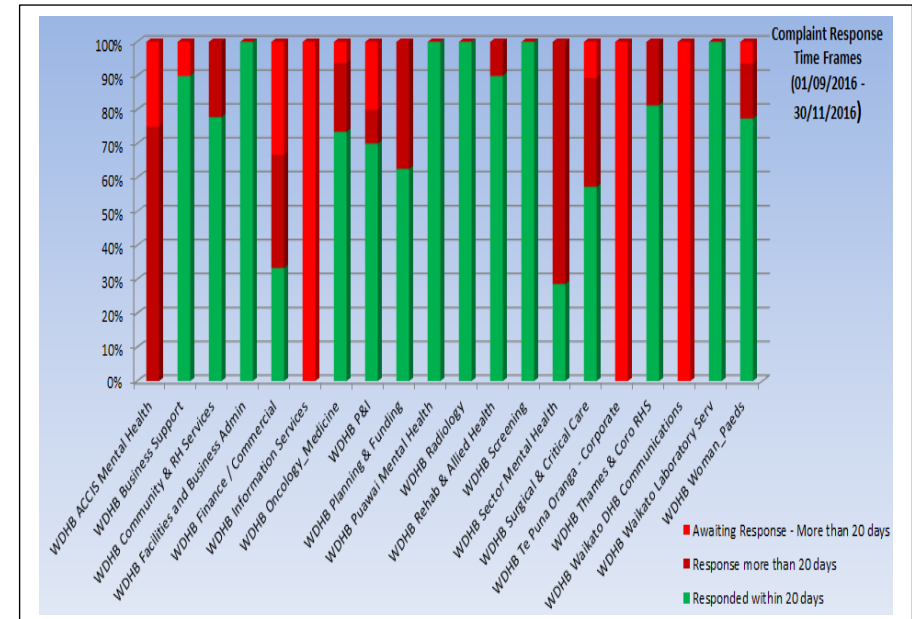
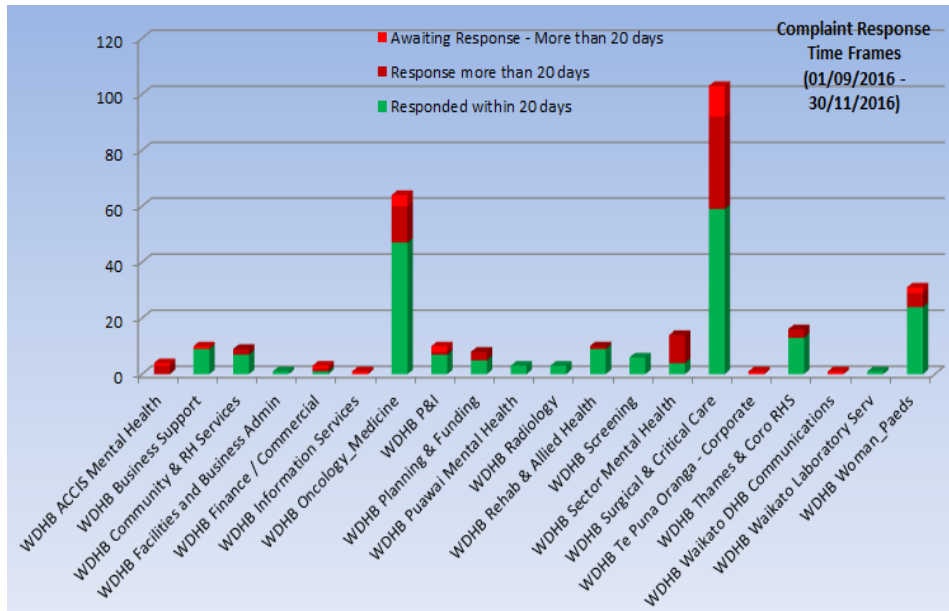


Response timeframes:

Target 70%

67 % (61% previous quarter) of the complaints were responded to within 20 working days.





Compliments extract

Medihotel: *What a wonderful addition to a great hospital. I felt it was helpful for a quick recovery. All patients feel their recuperation is much quicker. Service by staff is exceptional. Friendly people and very qualified. I wonder if a competition could be done for junior staff to have a week in Level 8 as a reward.*

Complaint extract

Complaint received via Advocate:

Mrs X was admitted and discharged from the emergency department on the same day. She presented for stomach pain during pregnancy. Mrs X was accompanied by her pre-school son as she had no one to look after him. Mrs X identifies with the Muslim faith.

After waiting almost three hours, Mrs X contacted a support person to assist her. Mrs X has a professional relationship with her support person who represents a community trust and fulfilled the role of advocacy during the complaint process.

The support person said she was asked on her arrival "Are you an interpreter?" We don't need you and we are not going to pay you". Mrs X and her support person were allegedly referred to as "...you people" during subsequent conversation.

There was concern about the presence of Mrs X's child and she was allegedly asked "What if you die here, who is going to take custody of him?".

Blood was leaked onto Mrs X's scarf while the nurse was occupied with organising a trolley. There was a disregard of the Islamic religious belief system in relation to blood and defilement.

The complaint outlined violations of the Nursing Code of Conduct:

- Not treating the patient with kindness and consideration,*
- Creating an environment where a devout Muslim woman lost her dignity,*
- Exhibited cultural bias and ignorance,*
- Disregarded Mrs X's support person who understood her first language, culture and needs,*
- Improper use of a tourniquet by placing it away from the site of entry and at the same time not putting pressure on the bleeding site which increased bleeding.*

The experience was traumatising for Mrs X and in a subsequent bout of sickness she refused to visit Waikato Hospital.

The complaint has recently been re-opened due to concerns about the complaint outcome and lack of direct apology to Mrs X.

Health and Disability Commission (HDC)

New HDC complaints received during quarter 4, 2016

During the report period 13 new complaints were received by HDC regarding Waikato DHB (7 were received in the previous quarter). 8 services were involved in these complaints*

HDC's broad scope was reflected by two responses invited during the report period. Waikato DHB was required to supply a maternity report outlining adverse events since 1 July 2016 and actions arising. This followed from concerns reported to HDC by the New Zealand College of Midwives. This was counted as one of the 13 complaints received.

Changes in Waikato's DHB complaint profile with an emphasis on staffing/ issues of access is a work in progress to be reported to HDC on or before 31 January 2017. The information request from HDC followed from analysis and identified trends within Waikato DHB complaint data and was not counted as a complaint.

During the report period, Waikato DHB was required to supply information in relation to five complaints made to HDC about other providers.

Service	Number of complaints received	Complaint summary
ED (Waikato Hospital)	6	<p>Patient had on-going lower calf infection following first presentation for treatment post-accident.</p> <p>Patient was unhappy with treatment provided for fractured right wrist. Plaster cast was poor and placed over an open wound. Reviewing doctor said surgery was required but passage of time meant this was not an option and patient would have ongoing loss of flexibility and pain.</p> <p>Baby was seen multiple times by health care professionals who failed to identify issues contributing to death at three months old. No red flags were raised over mother's complicated and painful pregnancy.</p> <p>Patient had on-going health problems since 2008. Insufficient investigation to identify cause of symptoms.</p> <p>Patient presented for painful injury of left leg. Triage was clear and normal despite patient being acutely unwell at that time with pneumococcal infection and only hours of life left. Patient</p>

		<p>prescribed paracetamol and ibuprofen and referred to other health provider.</p> <p>Male aged 25 died the same month he was diagnosed with cancer. Reported history of multiple presentations for stomach complaints and vomiting.</p>
Surgical and Critical care	4	<p>Patient had on-going lower calf infection following first presentation for treatment post-accident.</p> <p>Baby was seen multiple times by health care professionals who failed to identify issues contributing to death at three months old. No red flags were raised over mother's complicated and painful pregnancy.</p> <p>Patient had on-going health problems since 2008. Insufficient investigation to identify cause of symptoms.</p> <p>Delayed diagnosis of undeveloped pancreas resulting in repeat hospital admissions without resolution.</p>
Internal Medicine	3	<p>Baby was seen multiple times by health care professionals who failed to identify issues contributing to death at three months old. No red flags were raised over mother's complicated and painful pregnancy.</p> <p>Caesarean not considered or offered. Thorough assessment of mother not done. Use of ventouse with excessive force on five occasions led to life threatening injury to baby. Lack of communication about events.</p> <p>Systems issues. Following from a report of concern from the New Zealand College of Midwives, HDC invited a maternity report setting out adverse events since 1/7/16 and actions arising.</p>
Women's Health	3	<p>Baby was seen multiple times by health care professionals who failed to identify issues contributing to death at three months old. No red flags were raised over mother's complicated and painful pregnancy.</p> <p>Caesarean not considered or offered. Thorough assessment of mother not done. Use of ventouse with excessive force on five occasions led to life threatening injury to baby. Lack of communication about events.</p> <p>Systems issues. Following from a report of concern from the New Zealand College of Midwives,</p>

		HDC invited a maternity report setting out adverse events since 1/7/16 and actions arising.
Child Health	3	Baby was seen multiple times by health care professionals who failed to identify issues contributing to death at three months old. No red flags were raised over mother's complicated and painful pregnancy. Diagnosis of hydrocephalus was missed despite 70+ presentations with ill child. Notes were missing for numerous presentations. The gravity of baby's condition was not identified despite four contacts over a six day period and delay in treatment on admission.
Hamilton and Rural Team (District Nurses)	1	Patient had on-going lower calf infection following first presentation for treatment post-accident.
Thames Hospital IPU ED	2	Missed abdominal sepsis, which led to cardiac failure and death. The gravity of baby's condition was not identified despite four contacts over a six day period and delay in treatment on admission.
Taumarunui Hospital (outpatients)	1	Lack of treatment for left-sided pain. Patient reported being discriminated against for being Maori.
Total	23	

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

Complaint decisions made by HDC

During the report period HDC made seven decisions regarding complaints about Waikato DHB. This was consistent with the last quarter. The outcome decisions are summarised in the below-outlined table.

No breach findings were made during the report review period.

An additional five complaints were referred from HDC to Waikato DHB to provide a direct response to the complainant. HDC referred one complaint to the District Inspector, Mental Health for investigation.

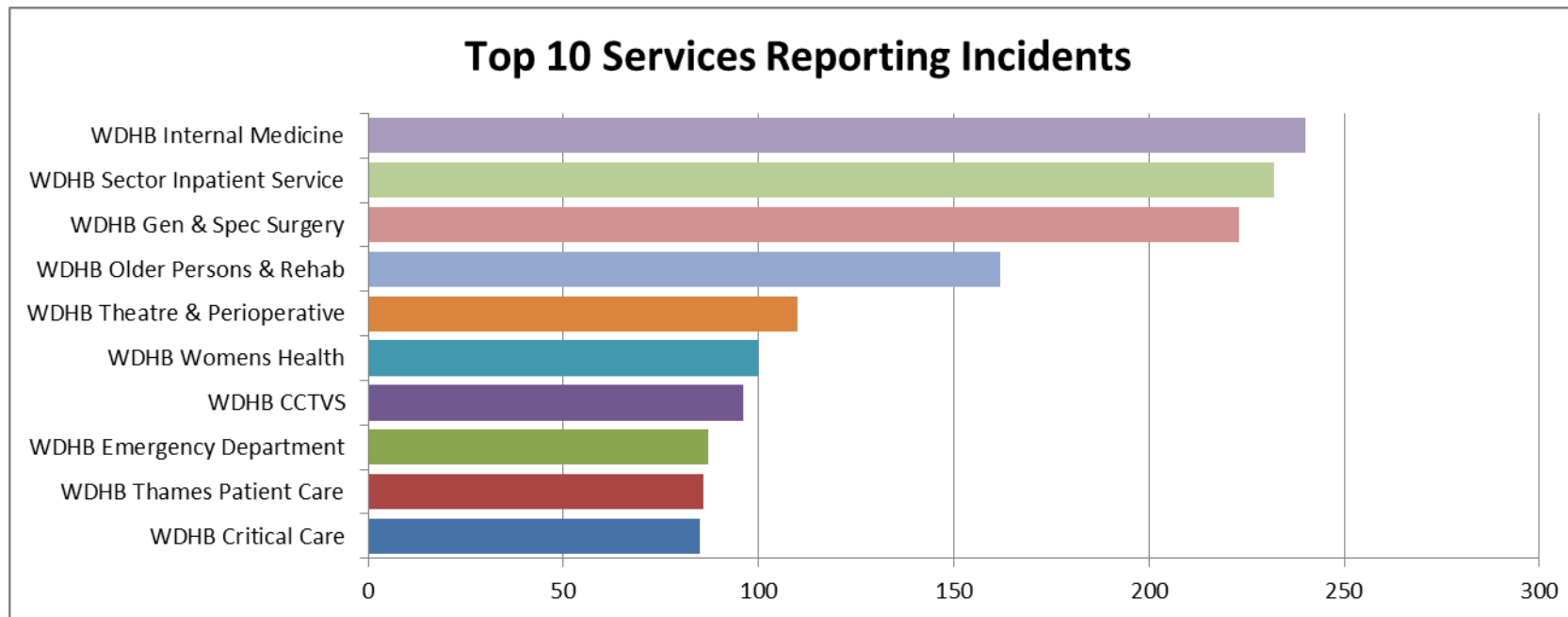
HDC decision	Number of complaints	Services involved
No further action decision. Actions required/ recommendations made including but not limited to apology letter, training and supply of information and audit results.	4	Surgical and Critical care, Internal Medicine and OPR.
No further action – no actions required	2	Puawai Mental Health and Taumarunui Hospital (outpatients).
No further action- out of jurisdiction	1	HDC advised complainant to refer to privacy commissioner.
Total	7	

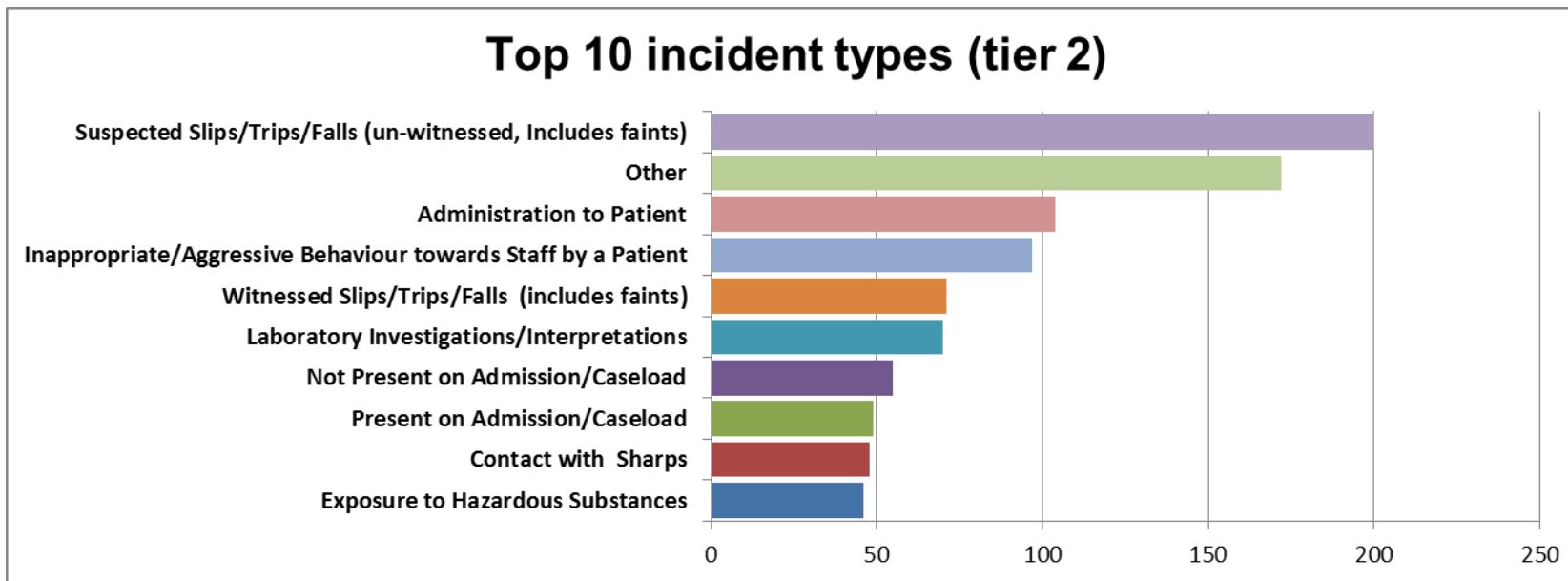
Incident Management

Incident management is crucial to the management of risks associated with clinical and non-clinical care at Waikato District Health Board. An incident is an unplanned event that results in, or has the potential to result in, injury, damage or loss whether it be clinical or non-clinical events including accidents.

Incident summary October to December 2016

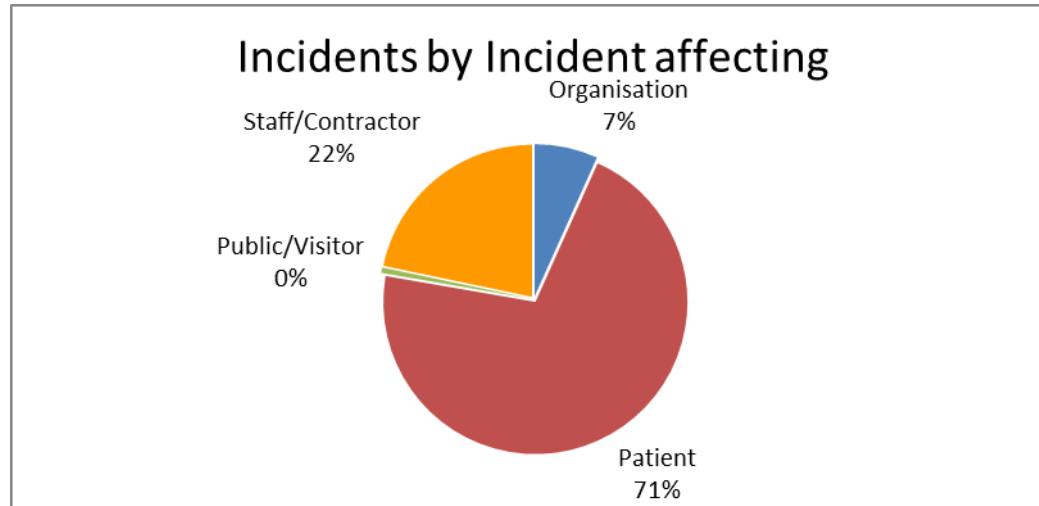
There were 2141 incidents reported in quarter 2 2016/17 (2112 in quarter 1).





Note that “Other” has made its way up to second top incident type. Work needs to continue to encourage staff to select meaningful classifications wherever possible. Attempts have been made to educate staff including creating tip sheets for staff for common Incidents so they can quickly and easily select the correct classification, but further publicity and encouragement is required around this.

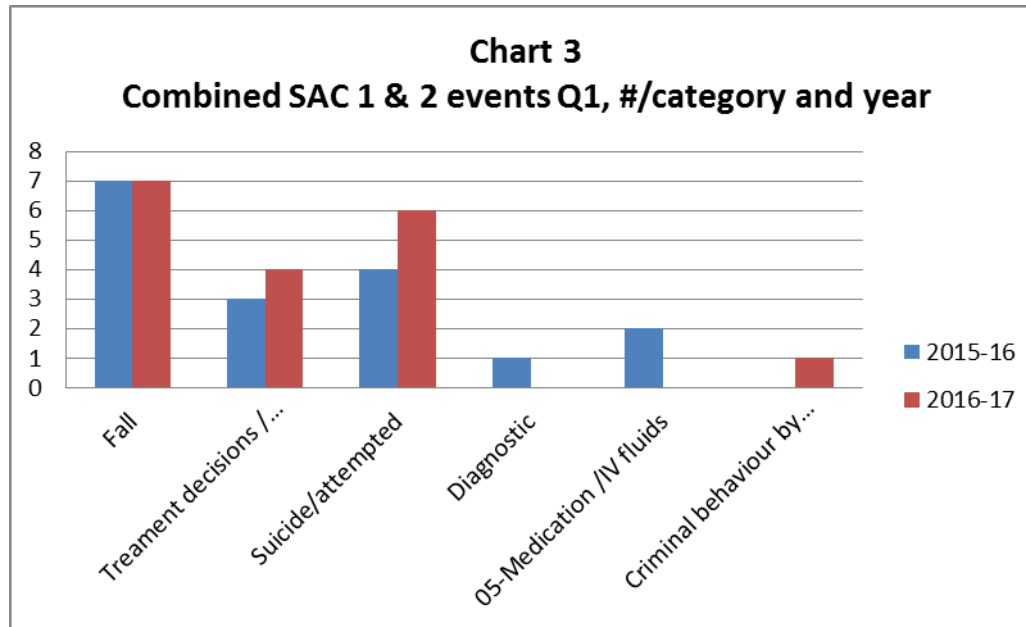
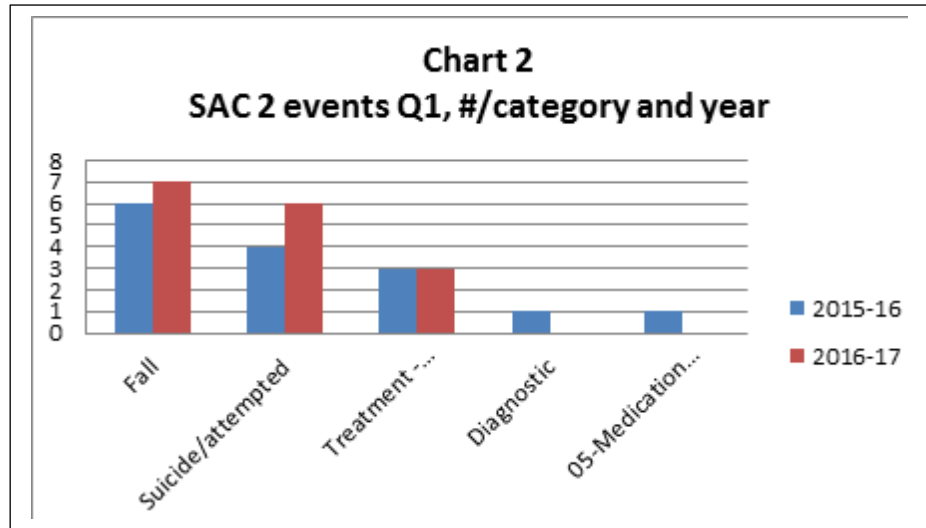
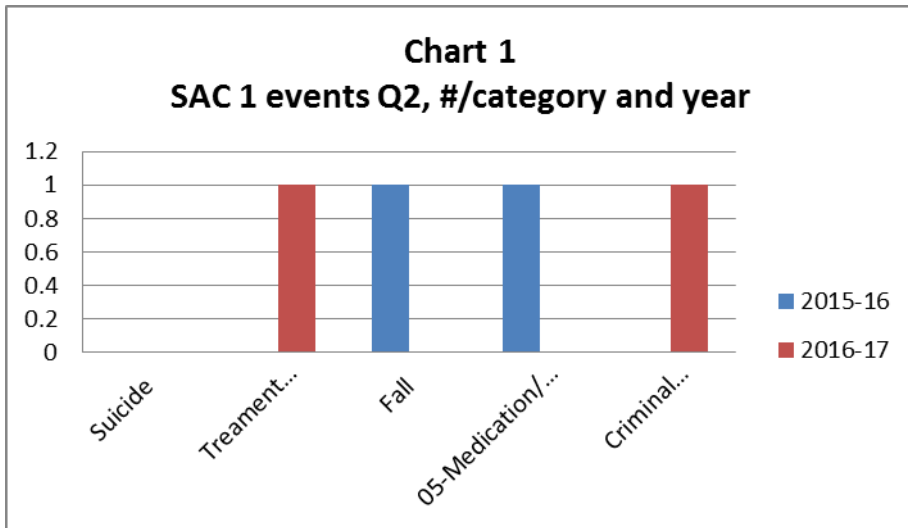
It is not possible to make improvements if the type of incident is not identified ‘other’ – a request to the regional Datix governance group has been made to remove the ability for staff to use ‘other’.

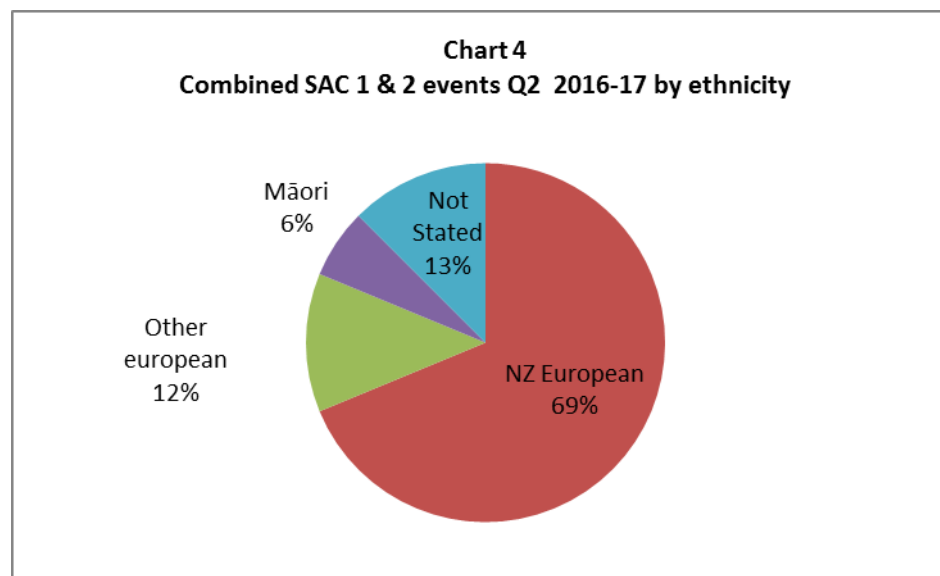


Never and Serious Events

This report summarises serious adverse events (SAE) reported between 01 October 2016 – 31 December 2016 compared with the same period in 2015-16 financial year. A total of **two** SAC 1 events and **fourteen** SAC 2 events were reported in Q2 this financial year. This compares with **two** SAC 1 events and **fifteen** SAC 2 events logged in Q2 2015-16.

Chart 1 shows the number of **SAC 1** events, chart 2 the **SAC 2** events and Chart 3 shows the **combined** number for Q2 for the years 2015-16 and 2016-17.





- Falls resulting in fractures are the highest category for reported SAC 1 and 2 events, a constant theme. For a myriad of reasons including patient, staff, environmental and organisational factors, there will always be occasions where patients fall in healthcare facilities; however a key focus at the DHB is to reduce the frequency and even more importantly the harm from these falls.
- Never Events – no ‘never events’ were reported in Q2 of 2016-17 the same as last year.
- Four serious events reported this quarter were not due to ‘behaviour’ (suicides / criminal activity) or falls with fractures. Three were due to delay in treatment and one incorrect test results resulting in wrong treatment.

Actions from Serious Adverse Events – *(please note serious events are currently being monitored through 2 systems; this will be resolved by year end).*

The majority of serious event investigations result in recommendations which are aimed at reducing the likelihood of a repeat occurrence. All actions arising from serious adverse events are logged and monitored for progress. There will be an increased focus on ensuring completion of the actions by due date during 2017 and better transparency of residual risk to the organisation

Charts 5,6,7 and 8 are actions from Datix and 9,10 and 11 have come from our previous Access Database for Serious events. In terms of the Datix actions, 138 actions were closed in quarter 2 while 170 actions are still open (33 of these are overdue). In terms of the Access actions, 9 actions were closed in quarter 2 while 50 actions are still open (Only 1 is not yet overdue):

Refer Charts 5 & 6 or 9 & 10 for number of open actions per department and service, Chart 7 or 11 for actions closed per department in Q2 and Chart 8 for the number of overdue actions per department / ward.

Chart 5 - Open / Outstanding Actions By Service

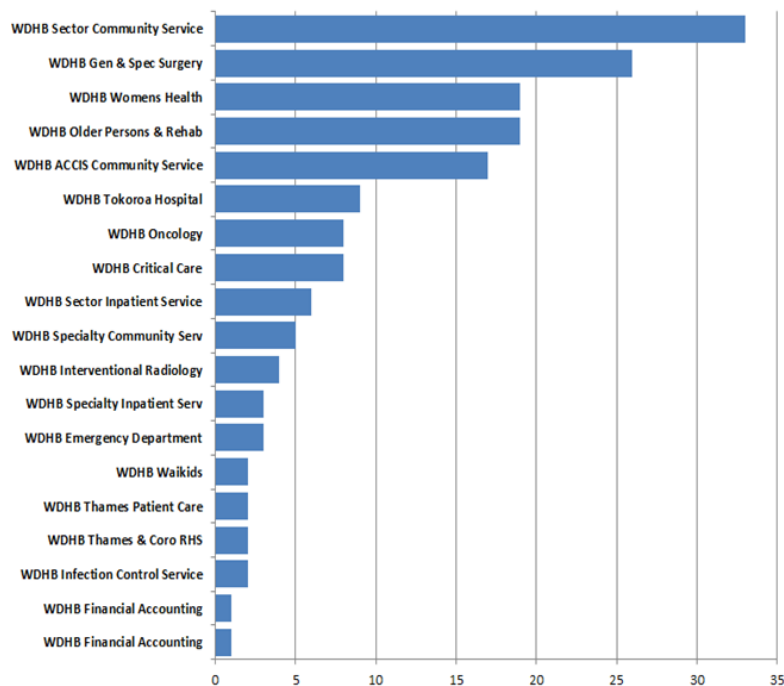


Chart 6 - Open / Outstanding Actions By Department

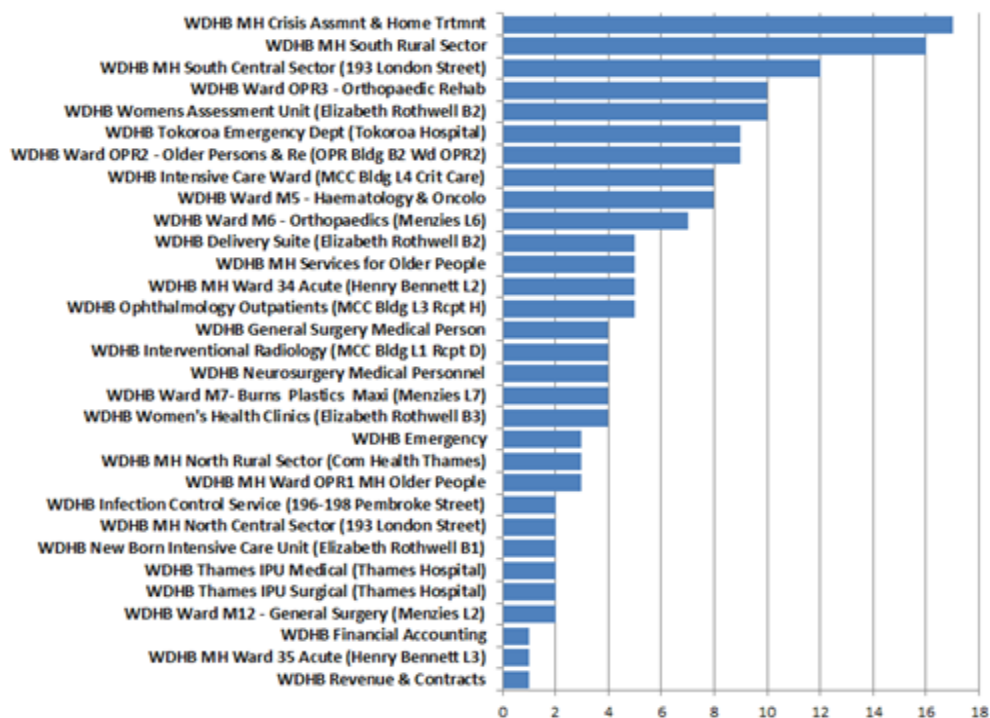


Chart 7 - Actions Closed during Q2 2016-17

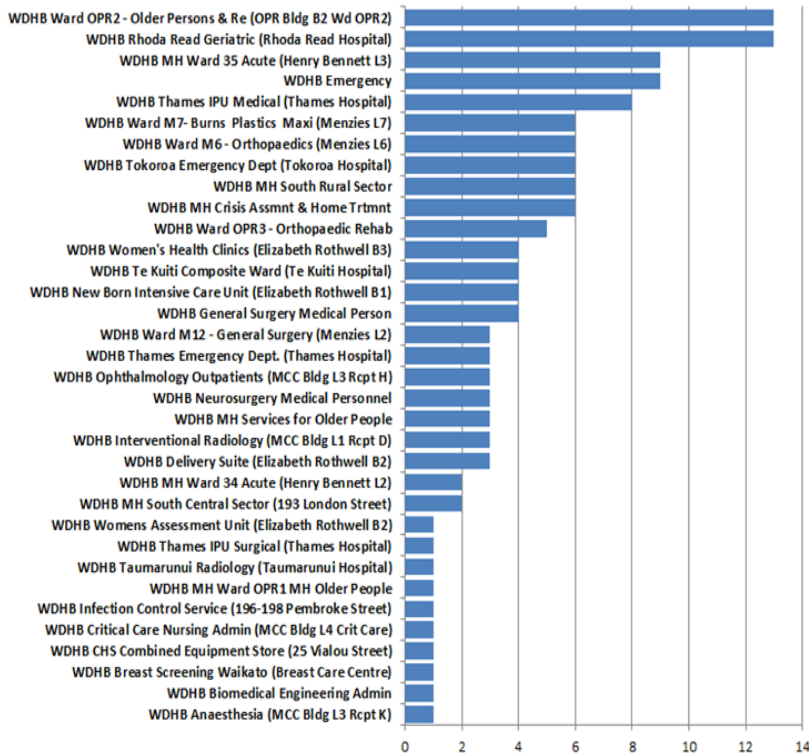
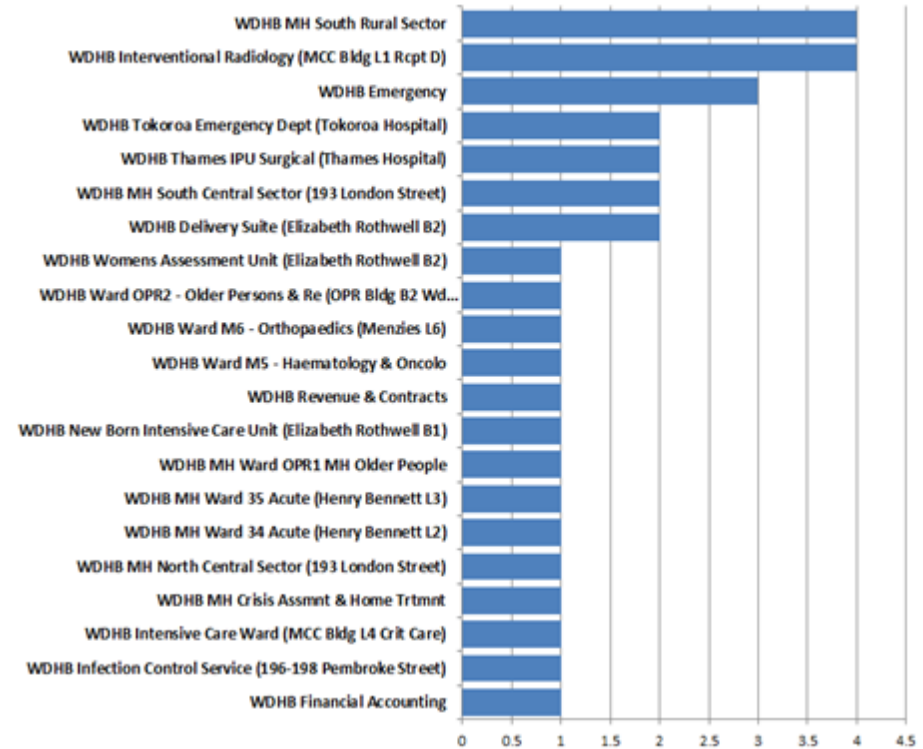
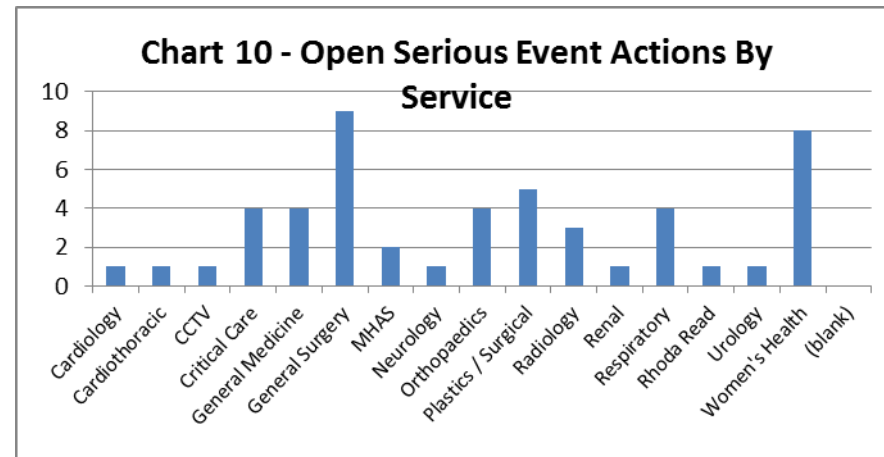
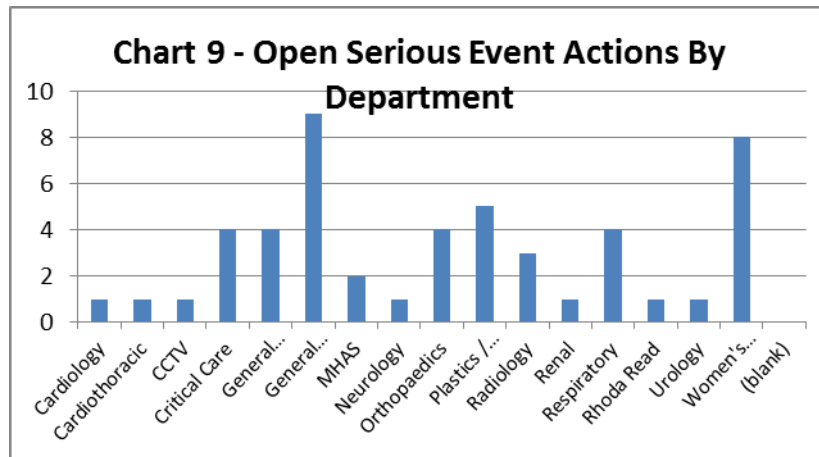
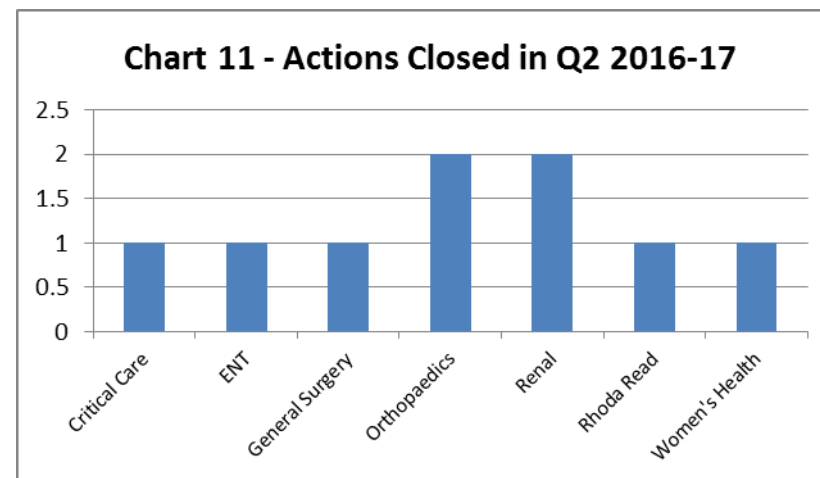


Chart 8 - Overdue Actions by Department/Location





N.B. All but one of the open serious event actions are overdue



Coroners Activity

The Coroners process within the DHB is currently under review following the changes in quality and patient safety and the lack of a clear process of monitoring if recommendations have been implemented or if the DHB learns from other DHB coroners reports. The new process is due approval at the Board of Clinical Governance in February 2017.

Coroner's decisions are received after the coroner has reviewed the reports submitted by clinicians in regards to the care of patients prior to their death. These decisions can be 1) a notice of proposed hearing (inquest), 2) findings with or without recommendations and 3) decision not to open enquiry. To date the reporting of coroners activity / decisions has been included in the legal casebook presented by the Legal department.

The table below compares the coroner activity for the current and past quarter:

Coroner requests	Q1 2015/16	Q2 2015/16
Number of patient deaths investigated by the coroner	28	15
Total number of reports requested by the coroner*	33	19
Notice that enquiry opened	2	1
Findings	10	15
Cases Closed		16
Notification of No Enquiry	6	7
Recommendations	0	0

*1 request can involve more than 1 report (i.e. coroner may request reports from ED, surgery etc)

Clinical Effectiveness

The focus for the Clinical Effectiveness team moves to better administrative processes. This will enable reporting to be more succinct and timely. We look forward to working with the services through the Quality Governance Coordinators to meet your needs. The number of overdue policies and guidelines remains concerning. A review of the development and approval process is underway.

<p>Priority 1 audits – ‘Must do’ clinical audits</p> <p>Audits that are driven by clinical governance and quality improvement are treated as a priority for the DHB. They take priority due to the nature of their urgency.</p> <p>Registered and completed this quarter: 2</p> <ul style="list-style-type: none"> ➤ <i>Compliance with ‘Contacting Rural Hospital Medical Cover after hours’ at Tokoroa Hospital (ED) (CASU no 3678)</i> ➤ <i>Resuscitation Trolley audit (CASU no 3674)</i> <p>Priority 2 – ‘DHB-wide/Service-specific’ clinical audits</p> <p>Audits that are pieces of work identified as local priorities are agreed by quality governance groups and are internally driven.</p> <p>Registered: 1</p> <p>Completed: <i>Longitudinal audit – life of the IV catheter</i> – to be completed by PDU in inpatient wards and ED.</p> <p>Priority 3 – ‘Clinician interest’ clinical audits</p> <p>Audits that are neither must do clinical audit priorities or DHB-wide/Service specific clinical audit priorities are identified in Priority 3.</p> <p>Registered: 20</p> <p>Completed Reports 19 (not necessarily started in this quarter)</p>	<p>Policies and Guidelines Currency</p> <p>Waikato DHB Wide</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Currency</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>Policies</td> <td>82%</td> <td>107/131</td> </tr> <tr> <td>Guidelines</td> <td>100%</td> <td>22/22</td> </tr> <tr> <td>Procedures</td> <td>67%</td> <td>32/48</td> </tr> <tr> <td>Protocols</td> <td>83%</td> <td>15/18</td> </tr> <tr> <td>Drug Guidelines</td> <td>65%</td> <td>43/66</td> </tr> <tr> <td>Standing Orders</td> <td>42%</td> <td>28/67</td> </tr> <tr> <td>Total</td> <td>70%</td> <td>247/352</td> </tr> </tbody> </table> <p>Clinical Management</p> <table border="1"> <thead> <tr> <th>Business Area</th> <th>Currency</th> <th>Number</th> <th></th> </tr> </thead> <tbody> <tr> <td>Community, Rural, Public Health, Screening</td> <td>84%</td> <td>343/410</td> <td>▼</td> </tr> <tr> <td>Emergency, Medicine, Oncology, Outpatients</td> <td>72%</td> <td>266/371</td> <td>▲</td> </tr> <tr> <td>Mental Health and Addictions</td> <td>93%</td> <td>42/45</td> <td>▼</td> </tr> <tr> <td>Older Persons and Allied Health</td> <td>80%</td> <td>80/96</td> <td>▼</td> </tr> <tr> <td>Surgery, Critical Care</td> <td>83%</td> <td>269/323</td> <td>▼</td> </tr> <tr> <td>Women’s and Children’s Health</td> <td>87%</td> <td>206/236</td> <td>▲</td> </tr> <tr> <td>Other*</td> <td>93%</td> <td>125/135</td> <td>■</td> </tr> <tr> <td>Total</td> <td>82%</td> <td>1331/1616</td> <td>▼</td> </tr> </tbody> </table> <p>* Other includes: ADT, Blood, Clinical Equipment, Infection Control, Information Services, Laboratory, Procurement, Radiology, Research and Clinical Trials</p> <p>▼ Decrease from previous quarter ▲ Increase from previous quarter ■ No change</p>	Type	Currency	Number	Policies	82%	107/131	Guidelines	100%	22/22	Procedures	67%	32/48	Protocols	83%	15/18	Drug Guidelines	65%	43/66	Standing Orders	42%	28/67	Total	70%	247/352	Business Area	Currency	Number		Community, Rural, Public Health, Screening	84%	343/410	▼	Emergency, Medicine, Oncology, Outpatients	72%	266/371	▲	Mental Health and Addictions	93%	42/45	▼	Older Persons and Allied Health	80%	80/96	▼	Surgery, Critical Care	83%	269/323	▼	Women’s and Children’s Health	87%	206/236	▲	Other*	93%	125/135	■	Total	82%	1331/1616	▼
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Leadership Walks

The Executive Leadership Quality and Safety walks' occur fortnightly. These walks are a combination of Releasing Time to Care (RTC) / Quality Improvement and leadership rounds. The process is currently under review.

The Purpose of the visits is to:

- Support quality and patient safety initiatives
- Support the ongoing sustainability of Releasing Time to Care – the Productive Series
- Identify any barriers or issues in the department
- Share and highlight good practices / ideas.

In this quarter (October- December), we have done 4 leadership walks covering 7 areas/wards. All areas are doing well and taking on the Releasing Time to Care (RTC) approach to address the quality initiatives in their areas.

Hand Hygiene is one of the areas that show continuous improvement in compliance. Flu vaccine was discussed, good uptake seen across the areas. Lot of initiatives are happening to improve staff wellbeing and more staff are now getting involved.

Releasing time to care falls prevention module started in Internal medicine and currently is at its trial stage.

Bright spots webpage is picking up momentum and areas/wards are sharing their ideas and bright stories across the DHB in all the three Productive series i.e. Productive Wards, Productive Mental health and Productive Community.

One recent initiative on bright spot is from oncology outpatient - they have established nurse led clinics which has improved patient flow in the service and are looking at starting more clinics.

For this quarter, six walks were conducted in the following areas:

- 10th Oct- Ward A2 and Acute Medical Unit
- 14th Nov – Ward A3 and Ward A4
- 28th Nov- Puna Taunaki
- 12th Dec- Ward M6 and Ward M16



Finance Report

**WAIKATO DISTRICT HEALTH BOARD
YEAR TO DATE FINANCIAL COMMENTARY**

FINANCIAL PERFORMANCE MONTHLY COMMENT:

Provider:

For January 2017 the Provider Arm is unfavourable to budget by \$15.1m.

It should be noted that this in the context of:

- Acute cases, excluding ED : episodes 2.0% above plan; case-weights 5.6% above plan
- Elective cases: episodes 16.2% below plan; case-weights 22.6% below plan
- Overall 2.9% below plan for cases and 3.1% below plan for case-weights

Please note that analysis is being done to ensure that the volume differences are clearly understood and the impacts managed.

RECOMMENDATION(S):

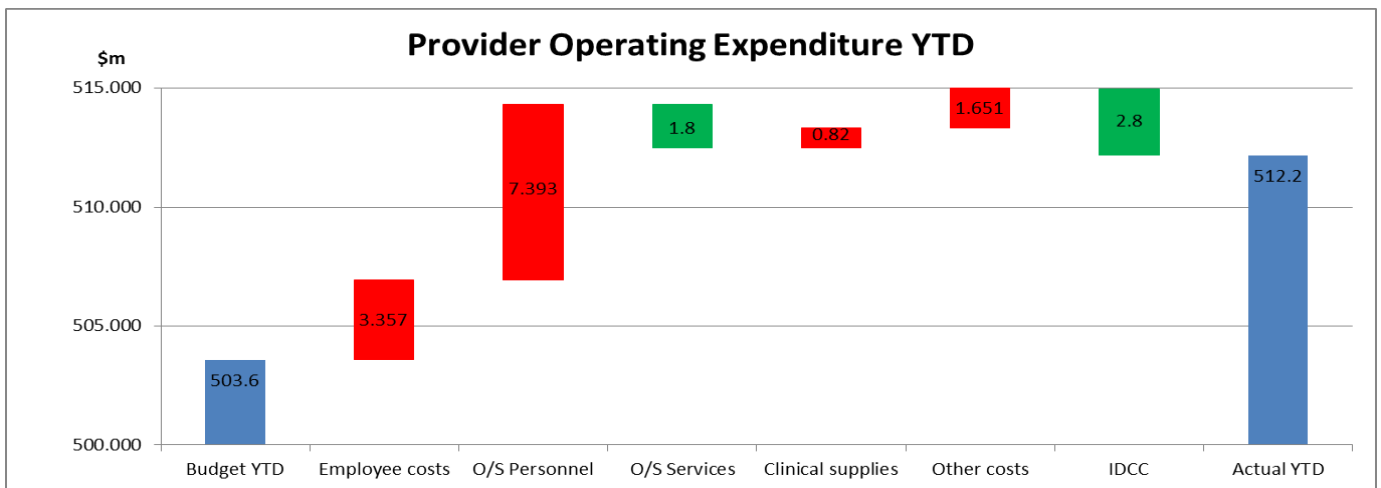
That this report be received

**ANDREW McCURDIE
CHIEF FINANCIAL OFFICER**

WAIKATO DISTRICT HEALTH BOARD YEAR TO DATE FINANCIAL COMMENTARY

YTD Actuals Jan-16 \$'000	Provider Result for January 2017	Month			Year to Date			Budget Jun-17 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000	
441,095	Government and Crown Agency	59,225	61,797	(2,572) U	469,938	476,775	(6,837) U	816,164
14,137	Other Revenue	1,604	1,859	(255) U	13,873	13,601	272 F	22,734
455,232	Total Revenue	60,829	63,656	(2,827) U	483,811	490,376	(6,565) U	838,898
292,528	Personnel	44,876	44,564	(312) U	310,844	307,487	(3,357) U	533,413
7,535	Outsourced Personnel	1,777	938	(839) U	13,471	6,077	(7,394) U	10,843
25,038	Outsourced Services	3,990	3,829	(161) U	26,685	28,511	1,826 F	48,751
77,187	Clinical Supplies and Patient Related	9,937	10,910	973 F	78,489	77,668	(821) U	136,527
39,884	Infrastructure and Non-Clinical Supplies	6,432	6,494	62 F	47,339	45,688	(1,651) U	79,821
(1,352)	Internal Recharges	(193)	(193)	(0) U	(1,355)	(1,353)	2 F	(2,320)
440,820	Operating Expenditure before IDCC	66,819	66,542	(277) U	475,473	464,078	(11,395) U	807,035
38,343	Total IDCC	5,411	6,044	633 F	36,699	39,510	2,811 F	69,933
(5)	Extraordinary Costs	3	0	(3) U	0	0	(0) U	0
(23,926)	Provider Surplus/(Deficit)	(11,404)	(8,930)	(2,474) U	(28,361)	(13,212)	(15,149) U	(38,070)

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



FINANCIAL PERFORMANCE MONTHLY COMMENT:

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
Revenue	(\$6.6) U	(1.34%)	Unfavourable
CFA Revenue			
Revenue from the Funder is unfavourable to budget due to underdelivery of volumes across most inpatient services but primarily Orthopaedics	(\$14.7) U	(3.77%)	Unfavourable
Crown Side-Arm Revenue			
Side-arm contracts revenue favourable due mainly to funds received for the 2015/16 Colonoscopy project \$0.3m and a contract variation on the main Public health contract \$0.2m.	\$0.6 F	4.69%	Neutral
Other Government and Crown Agencies Revenue			
<p>Other Government and Crown revenue is \$3.1m favourable mainly due to:</p> <ul style="list-style-type: none"> ● Reimbursement of costs associated with the implementation of NOS \$2.9m favourable (offset in Outsourced Personnel) ● Catch up invoicing for outreach clinics at Bay of Plenty and Lakes DHBs \$0.6m <p>Offset by:</p> <ul style="list-style-type: none"> ● ACC unfavourable \$0.5m 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. 	\$3.1 F	16.36%	Neutral
IDF in and Sector Services			
<p>Sector Services is \$2.1m F due to higher than budgeted sales in the Retail Pharmacy \$1.2m and higher than budgeted reimbursement of Oncology drug costs \$0.8m</p> <p>IDF in is \$2m favourable primarily due to high acute volumes across Oncology, Renal and CCTVS and elective volumes across CCTVS and Neurosurgery</p>	\$4.1 F	7.56%	Neutral
Other Revenue			
Other revenue is favourable primarily due to higher sales in the Café than expected \$0.4m 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 \$0.2m unfavourable.	\$0.3 F	2.01%	Favourable

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
Operating expenditure including IDCC	(\$8.6) U	(1.70%)	Unfavourable
Personnel (employees and outsourced personnel total)	(\$10.8) U	(3.43%)	
<p>Employed personnel are unfavourable to budget mainly due to:</p> <ul style="list-style-type: none"> Medical costs are favourable by \$1.5m. <u>Senior Medical Officers (SMO's):</u> SMO costs are \$1.7m favourable mainly due to: <ul style="list-style-type: none"> - paid FTE costs favourable \$0.9m arising from vacancies, - favourable course and conference costs which is as a result of reduced accrual for CME costs following SMO resignations \$0.4m, - annual leave movement \$0.3m favourable due to less leave earned offset by less leave taken <u>Resident Medical Officers (RMO's)</u> RMO costs are \$0.2m unfavourable due to vacancies offset by annual leave taken running lower than budgeted. <p>The net financial YTD impact of the RMO strike in October 2016 on personnel costs is currently \$0.2m: SMO claims to date to cover RMO shifts \$0.3m Savings on payments to RMO's \$0.1m The net financial impact of the RMO strike in January 2017 on personnel costs is not known as SMO claims are still being received and processed.</p> <ul style="list-style-type: none"> Nursing costs are unfavourable to budget by \$4.5m. Paid FTE (Full Time Equivalent employee) cost is \$1.5m unfavourable due to budgeted vacancy savings not being achieved. In addition to this the annual leave movement is running \$3m unfavourable. Allied Health costs are unfavourable to budget by \$0.7m. Base costs are \$0.3m favourable offset by unfavourable overtime \$0.3m due to vacancies. In addition annual leave taken unfavourable to budget \$0.7m. Other favourable variances, largely in Management, Administration and Support \$0.3m 	(\$3.4) U	(1.09%)	Unfavourable
Outsourced personnel are unfavourable mainly due to:			
<ul style="list-style-type: none"> Higher than planned use of locums within medical personnel to cover vacancies \$2.9m. Nursing is \$0.8m unfavourable due to external agency costs to fill roster gaps and watches. 	(\$3.7) U	(95.56%)	Unfavourable
<ul style="list-style-type: none"> Higher than planned use of contractors in management/admin \$3.7m primarily due to contractors working on the NOS implementation. Costs recovered in Other Government Revenue - \$2.9m. 	(\$3.7) U	(166.80%)	Neutral
Outsourced services	\$1.8 F	6.40%	
Outsourced corporate services \$1.2m 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. In addition, outsourced clinical service costs are favourable to budget \$0.6m due to lower than planned outsourcing of electives.	\$1.8 F	6.40%	Neutral

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
Clinical Supplies	(\$0.8) U	(1.09%)	
Instruments & equipment are \$0.4m favourable primarily due to favourable service contract costs.	\$0.4 F	5.49%	Favourable
Implants & prosthesis are \$1.9m 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.	\$1.9 F	14.58%	Neutral
Treatment disposables unfavourable due to savings allocation of \$3.9m offset by favourable variances across a range of areas such as dressings, staples, tubes/drainage/suction, IV fluids and rebates.	(\$2.1) U	(6.73%)	Unfavourable
Pharmaceuticals \$0.8m unfavourable primarily due to cytotoxic drug costs running higher than budgeted. This in part due to the newly approved melanoma treatment.	(\$0.8) U	(4.38%)	Unfavourable
Diagnostic Supplies & Other Clinical Supplies - close to budget.	(\$0.2) U	(3.15%)	Neutral
Infrastructure and non-clinical supplies	(\$1.6) U	(3.61%)	
<p>Infrastructure and non-clinical supplies are \$1.6m unfavourable primarily due to:</p> <ul style="list-style-type: none"> • Savings allocation unfavourable by \$1.4m, • Cost of Goods Sold (COGS) is \$1.1m 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 (\$1.1m) • IT costs \$0.5m unfavourable due to minor hardware purchases and telecommunication costs for Virtual Health • Offset by favourable facilities variance \$0.9m due to delayed start of maintenance programme and Hilda Ross House demolition and cleaning costs running favourably by \$0.5m due to a focus on this contract. 	(\$1.6) U	(3.61%)	Neutral
Interest, depreciation and capital charge	\$2.8 F	7.11%	
Interest charge is close to budget	\$0.3 F	6.82%	Favourable
Capital charge is favourable to budget as a result of the reduction in the rate from 8% to 7%. Offset in CFA revenue	\$1.3 F	7.11%	Neutral
<p>Non Cash Depreciation favourable due to:</p> <ul style="list-style-type: none"> • Timing of capitalisation of IS projects. 	\$1.2 F	5.02%	Favourable

FUNDER ARM AND GOVERNANCE

YEAR TO DATE FINANCIAL COMMENTARY

FINANCIAL PERFORMANCE MONTHLY COMMENT:

For January 2017 the Funder and Governance are favourable to budget by \$11.1m

Funder and Governance:

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

The result for Governance is on budget.

RECOMMENDATION(S):

That this report be received

ANDREW McCURDIE

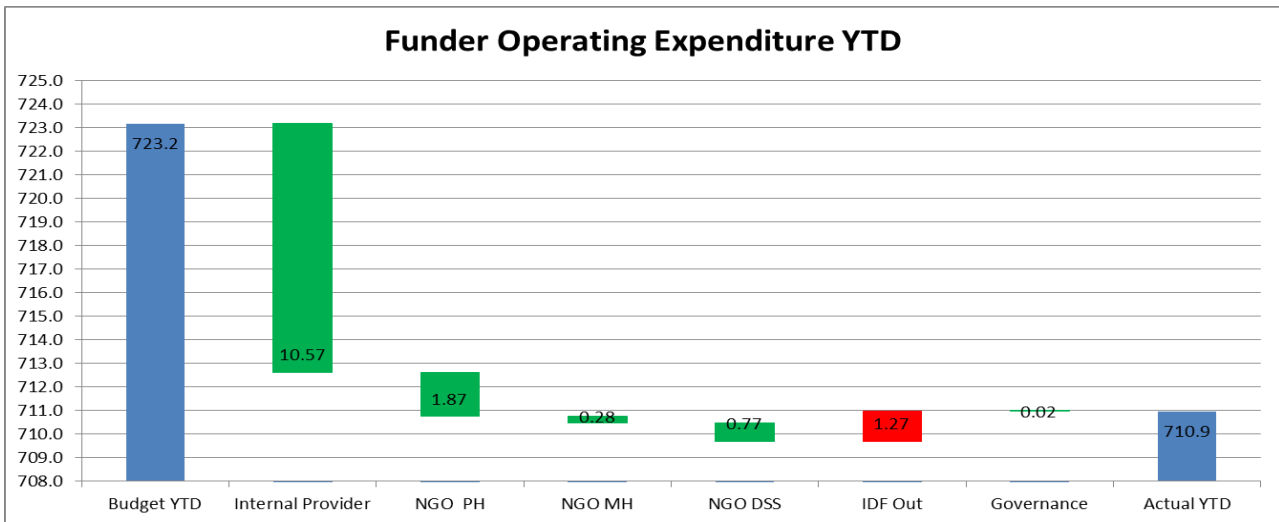
CHIEF FINANCIAL OFFICER

FUNDER ARM AND GOVERNANCE

YEAR TO DATE FINANCIAL COMMENTARY

YTD Actuals Jan-16 \$'000	Funder & Governance Result for January 2017	Month			Year to Date			Budget Jun-17 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000	
636,339	Crown Funding Agreement	95,575	95,602	(27) U	669,926	669,212	714 F	1,147,384
72,052	Inter-district Inflows	9,931	10,993	(1,062) U	75,122	76,954	(1,832) U	131,921
708,391	Total Revenue	105,506	106,595	(1,089) U	745,048	746,166	(1,118) U	1,279,305
352,302	Personal Health and Maori	46,781	49,088	2,307 F	376,001	383,256	7,255 F	655,274
45,232	Mental Health	6,821	7,008	187 F	47,247	49,053	1,806 F	84,091
11,281	Disability Support Services	1,174	1,792	618 F	11,238	12,746	1,508 F	21,839
408,815	Payments to Internal Provider	54,776	57,888	3,112 F	434,486	445,055	10,569 F	761,204
155,148	Personal Health and Maori	19,633	20,546	913 F	148,451	150,325	1,874 F	256,938
26,467	Mental Health	3,208	3,905	697 F	27,308	27,589	281 F	47,192
61,493	Disability Support Services	9,056	9,257	201 F	64,029	64,796	767 F	111,080
32,890	Inter-district Outflows	5,205	4,559	(646) U	33,185	31,916	(1,269) U	54,714
275,997	Payments to NGO's	37,102	38,267	1,165 F	272,973	274,626	1,653 F	469,924
2,830	Cost of Governance	400	399	(1) U	3,471	3,493	22 F	5,606
687,642	Operating Expenditure	92,278	96,554	4,276 F	710,930	723,174	12,244 F	1,236,734
20,749	Funder & Governance Surplus/(Deficit)	13,228	10,041	3,187 F	34,118	22,992	11,126 F	42,571

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



Note: green = favourable variance, red = unfavourable variance

The Funder Arm YTD variance resulted from:	Variance \$m	Impact on forecast
Revenue	(\$1.1) U	
Crown funding		
Favourable to budget mainly due to: <ul style="list-style-type: none"> 15/16 elective surgery wash-up \$1.5m received additional funding received which is offset by cost in External Provider Payments: <ul style="list-style-type: none"> Palliative Care \$0.4m Rheumatic fever \$0.2m Healthy Homes initiative \$0.4m PHO Care Plus wash-up & VLCA \$0.5m Offset by unfavourable variances relating to: <ul style="list-style-type: none"> Reduction in revenue received relating to the change in rate for the capital charge \$1.4m. This reduction is offset by a reduction in capital charge paid. In between travel wash up relating to 2016/17 \$0.6m (offset by reduced cost in External Provider payments) and to 2015/16 \$0.3m. 	\$0.8 F	Neutral - offset in expenditure
Interdistrict inflows		
Unfavourable flow from BoP \$1.8m, Taranaki \$0.8m and Auckland \$0.1m offset by favourable flow from Lakes \$0.2m and Tairāwhiti \$0.3m	(\$1.9) U	Negative
Operating expenditure excluding IDCC	\$12.2 F	
Payments to the Internal Provider	\$10.6 F	
Payments paid to the internal provider favourable due to underdelivery of volumes across most inpatient services but primarily Orthopaedics.	\$10.6 F	No impact – offset in provider.
Payments to NGO's		
Personal Health:	\$1.8 F	
Personal Health favourable to budget mainly due to: <ul style="list-style-type: none"> Pharmaceuticals \$2.4m F due to revised PHARMAC forecast and offset with internal provider, LY Primary Practice \$0.5m and PHO Quality Indicators pool \$0.6m over accrued Urology wash-up relating to 15/16 \$0.3m Offset by: <ul style="list-style-type: none"> Palliative care \$0.4m costs (offset by revenue) Accrual against under delivery of elective volumes in the provider \$1.4m Rheumatic fever costs \$0.2m 	\$1.8 F	No impact – offset by new revenue or due to timing
Disability Support:	\$0.8 F	
Favourable variance arises mainly from a reduction in cost of in between travel (offset by reduced revenue) \$0.6m	\$0.8 F	Neutral
Mental Health:	\$0.3 F	
Mental Health costs close to budget.	\$0.3 F	Neutral
Interdistrict outflows:	(\$1.3) U	
IDF out unfavourable by \$1.3m due to increased outflow to Counties Manukau DHB due to a change in boundary lines and two high cost patients who have gone to Counties Manukau for treatment.	(\$1.3) U	Negative

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

8 MARCH 2017

AGENDA ITEM 10.1

PEOPLE AND PERFORMANCE REPORT

Purpose

- 1) For information about
 - Recruitment Indicators
 - Safety Culture Working Group

Recruitment Indicators

Outlined below are recruitment indicators to 31 January 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:

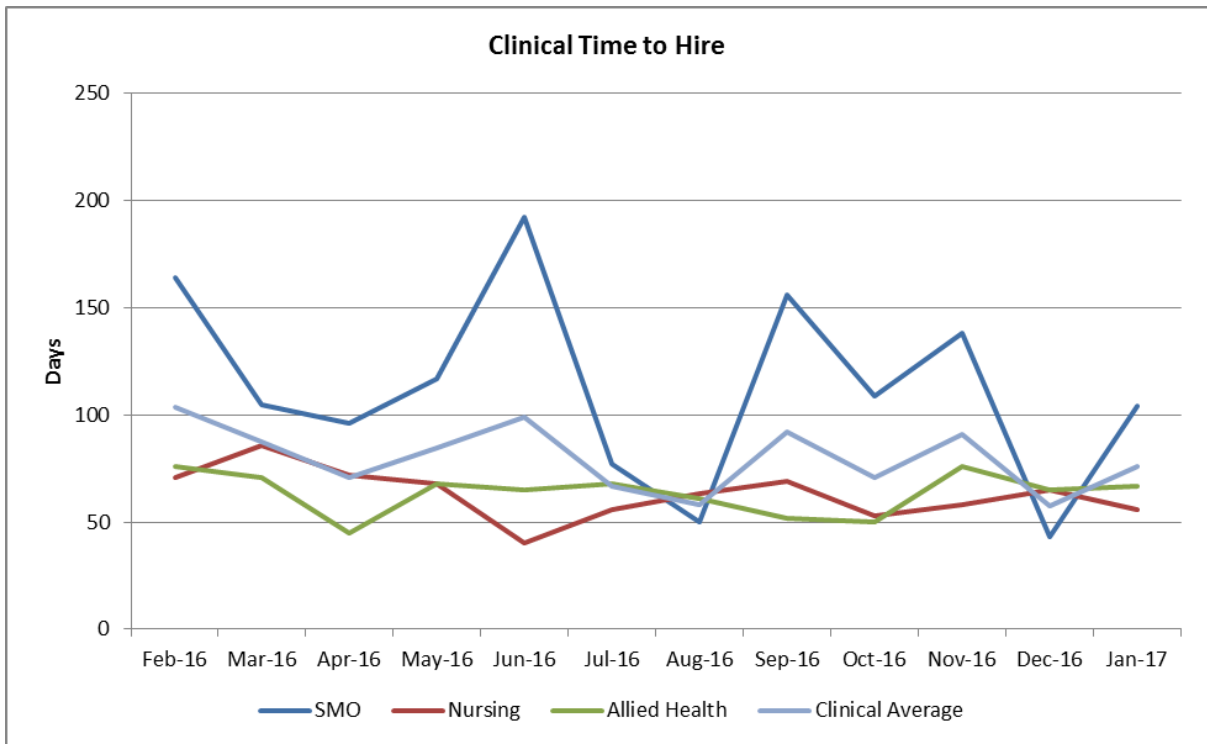
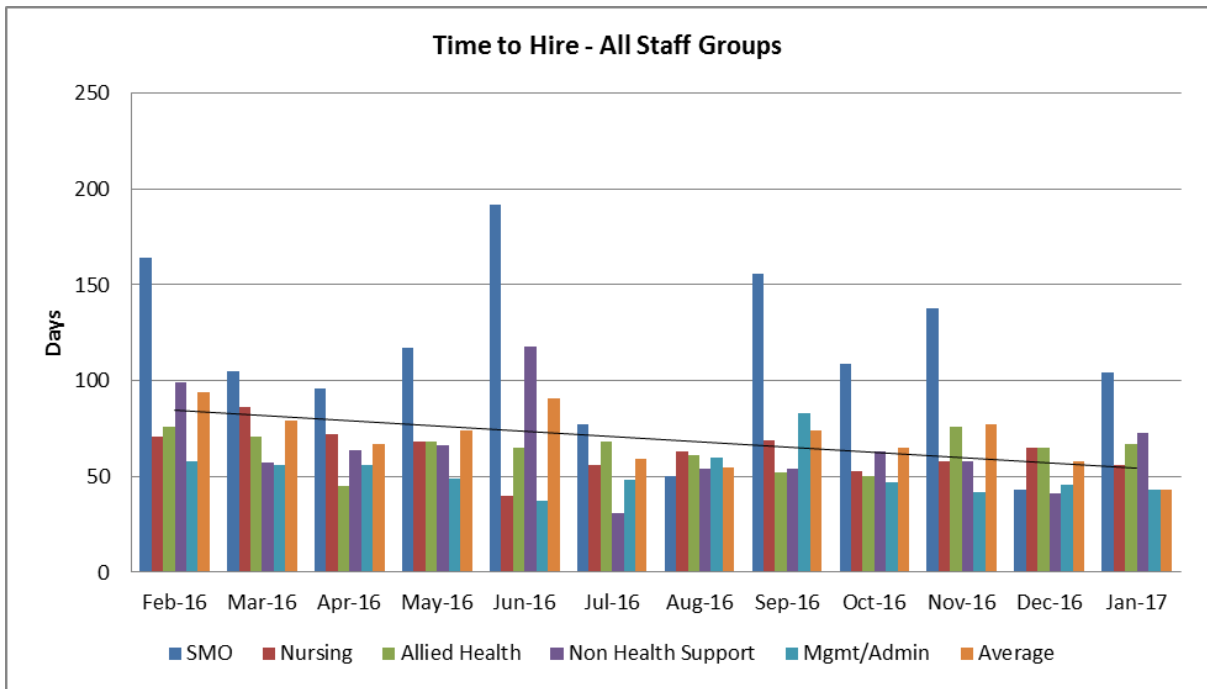
These figures show the percentage of total workforce that is currently in some part of the recruitment process, from approval to recruit to offer accepted. It gives an indication over time as to whether the number of vacancies are increasing or decreasing.

Recruitment in Progress	Jan 2016	Nov 2016	Dec 2016	Jan 2017
Total FTE open to recruit as percentage of total contracted FTE within organisation (at month end)	8.91%	9.32%	10.10%	10.33%

The increase in vacancies during this period is due to the holding of nursing vacancies for those completing the NETP programme in Feb/March 2017, as well as 16 new Needs Assessment/Service Coordinator positions being recruited to in Disability Support link as a result of the approved business case: *Further Development Of Disability Support Link Into A Combined Needs Assessment And Service Coordination Model And Right Sizing FTE To Client Base to manage service demand and meet service targets.*

Time to hire:

The graphs below show average time from recruitment requisition approved until offer accepted.



Safety Culture Working Group

Work is underway in all of the streams of the Safety Culture Working Group work plan. The two work streams where the most significant progress has occurred are Staff Safety and the Values phase two work

- Staff Safety – DHB consistent wide processes to enhance and maintain staff safety and well-being.

An online information session “Introduction to Personal Safety” course has been launched and is available on Ko Awatea LEARN. The theme is a short information

session highlighting that keeping staff safe is a priority for Waikato DHB, and introducing some of the support that is available for staff. This information is a precursor for a wider piece of work which involves managers identifying “champions” in their services to receive training on facilitating bespoke training for their own areas that that is based on actual staff safety scenarios that staff have witnessed or experienced.

The foundation for staff safety resources and training is based on a traffic light system which uses an escalating scale of severity which categorises incidents from green (prevention) to black (severe). This system was developed by and successfully implemented by the Critical Care department, which, since using the traffic light system, has not had an incident that has escalated beyond the green category.

A number of short Staff Safety briefing sessions for managers are being held during February and March. These provide managers with information regarding how to use the tools and training to meet the specific needs of their staff and identify individual "champions" to assist in delivering the training in their own areas. Facilitators and DHB staff will also complete an online training course called CALM to assist them to use the recommended approaches and tools and follow-up the training in their own area.

- Values

Phase one completed. New values developed and adopted as part of the Waikato DHB Strategy. Staff of the DHB were thanked and congratulated for their contribution to developing Waikato DHB's values.

Phase two in progress; translation into workplace application and sustainability along with strategy implementation.

On 14 December 2016 three sessions, facilitated by Linda Hutchings, were held at Waikato Hospital Campus to allow managers and staff to link the DHB values to their own personal values, see how the DHB values link and align to their work, and to discuss ways to embed and sustain the values in their workplace. The pilot sessions, which were very well received, saw a great deal of enthusiasm and energy and resulted in a large number of suggestions for how the values could be promoted both within individual services and DHB wide. Additional sessions have been arranged between March and June to capture as many managers and staff as possible and across all Waikato DHB sites.

The values have also been incorporated into position descriptions and People and Performance (Human Resources) policies as they are reviewed.

One of the other work streams gaining momentum is the implementation of a Workplace Support programme. This was originally entitled the Bullying Representatives programme. Staff will be selected to become “*workplace support persons*”. It is intended that the support persons will predominantly be selected from the current cohort of health and safety representatives, however, some staff groups such as medical officers will have other support persons; some persons who key SMO stakeholders to date have already identified.

The support persons will receive training which will encompass the importance of language and an emphasis on the use of the term civility rather than ‘*bullying*’ being misused

A number of associated policies are being revised to support the proposed approach; as do the values sessions.

Recommendation

That the paper be noted.

**GREGORY PEPLAE
DIRECTOR PEOPLE & PERFORMANCE**

People

Infrastructure



Information Services

**MEMORANDUM TO THE PERFORMANCE
MONITORING COMMITTEE
8 MARCH 2017**

AGENDA ITEM 12.1

IS PLAN REPORT

Purpose	For information
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The IS Plan report is submitted for board information.

**Recommendation
THAT**

The Committee receive the report

**GEOFF KING
DIRECTOR INFORMATION SERVICES**

IS Plan Report



Period Ending	February 2017
Prepared By	Geoff King

KPI's	Status	Metric Change	Comment
Overall	A		<p>Given the change in report submission date the report has been updated to include the period 20/11/2016 – 20/2/2017 (3 Months). Financials reported as at M07 close (30/1/2017).</p> <p>The IS team is favourable to budget and continues to drive improvements to levels of service quality and risk reduction.</p> <p>The Christmas period change freeze is now completed and delivery activities have recommenced.</p> <p>Increasing throughput whilst reducing unplanned service impacts remain a key focus and managing the number of P1 & P2 incidents has seen a continued improvement in service delivery.</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>The DIA mandated move to an IaaS (Infrastructure as a Service) solution has presented a number of tactical challenges and the DIA's decision not to approve additional capacity augments will increase capacity, continuity and service risk. A preferred supplier has been identified and work is commencing on the business case for IaaS.</p> <p>A buoyant ICT market and opportunities for skilled IT people presents an ongoing challenge.</p> <p>The increased global activity related to phishing and malware attacks is increasing overall ICT security risk levels.</p>

Key Result Area – Financials M07 (30 January 2017)	Status	Metric Change	Comment
<p>Annual Operating Budget - Before IDCC and Extraordinary</p> <p style="text-align: right;">YTD Budget Actual</p> <p style="text-align: right;">Variance</p> <p>Including IDCC</p> <p style="text-align: right;">Variance</p>	G	<p>\$23,097k</p> <p>13,441k 13,331k</p> <hr/> <p>110k</p> <hr/> <p>\$ 1,215k</p>	<p>Information Services are operating within Budget. The result includes revenue as favourable, FTE/personnel cost favourable, outsourced costs are unfavourable. Infrastructure costs are favourable which includes an unallocated annual saving plan of \$494 k (the \$844k unallocated saving plan 16-17 less \$350 k for capitalisation of under \$2 k desktop replacements).</p> <p>Information Services are \$ 1,215k favourable to budget at M07.</p>
<p>Capital Budget (over 50k)</p> <p>Board Approved (carry forwards) Board Approved (2016/17 Capex) Transfers Board Approved (TOTAL)</p> <p>Regional HSL contributions (included within \$68m)</p> <p>IS Projects yet to commence IS Projects Open or Completed TOTAL</p> <p>Approved Expenditure Forecast Spend for approved projects Variance</p>	G	<p>\$30,660 \$38,198 -244 \$68,614</p> <p>\$ 13,958</p> <p>\$40,057 \$28,557 \$68,614</p> <p>\$68,614 \$67,281 \$1,333</p>	<p>Capital Budget</p> <p>Of the \$68m board approved budget, \$29m of business cases has been approved to date. \$14m of approved budget is for WDHB funding to HSL for regional initiatives.</p> <p>As noted within the project delivery KPI 100% of projects have been delivered within budget. 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"> <u>Lab Drop 6 Upgrade:</u> Reporting \$79k overspend. Approved budget was \$279k & actual spend was \$277k (underspent). Due to financial reporting budget was not transferred in accordance with approved BC resulting in the reported overspend.
<p>Labour Recoveries</p> <p style="text-align: right;">YTD Budget Actual</p> <p style="text-align: right;">Variance</p>	A	<p>3,284k 2,788k</p> <hr/> <p>- 496k</p>	<p>Although a significant level of project and delivery work is in progress labour recoveries remain unfavourable YTD. In addition to recoverable activities significant effort is being placed into BAU support and Service improvement activities. The DevOps leadership team is currently reviewing work activity with the objective of rebalancing efforts in order to address variance prior to year-end.</p>

Key Result Area - IS Service Delivery	Status	Metric Change	Comment
Yearly review of Service Level Agreements with Waikato District Health Board Executive Management and Clinical Information Governance Board	A	No	This item remains under IS review and development as at February 2017. The existing SLA remains underpinning standard until the new release is finalised.
Service level Agreement reporting on a quarterly cycle	G	Yes	Report developed and published monthly.
- 75% of Information Services customers satisfied or very satisfied by 1 July 2015	A	100% (satisfied/ Very Satisfied)	The last survey issued received a low response (4) rate. Of those responding 60% indicated they were satisfied and 40% very satisfied. The next survey is scheduled for March 2017.
- 75% of Information Services users satisfied or very satisfied by 1 July 2015	G	87% (satisfied/ Very Satisfied)	Service Desk satisfaction survey that surveys one 1 in 5 service desk calls logged to validate service delivery.
No more than 2 Priority 1 issues occurring per month. This means we have no more than 2 site wide or critical system issues in a calendar month.	G	0 Occurrences Average per month	0 x P1 Incidents experienced.
No more than 4 Priority 2 issues occurring per month This means we have no more than 4 single system or single department issues in a calendar month.	A	5.33 Occurrences Average per month	16 x P2 Incidents which represent an average of 5.33 per month exceeding the KPI target.
All category 1 & 2 services with an agreed Service level Agreement and business owner Identified.	A		
- 100% Service level Agreement	G	100%	All systems now covered by SLA approved through BRRG.
- 100% Business Owner	G	100%	All (cat 1 and 2) systems in IS systems register have current owner identified.
- 100% Business Owner Charter	A	95%	New approach currently being deployed and will be of increasing focus as year progresses and new ISM on boarded.
- 100% Criticality assessments	A	95%	ICA now being run over all new and significant change deliveries.
- 100% Systems with i-risk scorecard	A	95%	Now included in ICA process and risk acceptance process is under development..
- 100% Risks with mitigations agreed	G	100%	The IS risk Register is now implemented and IS risks are reported in DATIX (Organisation Risk System). A monthly IS Risk review is in place and risks have mitigation and assurance activities identified.
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. To ensure an element of independence in the prioritization process the Change Team complete the assessments and recommendation to the prioritisation group (which is made up of the CFO & Exec Directors) of the NSWRs to be progressed as a matter of priority vs those which get delivered as resource becomes available. A Director or Exec Director can request for a NSWR to be progressed through the prioritization progress.

Resource allocation	G	\$153,122	\$75k p/month of resource assigned to the delivery of NSWRS. Current resource assigned exceeds budget, which comes at the expense of BAU support and project delivery.
Number completed/closed	A	41	Target is 35 per month / 420 per year
Older than 6 months	G	17%	Target is <20% of the total number outstanding.
Older than 9 months	A	12%	Target is <10% of the total number outstanding
Older than 12 months	A	36%	Target is 0
Number Open	A	203	A substantial level of project and delivery work is in progress and significant effort is being placed into BAU support and Service improvement activities impacting the amount of resource available to deliver NSWRS's. The DevOps leadership team is currently reviewing work activity with the objective of rebalancing efforts in order to achieve an improved level of throughput in this area.

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	
90% of staff with appropriate professional qualifications	A	No	Progress in developing staff qualifications, skills and capability continues however yet to achieve targeted levels across all teams.
Staff retention rate greater than 90% over a 12 month period:	G		YTD attrition rate.
- Staff retention > 90%	G	90%	HR - YTD there have been 14 Terminations.
- Staff satisfaction (75% satisfied or very satisfied)	A	67%	A revised survey has been completed in May and indicates a reduction in overall staff satisfaction attributed to the DevOps changes that were progressed over the reporting period. Next survey is scheduled for March 2017.

Key Result Area - IS Process	Status	Metric Change	Comment
Alignment of Waikato IS processes and frameworks	G	Yes	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.
Project Assurance regime in place to ensure all projects are compliant with process	G		Individual project assurance responsibilities are agreed via a revised project governance plan, created for each new project.

		Yes	<p>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.</p> <p>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>
Security Audit Performed	G	Yes	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.
<ul style="list-style-type: none"> Critical Issues recorded 	G	Yes	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.
Service Delivery assurance regime in place to ensure Service level Agreement attainment	A		
Information Technology Infrastructure Library (ITIL) Review Undertaken	A	Yes	End to End Process review undertaken and the IS management team is currently reviewing the recommendations. The Change management process improvements have been implemented and the PMO continues to develop delivery processes in accordance with recommendations and GCIO assurance requirements. 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.
- Processes at agreed level	A	No	Further development of key processes as part of "DevOps" approach and ongoing process maturity efforts continue.
Control Objectives for Information and Related Technology (COBIT) Review Undertaken	A	No	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.
- Processes at agreed level	A	No	The work in this area has been put on hold whilst the major delivery activities and e-2-e process improvements are completed.
The Open Group Architecture Framework (TOGAF) framework review undertaken yearly:	A	No	TOGAF base for architectural work undertaken. IS are working with internal audit to develop a controls audit that will assess maturity and set goals.
- Processes at agreed level	A	No	Team formed and working on e-2-e process in order to improve process maturity and capability and architectural design. Training of key staff completed in May 2015 and Architecture team created as part of recent IS restructure.

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.
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
100% of Information Services projects prioritised via the business group (BRRG).	G	100%	All projects in the Initiate and Develop phases are prioritised.
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.
40% of regional meetings being held virtually for Information Services staff working on regional activities	G	Yes	The equipment has all arrived on site and has been commissioned by the IS network team. The product catalogue is now ready for business engagement.
Business resource review group goals delivered to Waikato DHB	A		Due to the constrained resource model utilised by the DHB and resource reprioritisation, delivery to milestones continues to be a challenge.
- 25% On Time	G	33%	2/6 projects were delivered on time. The 4 projects that weren't delivered on time were; LIS Drop 6 (IS1602-009) due to technical complexity (vendor issues), testing and a change in Project Manager. Application Lifecycle Management 14-15 (IS1411-006) due to resource availability ITSM (IS1409-005) due to resource availability and system access. NSWR 69639 ProVation Host Tairawhiti
- 100% On Budget	G	100%	6/6 projects were delivered on budget. Of the 5 projects that submitted End Project Reports in the last 6 months, all projects were delivered on budget.
- 100% With Deliverables achieved	G	100%	6/6 projects achieved deliverables
- 100% With PIR's completed	A	25%	1/4 projects requiring a PIR have completed one. The 3 projects still requiring a PIR are; - Perimeter Redesign 14-15 External Firewalls - Backend Security – ISE - Telehealth1 project is still awaiting PIR but is no longer inside the rolling 6 month window for KPIs. This project is Data Centre Enhancement and Reconfiguration
-			

Completed for reporting period

- Tairawhiti Provation
- Admin Tools v2.0
- Rebranding of SmartHealth and the implementation of a step change process to gradually bring operations across into the project (Service Desk and Application Operations on board 16/2)
- ePaper form for onboarding Patients
- CWS 10.6 upgrade
 - Projects:
 - Core – replacement of DCUploader, LMC Access and Lakes Access
 - Integration between Primary Care and CWS (Phase 2) - Password Management for external users with URL access.
 - Smart Health – Images in the SOAP note and the ePrescribing document
 - Core – browser agnostic enhancements
 - NSWRs and other changes:
 - NSW 137132 – Appointment Type column in Future Bookings, Outpatient Appointments and Contacts
 - NSW 110791 – Record unlock (problem 617)
 - NSW 112640 – Distress form for cancer patients
 - Anaesthetic Form
 - Fixes: 6 issues are solved in this release
- Zeacom upgrade
- SwiftPos upgrade
- Citrix Server Rebuild – desktop servers, LIS servers
- KPMG fitout

Planned for next reporting period

- E2e Clinical Docs
- Decommission GALEN
- Access to Primary Encounters (Indici).
- PACS Upgrade 2015
- 3rd Party Password Reset
- Compliance to MOH conditions
- RealMe Integration
- People I care for v1
- ePrescribing v1
- CWS 11.0
- MCP Visual Integration
- Netscaler infrastructure upgrade
- Win10 mobile device desktop build operationalised
- MIMs upgrade
- IaaS interim environment, SAN augment and new Clinical/Corporate Platform for PeopleSoft
- Trend Upgrade
- PaceArt upgrade

Potential/actual changes to key dates

No issues to report.

Potential/actual changes to costs/benefits

Baselines all projects within contingency and managed in accordance with delivery and Benefit Realisation plans.

Top Issues	
Issue	Impact
IS Structure – IS reorganisation and structure changes	High – Impact to staff morale, retention and throughput
Work program – Constrained resource model impacting IS ability to meet user expectations now heightened with forecasted effort related to IaaS delivery	High – Impact to business and potential for increased failures.
Resourcing – Staff turnover and market pressures including competition from other health sector agencies is continuing to increase resource risks	Medium – Loss of key staff will impact delivery of IS services both operational and project.
Capacity - 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.	High – Impact to business and potential for increased failures
Security – Increased threat risk due to current level of global phishing and malware activity.	High - Impact to business if service delivery impacted by malware/virus attack.
Legend	Status
R	Area of focus not on target with risk to service delivery. Area requires remediation plan to be in place and executing.
A	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.
G	Area of focus on target with no risk to service delivery.



Performance of Funded Organisations