DISTRIBUTION:

Committee Members (1 copy each)
- Ms S Christie (Chair)
- Ms C Beavis (Deputy Chair)
- Mr M Gallagher
- Mrs MA Gill
- Mr D Macpherson
- Mr B Simcock
- Ms S Webb
- Dr K McClintock
- Dr A Rolleston

Board Members (1 copy each)
- Ms T Hodges
- Ms S Mariu
- Mrs P Mahood
- Dr C Wade

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

Contact Details:
Telephone 07-834 3622
Facsimile 07-834 3674
www.waikatodhb.health.nz

Next Meeting Date: 13 December 2017

Waikato District Health Board

WAIKATO DISTRICT HEALTH BOARD

A g e n d a

Performance Monitoring Committee

Date: **11 October 2017**

Time: **8.30 am**

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

Waikato District Health Board

Meeting of the Performance Monitoring Committee to be held on Wednesday 11 October 2017, 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 Performance Monitoring Committee 9 August 2017
   - 3.2 Minutes of Bay of Plenty Hospital Advisory Committee 5 July 2017
   - 3.3 Minutes of Lakes DHB Hospital Advisory Committee 28 August 2017

4. **SYSTEM LEVEL MEASURES**
   - 4.1 Developmental System Level Measures 2017-18 Report

5. **OPERATIONS AND PERFORMANCE**
   - 5.1 Operations and Performance Report

6. **SERVICES**
   - 6.1 Community and Clinical Support
   - 6.2 Mental Health and Addictions
   - 6.3 Waikato Hospital Overview Reports
     - Medicine, Oncology, Emergency and Ambulatory Services
     - Surgical and Critical Care
     - Womens and Children
     - Older Persons Rehabilitation and Allied Health
       - Child Development Services Review Update

7. **QUALITY**
   - 7.1 Quality Report
   - 7.2 Draft Quality Account 2016/2017

8. **FINANCE REPORT**
   - 8.1 Finance Report

9. **PEOPLE**

9.1 People and Performance Report

10. **INFRASTRUCTURE**

10.1 Facilities and Business Report due 13 December

11. **INFORMATION SERVICES**

11.1 Information Services Plan Report

12. **PERFORMANCE OF FUNDED ORGANISATIONS**

12.1 No papers included

13. **NEXT MEETING**

13.1 13 December 2017

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

THAT

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

Item 14: People and Performance – Public Excluded
Item 15: Performance of Funded Organisations – 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:

GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER
Item 14: People and Performance Report	Negotiations will be required
Item 15: Performance of Funded Organisations	Negotiations will be required

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

Item 14: Section 9(2)(j) of the Official Information Act 1982 – To enable the Waikato DHB to carry on negotiations without prejudice or disadvantage.

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

Item

14. People and Performance – Public Excluded

15. Performance of Funded Organisations – 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.

Waikato District Health Board

Apologies

Waikato District Health Board

Interests

SCHEDULE OF INTERESTS AS UPDATED BY PERFORMANCE MONITORING COMMITTEE MEMBERS TO OCTOBER 2017

Sally Christie

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Chair, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Partner, employee of Workwise	Pecuniary	Potential	

Crystal Beavis

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Deputy Chair, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Director, Bridger Beavis & Associates Ltd, management consultancy	Non-Pecuniary	None	
Director, Strategic Lighting Partners Ltd, management consultancy	Non-Pecuniary	None	
Life member, Diabetes Youth NZ Inc	Non-Pecuniary	Perceived	
Trustee, several Family Trusts	Non-Pecuniary	None	
Employee, Waikato District Council	Pecuniary	None	

Bob Simcock

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Chair, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Chair, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Member, Board of Clinical Governance, Waikato DHB	Non-Pecuniary	None	
Chairman, Orchestras	TBA	TBA	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Member, Waikato Regional Council	Pecuniary	Perceived
Director, Rotoroa LLC	TBA	TBA
Trustee, RM & AI Simcock Family Trust	TBA	TBA
Wife is Trustee of Child Matters, Trustee Life Unlimited which holds contracts with the DHB, Member of Governance Group for National Child Health Information Programme, Member of Waikato Child and Youth Mortality Review Group	Pecuniary	Potential

Sally Webb

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Deputy Chair and Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Deputy Chair, Remuneration Committee, Waikato DHB	Non-Pecuniary	None	
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Health Strategy Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Bay of Plenty DHB	TBA	TBA	
Member, Capital Investment Committee	TBA	TBA	
Director, SallyW Ltd	TBA	TBA	

Martin Gallagher

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hamilton City Council	Pecuniary	Perceived	
Board member Parent to Parent NZ (Inc), also provider of the Altogether Autism service	Pecuniary	Potential	
Trustee, Waikato Community Broadcasters Charitable Trust	Non-Pecuniary	Perceived	
Alternate Member, Waikato Spatial Plan Joint Committee	Non-Pecuniary	Perceived	
Wife employed by Selwyn Foundation and Wintec (contracts with Waikato DHB)	Pecuniary	Potential	
Member, Hospital Advisory Committee, Lakes DHB	Pecuniary	Potential	

Note 1: Interests listed in every agenda.
Note 2: Members required to detail any conflicts applicable to each meeting.

Mary Anne Gill

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Life Unlimited Charitable Trust	Pecuniary	Perceived	
Son is an employee of Hongkong and Shanghai Banking Corp Ltd (NZ)	Non-Pecuniary		
Member, Public Health Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Member, Disability Support Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Member, Health Strategic Committee, Bay of Plenty DHB	Pecuniary	Potential	

Dave Macpherson

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Councillor, Hamilton City Council	Pecuniary	Perceived	
Deputy Chair, Western Community Centre, Inc	Non-pecuniary	Potential	
Partner is Chair of Ngaruawahia Community House, Inc	Non-pecuniary	Potential	
Member, Waikato Regional Transport Committee	Non-pecuniary	Potential	
Member, Waikato Water Study Governance Group	Non-pecuniary	None	
Member, Future Proof Joint Council Committee	Non-pecuniary	None	

Dr Kahu McClintock

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Anna Rolleston

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Performance Monitoring Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Bay of Plenty DHB	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.
Note 2: Members required to detail any conflicts applicable to each meeting.

Waikato District Health Board

Minutes
and
Matters Arising

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Performance Monitoring Committee Meeting held on Wednesday 9 August 2017 commencing at 8:30am

Present:
Ms S Christie (Chair)
Ms C Beavis (Deputy Chair)
Mr M Gallagher
Mrs MA Gill
Dr K McClintock
Mr D Macpherson
Ms A Morrison

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
Ms B Garbutt (Director Older Persons Rehabilitation and Allied)
Mr A Gordon (Director Medicine, Oncology, Emergency and Ambulatory Services)
Ms C Nolan (Director, Surgery, CCTVS, Care & Theatre)
Ms M Sutherland (Director Women's and Children)
Ms M Neville (Director Quality and Patient Safety)
Mr G King (Director, Information Services)
Mr C Cardwell (Executive Director Facilities and Business)
Ms J Wilson (Executive Director Strategy and Funding)
Mr A McCurdie (Chief Financial Officer)
Ms S Hayward (Chief Nurse and Midwifery Officer)
Mr L Wilson (Manager, Allied Health)
Mr N Hablous (Chief of Staff)
Mr C Wade (Chair Health Strategy Committee)

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

ITEM 1: APOLOGIES

Apologies were received for Mr B Simcock, Dr A Rolleston and Ms S Webb.

Committee would like to acknowledge the services of Barbara Stewart MP, Sue Moroney MP and Catherine Delahunty MP for their services and requested that a letter be sent to them from the Board. The Board have formally thanked Dr Paul Malpass for his contribution.

ITEM 2: INTERESTS

2.1 Changes to Register
No changes noted

2.2 Conflicts Related to Any Item on the Agenda
No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 3: MINUTES AND MATTERS ARISING

3.1 Performance Monitoring Committee Meeting: 14 June 2017

Resolved
THAT
The minutes of a meeting of the Performance Monitoring Committee held on 14 June 2017 are confirmed as a true and correct record.

3.2 Bay of Plenty DHB – Hospital Advisory Committee: 5 April 2017
Minutes were noted.

3.3 Lakes DHB – Hospital Advisory Committee: 26 June 2017
Minutes were noted.

ITEM 4: SYSTEM LEVEL MEASURES

4.1 System Level Measures Report
Mrs J Wilson presented this agenda item.

System Level Measures was introduced in 2016/17. The process for the 2017/18 has differed and a key change is that there will be an increased focus on local discussions rather than a regional approach.

The data provided is noted to be in draft, due to a number of figures unavailable. This is due to it been an initial period and data definitions are still under development.

Areas highlighted included:

Acute Bed Days
Committee members highlighted that it would be beneficial to have further data provided on the Māori population and this will be brought to the October meeting. The Committee also noted that they would like quarterly reviews on these figures and further areas of importance.

Amenable Mortality
Committee members enquired if there was a way to have more recent data available

Resolved
THAT
The Committee received the report.

4.2 Strategy and Funding Dashboard

Mrs J Wilson presented this agenda item.

Areas highlighted included:

20 day wait time for initial assessment and reassessment

There has been significant improvement in this area over the last 2 years. The Committee questioned at what point we would look to decrease the 20 day level, noted that this is a Ministry defined measure, however this may be changed in the future.

The Committee has requested that the data on the different triage levels is provided at the next Committee Meeting.

Emergency Department Presentations – Un-enrolled

Currently there is an on-going focus on getting the public enrolled. Data is currently limited and not available for all age groups, however Strategy and Funding will work with the Emergency Department on how to access stronger data.

Committee Members have requested some further information to be provided as to why people are un-enrolled.

Ambulatory Sensitive Hospitalisations

Committee members requested more information on this topic and will be brought to the next scheduled meeting.

Smoking Cessation

Preliminary update provided prior to a presentation on smoking cessation programme in Midland Health Network to be held at the next committee meeting.

A question was raised on the issue of Vaping. The Executive Director, Community & Clinical Support stated that there is currently work underway to form a view on this.

Resolved
THAT
The Committee received the report.

ITEM 5: OPERATIONS AND PERFORMANCE

5.1 Operations and Performance Report

Mr M ter Beek presented this agenda item.

Areas highlighted included:

- Waikato Hospital had a high number of presentations in the ED department, which resulted in the ED target not been met.
- July figures were not available in time for the committee papers, however it was noted that these were consistent on the current June demand. Noting the flu season has peaked and should see a decline in the current months. It was agreed that verbal information from most recent reporting periods will be

brought to future meetings verbally if not available in time for meeting agendas.

- A coordinated incident management response was put in place due to high bed occupancy on the 21 June. Interventions were put in place to address the bed shortage in Internal Medicine during the day helped to address the issue without significant disruption.
- Nursing staff deficit shift by shift has been increasingly difficult to manage. This is due to high staff sick leave in July. Work is underway on looking at how we can plan ahead during the winter months and look to increase flexible staff.
- A new Project Manager for the Business Intelligence work is now on-board and work is gaining momentum.
- The iMPACT business case is now fully approved by the Ministry and project work for the project has now commenced.

Resolved
THAT
The Committee received the report.

5.2 Assignment and Workload Manager (AWM) Acuity Tool

Ms D Nelson presented this agenda item.

Assignment and Workload Manager is an intranet accessed patient acuity tool that forms part of the Care Capacity Demand Management Programme. The programme is used both operationally (capture the amount of nursing resource required and the skill mix required to provide care required to patients based on patient acuity), it can also be used in the budgeting process.

Currently all wards in Waikato Hospital have been implemented, apart from a few specialist wards. There is a plan for specialist units and rural hospitals going forward.

Work continues with the vendor and the next step in AWM is to incorporate a predictor of acuity of demand within the bed planning tool (CapPlan).

Successful visit to Counties Manukau DHB and on track to getting the tool validated and signed-off. The governance group for the national Care Capacity and Demand programme will visit Waikato DHB to see our progress, likely in September.

Resolved
THAT
The Committee received the report.

ITEM 6: SERVICES

6.1 Community and Clinical Support

Mr M Spittal presented this agenda item

The high-level service priorities for the 2017/18 financial year were presented to the Committee. Progress against these priorities will be reported throughout the year ahead.

Key Pressures

- Radiology – current staffing issues in CT/General Radiology
- Emergency demand in Tokoroa and Thames. Significant Increases in patient presentations year on year in both EDs. Noting that as drop in General Practice facilities in Thames has added to this, not just the standard winter demand.
- Emergency staffing in Tokoroa due to the increase in patient presentations.
- Lack of reliable and timely acute retrieval service is an important priority
- Noted that work is underway to address each of these concerns.

Key focuses for Services:

- District Pharmacy Service – Implementation of the Medication Safety Programme (MSP) across the provider arm
- District Laboratory Service – Planning and design of the business model underpinning the Waiora Facility development planned for 2018/19. This is crucial to the department and will have an impact on other areas.
- Community and Rural Health Services – Implementation of the single point of entry model in Taumarunui. And the implementation of the Southern Rural Maternity model of care.

Discussion was had on the work of the Community and Public Health teams with the Solomon Island community. Work is underway with the community and the outcomes/measurements to be given to the board/committee to show the learnings of the project. Noted that when appropriate the department will update the Board.

Resolved
THAT
The report be received.

6.2 Mental Health & Addictions

Mr D Wright presented this agenda item

Areas highlighted included:

- The current trend has continued with a busy month in June and July.
- Community vacancies have mostly been recruited too, however vacancies still exist in the in-patient areas. Currently looking at recruitment strategies.

Creating our Futures: Making it Happen

- Work stream development is complete, as is the model of care.
- Programme Business Case – there has been a lot of activity around the business case. Focus is on the development of a new Model of Care that will inform what it is the service delivers. Final submission is set to be presented to cabinet December 2017.
- Update to be given at the October Committee Meeting providing further information and feedback.

Acute Care Pathway

- There is currently a review taking place on how the service deliver acute care services.
- A group visited Counties Manukau DHB to understand their current model of care and intake the they have implemented over the past three years.
- Next step is for a workshop between MH&AS, ED and the Police to map out the preferred options.

Integrated Safety Response (ISR)

- Hamilton is currently involved in the Pilot of this initiative. The other area is Christchurch.
- Information is currently being shared between the two pilot sites.
- This is centrally controlled by Ministry of Health. Noted that Waikato has good relationships with the agencies involved.

Methamphetamine Strategy

- A current plan in being developed to put a bid in for a range of service initiatives under the Proceeds of Crime funding.
- Noted there is a continued increase in the use of drugs in the community.

Substance Addiction (Compulsory Assessment and Treatment) legislation (SACAT)

- A workshop is occurring in Hamilton in August to look at the planning implementation for the new legislation which will go live in February 2018.
- This is something new for NZ so numbers are currently unknown and is still a work in progress.

Discussion took place on what the impact on the service would be due to the Corrections Department forecasted increase in Waikeria Prison muster. It was noted that the main issue will be around the remand prisoners, flow of prisoners and the pressure on the health system due to increase in population in the area. Currently there is minor involvement at a DHB level due to this being undertaken by the private sector. Committee members to be kept informed on the progress.

Resolved
THAT
The Committee received the report.

6.3 Waikato Hospital Services overview report

Mr B Paradine introduced Ms C Nolan (Director Surgical and Critical Care), Mr A Gordon (Director of Medicine, Oncology, Emergency and Ambulatory Care), Ms M Sutherland (Director of Women's and Children's Health) and Ms B Garbutt (Director Older Persons & Rehabilitation Service and Allied Health).

Internal Medicine Oncology, Emergency and Ambulatory Care
Mr A Gordon presented this agenda item.

- All acute areas have experienced significant demand in the current period, while our Faster Cancer Treatment continues to perform as one of the strongest in the country.
- The Emergency Department has seen an increase of 16% year on year for the month of June.
- St John's has been able to better mitigate a similar increase in Auckland due to the number of facilities there, but currently there is no opportunity for Waikato Hospital at this point.
- Royal Australian College of Physicians on the Acute and General Medicine services reported that the service fulfilled all the requirements, with accreditation awarded for the next five years.
- Ophthalmology – department is making good progress on reducing the number of outpatient follow up patients that have exceeded the recommended time to be seen, with a delivery of a 38% reduction since February.

Surgical and Critical Care
Ms C Nolon presented this agenda item

- Pre-Hospital Preparedness project is now complete. Still some further work to be completed. Reports will continue, with the evaluation of the programme to be completed by end of July.
- ESPI 2 compliance not met in June.
- Cardiac Surgery Waitlist levels – work is underway and regular teleconferences with the Ministry to provide regular updates are on the recovery plan.

Womens and Children Health
Ms M Sutherland presented on this agenda item.

- The department has being successful in recruiting to all of the current Midwifery vacancies at the Waikato Hospital.
- Continued recruitment is underway over the coming months to allow for the shortage of Midwives during the Christmas period.

Older Persons, Rehabilitation and Allied Health
Ms B Garbutt presented this agenda item.

- Opening of OPR5 has a target opening day of 5 September (following meeting: official opening now confirmed for 1 September). Currently have recruited to 90% of staff, with most of these been external recruitments. Medical staff all recruited to.
- Audiology – Keep tracking and updates to be presented to the committee on a regular basis.
- Child Development Centre – Update given on the current process. It was noted that a specialist workshop is to be held with Board and Committee members when appropriate. There is a currently a lack of clear understanding around the roles and responsibility for DHBs – service will look further into this and provide further information to the Committee.
- Disability Support Limited has had its three yearly audit from the MoH with a very successful outcome. The 4 requirements are graded as low and will be easy for the service to adopt.

InterRAI Data
Mr G Guy (Manager, Older Person Rebab) and Mr M Cameron (Associate Professor Waikato University) presented this agenda item

- A presentation was given on using the interRAI data to target admission avoidance.
- Some benefits of this are:
    - Supports assessors judgement with clear data and criteria for escalation.
    - Can target clients for early reviews to ensure support packages are being effective and as a result prevent admissions.
    - Proposes a streamlined approach to identify the right mechanisms and services that will support the client and reduce the risk of hospitalisation.

Resolved
THAT
The Committee received the presentation

ITEM 7: QUALITY

7.1 Quality Report

Ms M Neville presented on this agenda item.

Highlights included:

- Surgical Safety results – currently noted there are issues around how sign-out end of surgery results are collected. Currently looking into options on how this can be fixed.
- Unacknowledged results – this is currently being monitored and there is a focus to have the 'professional carer table' data

improved, which will impact on these results. Committee requested that an update report be brought to the next meeting.
- Policies – the Committee requested further information on the process of polices being available to the public on the internet. Mo confirmed that work is underway and will provide an update at the next meeting on the process and timeframes.

Resolved
THAT
The Committee received the report.

ITEM 8: FINANCE REPORT

8.1 Finance report
Mr A McCurdie presented on this agenda item

Resolved
THAT
The Committee received the report.

ITEM 9: PEOPLE

9.1 Next report due 11 October 2017

ITEM 10: INFRASTRUCTURE

10.1 Facilities and Business Report
Mr C Cardwell presented on this agenda item

Highlights included:
- New Retail outlet has opened in MCC – FUCU Sushi
- Laundry – key terms and conditions for a new 5 year agreement is now agreed.
- Waste Management – new supplier Enviro Waste has been appointed. Currently in a transitional period between suppliers.
- Equitrac Software currently delayed due to further negotiations with the supplier needs as scope of work has changed.
- Masterplan of the department will be brought to the December meeting.

Resolved
THAT
The Committee received the report.

ITEM 11: INFORMATION SERVICES

11.1 Information Services Plan Report
Mr G King presented on this agenda item

Highlights included:

- Non-Standard Work Requests – a prioritisation process is in place to ensure those initiatives which deliver the most value to the DHB are delivered in a timely manner – this includes Clinical engagement.
- Job sizing process currently underway with Human Resources.

Resolved
THAT
The Committee received the report.

ITEM 12: PERFORMANCE OF FUNDED ORGANISATIONS

12.1 Performance of Funded Organisations

Mrs J Wilson presented on this agenda item

Committee requested further information in regards to Te Aroha Hospital. Currently no information is available and a report will be provided to the Board as soon as appropriate.

Resolved
THAT
The Committee received the report.

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Minutes

Bay of Plenty Hospital Advisory Committee

Venue: 889 Cameron Road, Tauranga
Date and time: Wednesday 5 July 2017 at 10:30am

Committee: Geoff Esterman (Chair), Peter Nicholl, Matua Parkinson, Ron Scott, Sally Webb, Stewart Ngatai (Runanga Rep)

Attendees: Helen Mason (Chief Executive), Gail Bingham (GM Governance & Quality), Letham White (GM Corporate Services), Julie Robinson (Director of Nursing), Hugh Lees (Medical Director)

Item No.	Item	Action
1	**Apologies** Apologies were received from Clyde Wade and Yvonne Boyes. **Resolved** that the apologies be received. Moved: R Scott Seconded: G Esterman	
2	**Minutes** **Resolved** that the minutes of the meeting held 5 April 2017 be confirmed as a true and correct record. Moved: G Esterman Seconded: R Scott	
3	**Matters Arising** The Chair congratulated the Provider Arm on the positive results obtained from its Acute Demand project.	
4	**Reports requiring decision** 4.1 Chief Operating Officers Report	

Item No.	Item	Action
	The Committee discussed the report as circulated with the agenda. Working safely while planning for retirement: gradual move into retirement is in place for nurses. Older doctors want to stop doing on call; however this is unfair for younger staff who have to take up the slack. A number of employees reduce hours; however need to consider the requirements of the job. **Resolved** that the Committee receive the report. Moved: S Webb Seconded: P Nicholl 4.2 Renewing Work Plan - discussion Discussion on work plan was postponed	
5	**Reports for Noting** 5.1 Work Plan The Committee noted the information. 5.2 Provider Arm Balanced Scorecard The Committee noted the information.	
6	**Presentations** 6.1 Health Services Plan Strategic Objective 3 Walkthrough The Committee thanked Trevor Richardson and Pete Chandler for the informative presentation. Trevor demonstrated the decline in average bed days from the previous 6 years and the increase in triage 2 and 3 presentations to the ED. Success is due to the cumulative effect of everyone's effort. The Committee recommended that this approach be	COO: presentation on

Item No.	Item	Action
	presented to the SHC to see if it can be applied across the sector. Pete discussed the implementation plan for SO3.	Provider Arm approach to improvement to SHC – All I've done is…..
7	**General Business** There was no general business	
8	**Next Meeting** – Wednesday 4 October 2017.	

The open section of the meeting closed at 12:15pm.

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

LAKES DISTRICT HEALTH BOARD

MINUTES OF THE MEETING OF THE HOSPITAL ADVISORY COMMITTEE HELD ON MONDAY 28th AUGUST 2017 AT 10.00 A.M. BOARDROOM, ROTORUA HOSPITAL, PUKEROA HILL, ROTORUA

Meeting: **[155]**

Present: L Thurston (Chair), D Shaw, J Horton, C Rankin, M Gallagher and A Morrison (from 10.10am)

In Attendance: R Dunham, N Saville-Wood, S Wilkie, G Lees, A Mountfort, H Schoeman, J Martelli (presenter) and B E Harris (Board Secretariat)

155.10 MEETING CONDUCT

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

155.11 Apologies: *(Agenda Item 1.1)* J Morreau and M Guy : Absent were P Marks & R Isaacs
Resolution:
THAT the apologies be accepted.
L Thurston : A Morrison
CARRIED

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

155.13 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.

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

155.15 Presentations

155.15.1 **Presentation on Locums across the organisation by Jenny Martelli, Service Manager, Emergency and Medical Management**

Jenny Martelli was introduced to the committee and presented on locums across the organisation. She highlighted the following points:-

- SMO Locums requirement to cover vacant positions due to resignations, sabbatical leave, extended annual leave, sick leave/ACC and new positions not yet filled.
- Employment of locums due to resignations, leave cover and new positions
- Cost breakdown 2016/17
- Taupo ED and O&G use of locums
- Medicine, Mental Health, Anaesthetics, ED coverage
- Recruitment
- Taupo SMO Recruiting Planner
- Recruiting Planners for O&G, Physicians, Psychiatry, Anaesthetics, Rotorua Emergency, Orthopaedic Surgeons, Radiology, ENT Surgeons, General Surgeons and Paediatricians

The Chair thanked J Martelli for her very informative and topical presentation.

In response to a question, J Martelli advised that all locums received Maori health training and were buddied up with someone from the same country. J Webber, Rural Hospital Medicine Specialist also holds discussions with trainees.

D Shaw advised that the key risk for all Midland DHBs were locum costs and Midland is looking for a joined up approach to this complex environment, given the requirement around specialist areas. As far as short-term locums, the Midland DHBs help each other out with the locums available at the time but as far as the longer term recruitment issue is concerned, the DHBs do not share a lot

together and compete with each other. N Saville-Wood commented that Lakes does get specialist visits with Waikato and Bay of Plenty and the specialist levels we don't have, are shared.

155.20 SIGNIFICANT ISSUES

155.30 CHIEF OPERATING OFFICER

155.31 **Hospital & Specialist Secondary Services** *(Agenda Item 3.1)*

155.31.1 Chief Operating Officer monthly report : 31st July 2017*(Agenda Item 3.1.1)*

N Saville-Wood highlighted the following issues:-

- Major water leak in the Children's Ward – repaired flashing and bogged areas affected. Outside external report indicated a need to spend $2 ½ million for a completely new roof. Issue in progress.
- Paul Malpass formally ending his employment with Lakes DHB and has expressed the wish not to have a farewell despite encouragement to accept an event. This would be his 4th retirement from Lakes DHB.

Resolution:

THAT the Chief Operating Officer's report be received.

M Gallagher : C Rankin

CARRIED

155.31.2 Balanced Scorecard *(Agenda Item 3.1.2)*

Major items reported were:-

- Shorter stays in ED – 54% last quarter and took quite a hit in July/August due to volumes through the unit. It was hoped to drag it back by the end of September.
- Reflected in Human Resources data – sick leave for nursing staff. A real battle to fill all rosters. Without Lakes DHB managing this, there will be a need to cull electives but not just yet. H Schoeman is preparing for the last quarter against other DHBs

155.40 REPORTS

155.41 Performance Monitoring : Finance & Audit 30th June 2017 *(Agenda Item 4.1)*

N Saville-Wood noted:-

- HSSS total actuals at $314k with surplus budget of $25k
- Had a few vacancies that were budgeted for locums. Locums sit slightly worse than predicted.
- Medical staff significantly down.
- Nursing is slightly over.
- Traditionally is the best month of the year.
- Inter-district flows are close to the right level and gives an indication of the South Waikato work.
- At the moment Lakes is slightly down 20cwts below contract.
- DHB funded purchases: slightly over acute volumes in general medicine and paediatrics.
- General surgery had dropped back – had showed a steady growth previously.

Resolution:

THAT the Financial Report for 30th June 2017 be received.

D Shaw : C Rankin

CARRIED

155.50 SECRETARIAL

155.51 Public minutes of Hospital Advisory Committee meeting held 25th June 2017 *(Agenda Item 5.1)*

Resolution:

THAT the public minutes of the previous Hospital Advisory Committee meeting held 25th June 2017 be confirmed as a true and accurate record.

J Horton : L Thurston

CARRIED

155.52 Schedule of Tasks *(Agenda Item 5.2)*

- Faster Cancer Treatment presentation scheduled for 30th October meeting

155.53 Presentation slides of Lakes DHB Faster Cancer Treatment *(Agenda Item 5.2)* : Noted

155.54 Matters Arising *(Agenda Item 5.4)* : Nil

155.60 INFORMATION AND CORRESPONDENCE *(Agenda Item 6.0)*

155.61 155.61.1 Letter of 20.07.17 re BoP Midland representative on HAC *(Agenda Item 6.1)*
M Guy advised she would be returning from overseas the day before the meeting and asked for her apology to be noted.
Resolution:
THAT the outwards letter of 20th July 2017 to M Guy regarding her appointment to Lakes DHB as the Bay of Plenty DHB representative be received.
L Thurston
CARRIED

155.61.2 Lakes DHB Domicile Live Births Statistics and Trends 2006-2016 *(Agenda Item 6.1.1)*
This paper by Dr B Smith was provided for the committee's information.

155.61.3 Bay of Plenty HAC Minutes 5th April and 5th July 2017 *(Agenda Item 6.1.2)*
155.61.4 Waikato DHB Performance Monitoring Committee minutes 9th August 2017 *(Agenda Item 6.1.3)*
The above minutes were received.

155.62 Community representative reports *(Agenda Item 6.2)* : Nil
The Agewise Seminar 2017 "In it together" was tabled by M Gallagher. The seminar is being held on Friday 13th October 2017 at the Distinction Hotel and Conference Centre, featuring "IT innovations impacting in the quality of life of Older Adults and those who care for them".

155.70 PUBLIC EXCLUDED
Resolution:
THAT the meeting move into Public Excluded at approximately 10.45am
L Thurston : C Rankin
CARRIED

…….. 30th October 2017
Chair

LAKES DISTRICT HEALTH BOARD

SCHEDULE OF TASKS: Hospital Advisory Committee meeting
28th August 2017

Agenda Item	Action	Responsibility of	Timeframe
Presentations:			
Faster Cancer Treatment	That a further presentation be given on this matter at a future HAC meeting.	Chief Operating Officer	30th October 2017
Tasks			

Waikato District Health Board

System Level Measures

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

AGENDA ITEM 4.1

DEVELOPMENTAL SYSTEM LEVEL MEASURES 2017/18

Purpose	1) For approval

Content of Report
The 17/18 Waikato System Level Measure Improvement Plan containing the 4 established SLM's was developed, passed by Interalliance and approved by the Ministry of Health on the 4th of August 2017 on the proviso that improvement milestones, activities and contributory measures for the two developmental SLMs would be confirmed by 20th October 2017.

- Working groups were set up for the two development measures with clinical leads and appropriate stakeholder representation including Maori and PHO.
- For both groups data analysis was carried out to identify issues.
- **Babies who live in a smoke free household at 6 weeks post natal SLM** - The data analysis identified that there is limited robust across sector data for identifying smokers, smoking referral and cessation within the maternal/child space. Therefore the focus for the smoke free infant at 6 weeks for 17/18 was around identifying and improving data quality, sharing and management/monitoring.
- **Youth SLM** - Due to the complexity and breadth of issues impacting youth health and wellbeing, the Ministry of Health provided five domain options relevant to the most important issues and opportunities for our local population. The working group reviewed each domain suitability via a priority exercise. From this process the highlest priority was identified as the 'mental health and wellbeing domain', specifically *intentional self-harm hospitalisations (including short-stay hospital admissions through Emergency Department) for 10-24 year olds.*

  The focus for the youth SLM for the above measure is on data quality improvement, improved understanding of services available including robust referral pathways, building on provider relationships and ensuring a youth voice in the activity planned.

Discussion on these system level measures occurred at the inter-alliance forum with minor changes occuring to reflect this feedback. The suggested improvement work for both smoke free infant and youth are attached, along with the contributory measures and activities. The activities have been included in this template but are not included in the plan submitted for Ministry of Health approval.

Recommendation
THAT
The Committee approves the two developmental System Level Measure Plans for submission to the Ministry of Health

KATHRYN HUGILL
PLANNING MANAGER

System Level Measure - Babies living in smokefree homes (developmental 2017/18)

System level outcome
Healthy Start**System level measure**
Babies who live in a smokefree household at 6 weeks post-natal
(*the definition of a smoke free household is one where no person ordinarily resident in the home is a current smoker)*

Improvement Milestone
Increase in the percentage of smoking status reported by WCTO providers at first core check (recommended 80% milestone to be confirmed)

The Ministry has noted that there is quality issues with the data associated with this indicator and this is why this measure is developmental in 2017/18. Placing the spot-light on particular data sets has resulted in data quality improvement in the past and it is anticipated this will occur for these datasets as well. Locally we have limited across sector access to regular robust data and the focus for 2017/18 activity is on data quality and monitoring. This includes our improvement milestone for 2017/18 being focused on improving our data quality to capture our denominator data accurately and consistently across providers.

Improvement milestone baseline data

		Number of core contact visits	%
Smoking_Status_checked	No	1429	53%
	Not Asked	455	17%
	Unknown	17	1%
	Yes	645	24%
	(blank)	140	5%
	Grand Total	2686	100%

The data for this system level measure is collated by the Ministry through bi-annual reporting from the WCTO providers to the Ministry. The checks are expected to be consistent between providers as they all work under the same specifications. The data analyses looked at Core 1 contact visits between Jun-Dec 2016 where Waikato DHB was the DHB of domicile. Of the 2,686 core 1 visits, 645 (24%) recorded a “yes” for smoking status checked. There were blanks in 140 instances, with approximately 70% of visits where the status was not asked or recorded as a “no”.

This SLM is important because it focuses attention on maternal smoking as well as the home and whanau/family environment. For these to be a success, stop smoking support and services need to be available across the lifespan and therefore our contributory measures are focused across the different stages of the pregnancy pathway. SLM is important because it focuses attention on maternal smoking as well as the home and whanau/family environment. For these to be a success, stop smoking support and services need to be available across the lifespan and therefore our contributory measures are focused across the different stages of the pregnancy pathway.

Pre pregnancy and household contacts						
	Contributory measure	**Rationale**	**Activity**	**Local activity detail** **(not submitted in Ministry plan)**	**Led by (tbc)**	**Time frame**
1.	Māori patients who smoke are referred to stop smoking services. (denominator PHO enrolled)	*Whanau engagement* Population measure to capture the wider household population *Equity* Significant equity gap between Maori and NZ European. This measure targets Maori results to enhance equity focus for monitoring and activity. *Utilisation and access* Low numbers referred to stop smoking services *Data quality improvement* Data reports only the number of smoking given brief advice and does not report the number referred and does not provide ethnicity breakdown.	a) System in place to establish baseline and report on referral data by ethnicity and equity gap b) Explore opportunities to develop a local dashboard[1] c) Communication plan agreed	a) System in place to collect reporting required b) Dashboard developed • Identify performance by PHO. • Develop and agree reporting template • Develop and agree communication plan c) Consider S.M.A.R.T activity to promote pharmacy smoking cessation programme	PHOs with TRG PHOs with TRG MCPG with S&F	Q1 Q2 Q2

[1] A separate smoking dashboard does not have agreed resource so may not be progressed in 2017/18 and the first step will be to review smoking data reporting on the SLM dashboard. It was noted by the Child and Youth Health Network Chair that in the interim smoking data available from Waikato's lead smoking cessation service could be reported to the Network alongside the smoking data that will be captured in the SLM dashboard.

Early pregnancy						
	Contributory measure	**Rationale**	**Activity**	**Local activity detail** **(not submitted in Ministry plan)**	**Led by (tbc)**	**Time frame**
2.	Pregnant Maori women who smoke are referred to stop smoking services at first contact (upon registration with a LMC or when seen by a GP in first trimester)	*Provider relationships* Early pathway intervention measure focused on provision of high quality care by LMCs and general practice *Data quality improvement* Data comes from two sources, MMPO and from DHB employed midwives. Due to issues with data collection, available data is not complete *Equity* Significant equity gap between Maori and NZ European. This measure targets Maori results to enhance equity focus for monitoring and activity. *Utilisation and access* Low numbers accepting referrals to smoking services	a) System in place to establish baseline and report on referral data by ethnicity and equity gap b) Explore opportunities to develop a local dashboard c) Communicate incentive scheme for pregnant women to the midwifery community and general practice. d) Clinical pathway for GP first trimester visit promoted	a) Dashboard developed includes number Māori women who are pregnant and referred to stop smoking services to monitor performance •% Maori women who identify as smokers upon registration with a DHB employed midwives or LMCs, referred to stop smoking services. •% Maori women who identify as smokers when seen by GPs in first trimester referred to stop smoking services b) Develop a baseline map showing numbers of pregnant Māori women who smoke by geographic location and stop smoking services by geographical location (include information in the communication plan) c) Promote the financial incentive available for pregnant women to stop smoking upon first registration with a LMC or when seen by a GP in first trimester. d) Consider S.M.A.R.T activity to promote regional pathway for GP first trimester visit (pathway includes smoking cessation referral) and add information on the new incentive scheme. e) Consider S.M.A.R.T activity to promote early enrolment of pregnant women with lead maternity carers	PHOs with TRG MHN with TRG MHN and DHB PHO and DHB TBC	Q2 Q2 Q2 Q2 Q2

Pregnant						
	Contributory measures	**Rationale**	**Activity**	**Local activity detail (not submitted in Ministry plan)**	**Led by (tbc)**	**Time Frame**
3.	Māori women enrolled in pregnancy and parenting programmes	*Whanau engagement* Opportunity to focus on total wellbeing. Local pregnancy and parenting workshops include wider whanau *Data quality improvement* No baseline data *Equity* Anecdote evidence suggests low enrolment of Maori women in pregnancy and parenting programmes.	a) Pregnancy and Parenting Programmes data collected including ethnicity and smoking status b) Stop smoking services promoted in pregnancy and parenting programmes	a) Map where pregnancy and parenting programmes are available and Māori take up b) Establish reporting processes for pregnancy and parenting programme providers to collect and report smoking status of pregnant mothers and household c) Include pregnancy and parenting programmes information into dashboard d) Facilitate smoking cessation providers to attend pregnancy and parenting programmes e) Include Pregnancy and Parenting Programme information in dashboard	S&F with TRG S&F S&F with TRG S&F with MHN TBC	Q1 Q1 Q2 Q3
4.	Pregnant women who smoke are issued NRT	NRT has been shown to be effective in supporting pregnant women to stop smoking. It is best used in conjunction with other measures including biofeedback/CO monitoring, counselling and incentives.	a) NRT baseline established for primary and secondary care b) NRT information is updated	a) Notes audited from primary and secondary care and birthing units/birthing centres a) Audit tool kit made available for future audits b) Update NRT information on Smart Health and clinical pathways c) Include NRT audit results in dashboard	Varied TPO and Pop Health IS and Pop Health (tbc) TBC	Q2 Q2 Q3

Lifespan						
	Contributory measures	**Rationale**	**Activity**	**Local activity detail (not submitted in Ministry plan)**	**Led by (tbc)**	**Time Frame**
5.	Supporting smokefree households	Focusing attention on maternal smoking as well as home and family/whanau environment. Promoting opportunistic screening and follow up by existing providers/services working with families and pregnant women	a) Work with WCTO providers to improve data quality b) Establish system to roll out Tupeka Kore Framework c) Smokefree household information promoted	a) Work with WCTO providers to improve data quality. The Ministry has recommended this could include initiating improvement activities on assessing: • How smoking information is elicited from patients • How smoking information is recorded electronically • What data analyses and validation checks are performed • How smoking information is transferred to the Ministry. b) Tupeka Kore system established • Support Waikato hospital maternity services and birthing units to meet their Tupeka Kore targets • Facilitate Well child and pregnancy and parenting workshop providers to sign up to Tupeka Kore framework c) Include smoke free household information in Smart Health d) Consider S.M.A.R.T activity to promote national resources as available e) Consider S.M.A.R.T activity to promote smoke free households at every core check	S&Fand Wellchild providers Pop Health (tbc) Pop Health with IS (tbc) Pop Health with IS (tbc) S&F and Wellchild providers	Q3 Q3 Q3 Q3

System Level Measure 6 - Youth are healthy, safe and supported (developmental for 17/18)

System level outcome
Young people experience less mental distress and disorder and are supported in times of need

System level measure
Intentional self-harm hospitalisations (including short-stay hospital admissions through Emergency Department) for 10-24 year olds

Improvement Milestone
90% of patients with a recurrent self-harm admission within three years are referred to a health provider

Waikato selected the mental health and wellbeing domain, intentional self-harm hospitalisations (including short-stay hospital admissions through Emergency Department) for 10-24 year olds. Waikato has set up an across sector working group so choosing a domain that requires strong cross sector linkages was a key consideration for the prioritisation process. Appendix one has background information on the prioritisation process carried out by the working group. The focus for 2017/18 contributory measures and activity is on data quality improvement, improved understanding of services available including robust referral pathways, building on provider relationships and ensuring a youth voice in our activity planned

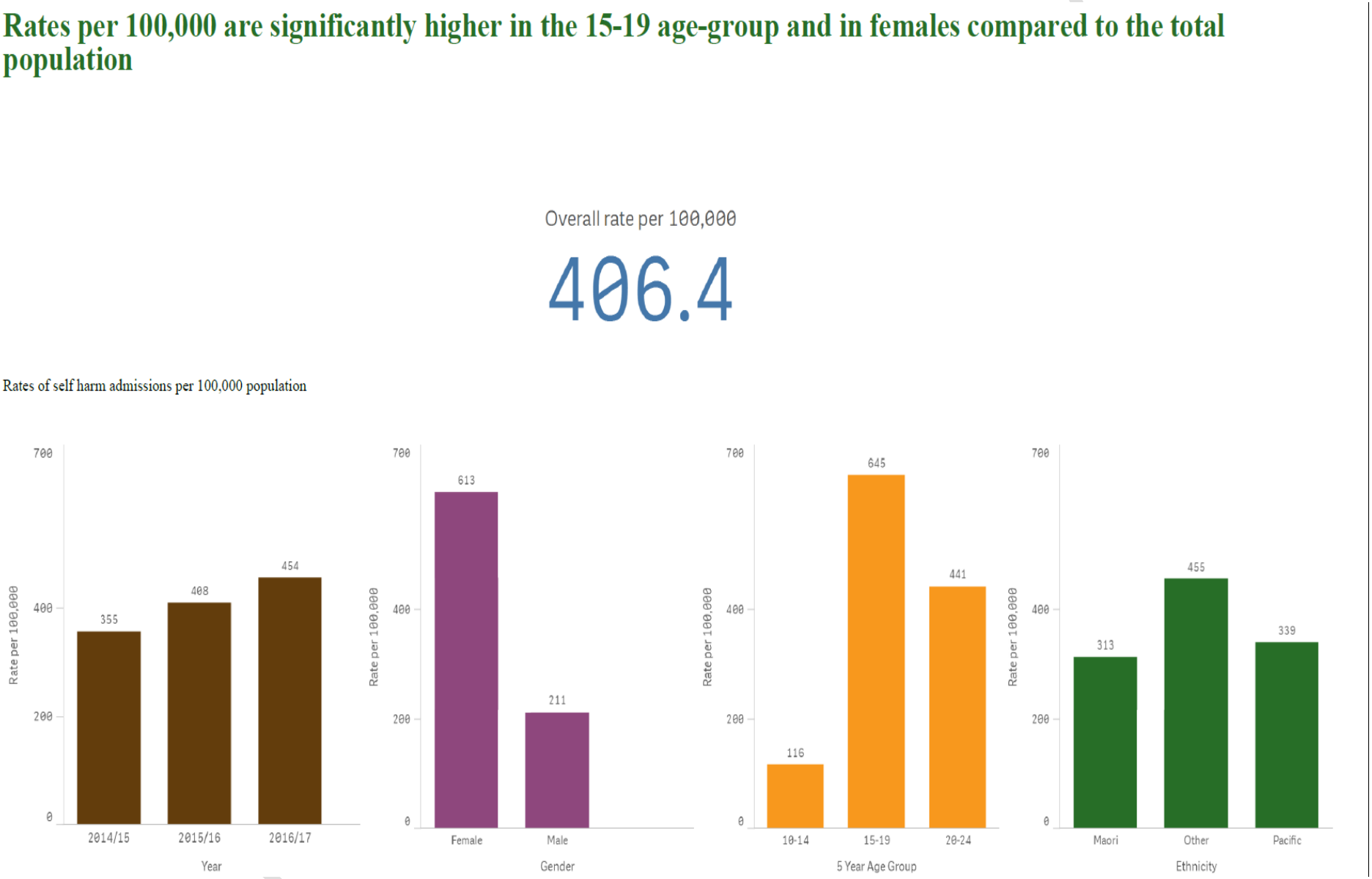
Baseline data and analysis
The national indicator is 'Intentional self-harm hospitalisations including short-stay hospital admissions through Emergency Department for 10-24 year olds'. The Data Set includes all hospital admissions of Waikato domiciled patients in a Waikato facility where at least one self-harm code was coded as part of the admission. It includes Short Stay ED events greater than 3 hours. The age group is 10-24 year olds except where otherwise stated and the baseline period includes Fiscal Years 14/15, 15/16 and 16/17. See figure one for baseline results.

- The overall rate for Waikato for the 10-24 year old age group is 406.4 per 100,000 population.
- This equates to 1,021 episodes for the three year period (772 unique NHIs).
- The rate has steadily increased in the last 3 years (255, 408, 454)
- Based on data for 2013 published by MOH, Waikato DHB is not significantly different to national rates
- Nearly all admissions are through ED with approximately 86% being stays of less than one day.
- The majority of cases are female (73%)
- The ethnic breakdown demonstrates a slight over-representation of Māori (24% compared to 19% of the Waikato youth population, 2013)
- Rates per 100,000 are significantly higher in the 15-19 age-group (645) and in females (613)
- Approximately 18% of individuals had more than one admission in the last 3 years (136 individuals)

In this development year we have proposed a referral improvement milestone to ensure we have across sector systems in place for recurrent self harm referrals from hospital to community health providers.

Figure 1

Rates per 100,000 are significantly higher in the 15-19 age-group and in females compared to the total population



	Contributory measure	Rationale	Activity milestones	Local activity detail (not submitted in Ministry plan)
1.	Youth engagement	Poor youth health literacy reported and poor youth voice represented in health Evidence shows that young people who do not have positive interactions with health care services/providers do not return and have poorer outcomes. Rheumatic fever research (University of Auckland) and qualitative data from local rheumatic fever project, reports health professionals are not youth health literate	a) Youth representatives established on advisory groups b) Youth health literacy training delivered to professionals	a) Youth advise available for advisory groups and focus groups b) Upskill professionals on youth health literacy c) Youth consultation on experiences of care fed back to providers d) Consider activities to support services to become youth friendly
2	Youth not in Education, Employment or Training (NEET)	Youth not in employment, education or training are a high needs priority group in order to achieve health equity No baseline data on current population so no ability to target this particular group with coordinated service delivery	a) Youth NEET population identified b) Consider additional access points for NEET population c) Improve understanding of services available to NEET population	a) NEET population data collected and information shared b) Advisory group engagement fed into NEET activities c) Understanding of existing programmes targeted to the NEET population in order to strengthen opportunistic health care and coordination (linked to scoping in measure 3a) d) Review health services available at alternative education facilities and consider opportunities to promote access e) Consider additional access to HEEADSSS assessments in NEET relevant settings (e.g. youth justice, children's teams)

	Contributory measure	Rationale	Activity milestones	Local activity detail (not submitted in Ministry plan)
3.	Quality of care: utilisation and access	Poor understanding of current youth services quality and availability To achieve health equity for youth, primary to tertiary services need to be accessible, appropriate and effective.	a) Stocktake of youth services carried out b) Communication plan to stakeholders agreed c) System in place for monitoring of referrals from hospital to community health providers	a) Stocktake carried out of youth health services available (including mental health and education sector services Capturing iwi and rural services and referral and eligibility processes b) Review current data captured in primary care (when available following work led by amenable mortality SLM) and secondary care (following self harm data collection and patient journey activities listed in measure 5) identify opportunities for improvement c) Update professionals on services available and referral processes following stocktake d) Review current referral pathway from hospital to community health providers and support work required to ensure referral pathways are in place and measurable e) Work with current providers to identify baseline data regarding referrals from hospital admissions and ongoing reporting for the improvement milestone.
4.	HEEADSSS	Currently decile one to three secondary schools, teen parent units and alternative education facilities in Waikato have access to SBHS HEEADSSS assessments for Year 9 students. HEEADSSS is our current best practice screening tool to improve youth opportunistic care.	a) Increased percentage of eligible population receiving HEEADSSS assessments b) Achieve equity for eligible population receiving HEEADSSS assessments c) Work with providers to improve access	a) Review current performance on eligible HEEADSSS identifying gaps and opportunities to improve equity b) Consider additional access to HEEADSSS assessment c) Consider opportunities to upskill other professionals working in schools to carry out HEEADSSS assessments d) Youth consultation fed into considerations e) Upskill professionals working with young people on HEEADSSS, the relevant referral pathways and managing youth health needs that arise

	Contributory measure	Rationale	Activity milestones	Local activity detail (not submitted in Ministry plan)
5.	Data quality	Key 2017/18 focus is on data improvement with poor data quality and inconsistent self harm reporting across primary care, ED and school based health services. Clear and consistent measure of outcome data is required to achieve equity (including Maori, non-Maori analyses) Alcohol related ED presentations for 10-24 year olds is a mandatory reporting field from July 2017.	a) Systems in place for self-harm reporting b) Outcome data captured and reported on c) System in place for mandatory reporting for alcohol related ED presentations for 10–24 year olds	a) Understand current ED self harm incidence, prevalence and epidemiology • Map patient journey for repeat presentations, (data quality, enrolled, services engaged) • Review current ED self harm coding (clarify what qualifies as self harm) and consider opportunities for improvement • Breakdown self harm reporting by code, unique vs recurrent presentations and short stay vs admissions b) Review and support self harm data collection being collected by school based health services from 1 July 2017 c) Review and support self hard data collection being established in primary care led by the amendable mortality SLM working group d) Consider opportunities to collate and share self harm data available once systems in place for reporting across ED, primary care and school based health services e) Support work led by ED to ensure Robust system in place for mandatory reporting of alcohol related ED presentations for 10-24 year olds

Appendix one - choosing the youth domain

Due to the complexity and breadth of issues impacting youth health and wellbeing, the youth system level measure consists of five domains options with corresponding outcomes and health indicators. This enabled district alliances to focus on the most important issues and opportunities relevant to their local population by identifying one or more domains.

The working group reviewed each domain suitability taking into consideration the following five prioritisation features: burden of disease (epidemiology) in the Waikato region; impact on equity; feasibility of improvement; data availability; and fit with current work - noting data availability and fit with current work could be seen as a positive or negative consideration. The prorisation process included reviewing the final domains options with information from the expertise of members as well as a snapshot being provided by the SLM technical reference group of the current data available for each indicator.

From this process the highlest local proritity was placed on the two ED-related indicators: Alcohol and Other Drugs (Alcohol-related ED presentations for those aged 10-24 years) and Mental Health and Wellbeing (Self harm ED presentations for those aged 10-24 years).

A brief summary of the rationale discussed is outlined in table one, more detail has prevosuly been ciruclated to working group members and the Child and Youth Health Network members for the opportunity to input. In addition a proritisation scoring sheet was circulated. The mental health and wellbeing domain 'self harm ED presentations for those aged 10-24 years' scored the highest as the preferred local domain which aligned with the working groups preference from their meetings and correspondence discussions.

Table 1

Domain	National Indicator	Rationale summary
Youth Experience of Health System	Child and Adolescent Mental Health Services (CAMHS) Real- Time Survey results for 10-24 year olds	Agree with focus on youth experience but do not see current indicator as focus for our region. Self harm in ED is a better opportunity to impact on youth mental health and to support the development of a youth steering group
Sexual and Reproductive Health	Chlamydia testing coverage for 15-24 year olds	Chlamydia testing – significant issue (1 in 3 NZ women infected by age 32) but this measure needs further development. Coverage is an outdated indicator; need to incorporate recent evidence around targeted testing/case finding (emphasis on number of infections detected per test carried out, not just test coverage which risks increasing inequity).
Mental Health and Wellbeing	Self-harm hospitalisations and short stay ED presentations for <24 year olds	Cross sector prevention opportunities with the indicator population being the tip of the iceberg. A preferred domain scoring highest in local prioritisation scoring sheet. Opportunity to raise awareness, align and support planned local activity for 2017/18.
Alcohol and other Drugs	Alcohol-related ED presentations for 10-24 year olds	Opportunity to understand burden and get cross sector linkages. A preferred domain scoring second highest in local prioritisation scoring sheet. Activity to support mandatory collection to be included as contributory measure activity in 2017/18..
Access to Preventive Services	Adolescent oral health utilisation for school year 9-17 years of age	Recognised an equity issue however felt this indicator had existing accountability as a local performance measure as well as a local and national directive not requiring an across sector group.

Operations and Performance

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

AGENDA ITEM 5.1

OPERATIONS AND PERFORMANCE DIRECTORATE

Purpose	1) For information

Continued acute flow pressures
Patient Flow in the last two months has been challenging due to exceptionally high patient presentation volumes in Waikato Hospital ED. For August 2017, Waikato Hospital continued to struggle with performance on the 6 hour target, ending the month on 82.9% within 6 hours. Thames Hospital experienced a busy month and did not meet the 6 hr target either, with performance of 88.6% within six hours in August.

Presentations to ED in Waikato Hospital for the month of August dropped from the unprecedented high in July; however August YTD presentations were 14% higher than last year. Thames presentations in August also reduced slightly from previous months; however August YTD presentations were 20% higher than last year. Highest annual growth still occurred in Tokoroa where August YTD presentations increased by 33% since last year. Te Kuiti was the only hospital which continued to see a decline in annual ED presentations, being -3% versus last year.

For Waikato Hospital, 'main delay' phases for patient breaches in August were most commonly ED assessment (37%), bed allocation (33%), specialist assessment (30%). The increase in delays due to bed availability has been of concern. Key interventions to address the pressure on beds are progressing with the opening of OPR5 on 4 September, and the implementation of SAFER on 6 September.

Service development work
In the **patient flow programme**, the SAFER bundle of care was launched on 6 September. Key changes include a daily review for all patients on the ward, frequent senior reviews, all patients having an estimated date of discharge (EDD), early discharging where possible (using criteria based discharges) and regular review of long stay patients. Key control measures are monitored on a daily and weekly basis to ensure the changes are sustained. One key positive has been the uptake of EDD as a key planning date, with adherence lifted from 66% to 89% for Waikato Hospital and from 23% to 87% in Thames hospital. The next step will be to ensure the estimated dates are kept current. Current evidence suggests that about 20% of the patient's dates are in the past. The expectation is that with the use of the electronic clinical whiteboard (iMPACT project) the currency of the dates will improve due to increased visibility of these on the ward and the use of these dates as a key management tool in patient flow planning and communication.

A new project under the patient flow programme was started in September, focusing on reducing the time from 'decision to admit' in ED or AMU, through to patient admission on the inpatient ward. The scope includes general medicine and respiratory medicine patients

in Waikato Hospital. The approach for this improvement project will be through a 3-day rapid improvement event (RIE), to be held on 25-27 October. Preparation work is already underway, with detailed process mapped by staff involved in the process and project charter completed. Further information, including invitations for 'open home' sessions during the event will be communicated to relevant staff.

The **iMPACT** project has now started and the project team is based in the Integrated Operations Centre (IOC) where they are completing the detailed design for the whiteboards and workflow components, and planning for the infrastructure and devices roll-out.

Data warehouse and Business Intelligence programme is progressing slowly, and with appointment of Director of Business Intelligence & Production Planning, as well as a project Business Analyst in Information Systems team, the expectation is that the work will now progress more quickly towards the completion of two pilot projects (Mental Health and production planning) later this calendar year.

The **Surgical Re-invention programme** has also started, led by the Surgical Directorate in Waikato Hospital. Recognising the transformational potential of this project, the team has geared itself towards supporting the project team with data, analysis and analysis resource to develop insights and operational management reports to inform surgical patient flow and planning decisions.

Around **strategy implementation** of "4.3 Redesign services to be effective and efficient without compromising the care delivered", a paper was jointly presented with the Executive Director for Quality and Patient Safety, titled '*Towards a learning organisation: Building improvement capability and capacity within Waikato DHB'.* Also, several staff members visited Auckland DHB to view their implementation of a LEAN Management Operating System, and further visits are planned locally at corporations in Hamilton. Further work is undertaken to progress this framework and this will be brought back to the Health Strategy Committee in due course.

Key Performance Dashboard

Provider Arm

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department < 6 Hours	% of patients	82.9	95.0	(12.1)	81.7	95.0	(13)		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	33	0	(33)	142	0	(142)		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	40	0	(40)	96	0	(96)		3
CTs reported within 6 weeks of referral	%	87.5	90.0	(2.5)	86.6	90.0	(3.4)		
MRIs reported within 6 weeks of referral	%	85.4	85.0	0.4	85.5	85.0	0.5		

Theatre Productivity

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Waiting Time for acute theatre < 24 hrs	%	75.6	80	(4.4)	75.6	80.0	(4.4)		4
Waiting Time for acute theatre < 48 hrs	%	91.3	100	(8.7)	90.1	100.0	(9.9)		5

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Laboratory – ED urgent Biochemistry profile TAT within 90 mins	%	93.0	90.0	3.0	94.5	90.0	4.5		
All inpatients scanned within 24 hours	%	90.0	90.0	-	89.0	90.0	(1.0)		
All inpatients scanned within 48 hours	%	96.0	95.0	1.0	96.0	95.0	1.0		
Emergency Department patients Ultrasound and CT scanned within 6 hours	%	99.8	100.0	(0.2)	99.9	100.0	(0.1)		
Emergency Department patients General X-Ray scanned within 30 minutes	%	78.2	100.0	(21.8)	77.6	100.0	(22.4)		6
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	94.5	100.0	(5.5)	94.3	100.0	(5.7)		7
Output Delivery Against Plan - Inpatient Number of Episodes	%	99.2	100.0	(0.8)	98.4	100.0	(1.6)		
Output Delivery Against Plan - Inpatient CWD Volumes	%	95.1	100.0	(4.9)	95.9	100.0	(4.1)		

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Number of long stay patients (>20 days length of stay)	Discharges	85	68	(17)	136	125	(11)		8
Number of long stay patient bed days (>20 days los)	Bed Days	2,674	2,289	(385)	4,268	4,059	(209)		9
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			5.02	5.01	(0.01)		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.97	1.86	(0.11)		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.94	0.93	(0.01)		

Key - MTD Measures	
At or above target	
Below target by less than 5%	
Below target by more than 5%	

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

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

Operations & Performance KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	**Shorter Stays in ED**	Waikato Hospital continues to struggle with performance of the 6 hour target. In addition, Thames hospital experienced a difficult month and did not meet the 6 hr target. Overall DHB performance saw a slight improvement on previous months, however it is still well short of the 95% target. For Waikato Hospital, main (longest) delay phases in August were most commonly ED assessment (37%), bed allocation (33%), specialist assessment (30%). Patient flow programme projects underway to address root cause issues.
2/3	**ESPI 2 and 5**	Compliance achieved in August for ESPI 2 and ESPI 5. ESPI risks in Orthopaedics and Dermatology, which is being managed for compliance later in the calendar year.
4/5	**Waiting time for acute theatre**	Due to improved access to acute theatre time by way of escalation on the weekend, the waiting times for acute surgical patients have decreased and performance improved. Further work is being implemented to 'rightsize' the acute theatre time on the theatre master schedule.
6	**ED Patients General X-ray within 30 minutes**	August performance on this measure was in line with previous year's and up slightly from previous months. This continues to be compromised as resource is used for competing radiology modality demands, e.g. for MRTs required for Theatre (high demand), Traumas, inpatient mobiles and patients not ready to come to Xray. Volumes of these are being tracked to ensure the performance not worsening.
7	**Output delivery against plan – volumes for FSA, F/up and nurse consults**	Volumes slightly below plan for the month of August and year to date. Given it is early in the year this may rectify itself. Top-down volume investigation into causes for variations to be completed, in conjunction with review of inpatient volume variations (mainly electives).
8/9	**Number of long stay patients**	Long stay patients discharged in June were well below target, however year total has been higher than the target. SAFER project implementation (part of patient flow programme), which includes weekly doctor review of all patients in hospital with LOS>10 days, was launched on 6 September. Impact of this project on the measure will be monitored going forward.

Part 2. Operations & Performance team overview report – period ending August 2017

Team: Operational Performance and Support

1. Initiatives and Highlights

- New Director for service appointed and starting to find his way around.
- Production Planning development continuing with deeper discussions around the right counting units for different services.
- KPI reporting back on schedule after being impacted by staffing vacancies.

2. Emerging issues and risks

- Data Analyst – National Patient Flow (NPF) position may be difficult to fill based on initial interviews. Will impact project.
- Options to strengthen the production planning function within the constraint of existing budget are still being explored.

3. Next period focus areas

- Most appropriate team structure to be determined.
- NPF Project development to be re-started, once Business Analyst position is filled.
- Qlik Mental Health proof of concept to be developed, Qlik Business Intelligence software need to be more widely deployed – IS dependant. Need to plan training/coaching time from vendor.

Team: Clinical Records

1. Initiatives and Highlights

- Work continues on processing the Urology paper files - most of the older file have been sent offsite and the focus is on preparation of the files for scanning during the week and scanning over the weekend.

2. Emerging issues and risks

- A number of staff are sick and will be away from work for lengthy periods. This is placing a strain on maintaining our 24/7 roster. This issue continues with new staff still in training and with the retirement of a senior staff member.
- Kofax scanning platform has recently been upgraded. Still ironing out some initial issues. Hopefully once things have settled down we will get more productivity.

3. Next period focus areas

- Continue with Urology file processing
- Start to plan for more scanning.

Team: Clinical Coding

1. Initiatives and Highlights

- Developed a report and process to track all waitlist episodes to code the majority by 15th following month to assist in more timely reporting of the percentage achieved against elective targets for the month
- Coding department is trialling a Specialty Team approach to coding to increase productivity and increase educational opportunities for more junior coders to be mentored by the more experienced coders

2. Emerging issues and risks

- Dr Doug Stephenson has raised the issue about the quality of Health Round Table (HRT) comparative data for ED coding. ED Reception staff input the Principal Diagnosis code for the episode in ED. The issues for them are the same as for Coders i.e. a lack of documented diagnoses by the Clinicians and a lack of discharge summaries.
- In addition some of codes ED Reception Staff input into the ED module follow the outdated 6th Edition Coding Standards and outdated rules.
- Dr David Graham has raised the issue for Ministerial reporting on specific youth measures to improve, impacting on related coding to be more comprehensive.
- Systems problem in our transactional system (iPM) whereby data altered by ED and ACC staff of coded events has been deleting the coded episode. This is a loss of revenue recoding episodes (338 for the last month) instead of coding new events. In addition this impacts on month end reporting to the MOH risking not achieving the performance of all coded data to be at the MOH by 21st of the following month.
- Also impacts reputation of Waikato DHB in monthly comparative tables sent to all DHB coding departments.

3. Next period focus areas

- To work with ED team, ACC Revenue team and Information Systems team to find a solution to prevent rework every month
- To work with ED staff to improve the quality of coding done by ED receptionists
- To work with Dr Graham to improve coding for ED episodes for Paediatric Medicine for Ministerial reporting

Team: Integrated Operations Centre

1. Initiatives and Highlights

- McKesson upgrades underway one staff is being done currently.
- Cleaning Request for Proposal (RFP) completed with contract being negotiated with the addition of discharge cleans added.
- Patient Transport Service RFP ongoing to be presented at the midland executive meeting in October.
- Nurse Manager Operations commenced on 4 September and is competing orientation
- Clinical whiteboard systems analyst commenced on 11 September and is underway with the White board project (iMPACT).

2. Emerging issues and risks

- Space in the Integrated Operations Centre (IOC) is at a premium with the iMPACT project moving into the meeting room, many meetings are now being held in open areas.
- Summer bed plan delayed due to slow service feedback
- Decreased leave availability over the summer due to predicted demand above normal summer volumes previously seen. This includes a theatre closure plan that is shorter than previous years and increased acute volumes. Budgeted leave should be able to be given but not extra which may mean yearly budget leave balances will increase.

3. Next period focus areas

- Detailed work on Clinical Whiteboard, work shop days now planned.

- Nursing resource team review team formed, with the first meeting on the 13th of October
- RMO rostering process to be commenced with plan to place within IOC on going with consultation document to be released in October.

Recommendation
THAT
The report be received

MARCTER BEEK
EXECUTIVE DIRECTOR - OPERATIONS AND PERFORMANCE

Services

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

AGENDA ITEM 6.1

COMMUNITY AND CLINICAL SUPPORT

Purpose	1) For assessment by the Committee

Content of Report
Each of the eight services that make up the Community & Clinical Support division are making good progress against the broad range of service priorities that were tabled at the previous meeting of the Committee. This report summarises the progress made in the first quarter of this financial year.

In addition to the planned activity a new work stream to assess the staffing capacity of the emergency departments at both Tokoroa and Thames is commencing. These are small teams that have been significantly impacted by the large increase in unplanned presentations: (+21% or 622 cases YTD at Tokoroa, and +15% (600 cases) at Thames) This pressure is especially evident for the nursing staff. The increase in presentations reflects, in turn, a range of whole of system issues, including access to timely and affordable planned or unplanned primary care. The risk was mitigated to a degree at Tokoroa by the deployment of an unbudgeted swing shift over the peak winter period. This cannot be sustained. The assessment will inform both the future service model and the 18/19 budgeting process. Rural ED nurse staffing at Tokoroa has not been reviewed for many years.

The Division is otherwise on track to deliver on its planned activity, priorities, and savings plans.

Recommendation
THAT
The Committee notes the content of the report

MARK SPITTAL
EXECUTIVE DIRECTOR – COMMUNITY & CLINICAL SUPPORT

Summary of Progress against 2017/18 Service Level Priorities: Quarter One

(Refer to Appendix One to gauge the link between the indexed service priorities and the DHB strategic plan. Only those service priorities where significant progress has been made or that are considered to be at risk have been reported against.)

Clinical Support

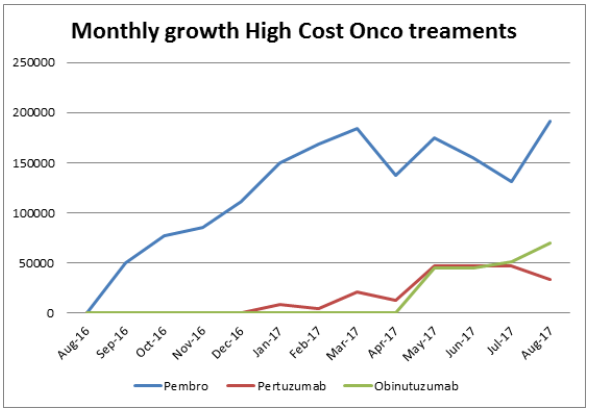
District Pharmacy Service

P1 **Implement the Medication Safety Programme (MSP) across the provider arm**

The implementation of the Medication Safety Programme (MSP) is underway. The review of the Medications Management Policy has commenced, as has work to standardise the medication information available for clinical staff on the ward. Monthly reporting of total drug spend relative to activity and an analysis of the top twenty drugs per cost centre is now in place for the first time.

Year to date half of the $1.6M provider arm variance against the clinical supplies budget sits within C&CS, and of that 81% relates to pharmaceuticals. (This reflects the change to budget all provider arm pharmaceuticals centrally.)

Three medicines (Pembrolizumab, Pertuzumab and Obinutuzmab) are driving the pharmaceutical overspend. These have recently been listed on the Hospital Medicines List (HML) and Community Schedule as a result of changes initiated by Pharmac. There is no opportunity to reduce these costs. The price per treatment is very high, all patients meet criteria required by the HML, and there is no justification to refuse treatment without violating the HML rules.



The drugs are all reimbursable and the YTD overspend is simply a timing mismatch between expenditure and offsetting revenue being recognised. Adjusting for this timing issue the net pharmaceutical overspend is $100k across the provider arm. Given the impact of seasonal inpatient demand that is not an unmanageable issue at this time of year.

Opportunities to reduce future drug spend and improve patient outcomes have been identified as a result of the early work done under the Medication Safety Programme. The prescribing of mirena, infliximab, idarucizumab, altaplase and calcium folonate will be a particular focus. As one example a single dose of a blood thinning reversal agent, idarucizumab, that was given to five different patients in Waikato ED accounted for 38% of their drug spend in August. There is a defined protocol exists for the use of that specific drug and these cases are now being audited against that protocol. None of that sort of critical analysis and review would have occurred prior to

the launch of the Medication Safety Programme at the start of July.

An electronic screening tool to assist Clinical Pharmacists to identify inpatients at high risk of medication incidents was implemented in August. This tool takes into account known risk factors (e.g. age, readmission history, range of prescribed drugs, clinical condition, etc) and enables pharmacists to prioritise patients across each ward and the entire hospital each morning. This means that for the first time their expertise can be targeted to those people who are most likely to get the greatest benefit from their expertise.

P2 Actively participate in the regional E-pharmacy project.

P3 Focus on workforce development; developing sustainable leadership capacity, enhancing how the pharmacy functions as an overall team, and implementing advanced clinical (prescribing pharmacist) roles.

Activity of any significance is yet to commence on either of these priorities.

District Laboratory Service

L1 Implement the haematology analysers in the rural labs.

Successfully completed.

L2 Implement the biochemistry mass spectrometer

The tenders for Liquid Chromatography Mass Spectrophotometer (Toxicology) and for Infectious Serology Automation are now both at the vendor presentation stage.

L3 Implement the histology digital x-ray scanner

This project is being re-evaluated and may not proceed. No resulting risk.

L4 Undertake a pilot of bed-side labelling

L5 Implement an e-ordering link between Pathlab and Waikato

A global programme of work to establish electronic ordering of laboratory and radiology requests has been commenced. This approach will enable the synergy to be extracted from three separate projects. The e-ordering work is directly aligned to the DHB's Sustainability Plan. The relevant business cases have been approved and the work is on track to deliver a working solution by the end of the financial year.

L6 Enhance Point Of Care Testing (POCT) and rural transportation for samples

A review of the logistics for transporting laboratory samples has been undertaken. The current logistics create significant delays in turn-around times (TAT) for lab tests for rural patients at particular times of the week. Solutions to that issue will be assessed later in October and the service is on track to implement improvements by the end of the second quarter.

L7 Plan and design the business model underpinning the Waiora facility development that is planned for 2018/19

Limited progress has been made this quarter. There is some risk as it is essential that initial planning work is completed prior to the IANZ accreditation in November. The relevant executives are now involved to mitigate that risk. The laboratory staff have explored options for better integrating component parts of the laboratory to reflect the rapid changes in laboratory science/disciplines in preparation for the facility planning.

L8 Develop the ten year laboratory services plan including an SMO and scientist workforce plan

Future R&D and technology path presentations from key vendors have been completed. A new Clinical Unit Leader has been recruited (Dr Michael Dray) who is also president of the NZ chapter of the Royal Australasian College of Pathologists. Workforce planning is a key interest for him. The development of a ten year

laboratory plan will be a key focus for the leadership team from now until March.

L9 Significantly expand the range and impact of Choosing Wisely campaigns
Little progress made this quarter. E-ordering has rightly taken precedence.

L10 Secure the consortium bid for the Coronial Mortuary & post mortem services tender
The Waikato DHB is one of four parties who have collectively submitted a Consortium bid in response to a Ministry of Justice tender for Coronial Support and Post Mortem services. The other parties involved in the Consortium are Southern Community Laboratories, Pathlab and Communio. The Consortium has subsequently presented to a cross sector evaluation panel and is now responding to requests for further information.

The Consortium's bid covers all of New Zealand except for the Canterbury, Auckland and Northland areas. If the bid is successful, as proposed, the locations where coronial post mortems occur could potentially alter across the North Island. In general DHB provider arms have moved away from providing post mortem services due to the non-availability of pathologists and the cost of upgrading level 2 mortuary facilities. (Neither are particularly relevant issues for Waikato.) The overall intention is to reduce the number of invasive post mortems in line with international best practice.

The RFP outcome is entirely a matter for the Ministry of Justice to determine.

<u>District Radiology Service</u>

R1 Implement two Computerised Tomography machine (CT) upgrades at Waikato
Tender successfully completed. The first machine will be installed in November and the second in early 2018.

R2 Implement a CT upgrade at Thames and redirect patients to Thames
The new CT machine was successfully commissioned at Thames on 26th September. This service improvement will mean a significant reduction in travel for local patients.

R3 Ensure sufficient radiologist are recruited and develop a robust radiology workforce plan
Radiologist and Medical Radiation Technologist (MRT) vacancies remain a concern. Sufficient interventional radiologists have now been recruited. Specialists in CT and general radiology are still being sought. Work has commenced on developing a robust staffing capacity model to better inform the workforce planning and annual budgeting processes. This work is due to be completed by November.

R4 Create leadership team capacity (time to lead)
R5 Define and implement a robust quality framework across the entire service
Restructuring has been completed to create a clinical quality management role within the Radiology service. The lack of dedicated leadership capacity was a constraint to making further quality improvements in the service. Recruitment is now underway. The position will lead the implementation of the both the service's quality plan and the provider arm's Radiation Safety plan. The Board of Clinical Governance has mandated that a Radiation Safety Committee be established to oversee the implementation of the new Radiation Safety legislation and Codes of Practice across all areas of the provider arm. This will occur later in October.

R6 Achieve national MRI & CT targets (both performance metrics increase)
Performance against the national target that 90/95% of MRI/ CTs will be reported within six weeks of referral has declined in line with all other tertiary DHBs.

Waikato's specific issues are radiologist workforce gaps (the constraint is in reporting images, not in scheduling patients for imaging) coupled with an increase in demand for CTs in particular. That increased demand is primarily related to orthopaedics and the diagnostic consequences of the new drug therapies approved by Pharmac in particular.

R7 Undertake comprehensive capacity and service planning for interventional radiology
Multiple clinical specialties make shared use of the same staff and facilities in the interventional suites. The use of interventional technologies is rapidly changing and the combined pressures are significant. To address these pressures the radiology service is hosting an inaugural multi-specialty service planning process, commencing in mid-October. This has not previously occurred and is an important step in creating an agreed operating model for the various interventional services.

R8 Implement Choosing Wisely, initially focussing on MRI and CT
Choosing Wisely aims to reduce waste by applying evidence based guidelines to diagnostic ordering. Very little further progress has been made this quarter. Priority has correctly been given to e-ordering which will include automated rules to manage diagnostic requests that fall outside of evidence based guidelines.

R9 Implement a robust clinical photo archival and storage system
This project will ensure that all clinical images taken on cellphones and mobile devices, etc, will be automatically archived into the clinical record in a secure manner. Contacts have now been signed with the system vendor. The project is now in start-up phase and is on track to go-live in mid 2018.

R10 Significantly reduce DNA rates for Māori
DNA for specific groups of people attending Radiology can be as high as 40%. An equity based analysis of the root causes is underway to inform the development of solutions. Surveys conducted to date suggest the information that referrers give patients as to why their radiology referral is important could be significantly improved.

R11 Actively participate in whole of provider arm production planning
Yet to commence.

Blood service

B1 Focus on Intravenous Immunoglobulin (IVIG) usage and clinical reviews

B2 Assess work plan, team capacity, and structure required from 2018/19 onwards
The Patient Blood Management Service continues to be highly successful. Work has commenced to ensure the blood management of cardiac patients is optimised (especially pre-surgical) and that inpatient transfusions (within Internal Medicine) are safely minimised by June 2018.

Community

Screening

S1 Investigate and secure sustainable capacity for business as usual and probable changes in screening service configuration (age range, etc).

S2 Prepare for funding and contracting reform in Breast Screening.
The service has actively participated in Ministry of Health workshops on future models for funding breast screening nationally. Information on future capacity constraints has been provided to the Ministry of Health should the age of eligibility for

women to access the screening programme be extended. The service contracts were only renewed by the Ministry for the six months ending 1 January, indicating that a change to the funding model is possible but no further clarity is anticipated until much later in the calendar year.

S3 Improve Māori enrolment and coverage in screening (breast and cervical).

There are significant numbers of Asian and Māori women living in Hamilton among this cohort who need to have a cervical smear. A voucher to offer Priority women (particularly Asian and Māori) a free smear has been developed to go with their letter of invitation. The different aspect to this voucher is that it offers women living in the Hamilton vicinity a choice of venues: their own GP or the Family Planning Association. The woman's PHO will still get credited with the smear in terms of coverage reporting.

Overall the number of women receiving a mammogram is behind target (-1,000 YTD) mainly due to capacity issues in Lakes and Bay of Plenty. Bay of Plenty is anticipating that the volumes will be rectified in the out months when the resources have improved to allow for volume increase. The BreastScreen Midland team are currently finalising the remediation plan. Overall the number of Māori women being screened is slightly ahead of plan year to date.

S4 Reinvigorate smoke-free approaches across the provider arm.

A comprehensive smoke-free improvement plan is being implemented across the provider arm. The initial step of fencing off some areas where smokers have traditionally congregated is now underway. The overall programme is aimed at engaging consumers to respect our sites as smoke-free campuses and ensuring that nicotine replacement therapy is readily and freely available for all patients and visitors at all times. It is expected that the pace of implementing the work-plan will increase now that other winter pressures on staff are reducing.

S5 Improve immunisation enrolment and coverage.

The immunisation results for the three months to the end of August were 87% for eight month olds and 92% for two year olds. Achieving the goal for improvement is at risk and there have been a range of engagements between the Ministry, PHOs and the DHB over the concerning decline in immunisation rates which is also a national trend. Of particular concern is the need to ensure new-born enrolments in general practice and immunisation follow up is effective. The potential benefit of targeted services for new-borns at risk (typically unenrolled and living with highly transient families) needs active consideration. Remedial actions will be reported by the funder to the Health Strategy Committee.

Hauraki PHO

Milestone Age	Total		
	No. Eligible	Fully Immunised for Age	%
6 Month	742	565	76. %
8 Month	782	709	91. %
12 Month	795	741	93. %
18 Month	811	692	85. %
24 Month	844	786	93. %
5 Year	879	784	89. %
12 Year	497	319	64. %

Pinnacle Midlands PHO

Milestone Age	Total		
	No. Eligible	Fully Immunised for Age	%
6 Month	477	316	66. %
8 Month	482	427	89. %
12 Month	548	513	94. %
18 Month	488	363	74. %
24 Month	536	491	92. %
5 Year	559	490	88. %
12 Year	285	167	59. %

The annual immunisation information evening for practice nurses was hosted by the Screening service on 28 September and was well attended.

S6 Confirm and prepare for a future role in bowel screening.
To be deprioritised. Programme rollout in the Waikato will now occur a year later than initially thought.

Public Health

Ph1 Build sustainable water quality assurance.
Water quality has considerable national attention at present due to the Hawkes Bay Inquiry. The local service is actively engaging with local authorities to enhance relationships at the tactical level which was also a key recommendation from the Havelock North event. A comprehensive review of the service was undertaken 18 months ago and significant investment has gone into enhancing the capacity and capability of the service since then. The service will undergo its IANZ accreditation audit in November. No issues of significance are anticipated.

Ph2 Build health improvement capacity.
Ph3 Strengthen health improvement activity across the whanau, workplace and education settings.
Ph4 Strengthen the community development activity within Māori and Pacific Island communities of interest.
Ph5 Assist the DHB to achieve a step change in Māori in-equality reduction.
The health improvement team are now almost fully recruited. The team is actively engaging with Sports Waikato, some local marae, pacific health providers and a small number of local businesses to implement a range of health improvement initiatives in the education, whanau and workplace settings within which it now operates. Analytical work to help inform the Māori Health strategy has commenced.

Ph6 Develop and leverage networks to enhance effectiveness and influence within the DHB and across local and central government agencies.
A role specifically designed to promote health in all policies and further enhance how public health and local authorities/ agencies work together has been created and is now in the final stages of recruitment. A number of submissions related to Class Four gambling have been made to various councils throughout the district.

Ph7 Implement Healthscape (IT System) to better manage and report service activity.
Not yet commenced.

Community & Southern Rural Health Services

C1 Shift all Hamilton community services to Gallagher drive
C2 Implement significant virtualisation / changes to service delivery in lieu of visiting
C3 Develop clinic based services in lieu of home visiting
The service is on track to relocate Community Services to the new premises at Gallagher's Drive in the second week of November. Significant operational change is anticipated as a result. The modern facilities there have been designed to facilitate the use of clinics and telehealth/ SmartHealth in lieu of home visiting.

C4 Implement the single point of entry (ED) model in Taumarunui
Active discussions are underway between the DHB and Kokiri Trust (who operate a GP clinic in Taumarunui hospital) to implement single point of entry for all people who make unplanned attendances to ED or the practice. A draft project plan is currently being reviewed by the relevant stakeholders. The goal is to have a new operating model in pace before winter 2018.

C5 Implement the rural retrieval service

C6 Enhance the leadership structure for rural services

Neither were planned to commence at this stage.

C7 Exit the provision of TOPs at Tokoroa

The Lakes DHB are currently tendering for a service provider to operate from Rotorua rather than Tokoroa. The service change is expected to occur in February 2018.

C8 Plan the future sustainability of the community oral health general anaesthetic service

Succession planning for the anaesthetist who currently provides paediatric dental surgery in Te Kuiti has commenced as the anaesthetist retires in approximately 12 months' time. The most viable future location for the service, whilst ensuring it meets the needs of consumers by remaining accessible for rural patients, is being assessed.

C9 Improve community oral health enrolment and coverage

The Community Oral Health service has secured a Wrigley's grant to implement daily brushing at Crashaw school. Crawshaw is a decile one primary school in Hamilton's north-west and has 300 students, 70% of whom identify as Māori. The project will assist with toothbrushes and toothpaste for students over a one year period as part of an oral hygiene education programme. The objective is to reduce the incidence and severity of decay and improve gingival health for children. The Waikato region caries rates for 2016 identified 62% of five year olds were free of caries but only 44% of Māori children of this age had not experienced decay. While Year 8 students are improving with 72% caries free, Māori children have poorer oral health at only 61% caries free.

The programme aims to educate students to brush with adult strength fluoride toothpaste twice a day for at least two minutes at a time. This will include at least once a day activity at the school itself where age appropriate songs and knowledge building activities will create a regular, fun tooth brushing experience. The programme aims to be measurable, replicable and effective in reducing oral health inequalities. It will be evaluated through a comparison of dental records (bitewings) and oral hygiene habits based on a pre-programme questionnaire.

C10 Extend the nitrous oxide service delivery model (reduce general anaesthetic cases)

41 appointments for nitrous oxide procedures (instead of procedures under general anaesthetic) have been undertaken. Treatment was completed successfully for 85% of these (35 patients). This alternative procedure costs a lot less, uses far fewer staff and resources, and doesn't require extensive patient recovery. The Frankton dental clinic is now being modified so that procedures performed under nitrous oxide will become part of normal service activity.

C11 Implement the Southern Rural Maternity model of care

The implementation plan is on track for sign off in October, and will extend through until 2019 in a staged sequence. As early activity, estimates to complete a basic refurbishment of the maternity facility at Tokoroa have been obtained and an RFP to secure independent midwives to provide the facility cover at Taumarunui was conducted. The RFP did not attract interest. Direct negotiations are now underway with the incumbent supplier of those services.

C12 Review the current continence service, succession planning and sustainability

The continence service is being reviewed as a result of the increasing referrals and limited capacity to meet demand. The overall approach to continence services across the DHB is disjointed. A problem statement and action plan has been developed to guide the review. The DHB Funder has been involved in early planning discussions due to the demand side issues.

C13 Implement the recommendations from the Nursing Innovation initiative with the PDU (workforce pipeline)

All the nursing teams across the Southern Rural health service are now holding whole of system team meetings to reduce the barriers between hospital and community care settings. For example, at the first integrated nursing meeting in Tokoroa, a practice nurse from a local GP clinic and a clinical nurse manager from a local rest home attended along with the inpatient, district nursing, and public health nursing staff. The initial intent was to focus on specific patient management but it quickly became evident that the most immediate need was to streamline common processes so that all parties could work together more seamlessly. Another example of this is the work being done in Taumarunui to create a single clinical record for palliative patients being cared for in either inpatient or community settings.

C14 Transfer the wound service and refine the overall service delivery model

The wound service transferred to Community Services on 1 August.

Thames & Coromandel Rural Health Services

T1 Enhance the leadership structure for rural services.

T2 Re-assess and formalise required medical capacity.

Activity against neither priority was planned to commence in the first quarter.

T3 Implement the single point of entry (ED) model in Thames.

T4 Implement an on-site GP practice.

A formal proposal has been received from Te Korowai Hauora o Hauraki (an NGO and practice affiliated with the Hauraki PHO) to locate some of their services on the Thames hospital campus and to develop greater integration with the local emergency department and other hospital services through a process of co-design. The proposal attests to the support of Ngāti Maru who originally gifted the land for the hospital site. This sort of proposal is very much in line with the rural service review. The relevant executives are now assessing the proposal.

T6 Confirm the future surgical service direction and quality/capacity.

T7 Implement the productive operating theatres programme (TPOT).

The productive operating theatres programme (TPOT) will be launched on 26th October with a full day workshop for the full multi-disciplinary team at Thames theatre team including surgeons, nurses, anaesthetists, HCA, theatre attendants, SSU staff and the day stay team. This is an important team building, process improvement, and waste reduction initiative that will progressively examine all aspects of the theatre's operation, including the wider perioperative process.

T8 Improve the overall efficiency of community delivered services

T9 Implement significant virtualisation / changes to service delivery in community

T10 Develop clinic based services in lieu of home visiting

No significant progress has been made on these three priorities in the first quarter.

T11 Design and implement improvements to the chemotherapy, respiratory and cardiology service options available at Thames

A nurse coordinator for the chemotherapy service has been appointed and the

number of clinic days has been increased to three per week. The work schedule of a general physician with a specific interest in cardiology has been altered to support the needs of cardiology patients living in the area.

T12 **Implement the recommendations from the Nursing Innovation initiative with the PDU (workforce pipeline)**
An active engagement is underway between Te Korowai Hauora o Hauraki, Thames Hospital, Nursing's Professional Development Unit and Te Whare Wananga o Awanuiārangi (a tertiary education provider) to attract Māori nurses to work in Thames/Coromandel. Members of Te Korowai's and the hospital's senior nursing teams visited the Gisborne campus to promote job opportunities in Thames / Coromandel. This was followed by the visit of their prospective graduates to the hospital and Te Korowai practice in Thames. This is a deliberate attempt to encourage more Māori nurses to enter the local primary care and hospital workforce as NETP (new graduates) in order to better reflect the demography of the local population.

T15 **Pilot the IMPACT inpatient flow tool at Thames prior to rollout at Waikato hospital**
Preparatory work for the planned rollout in early 2018 is underway, led by the Operations & Performance Support team.

Appendix 1

Alignment of the service level priorities to the DHB Strategy

Ed4, P2, L10, C7, S6, Ph3, Ph6

Ed1, P1, L6, R10, S3, Ph4, Ph5, C5, T2

Ed7, L6, R4, Ph2, C2, C6, C13, T1, T9, T12

Ed5, Ed6, P1, L9, B1, R5, R7, R8, R9, B1, S4, S5, Ph1, Ph6, C5, C9, T2, T13

Ed3, P3, L1, L2, L3, L4, L5, L7, L8, B2, R1, R2, R3, R11, S1, S2, Ph4, Ph7, C1, C3, C4, C8, C12, C14, C15, T3, T4, T5, T6, T7, T8, T11, T14,T15

Ed2, R6, Ph3, C10, C11, T10

Appendix Two: KPIs

Commentary on the current KPI report (Year to August 31st 2017):

Note	Indicator	Commentary
1	Elective and Arranged Day of Surgery Admissions	Phenomenally good performance in Australasian terms.
2	Outpatient DNA rate	No concerns of note other than in Radiology where a specific project is commencing to reduce DNA rates among Māori clients.
3	Output delivery against plan – FSA/ Nurse consults etc	A number of specialty services have not delivered the contracted level of patient events in the visiting clinics in the four rural hospitals so far this year. Active engagement to remedy that situation is underway.
4	Output delivery against plan – inpatient cwd	YTD 99.2% of planned patient events have occurred but only 92% of cwd have been earned. This is an artefact of the new WIES method for calculating CWD that was introduced nationally on 1 July. Essentially the change means less revenue will be earned for treating the same number and type of patients as previously. These artefacts of changes in the calculation method are not uncommon.
5	Assigned EDD – Safer	This is a new measure. The SAFER project launched in mid-August and improvements in the use of EDD are already evident.
6	Breast screening Total volumes - Waikato DHB	Volumes are behind plan but are expected to recover before the end of the year.
7	Falls with harm	No concerns about the trend that are of note.
8	Pressure injuries	No concerns about the trend that are of note.
9	Sick leave	No concerns of note.
10	Overtime $'s	Overtime is being investigated as part of the sustainability programme. Current levels reflect acute winter demand and staff shortages in Radiology in particular.
11	Annual leave taken	No concerns about the trend that are of note.

Key Performance Dashboard

Community & Clinical Support

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department < 6 Hours	% of patients	93.1	95.0	(1.9)	92.2	95.0	(3)		
Number of long wait patients on outpatient waiting lists	# > 4 mths	0	0	0	0	0	0		
Number of long wait patients on inpatient waiting lists	# > 4 mths	0	0	0	0	0	0		
CTs reported within 6 weeks of referral	%	87.5	90.0	(2.5)	86.6	90.0	(3.4)		
MRIs reported within 6 weeks of referral	%	85.4	85.0	0.4	85.5	85.0	0.5		

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department - Number relative to Target growth of 4% p.a.	Numbers	Rolling 12 month measure			35,287	34,394	(893)		
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			80.3	80.0	0.2		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			94.1	99.6	(5.5)		1
Laboratory – Histology specimens reported within 7 days of receipt	% for Jul YTD	-	80.0	(80.0)		80.0			
Pharmacy - Chart turnaround times, % within 2.5 hours	%	90.0	80.0	10.0	93.0	80.0	13.0		
Pharmacy on Meade script turnaround time in minutes	minutes	8.0	10.0	2.0	8.2	10.0	1.9		
Outpatient DNA Rate	%	10.5	10.0	(1)	11.2	10.0	(1.2)		2
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	86.8	100.0	(13.2)	86.5	100.0	(13.5)		3
Output Delivery Against Plan - Inpatient Number of Episodes	%	100.5	100.0	0.5	99.2	100.0	(0.8)		
Output Delivery Against Plan - Inpatient CWD Volumes	%	90.4	100.0	(9.6)	92.0	100.0	(8.0)		4
District Nurse Contacts (DHB Purchased)	Numbers	11,128	-		21,275				
District Nurse Contacts (ACC Purchased)	Numbers	1,599	-		3,586				

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Assigned EDD (SAFER)	%	71	100	(30)	71	100	(30)		5
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			3.33	3.24	(0.09)		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.32	1.07	(0.24)		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.31	0.32	0.00		

Health target measures

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	93.0	95.0	(2.0)	91.0	95.0	(4.0)		

Quality Indicators - Patient Safety

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Breast screening Total volumes - Waikato DHB	Numbers	3,778	4,050	(272)	7,219	8,250	(1031)		6
Breast screening Maori volumes - Waikato DHB	Numbers	395	354	41	719	679	40		
Hospital Acquired MRSA (Department)	Numbers	0	0.0	0	0.0	0.0	0		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints	Numbers (All)	2	2	(0)	3	3	0		
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	100	70	30	100	70	30		
Falls Resulting in Harm	Numbers	1	0	(1)	1	0	(1)		7
Pressure Injuries - Total	Numbers	1	0	(1)	1	0	(1)		8
Patient Feedback	*Not yet collected - in Development*								

Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Revenue vs Budget ($000s)	$000s	3,897	3,401	496	7,554	6,761	792		
Actual Expenditure vs Budget ($000s)	$000s	16,103	15,300	(803)	31,104	29,748	(1,356)		
Actual Contribution vs Budget ($000s)	$000s	(12,206)	(11,899)	(307)	(23,550)	(22,987)	(563)		
Actual FTEs vs Budget	FTEs	1,012.9	1,019.5	6.5	1,013.3	1,024.8	11.5		
Sick Leave	% of paid hours	4.3	2.9	(1.4)	4.4	3.2	(1.1)		9
Overtime $'s	$000s	181	88	(92)	362	245	(117)		10
Annual Leave Taken	% of Budget	Rolling 12 month measure			84.2	100.0	(15.8)		11

Key - MTD Measures	
At or above target	
Below target by less than 5%	
Below target by more than 5%	

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

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

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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
11 OCTOBER 2017

AGENDA ITEM 6.2

MENTAL HEALTH & ADDICTIONS SERVICES

Purpose	1) For information

Service Overview

August continued on from July with sustained pressure across services now becoming the norm. This is particularly noticeable in the inpatient adult wards, where there are 53 beds and regularly these are more than 100% occupied, with several individuals also out on trial periods of overnight leave. This is concerning given the impact this is having on staff morale, recruitment and retention. There have been several staff resignations, which in part is due to the sustained volume and acuity. Clients who are using Methamphetamine and Synthetic Cannabis continue to feature in admissions to HBC. Many of these clients appear to be significantly psychotic on admission but once the substance is out of their system the psychotic symptoms resolve.

We are in very positive discussions with Strategy & Funding about creating additional bed capacity to assist us to cope with demand. This additional capacity will likely be with the NGO Sector as we have no room for any additional beds in HBC.

Our international recruitment has seen a very positive response from UK candidates and we are hopeful impending vacancies can be filled with experienced registered nurses. In the meantime, overtime and use of locum (Griffin agency) remains high.

Infant, Child and Adolescent services are stretched to capacity across the 3 clusters, with wait lists of more than 8 weeks now beginning to appear. Wait lists in one cluster specifically for psychology are causing concern. In general, referrals continue to rise year on year. As an example for the Thames cluster (a partnership between NGO's and the DHB) from the 13/14 year at 255 to its peak in the 15/16 year at 322. Referrals for the first 2 months of this financial year for Thames cluster are at 60.

The availability of housing options continues to be a challenge and has a negative knock on to occupancy in the HRBC. There is however an inter-agency approach about to commence which will expedite placements into suitable options. We are working with a housing provider to increase the number of housing options available to mental health & addiction clients.

We are in early discussion with NGO supported accommodation providers about how we can streamline processes and give NGO's more involvement in the decisions about which supported accommodation the client may go to.

We are seeing an increase in the number of clients being referred from Auckland DHB's, this is especially the case for some of our rural teams. This is driven by the inability for these clients to find affordable accommodation in Auckland. Many of these clients have significant mental health needs, which add challenges for our rural teams to manage.

Our Community Assessment & Home Treatment Team continues to see an increase in clients who are being referred for life crisis issues. These tend to be young men who have had no previous contact with mental health services. The presentation is often one of threatening self-harm in response to a life crisis issue, i.e. relationship break, difficulty coping with exams etc.

I am advised by some of my staff that in some areas of the district there is a sense that a proportion of the referrals they are receiving from Primary Care are indicative of the lack of knowledge or skill by some GP's in managing mild to moderate mental health issues.

We have a workshop planned with both of our large PHO's in October to discuss models of care and how jointly we can improve the services provided. We are also working with PHO's on a training package for Practice Nurses.

Initiatives and highlights

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

Indicative Business Case update - Mental Health and Addictions

The Capital Investment Committee has endorsed the Waikato DHB MH&AS moving to the next stage of the programme, the Indicative Business Case for the Mental Health and Addictions programme. The business case will seek formal approval for investing in capital infrastructure required for safe, effective and efficient services without compromising outcomes for service users and their family whānau, and for staff; and, supports the regions' growing population needs, values and aspirations now and into the future. This capital infrastructure forms part of the Creating Our Futures programme.

The scope of the capital infrastructure needed under consideration includes:

- Acute and sub-acute MH inpatient requirements (consideration to outreach areas and speciality services).
- Repatriation of adolescent and youth inpatient services from Auckland DHB's Starship facility.
- Appropriate co-location of High and Complex inpatient services
- Relocation of ECT services to medical area or community-based service.
- Potential consolidation and colocation of AoD acute inpatient services (relocation of detoxification beds; and SACAT legislative requirements).
- Increased forensic footprint to meet the NZ Corrections increased capacity programme and reconfiguration of wards.

A series of workshops were held to develop an extensive long list of acute mental health inpatient investment options:

- four options on Waikato DHB sites (either on Waikato Hospital campus and/or other rural hospital campus site)
- four off hospital site options
- three joint venture regional options with Midlands DHB (and/or Hauora Waikato).

These long list options were assessed against each of the Investment Logic Map benefits. Most investment options had aspects that were considered to provide therapeutic

function, flexibility and safety; but no specific option provided the full range of service requirements and/or value for money, including:

- The adult Henry Rongomau Bennett Centre building is not able to provide sufficient capacity for the next 3-5 year for adults, with no capacity for the appropriate relocation of high and complex beds and/or alcohol and drug beds, or capacity for the repatriation of youth beds.
- Offsite options would require support services including 24 hour medical cover, emergency response, pharmacy, service user transport; and, linen handling, waste management and catering services. Hamilton city is land locked limiting purchase options.
- Any Midlands joint venture significantly detracts from the model of care and transfer to/from poses service user and staff risk and cost.

A further assessment was undertaken that included the following dimensions: acute inpatient mental health (validation and reassessment of the three preferred options); alcohol and other drug; and, increased prison muster options. A further workshop is planned to undertake additional assessments of the options in relation to a series of Critical Success Factors, prior to indicating a preferred way forward.

2. Acute Care Pathway

The Mental Health and Addictions Service has been reviewing the way in which we deliver acute care services. Two key drivers for looking at improving our current model are:

1) The changes to the place of assessment work led by NZ Police populations.

2) Increasing number and complexity of mental health presentations in the Emergency Department.

As part of this a mental health nurse, as a pilot project, has been placed in the Emergency Department to advise and fast track the mental health response to presentations. In the last 6 months reaching the 95% target has been challenging, with a compliance rate of between 82-88%, with all but one of the individuals last month who breached, presenting at the ED outside of regular working hours. The pilot project is for 6 months and we will review the impact this position has had with a view to possible extension of the service.

3. HRBC Occupancy and Hard to Place Individuals

A lead Social Worker and Occupational Therapist are working with Link People (NGO) to actively support individuals who have no housing or ‘at risk’ tenancies to ensure that housing is not a barrier to discharge. This piece of collaborative work will be critical in maintaining flow through the HRBC.

4. Seclusion

Seclusion reduction remains a key priority for our service. Significant effort, commitment and work has gone into leading improvement in this area by many. Despite a robust strategy and a sustained focus in this area, our results continue to be concerning. An independent peer review by Counties Manukau and Waitemata DHB’s senior mental health staff (Nurse Director, Clinical Director and Consumer Advisor) identified a number of areas for improvement. These included some environmental changes which are partly underway,

(but will also require use of the MHAS capex budget); committing to decommissioning a seclusion room, changing the medical leadership model of the intensive care unit and providing strong nursing leadership; improving cultural support to service users in the unit.

Plans are in place to move to enhanced medical leadership model by December 2017 and cultural advisors have been deployed to the inpatient adult wards. There is some initial work underway to understand how the senior nursing model could be enhanced to support leadership around managing acute presentations, admissions and the elimination of seclusion.

5. Puawai- Midland Regional Forensic Psychiatric Service

The service has worked with the Corrections Department in the Central region to develop an improved model of care for secondary mental health care into Waikeria and Springhill Prisons. This will include having nurses based at each prison working with their most vulnerable prisoners Monday to Friday. Once the new Forensic funding is released via Strategy and Funding, this will extend into the weekends. The Prison Directors and Health Managers are supportive of this change in direction.

6. Data informed reporting

A number of reports being driven internally by the service have been developed. One of these includes a report which identifies service users who have waited more than 3 weeks for their first assessment or more than 8 weeks. This has identified that there are some administrative fixes which need to be made (i.e. referrals remaining open when an individual has been discharged) and also practice changes which need to occur. It is a reassuring tool for managers to ensure they do not have individuals who are 'lost' to follow up and a tool which can be used proactively to manage referral flow and caseloads.

7. Addictions Comprehensive Health Enhancement Support System (ACHESS)

As previously advised we have been in discussion about bringing the ACHESS system to New Zealand. This is an App based addictions tool which is extensively used in USA.

Waikato will be the first DHB in Australasia to introduce ACHESS, we had a planning workshop in early September with ACHESS staff, via video conference and a number of our addictions staff, as well as addictions consumers, the workshop went very well and there is significant enthusiasm from our addictions staff and from the consumers who were present. It is planned that following some content changes required to the system (to bring the App into a New Zealand context) we will commence a pilot in November.

We intend to use the nationally recognized outcome measure for addiction services, known as ADOM (Addictions Outcome Measures). We are currently working with ACHESS to integrate these measures into the application.

Recommendation
THAT
The report is received.

DEREK WRIGHT
EXECUTIVE DIRECTOR - MENTAL HEALTH & ADDICTIONS SERVICES

KPI Report: Mental Health & Addictions Services August 2017

The following is a current state KPI dashboard for the directorate.

<table>
<tr><th>Note</th><th>Indicator</th><th>Commentary</th></tr>
<tr><td>1</td><td>Treatment Plans</td><td>Treatment plans, (hereafter known as Recovery plans), saw a significant rise from July following a sustained effort, particularly in the adult and Infant, child and Adolescent teams (ICAMHS). Under the new service structures (Adult Mental Health and Addictions Service and Forensic and Specialty Mental Health Service) it is clearer to see where issues around performance sit. The major contributor to not meeting the recovery plan target this month was in the older persons services, where due to long term sickness, recovery plans had not been completed. This was rectified within a week with a concerted and targeted approach, moving from around 60% to 95%.

Of note the ICAMHS teams achieved 94.44% across all clusters for service users over 1 year in the service. Given the demand on this particular service, this is a significant achievement to be celebrated.

<table>
<tr><td>Aug-17</td><td></td><td>Jul-17</td><td></td><td></td></tr>
<tr><td>Adult MH & Addictions</td><td>91.42%</td><td>  </td><td>Adult MH & Addictions</td><td>86.98%</td></tr>
<tr><td>Forensic & Specialty</td><td>84.33%</td><td>  </td><td>Forensic & Specialty</td><td>86.36%</td></tr>
<tr><td>ICAMHS</td><td>94.44%</td><td>  </td><td>ICAMHS</td><td>91.08%</td></tr>
</table>
</td></tr>
<tr><td>2
&
3</td><td>Complaints</td><td><u>A total of 6 complaints were received in July 2017 (1 mth lag) – All of which have been closed.</u>

5 of the 6 closed within timeframe, 1 with one month overdue response due to complexity of complaint.

2 about staff attitude
1 re medications
1 re post discharge care (or lack of)
1 request for personal records
1 re appointment time

<u>8 received in August (target of 6).</u>
4 closed within timeframe (3 x clinical treatment, 1 x personal records), 1 closed after 20 days (personal records), 3 due for closing response this week (2 x communications, 1 x clinical treatment).</td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

4	Falls	The harm in this fall, relates to an adult service user who fell in ward 36, who sustained a laceration above their eye. The fall was a result of unwitnessed epileptic seizure and the individual was on ten minute checks.
6	Sick Leave	A sick leave target of 2.9% for a winter month is an unattainable target and does not follow the seasonal pattern of sickness. Industry standard expect a rate of between 4-5% and MHAS sitting at 4.5% is not outside of this. MHAS follows the usual seasonal trend for sickness patterns and despite pressure on services, sickness is not increasing at rates which would suggest sickness is burnout related.
7	Overtime	Overtime rates are a concern for the service as this has slowly risen, whilst the pressure on inpatient service remains high. Whilst there is a nursing bureau in place, they are being 100% deployed and are unable to meet the demands of the wards. Demand for additional staff relates to vacancy, cover for leave (sick, annual, ACC) and relates to the high acuity and use of high risk observation practices (1 to 1 nursing) to maintain safety. Over occupancy of wards places additional pressure on the wards and additional staffing is required.
8	Annual Leave	Whilst annual leave is at 88.6% of 100% expected use, this will right itself during the summer months and there is effective planning in teams to ensure annual leave earned matches annual leave taken. Areas of challenge around use of annual leave, continue to be teams where there is vacancy, sickness or limited cover options

The following are not required to be reported on

Note	Indicator	Commentary

	Emergency Hours <6 hours	(not required for reporting this month)
		ED Data:
		• 65 MH Presentations for July
		  • 8 people breached the 6 hour target – 88%
		• 8 Breached presentations included:
		  ▪ 4 x suicidal/self-harm
		  ▪ 3 x overdose
		  ▪ 1 x anxiety
		7 of 8 breaches arrived in ED after hours
		58% of ED admissions occurred after hours in August

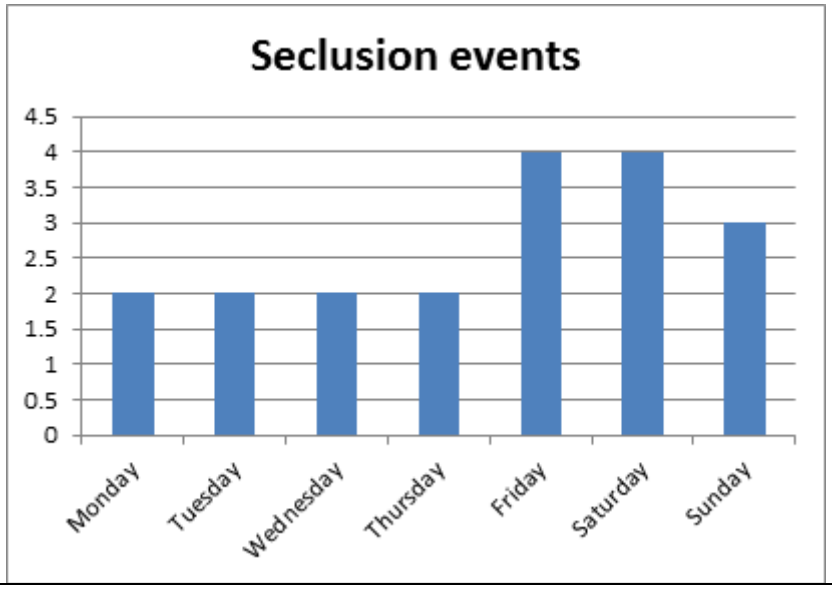
	Seclusion	Refer to Narrative Report for Summary • Sixteen Individuals were secluded during August 2017, thirteen of those within the Adult wards and three within the Forensic wards. • The Longest episode in the adult facility was 75.83(down from 135.8 hours in July) hours long and the shortest 2 hours long • The Longest episode in the Forensic facility was 49.63 hours (down from 244 hours in July) long and shortest ~3 hours • Of the sixteen individuals secluded during August nine identified as Maori • There were nineteen seclusion events during; Maori accounted for ten of the events, NZ Euro/Other eight events and Pacific Islanders had a single event. • Maori accounted for 60.96% (348.3 hours) of the hours spent in seclusion • Total hours spent in seclusion for Adult was 508.22 hours (monthly target ~501) • Total hours spent in seclusion for Forensic was 63 hours (monthly target ~235) • Most individuals that were put into seclusion were only secluded once (13) and three individuals were put into seclusion twice • The mean amount of time spent in seclusion was 30.07 hours – (Adult 31.76, Forensic 21.04)

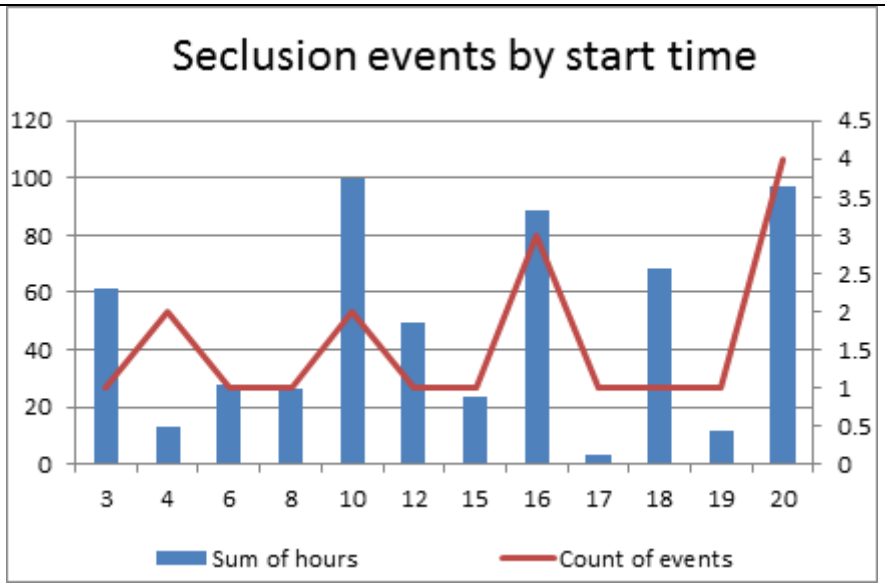
- Eleven of the sixteen events started during the D shift within the wards.

- The most common times for events to occur was between 8pm and 9pm with four events. Three events began between 4pm and 5pm during August

- The busiest day of the week for seclusion events was Saturday with four events starting during a Saturday (There were the same number of events on Friday's, but there were four Saturdays in August and five Fridays)

Shift	Time
B shift	07.00 - 15.00
D Shift	15.00 - 23.00
A shift	23.00 - 07.00



		
	Post discharge 7 day follow up (not required to be reported upon)	• Total of 15 people not seen within the post 7 day timeframe Rural North Sector • 1 x 1 phone call on day 5 and 6, but not planned follow up - GVH7846 • 1 x phone call on day 6 – DNU8424 • 1 x DNA on day 5 not seen in time – JAE2903 • 1 x seen on day 9 – MQN7245 Thames MHSOP • 1 x discharged to rest home – MH follow up request – seen on day 9 – DAS1726 MHSOP • 1 x appointment DNA'd on day 7 - seen on day 10 – FUC4183 Rural South Sector • 1 x attempted failed home visit on day 6 – NNH9016 • 1 x phone contact on day 7 – MJQ9748 RCS/IDDD • 1 x discharge to rest home – no MH follow up attempted within timeframe – FKK7457 Central North Sector • 1 x Client made contact with service on day 4 as had not been contacted by anyone post discharge. Client stated she had been 'forgotten about' in the past and that this was the reason for her calling. • Phone call made from service to client on 21/08 (day 6) and

		arranged ftf contact for 24/08 (day 9). – DKQ1572 Hamilton AOD • 1 x no indication of follow up arranged - EFL6349 • 2 x seen on day 8 – ERN5225 + EAR5444 • 1 x phone call on day 7 – but no real attempt to arrange apt – MDC9065 Thames AOD • 1 x seen on day 10 – DVT5596
	Occupancy	Refer to Narrative report for summary

Key Performance Dashboard

Mental Health

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department < 6 Hours	% of patients	100.0	95.0	5.0	91.1	95.0	(4)		

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Mental health seclusion hours	Hours	478	736	257	957	1,472	515		
Mental health treatment plans	% Cases	91.0	95.0	(4.0)	89.2	95.0	(5.8)		1
Mental health HoNos matched pairs	% Cases	94.3	95.0	(0.7)	96.3	95.0	1.3		
Mental health inpatient bed occupancy	%	98.0	85.0	13.0	95.0	85.0	10.0		
Mental health GP methadone cases	Cases	-	-	-					

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Mental health post discharge follow up - % seen in 7 days	%	76.1	90.0	(13.9)	86.0	90.0	(4.0)		
Mental health follow up - numbers seen in 7 days	Number of Cases	54	63.9	(9.9)	74	77.4	(3.4)		
Mental health community contract positions filled	% FTEs	-	-	-					
Mental health 28 day readmission rate	%	12.7	17.0	4.3	14.0	15.0	1.0		

Health target measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	94.3	95.0	(0.7)	96.8	95.0	1.8		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints	Numbers (All)	8	6	(2)	15	13	(2)		2
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	14	70	(56)	14	70	(56)		3
Falls Resulting in Harm	Numbers	1	1	0	3	3	(0)		4

Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Revenue vs Budget ($000s)	$000s	210	214	(4)	393	428	(35)		5
Actual Expenditure vs Budget ($000s)	$000s	6,745	6,264	(481)	12,786	12,243	(543)		
Actual Contribution vs Budget ($000s)	$000s	(6,535)	(6,050)	(485)	(12,394)	(11,815)	(579)		
Actual FTEs vs Budget	FTEs	745.1	741.3	(3.8)	749.2	743.9	(5.3)		
Sick Leave	% of paid hours	4.5	2.9	(1.6)	4.6	3.5	(1.1)		6
Overtime $'s	$000s	160	76	(84)	280	152	(128)		7
Annual Leave Taken	% of Budget	Rolling 12 month measure			88.6	100.0	(11.4)		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
11 OCTOBER 2017

AGENDA ITEM 6.3

WAIKATO HOSPITAL SERVICES OVERVIEW REPORTS

Purpose	For information.

Introduction

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

- Medicine, Oncology, Emergency and Ambulatory Services
- Surgical and Critical Care
- Womens and Children
- Older Persons, Rehabilitation and Allied Health

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 reports be received.

BRETT PARADINE
EXECUTIVE DIRECTOR WAIKATO HOSPITAL SERVICES

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

MEDICINE, ONCOLOGY, EMERGENCY & AMBULATORY SERVICES

Directorate overview

The start of the new financial year has seen the continued trend of increased demand for the Directorate's services. The recent growth in emergency department presentations has previously been presented to this committee, but what has been less well communicated has been the growth across a range of services. Reviewing the first two months of this financial year, compared to the same period last year, indicates that there has been a 12% growth in the services provided. This has placed additional pressure on a number of the Directorate's clinical and administrative teams, with warmer weather eagerly anticipated.

An overall summary of the Directorate's performance is that Health and Disability Commissioner (HDC) responses, ESPI 2 and 5 compliance and faster cancer treatment (FCT) performance has been good, whilst performance against the emergency department target has been challenging. Further details are given below.

Ambulatory, Cancer & Regional Medical Services - Service overview report

Renal

A business case has been approved to replace well used in-centre haemodialysis machines and water treatment plants that are beyond their useful life.

One of the renal senior medical officers, Dr Eddie Tan, recently attended a renal conference in Darwin from where he reported that there were nine presentations from the Waikato and Bay of Plenty renal units. Two of the department's registrars did fantastic oral presentations in the Shaun Summers prize category, but it was Lai Wan Chan who stole the show with her best prize presentation on the pre-sternal catheters work she did whilst working in the Waikato. The lion share presentation contribution was from NZ in the otherwise Aussie dominated conference and Waikato was the envy of the entire NZ contingent.

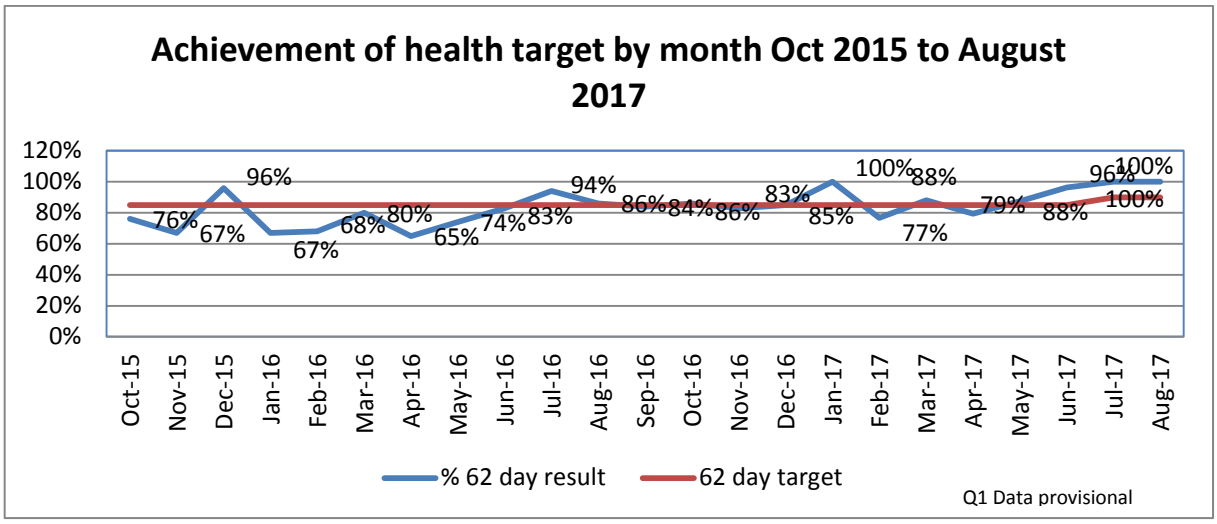
Oncology facility

A recent clinical incident in the chemo day stay unit has highlighted the challenges the facility presents when dealing with unexpected events. The increasing demand of patients requiring more complex treatments has increased the need for the DHB to find a solution to the current capacity constraints. The senior medical and management leaders are working with the property and infrastructure team on a proposal to rectify this situation.

Oncology and Faster Cancer Treatment (FCT) performance

Waikato DHB's Faster Cancer Treatment performance

Faster Cancer Treatment health target performance for Q1 2017-18 by month



Faster Cancer Treatment (FCT) health target performance for Q4 2016-17 by month

Local FCT Database	Jul-17	Aug-17	Total
Number of 31 day records submitted	82	79	161
Number of patients within 31 days	75	76	151
% of 31 day Target met	91%	96%	94%
Number of 62 day records submitted	21	25	46
Number of records within 62 days	21	25	46
% 62 day Target Met (90%)	100%	100%	100%
% Volume Target Met (15%)	13%	16%	15%

Although we have managed to maintain strong, consistent performance as one of the top performing DHBs nationally against this measure, only a small number of breaches can have a large impact on the percentage performance in this area.

Emerging risks and issues

Winscribe implementation

A number of operational issues and risks have been highlighted from the implementation of the Winscribe typing system. This has resulted in delays, duplication of work and impacted upon the processing of referrals. A governance group has been created to work through the various issues.

Haematology

The unit has been under significant pressure through a higher case weight of inpatients in August (16% increase compared with previous year), resulting in more resource being allocated to the ward and less to outpatients for September.

Oncology data

We have started to review the difference in access to our medical oncology service between Lakes and Waikato DHBs. We have known for many years that Lakes DHB

residents do not get the same level of access to our Medical Oncology services. This occurs due to the intermittent visiting services to Rotorua, limited capacity in the follow-up clinics at Rotorua and also limited capacity of allocated FSA clinics at Waikato. This drove the work we did with Lakes DHB to recruit for an SMO to be based at Rotorua, however that position has not yet been filled. We presently run a system of two Waikato-based SMOs providing the majority of the clinical service for Lakes DHB patients so continuity of care is optimised, however demand exceeds the capacity of these two SMOs.

Medicine, Acute & Emergency Services – Services Overview

Internal Medicine

Patient flow in the Acute Medical Unit AMU has continued to create considerable challenges to the functioning of this unit as an assessment facility. Extended length of stays in the assessment area, due to a restriction in inpatient capacity have impacted on the visibility of patients to their care teams and flow from ED. Both areas continue to work closely together to find ways of improving this flow. In the interim options to increase visibility of the patients in the assessment area to the inpatient teams is underway.

Endoscopy service demand has also been challenging despite agreement to outsource some colonoscopies we are currently not managing to meet the 42 day target for non-urgent colonoscopies. The new business manager is working hard on the management of this going forward with a gap analysis business case due for presentation in October. A nurse endoscopist due to start early September and Gastroenterology Fellow in December will help us improve, but other nursing staff will also be required in order to face the demands of direct access criteria. We must reach these targets in order to progress bowel screening at Waikato DHB.

Respiratory has had an exceptionally busy inpatient winter with up 50 patients at times (vs 27 staffed beds). The resignation of one SMO in Respiratory and one in Neurology is a current recruitment focus for management.

ESPI 2 and ESPI 5 compliance has been achieved across all medicine services for August.

SAFER was launched this month with staff working within the parameters of timely and efficient patient flow. Patients are being ‘pulled’ by 07:30 each morning from emergency department / acute medical unit into ‘flexed’ Internal Medicine beds until morning discharges occur. Expected Dates of Discharge (EDDs) are being entered daily with review and actions implemented if 100% compliance does not occur. Day before discharges are planned and prioritised on the morning of discharge, criteria based discharges have started to be utilised with timely discharges resulting, long stayers are being reviewed by Charge Nurse Managers on a daily basis with medical team reviews occurring as required. Due to the increased planning in discharges the Internal Medicine wards are seeing discharges earlier in the day. Engagement from all teams has demonstrated the ‘shift’ in mind-set to support patient flow and auditing of the changes implemented.

OPR5 opened this month with 16 Internal Medicine beds allocated for ‘sub-acute’ geriatric general medicine patients. Criteria for accessing the beds have been adjusted on subsequent experience

Emergency Medicine

Presentation numbers to emergency department have continued at higher levels than previous years with 7,126 presentations compared with 6,507 last August. Monday 7th August saw a peak day of 272 presentations. For August 2017 there has been a 8.7% increase in presentations when compared with August 2016 this has dropped from the peak of +19% in July 2017.

The demand for inpatient beds over winter demand, combined with higher growth in admission rates, than population growth would suggest, has continued to be very challenging with Waikato Emergency Department overloaded and on some occasions the lack of physical space impacting on patient assessment and care, creating clinical risk and low 6 hour target performance.

Performance by clinical unit is noted below:

	Clinical Unit	Month: Aug-2017		Year To Date	
		Departures	%	Departures	%
By Specialty/Division (Waikato Hospital Only)	General & Specialty Surgery	843	72.7%	1646	73.5%
	Cardiology	290	50.7%	598	50.4%
	Cardiothoracic Surgery	10	100.0%	26	88.5%
	Critical Care	0		0	
	Paediatrics	663	76.8%	1342	75.4%
	Emergency Department	3489	89.6%	7291	87.2%
	Internal Medicine	1055	61.3%	2316	59.6%
	Womens Care	125	64.2%	241	66.4%
	Oncology	81	72.8%	145	73.1%
	Orthopaedics	287	67.5%	532	72.2%
	Renal	63	76.2%	132	70.2%
	Vascular Surgery	37	94.6%	73	94.5%
	Allied health	0		0	
	Community Services	0		0	
	Older Persons	1	100.0%	2	100.0%
	Mental Health	98	82.1%	189	83.4%
By Site	Waikato Hospital	7042	78.4%	14533	77.0%
	Thames Hospital	1533	88.6%	3139	87.0%
	Tokoroa Hospital	1229	97.7%	2466	97.1%
	Taumarunui Hospital	475	95.5%	1027	96.6%
	Total Health Waikato	**10279**	**83.0%**	**21165**	**81.7%**

Initiatives and Highlights

Emergency Department staff morale - *people at heart.*

Many areas continue to report high winter workloads and increased sick leave impacting morale.

The committee will recall that previous reports have mentioned concerns over the impact that continued and sustained pressure resulting from high volumes of patient attendances has been having on the emergency department team. As a result, we have initiated a number of activities to provide support for staff. This includes an increased focus on “hot” debriefs for staff immediately after critical events. The ongoing development of the peer support team and regular social events are other areas of focus. A staff nominated employee of the month award is helping to *“grow the good –whakapakari”* within the team.

Collaborative work continues with the professional development unit, the laboratory and emergency clinical staff to improve efficiency and effectiveness in lab sampling especially around clotted and haemolysed samples.

A new Emergency Department Clinical Director, Dr Ian Martin, has been appointed and started on 4 September 2017. His first focus is to review the senior medical

officer / registered medical officer roster in the emergency department and work on this has started with human resources. A new emergency department senior medical officer also started at the beginning of September and is being inducted into the department.

ALEX GORDON
DIRECTOR MEDICINE, ONCOLOGY, EMERGENCY AND AMBULATORY CARE

Key Performance Dashboard

Ambulatory, Cancer & Regional

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department < 6 Hours	% of patients	72.4	95.0	(22.6)	69.9	95.0	(25)		1
Faster Cancer Treatment - Referral received to first treatment <= 62 days	% of patients	96.2	85.0	11.2	93.6	85.0	8.6		
Faster Cancer Treatment - DTT to first treatment <= 31 days	% of patients	94.7	85.0	9.7	92.0	85.0	7.0		
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	4	0	(4)		

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Outpatient DNA Rate	%	9.5	10.0	1	9.5	10.0	0		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	90.9	100.0	(9.1)	91.1	100.0	(8.9)		2
Output Delivery Against Plan - Inpatient Number of Episodes	%	120.6	100.0	20.6	117.6	100.0	17.6		
Output Delivery Against Plan - Inpatient CWD Volumes	%	99.6	100.0	(0.4)	101.0	100.0	1.0		

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Assigned EDD (SAFER)	%	94	100	(6)	94	100	(6)		3
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			5.66	5.56	(0.09)		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.75	1.78	0.04		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.87	0.97	0.10		

Health target measures

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	94.1	95.0	(0.9)	96.0	95.0	1.0		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	80	70	10	80	70	10		

Finance and Human Resource Measures

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget ($000s)	$000s	5,338	5,391	52	10,237	10,288	52		
Actual FTEs vs Budget	FTEs	505.8	521.2	15.4	506.1	520.1	14.0		
Sick Leave	% of paid hours	4.3	2.9	(1.5)	4.4	3.6	(0.8)		4
Overtime $'s	$000s	33	9	(24)	80	27	(53)		5
Annual Leave Taken	% of Budget	Rolling 12 month measure			84.5	100.0	(15.5)		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	

Ambulatory, Cancer & Regional Services KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	i. The standard is that each patient should be seen by a senior medical officer within two hours of an emergency department request. Work needs to be undertaken to understand why only about half the patients are seen within two hours when the volumes of referrals are relatively low. ii. There has been continued pressure on bed numbers despite the opening of OPR5. iii. SAFER project has been introduced on 6th September and we are fast tracking the discharge of patients who fit under the new agreed discharge based criteria.
2	Output delivery against plan – volume for FSA,F/Up and Nurse consults	This is still trending up, work will need to be commenced to understand this in greater detail, however recent treatment modality changes have meant that patients have more treatment options than previously which may, in part, explain this trend.
3	Assigned EDD (Safer)	With 1 exception, both M3 and M5 have reached 100% of documented EDD's.
4	Sick leave	Despite an average of 77% of all staff been immunised against flu, sick leave has been high this month and causing issues with rostering. There is no underlying specific attributable cause.
5	Overtime $'s	Overtime - $10k approx – mainly in renal outpatient department but across inpatients / MCC also i. MCC – overtime sits with eye clinic to meet compliance with MoH targets ii. Wards – used overtime to cover short shifts, especially to increase the Renal ward to 16 beds to cope with the winter pressures iii. Renal OPD – overtime as part of service delivery after hours for pts on home training who run into difficulty and contact oncall registered nurse service. Medicine – no overtime is allocated. This expense relates to cross cover payments that occur when a doctor covers a colleague when no reliever is available and to call back payments out of hours.

6	Annual leave taken	1. Nursing specific: a. Annual leave movement ($90k approx). Sits mainly in 3 areas: i. Meade Clinical Centre: As a no backfill model and with increased service requirements, these demands impact on our ability to deliver on leave plans. We have had to reduce leave to ensure compliance with service and waiting time requirements. Also of note Meade Clinical Centre (MCC) are currently recruiting into existing vacant full time equivalent (FTE). ii. Renal Haemodialysis Centre: Currently recruiting FTE into signed off business case. Once in place pressure of staff to provide service at the expense of annual leave allocation should reduce. iii. M3: Ward M3 has opened beds over most of this month to meet acute demand. This was achieved by reducing leave to fill the gaps as a result of opening these beds.

Key Performance Dashboard

General and Emergency Medicine

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department < 6 Hours	% of patients	78.2	95.0	(16.8)	76.9	95.0	(18)		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	1	0	(1)	12	0	(12)		2

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department - Number relative to Target growth of 4% p.a.	Numbers	Rolling 12 month measure			76,924	75,807	(1117)		
Outpatient DNA Rate	%	9.9	10.0	0	10.2	10.0	(0)		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	73.9	100.0	(26.1)	81.5	100.0	(18.5)		3
Output Delivery Against Plan - Inpatient Number of Episodes	%	97.3	100.0	(2.7)	103.0	100.0	3.0		
Output Delivery Against Plan - Inpatient CWD Volumes	%	96.5	100.0	(3.5)	99.1	100.0	(0.9)		

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Assigned EDD (SAFER)	%	79	100	(21)	79	100	(21)		4
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			3.45	3.49	0.04		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.73	0.71	(0.02)		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.38	0.40	0.03		

Health target measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	90.2	95.0	(4.8)	91.1	95.0	(3.9)		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	53	70	(17)	53	70	(17)		5

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	4,714	4,797	83	9,385	9,267	(117)		
Actual FTEs vs Budget	FTEs	421.7	442.0	20.3	422.0	441.5	19.5		
Sick Leave	% of paid hours	3.3	2.8	(0.5)	3.7	3.3	(0.4)		6
Overtime $'s	$000s	35	21	(14)	103	40	(63)		7
Annual Leave Taken	% of Budget	Rolling 12 month measure			84.0	100.0	(16.0)		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	

Medicine KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	Emergency department pressures have been at their most acute in the last two months, with great pressure on Medical beds. This has resulted in 150 patients in hospital vs a bed base of 106. The medical leadership team are active participants in the acute patient governance group meeting. A new senior medical officer started in September. Review of acute medical unit (AMU) is underway in effort to review patient flow and the number of beds available to medical patients.
2	EDDs	The Internal Medicine wards have developed processes to support the entering of estimated date of discharges (EDDs) within 24hours of admission, alongside reviews when 100% compliance is not met. Not meeting compliance this month has been due to 2 factors: 1) when a patient has been in AMU/ HDU (High Dependency Unit) for a period of time and then admitted to an acute ward, they arrive on the ward already over their 24 hour period, so the EDD then needs to be entered almost immediately 2) AMU started EDD compliance mid-month, however have demonstrated 100% since commencement.
3	Outpatient 'did not attend' (DNA) rate	This has decreased slightly in month.
4	Outpatient delivery plan	This has decreased in the winter months due to the increased need for medical resource to be focused on managing the ward pressures. This was part of the management plan for the Respiratory service for the winter period. A change in management of Sleep lab first specialist assessment (FSA) (these were previously FSA but have now been changed to direct sleep studies. FSA's are arranged after the study is done where necessary) has led to marked decrease 84 planned down to 10. This trend will continue for this financial year. Gastroenterology numbers are also down slightly.
5	Better help for smokers to quit	Ward A2 had one missed intervention this month. Review of how/ why this occurred is underway with actions to follow with staff once information has been obtained, to ensure compliance returns to 100%.
6	Complaints resolved within 20 working days	With new business managers now in place complaints are an area of focus to meet and maintain compliance.
7	Sick leave	Sick leave from a nursing perspective has decreased significantly this month for the Internal Medicine wards (down to 4.6% on average). Wellness plans remain in place for high leave takers, alongside annual leave plans to support regular breaks.

8	Overtime $'s	Inpatient bed capacity has again impacted on emergency department overtime usage. High department census and high acuity including delays to patient transfer to critical care has had an impact. This measure risks remaining high due to the current disparities between demand and capacity in key clinical areas. Nursing overtime has been approved after hours by Duty Nurse Managers and on-call Hospital Managers due to unrelieved meal breaks, staff needing to escort patients to procedures that have run into the next shift, and overtime approved to support patient acuity
9	Annual Leave Taken	Nursing: annual leave has been given as per ward plans. All nursing staff with balances over 240 hours have robust annual leave plans in place for the next 12 months. Focus on reducing doctors annual leave will be undertaken over the summer months.

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

SURGICAL AND CRITICAL CARE

Service overview report

The discharge and Case Weights of Discharges (CWDs) result outlined below represents all specialty work including outsourced and facility lists. For context total outsourced work is behind plan for July and August. Of note there has been no adjustment to the forecast of planned outsourced activity based on the 2 months of actuals; for review in September.

Discharges - August-2017		Month			Year to Date		
Reporting PUC	Reporting PUC desc	% of planned August	Planned Del Vol	Actuals Aug (as at 18 Sept)	YTD% of planned	YTD planned	YTD actual August (as of 18 Sept)
D01001	Dental - Inpatient Services (DRGs)	82%	41	34	81%	79	64
S00001	General Surgery - Inpatient Services (DRGs)	109%	534	580	99%	1085	1079
S25001	Otorhinolaryngology (ENT) - Inpatient Services (D	67%	254	170	78%	462	361
S35001	Neurosurgery - Inpatient Services (DRGs)	124%	70	87	113%	131	149
S40001	Ophthalmology - Inpatient Services (DRGs)	104%	195	203	95%	385	368
S45001	Orthopaedics - Inpatient Services (DRGs)	101%	429	434	102%	815	831
S60001	Plastic & Burns - Inpatient Services (DRGs)	96%	352	338	92%	694	635
S60001HW	Maxillofacial - Inpatient Services (DRGs)	70%	46	32	96%	84	80
S70001	Urology - Inpatient Services (DRGs)	78%	139	109	77%	271	208
M10001	Cardiology - Inpatient Services (DRGs)	98%	474	464	103%	905	931
S15001	Cardiothoracic Surgery - Inpatient Services (DRGs	102%	80	82	107%	169	181
S75001	Vascular Surgery - Inpatient Services (DRGs)	92%	143	132	90%	268	240
Surgical		96%	2059	1987	94%	4007	3775
CCTVS		97%	698	678	101%	1341	1352
Total Surgical & CCTVS		**97%**	**2757**	**2665**	**96%**	**5349**	**5127**

PUCvolume (Case weights of discharges)- August 2017		Month			Year to Date		
Reporting PUC	Reporting PUC desc	% of planned	anned Del V	Actuals Aug (as at 18 Sept)	YTD% of planned	YTD planned	YTD actual August (as of 18 Sept)
D01001	Dental - Inpatient Services (DRGs)	80%	21	17.15	80%	41	32.71
S00001	General Surgery - Inpatient Services (DRGs)	108%	773	837.51	99%	1571	1549.91
S25001	Otorhinolaryngology (ENT) - Inpatient Services (D	75%	179	133.65	88%	322	283.75
S35001	Neurosurgery - Inpatient Services (DRGs)	103%	270	279.34	102%	505	514.94
S40001	Ophthalmology - Inpatient Services (DRGs)	102%	121	124.17	94%	243	227.45
S45001	Orthopaedics - Inpatient Services (DRGs)	113%	930	1054.09	107%	1770	1898.98
S60001	Plastic & Burns - Inpatient Services (DRGs)	96%	326	313.01	89%	646	577.91
S60001HW	Maxillofacial - Inpatient Services (DRGs)	96%	49	46.61	148%	89	132.12
S70001	Urology - Inpatient Services (DRGs)	79%	170	133.98	71%	331	234.88
M10001	Cardiology - Inpatient Services (DRGs)	93%	809	750.60	95%	1545	1465.06
S15001	Cardiothoracic Surgery - Inpatient Services (DRGs	103%	510	526.55	105%	1074	1123.08
S75001	Vascular Surgery - Inpatient Services (DRGs)	113%	269	303.88	105%	498	521.69
Surgical		104%	2838	2940	99%	5517	5453
CCTVS		100%	1589	1581	100%	3117	3110
Total Surgical & CCTVS		**102%**	**4427**	**4521**	**99%**	**8633**	**8562**

Surgical and Critical Care Directorate key areas of focus to December 2017:

	Area for focus	Update August
1	Living to operational budgets	(1,020K) Year to date August direct result before IDCC (.3%) variance to budget. Variance due to high level accrual in annual leave not taken ($884K) combined for medical and nursing personnel. Clinical supplies unfavourable.
2	Stabilising the elective patient flow processes	Timely and equitable prioritisation of referrals at time receipt is a key success linked to action 6.
3	Maintaining acute theatre responsiveness	On average 6 acute theatres per day and 4 on weekend days are improving the wait time target and as an informal measure the overall acute queue of work to be completed has dropped to approx. 2000 minutes per 24 hour day.
4	Improving plastics and cardiology speciality response to Emergency Department	The focus is on the cardiac service direct admission for regional ACS Acute Coronary Syndrome referrals with a Plan, Do, Study, Act (PDSA) quality improvement cycle pilot direct admission to cath. laboratory admission area.
5	Addressing the eligible cardiac surgery waitlist levels	The cardiac surgery waitlist including TAVIs has been reviewed and at time of last report was 68 to the required maximum waitlist of 67. This will require close monitoring for at least a 6 month period to ensure a timely treatment plan for each patient on the waitlist and with surgery dates along with Expected Date of Discharge (EDD) planning aligns to minimise long stay patients with low likelihood of active interventional care plan/ treatment.
6	Surgical Services Reinvention Project	The first workshop to the purpose and scope of the project was held on Saturday 9th September lead by external consultancy firm KEEZZ.

Stabilising our elective patient flow processes

In support of satisfactory elective patient flow processes there are several factors that require additional attention in the service delivery area of surgical pre hospital preparedness;

- The preparation of 'arranged' patients for a surgical procedure that can be either admitted or not to a hospital bed at the time of assessment (at either Emergency Department or outpatients); at this time the patient is following the acute PHP Pre-Hospital Preparedness pathway and this is confounding the choice exercised by a specialty as at times an admission is based on the mechanism to give date and time for an arranged procedure and not on actual clinical need to be admitted for hospital level care. The 'arranged' patient journey is now one of the three agreed area of focus in the KEEZZ project i.e. acute patient flow.
- It has been agreed that the anaesthetic assessment clinic (AAC) registered nurse workforce will report to the Pre-Hospital Preparedness Charge Nurse Manager role from October 2017. This is to ensure that the patient peri-operative journey is more closely linked to the function of one *joined up* team (not two as it is now) and to improve the effectiveness of the combined teams to reduce the administrative burden and at times tardiness of getting patient assessed ready for short notice cancellation and timely throughput. At this time it is possible to run out of AAC "assessed and prepared" patients. This appears to be associated with higher volume of specialist-lead assessment being carried out than originally anticipated, i.e. the anticipated 20:40:40 complexity split of high, medium and low assessment types is not occurring. Reporting on actual AAC activity remains are area for improvement as well.
- The consideration that enhanced recovery after surgery programme (ERAS) becomes an area of responsibly for this team for selected (generally high volume) surgical procedures for as many specialties as practical

Elective Services Performance Indicator (ESPI) compliance remains an area for day to day attention to achieve compliance to the targets.

- We achieved compliance in ESPI 2 (outpatients) in August. We have a medium term risk around two services (orthopaedics and dermatology) for outpatient wait times in September and October. Plans are being developed in these services to ensure we achieve compliance by December, at the latest.
- We achieved compliance in ESPI 5 (inpatients) in August. This ESPI continues to indicate positive results for September and October.

Reinventing Surgical Services Project - KEEZZ

This project commenced its work plan proper in early September after a workshop with key stakeholders. The three areas for project focus are:

1. Acute patient journey
2. Elective inpatient journey
3. Elective day stay patient journey

Emerging Risk

A significant concern has been raised regarding the Waikato District Board patient transportation arrangement. This relates to the current level of medical resource available to maintain a roster for clinically appropriate and timely retrieval and return patient transportation across the Midland region. A paper on the problem definition and possible solutions is underway to resolve the matter of concern within Waikato DHB. It may be noted that regional patient transportation arrangement is in part embedded in a more complex national patient travel project underway and lead by Ministry of Health at this time. For the immediate term the regional concern will be addressed for and with the region independent of the outcome of the national project.

CHRISTINE NOLAN
DIRECTOR SURGICAL & CRITICAL CARE SERVICE

Key Performance Dashboard

C4TVS

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department < 6 Hours	% of patients	59.0	95.0	(36.0)	58.5	95.0	(36)		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	0	0	0	4	0	(4)		
Number of long wait patients on inpatient waiting lists	# > 4 mths	3	0	(3)	6	0	(6)		

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			38.0	42.9	(4.9)		2
Outpatient DNA Rate	%	7.8	10.0	2	8.2	10.0	2		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	107.7	100.0	7.7	106.4	100.0	6.4		
Output Delivery Against Plan - Inpatient Number of Episodes	%	98.2	100.0	(1.8)	101.3	100.0	1.3		
Output Delivery Against Plan - Inpatient CWD Volumes	%	97.3	100.0	(2.7)	98.7	100.0	(1.3)		

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Number of long stay patients (>20 days length of stay)	Discharges	19	13	(6)	34	26	(8)		3
Number of long stay patient bed days (>20 days los)	Bed Days	543	498	(45)	933	868	(65)		4
Assigned EDD (SAFER)	%	69	100	(31)	69	100	(31)		5
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			5.36	5.41	0.05		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			5.76	5.45	(0.32)		6
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.86	1.84	(0.02)		

Health target measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	93.1	95.0	(1.9)	89.5	95.0	(5.5)		7

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	86	70	16	86	70	16		

Finance and Human Resource Measures

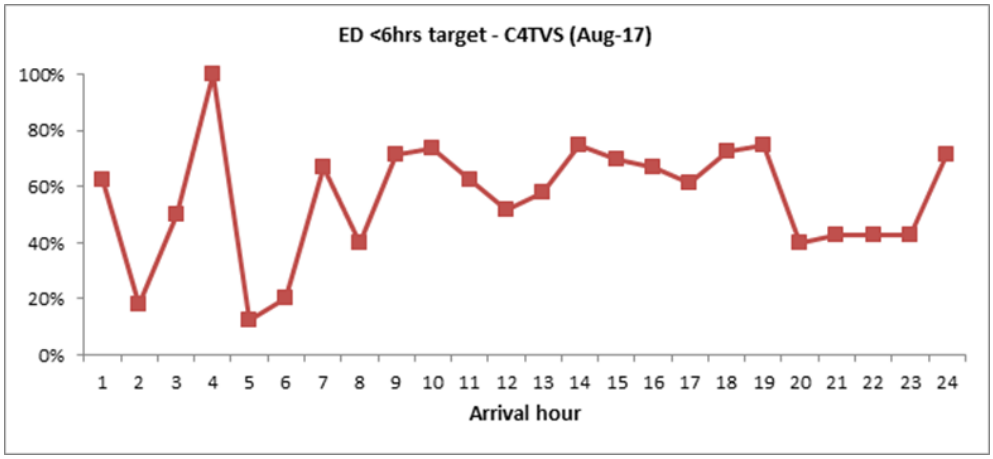
Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget ($000s)	$000s	5,878	5,432	(446)	11,315	10,660	(655)		8
Actual FTEs vs Budget	FTEs	404.7	410.2	5.4	406.8	413.6	6.8		
Sick Leave	% of paid hours	3.9	2.8	(1.1)	4.2	3.4	(0.8)		9
Overtime $'s	$000s	148	46	(101)	328	106	(222)		10
Annual Leave Taken	% of Budget	Rolling 12 month measure			83.5	100.0	(16.5)		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	

C4TVS - Commentary by exception

Note	Indicator	Commentary
1	**ED < 6 hours**	The C4TV contribution to meeting the Emergency Department target is low at 59%; across the days of week the results fluctuates differently for each cluster:  C4TV reaches 100% in the early hours of the 24 hour day and has improved response in the day time hours compared to last month. The day and hours of the day reports will be shared with the service clusters to inform the distribution of work load for registrars and timely decision making supported by use of electronic tools such as map of medicine.
2	**Elective and arranged day of surgery admissions**	Waikato Hospital surgery rolling 12 month measure 75.9% actual to target of 81.3%. It is C4TV that requires attention to improve meeting the rolling target. The focus is to ensure a timely treatment plan including DOSA Day of Surgery Admission as clinically indicated for each patient on the waitlist and with a surgery date (along with expected discharge date aka EDD) as such the planning should be aligned to minimise long stay patients with low likelihood of access to interventional inpatient care – thus release bed nights for greater throughput.
3	**Long stay patient bed days> 20 day patients**	C4TV in August had 19 discharges of patients who stayed longer than 20 days, compared to a target of no more than 13 such discharges. That is approximately 46% higher than target. This negative trend is an ongoing challenge linked to EDD. C4TV performance is under a change in practice that commenced in July i.e. the long stay review for patient that has reached a stay of 5 days stay not 10 days as was previous practice and to be led by Charge Nurse Manager – the Clinical Nurse Director initiated this approach.
4	**Number of long stay patients (> 20 days length of stay)**	C4TV in August provided 543 bed days of care to patients who stayed longer than 20 days, compared to a target of no more than 498 bed days, which is just 9% over target. In response the service commenced a long stay review at 5 days stay in July not 10 days as was previous practice, 10 days being too late to adequately address underlying more complex reason/s to avoid a stay up to or greater than 20 days. In August there were on average 9 patients waiting longer than 90 days each week.

5	**Assigned Expected Discharge Date aka EDD (SAFER)**	Early baseline result on August. A new KPI measure in August report with official launch and the roll out of the SAFER programme in early September. All clinical staff now in implementation mode of the full programme that requires an EDD for each patient – generally this can be identified prior to an elective admission or as soon a clinically practical for an acute admission. It is well accepted that an accurate EDD avoids unnecessary long stays in hospital or a stranded patient.
6	**Inpatient Length of Stay - as arranged**	This KPI is an agreed area of focus with the *Surgical Re-invention Project* as current practice is that arranged patient care is coordinated by the same method as acute patient and this is not best for the patient needs or their surgical / procedure journey. An arranged patient has an admission date less than 7 days after the decision to treat that this admission was necessary by a specialist.
7	**Better help for a smoker to quit**	The smoke free ABC advice to 95% of patient has declined over the very busy winter months – although closer to target in August at 93.1%
8	**Actual expenditure vs. budget**	Year To Date (YTD) unfavourable with mid-winter overtime, high leave accrual off-set by some vacancies and some more revenue than to budget and variable consumable use across the specialties
9	**Sick Leave**	Sick leave rate remains higher than budgeted absence across this directorate – staff group reflecting population prevalence of winter ills although flu vaccination rate good.
10	**Overtime**	August overtime remains well over budget and of note in intensive care unit (ICU) / critical care unit (CCU) ($82K) to nil budget allowance, all offset by a variable vacancy factor in most RCs. Sick leave contributed to some of the overtime result and sick leave is over target in most RCs as well.
11	**Annual leave**	As a standing comment: The previous year to date and August month results indicate that annual leave taken as a % of budget remains a challenge as represented in higher leave accrual to budget. This subject is not a planned area for improvement and as such will remain variable according to the natural leave taking practices of the staff. The results we see typically compare favourably to the sector.

Key Performance Dashboard

Surgery

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department < 6 Hours	% of patients	71.4	95.0	(23.6)	73.4	95.0	(22)		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	28	0	(28)	106	0	(106)		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	32	0	(32)	78	0	(78)		3

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			86.4	91.7	(5.3)		4
Outpatient DNA Rate	%	9.2	10.0	1	9.6	10.0	0		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	104.9	100.0	4.9	102.2	100.0	2.2		
Output Delivery Against Plan - Inpatient Number of Episodes	%	99.3	100.0	(0.7)	95.7	100.0	(4.3)		
Output Delivery Against Plan - Inpatient CWD Volumes	%	95.0	100.0	(5.0)	94.4	100.0	(5.6)		5

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Number of long stay patients (>20 days length of stay)	Discharges	22	29	7	35	46	11		
Number of long stay patient bed days (>20 days los)	Bed Days	774	954	180	1,343	1,478	135		
Assigned EDD (SAFER)	%	80	100	(21)	80	100	(21)		6
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			4.36	4.38	0.01		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			3.09	2.94	(0.15)		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.03	1.02	(0.01)		

Health target measures

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	91.2	95.0	(3.8)	93.6	95.0	(1.4)		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	89	70	19	89	70	19		

Finance and Human Resource Measures

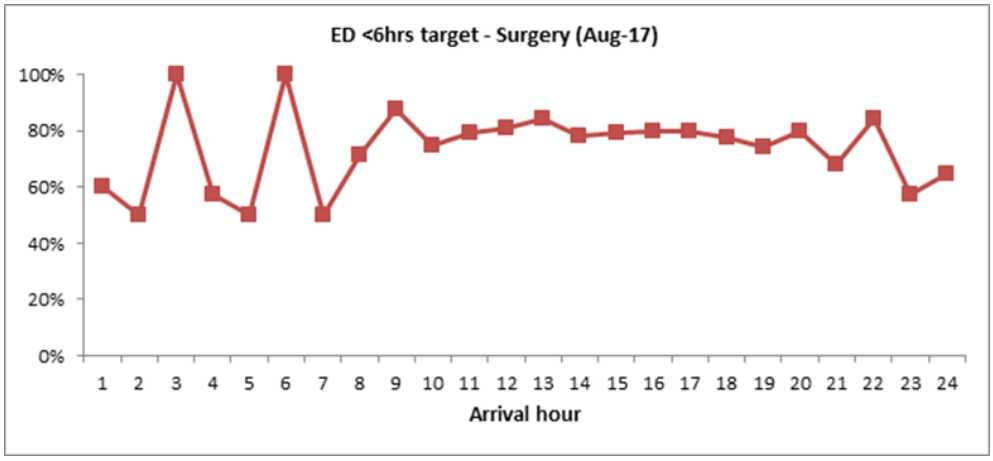
Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget ($000s)	$000s	5,691	5,617	(73)	10,755	10,885	130		
Actual FTEs vs Budget	FTEs	436.4	459.6	23.2	437.7	462.2	24.5		
Sick Leave	% of paid hours	3.2	2.7	(0.6)	3.2	3.1	(0.1)		
Overtime $'s	$000s	218	107	(111)	363	201	(162)		7
Annual Leave Taken	% of Budget	Rolling 12 month measure			71.2	100.0	(28.8)		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	

Surgery KPI dashboard – commentary by exception

Note	Indicator	Commentary
1	**ED < 6 hours**	In August surgical cluster is 71.4%; across the days of week the results fluctuates differently for each cluster:  Further in August, as it was in July, across the 24 hour clock each specialty cluster performance varies as well; within the day time hours surgery cluster reached 100% at times across the day although the other hours are on the average 75% The day and hours of the day reports will be shared with the service clusters to inform the distribution of work load for registrars and timely decision making supported by use of electronic tools such as map of medicine.
2	**Long wait patients on outpatient waiting lists**	We achieved compliance in ESPI 2 (outpatients) in August. We have a medium term risk around two services (orthopaedics and dermatology) for outpatient wait times in September and October. Plans are being developed in these services to ensure we avoid financial penalties from non-compliance which means we require compliance by December.
3	**Long wait patients on inpatient waiting lists**	We achieved compliance in ESPI 5 (inpatients) in August. This ESPI continues to indicate positive results for September and October.
4	**Elective and Arranged Day of Surgery Admission (DOSA)**	This is a rolling target and August was 86.4% over 91.7%. The trend is moving upward. As noted above Day of Surgery Admission (DOSA) is also an agreed area of focus with the *Surgical Re-invention Project* particularly as the current practice is that arranged patient care is coordinated by the same method as acute patient and this is not best the patient needs or their surgical / procedure journey including day of admission surgery.

5	**Inpatient case weight Volume**	It was a slower start to the 2017/18 year although Case Weighted Discharges increased in August with actual production plan result higher than in KPI report- see comment on page one of this report as combined directorates at 99% to plan in August.
6	**Assigned Expected Discharge Date aka EDD (SAFER)**	Early baseline result on August. A new KPI measure in August report with official launch and the roll out of the SAFER programme in early September. All clinical staff now in implementation mode of the full programme that requires an EDD for each patient – generally this can be identified prior to an elective admission or as soon a clinically practical for an acute admission. It is well accepted that an accurate EDD avoids unnecessary long stays in hospital or a stranded patient.
7	**Overtime**	August overtime remains well over budget. All offset by a variable vacancy factor in most RCs. Sick leave contributed to some of the overtime result and sick leave is over spent in most RCs as well.
8	**Annual leave**	As a standing comment: The previous year to date and August month results indicate that annual leave taken as a % of budget remains a challenge as represented in higher leave accrual to budget. This subject is not a planned area for improvement and as such will remain variable according to the natural leave taking practices of the staff. The results we see typically compare favourably to the sector.

Key Performance Dashboard

Theatre & Perioperative

August 2017

Theatre Productivity

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Theatre Utilisation - Elective Sessions	%	78.2	85	(6.8)	79.9	85.0	(5.1)		1
Hospital initiated elective theatre cancellations (< 24hrs)	numbers	59			109				
Hospital initiated elective theatre cancellations (< 24hrs)	%	4.8	2.5	(2.3)	4.5	2.5	(2.0)		2
Waiting Time for acute theatre < 24 hrs	%	75.6	80	(4.4)	75.6	80.0	(4.4)		3
Waiting Time for acute theatre < 48 hrs	%	91.3	100	(8.7)	90.1	100.0	(9.9)		4

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			75.9	81.3	(5.4)		5

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints	Numbers (All)	1	1	0	3	2	(1)		6
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	50	70	(20)	50	70	(20)		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	6,904	7,380	476	14,214	14,188	(26)		
Actual FTEs vs Budget	FTEs	441.1	454.7	13.6	440.0	459.0	19.0		
Sick Leave	% of paid hours	3.4	2.8	(0.5)	3.6	3.8	0.2		
Overtime $'s	$000s	73	32	(41)	136	64	(72)		8
Annual Leave Taken	% of Budget	Rolling 12 month measure			91.4	100.0	(8.6)		9

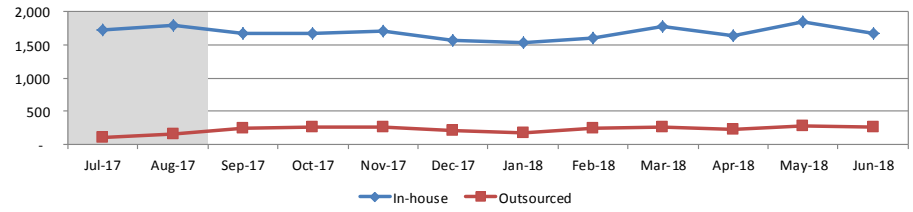
Key - MTD Measures	
At or above target	
Below target by less than 5%	
Below target by more than 5%	

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	

Theatre & peri-operative – commentary by exception

<table>
<tr>
<td>1</td>
<td>Theatre Utilisation</td>
<td>Month result was 76.2% against the target of 85%. As a standing comment: Business case to increase Anaesthetist FTE complete in September and to Business Resource Review Group (BRRG) as best possible thereafter.

THEATRE EVENTS - IN-HOUSE AND OUTSOURCED
<table>
<tr><th></th><th colspan="5">MONTH - AUG-2017</th><th colspan="3">YTD</th><th colspan="3">FULL YEAR</th><th colspan="2">% Split</th></tr>
<tr><th></th><th>Actual</th><th>Forecast</th><th>Budget</th><th>% FC</th><th>% Bud</th><th>Actual</th><th>Budget</th><th>% Bud</th><th>Forecast</th><th>Budget</th><th>% Bud</th><th>YTD</th><th>Full Year</th></tr>
<tr><td>In-house</td><td>1,793</td><td>1,763</td><td>1,763</td><td>102%</td><td>102%</td><td>3,513</td><td>3,455</td><td>102%</td><td>20,189</td><td>20,131</td><td>100%</td><td>93%</td><td>88%</td></tr>
<tr><td>Outsourced</td><td>156</td><td>263</td><td>263</td><td>59%</td><td>59%</td><td>256</td><td>420</td><td>61%</td><td>2,696</td><td>2,860</td><td>94%</td><td>7%</td><td>12%</td></tr>
<tr><td>Total</td><td>1,949</td><td>2,026</td><td>2,026</td><td>96%</td><td>96%</td><td>3,769</td><td>3,875</td><td>97%</td><td>22,885</td><td>22,991</td><td>100%</td><td></td><td></td></tr>
</table>
<table>
<tr><th></th><th>Act Jul-17</th><th>Act Aug-17</th><th>FC Sep-17</th><th>FC Oct-17</th><th>FC Nov-17</th><th>FC Dec-17</th><th>FC Jan-18</th><th>FC Feb-18</th><th>FC Mar-18</th><th>FC Apr-18</th><th>FC May-18</th><th>FC Jun-18</th><th>Total</th></tr>
<tr><td>In-house</td><td>1,720</td><td>1,793</td><td>1,669</td><td>1,671</td><td>1,706</td><td>1,565</td><td>1,528</td><td>1,602</td><td>1,783</td><td>1,631</td><td>1,849</td><td>1,672</td><td>20,189</td></tr>
<tr><td>Outsourced</td><td>100</td><td>156</td><td>248</td><td>256</td><td>260</td><td>213</td><td>180</td><td>243</td><td>265</td><td>230</td><td>276</td><td>269</td><td>2,696</td></tr>
<tr><td>Total</td><td>1,820</td><td>1,949</td><td>1,917</td><td>1,927</td><td>1,966</td><td>1,778</td><td>1,708</td><td>1,845</td><td>2,048</td><td>1,861</td><td>2,125</td><td>1,941</td><td>22,885</td></tr>
</table>


Events in theatre just over planned activity month and year to date (YTD).

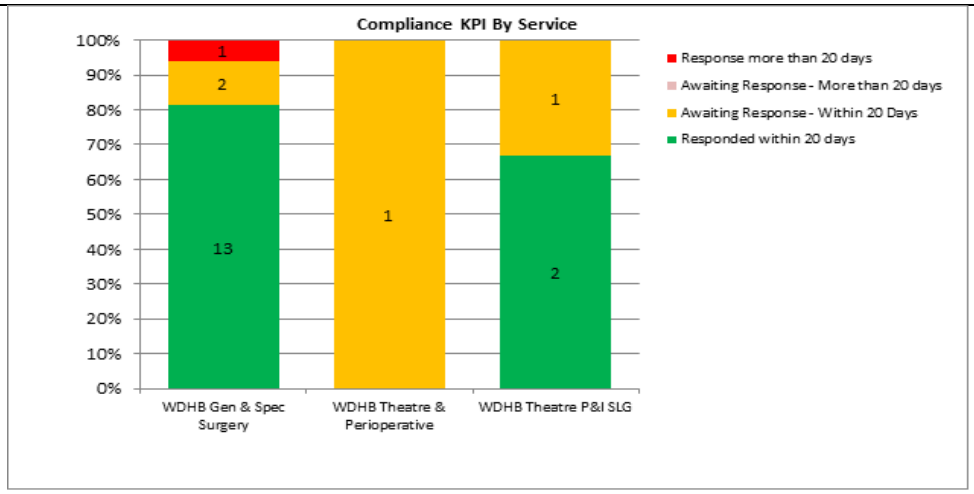
Further outsourced activity lower than plan as noted in July, and August at 61% YTD although spend on outsourcing is 72% of budget. Orthopaedic highest user of outsourced lists at this time.

Of note there has been no adjustment to the forecast of planned outsourced activity based on the 2 months of actuals; for review in September.</td>
</tr>
<tr>
<td>2</td>
<td>Hospital initiated elective theatre cancellations</td>
<td>In August 59 elective cases were cancelled i.e. 4.8% hospital initiated elective theatre cancellations approx. 2.5 per day and target represents on average 1 per day.

The Surgical Services Re-invention Project is expected to favourably influence any process controls that will lead to an improvement in this result and meet target.

The Pre-Hospital Preparedness team will be assigned to the care of this KPI in the new directorate reporting structure.</td>
</tr>
<tr>
<td>3</td>
<td>Waiting time for acute theatre (24hrs)</td>
<td rowspan="2">Year end 75.6% against the target 80% - YTD 75.6% - positive trend
The increased day time acute capacity is underlying the favourable change to this result. The key focus for the theatre team is to maximise the use of the scheduled acute capacity to benefit of the acute and arranged patient groups.

Year end 91.3% against the target 100% - Year to Date 90.1% - positive trend
The increased day time acute capacity is underlying the favourable change to this result. The key focus for the theatre team is to maximise the use of the scheduled acute capacity to benefit of the mostly arranged patient</td>
</tr>
<tr>
<td>4</td>
<td>Waiting time for acute theatre (48hrs)</td>
</tr>
</table>

		group associated with this measure. The *Surgical Services Re-invention Project* is expected to favourably influence the process controls that will lead to an improvement in this result and meet targets.
5	**Elective and Arranged Day of Surgery Admission (DOSA)**	This is a rolling target and August was 75.9% compared to a target of 81.37%. The trend is moving upward. As noted above Day of Surgery Admission (DOSA) is also an agreed area of focus with the *Surgical Re-invention Project* as the current practice is that arranged patient care is coordinated by the same method as acute patient, which is not ideal.
6 **7**	**Complaints** **Complaints resolved within 20 days**	 Overall all service clusters are improving with their complaint response time The directorate complaint closure in August; the 'red' compliant (Datix 4122) now closed.
8	**Overtime**	August overtime remains well over budget and of note in Theatre ($41k) to nil budget allowance, offset by a variable vacancy factor in most RCs. Sick leave contributed to some of the overtime result and sick leave is over spent in most RCs as well.
9	**Annual leave**	As a standing comment: The previous year to date and August month results indicate that annual leave taken as a % of budget remains a challenge as represented in higher leave accrual to budget. This subject is not a planned area for improvement and as such will remain variable according to the natural leave taking practices of the staff. The results we see typically compare favourably to the sector.

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	70	70	0	70	70	0		
Falls Resulting in Harm	Numbers	21	18	(3)	42	36	(6)		10

Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Revenue vs Budget ($000s)	$000s	10,053	10,167	(114)	19,512	20,364	(852)		
Actual Expenditure vs Budget ($000s)	$000s	39,414	39,282	(133)	76,007	75,801	(205)		
Actual FTEs vs Budget	FTEs	3,191.1	3,308.5	117.4	3,187.2	3,302.2	115.0		
Sick Leave	% of paid hours	3.7	2.7	(1.0)	3.9	3.3	(0.6)		11
Overtime $'s	$000s	595	280	(315)	1,192	567	(625)		12
Annual Leave Taken	% of Budget	Rolling 12 month measure			84.0	100.0	(16.0)		13

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

WOMEN'S AND CHILDREN'S

Service overview
The Women's Health Service has received significant media attention in September relating to a number of historical cases. Waikato DHB's perspective does not always align with what is reported but privacy concerns can inhibit our ability to put the DHB perspective forward.

The service is providing reassurance to women and their families regarding the safety of our service. We are working with the DHB communication team to have an event for women to come in to see and hear of the improvements in the service and to be reassured that our maternity services provide safe care.

Women's Health
A visit to the Waikato Hospital Women's Health Service was conducted by members of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) New Zealand Training and Accreditation Committee on Monday 11 September 2017. The purpose of the informal visit was to review progress towards Waikato Hospital regaining accreditation as a RANZCOG training site.

The report is glowing about the work and progress that has been made over the last 18 months. They were particularly impressed with the clinical leadership, the consultant's commitment to teaching and supporting registrars, and the commitment and leadership from the midwifery leaders and managers. The report concludes with the statement "We feel confident in recommending that Waikato Hospital is ready for a formal re-accreditation visit from RANZCOG as soon as possible with the expectation that they will meet all accreditation standards". The formal reaccreditation visit is scheduled for 12 February 2018.

The Women's Health Service continues to work with surgical services regarding the theatre space for undertaking planned elective caesarean sections. Elective procedures cannot be performed in an acute theatre as this limits the availability of an acute theatre for obstetric emergencies and increases clinical risks and possible poor outcomes for the mother and baby. Planned caesareans were consequently moved from the Elizabeth Rothwell theatre to the main MCC theatres as an interim measure in December 2016. A business case to provide for the operational resources (including staffing) needed to sustainably provide for a dedicated elective caesarean section theatre three days per week has been approved by the Acting CEO. To maximise the benefit of that operational resource some capital spend would be required to commission an additional theatre space in MCC. The business case for this capital spend will be taken to the Board in October.

Child Health
A visit to the Waikato Hospital Child Health Service was conducted by members of the Royal Australasian College of Physicians (RACP) on 26 September 2017 in relation to the re-accreditation for advanced training in general paediatrics. The service awaits the outcome from this visit.

The Child Health "Did Not Attend" (DNA) rate is of concern at 18%. The service is looking to introduce the text reminder system for appointments that is already in use for adult appointments in the MCC as a means of helping to remind people about their appointments.

Initiatives and highlights

The Registrar Education Room for Women's Health has been refurbished and was officially opened by Dr Sarah Tout during the recent RANZCOG visit. This dedicated space allows the Obstetrics & Gynaecology registrars to have a quiet space in order to undertake study and research.

Emerging issues

As reported previously, the Women's Health Service is aware that a number of Lead Maternity Carers (LMC) in the community intend to take a break over the Christmas period. Consequently the DHB maternity services will need to provide primary maternity care for women who are due to give birth over this time. This means providing the woman's antenatal care now, labour and birth in December and January and providing postnatal care for the six weeks following birth. The service has developed a contingency plan to manage the increase in workload on the DHB maternity facilities and is meeting weekly to monitor the situation.

MICHELLE SUTHERLAND
DIRECTOR WOMEN'S AND CHILDREN'S HEALTH

Key Performance Dashboard

Child Health

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department < 6 Hours	% of patients	76.0	95.0	(19.0)	74.7	95.0	(20)		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	4	0	(4)	16	0	(16)		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	0	0	0	0	0	0		

Theatre Productivity

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Theatre Utilisation - Elective Sessions	%	69.6	85	(15.4)	71.7	85.0	(13.3)		3
Hospital initiated elective theatre cancellations (< 24hrs)	numbers	1			2				
Hospital initiated elective theatre cancellations (< 24hrs)	%	1.7	2.5	0.8	1.9	2.5	0.6		

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			64.0	64.2	(0.2)		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			83.9	89.0	(5.1)		4
Outpatient DNA Rate	%	18.0	10.0	(8)	17.9	10.0	(8)		5
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	87.8	100.0	(12.2)	85.4	100.0	(14.6)		6
Output Delivery Against Plan - Inpatient Number of Episodes	%	102.3	100.0	2.3	97.6	100.0	(2.4)		
Output Delivery Against Plan - Inpatient CWD Volumes	%	95.2	100.0	(4.8)	95.4	100.0	(4.6)		

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Assigned EDD (SAFER)	%	74	100	(26)	74	100	(26)		7
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			2.71	2.55	(0.16)		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			3.00	3.25	0.25		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.95	0.95	0.00		

Health target measures

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD 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		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	80	70	10	80	70	10		

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	2,722	2,655	(67)	5,434	5,188	(247)		
Actual FTEs vs Budget	FTEs	262.3	252.5	(9.8)	262.2	254.4	(7.8)		
Sick Leave	% of paid hours	3.4	2.8	(0.5)	3.7	3.4	(0.2)		8
Overtime $'s	$000s	36	37	1	100	70	(31)		9
Annual Leave Taken	% of Budget	Rolling 12 month measure			89.7	100.0	(10.3)		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	

Child KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	Emergency Department <6 hours	76 % achieved, which is a slight increase on last month The number of patients through Emergency Department continues to be significant for Paediatrics which has resulted in these breaches. The acuity was very high, with continuing trends in respiratory illnesses. The Charge Nurse Director triaged where possible and worked with the team to ensure patient flow and rapid discharges where possible.
2	Number of long wait outpatients	4 reported on this KPI report – Significantly reduced this month from the previous 12. We have plans around all 4, 2 were cancelled due to acute causing a list over run. One list was cancelled due to no theatre staff [anaesthetics].
3.	Theatre Utilisation	Several Friday lists were missed due to Senior Medical Officer's (SMOs) leave. We are working with the SMO team and booking clerks with a plan around better transparency of list allocation and booking.
4	Elective and Arranged Day of Surgery Admissions	The actual [83.9%] is just below the target and trending positively.
5.	Outpatient DNA rate	Did not attend rate continues to be higher than would be desired. A general review of this across the service is planned. We are looking at introducing s txt system to assist with DNA reduction. Winter illnesses limit family availability to get children to appointments. We have commenced investigation as to how this is managed in other DHBs.
6	Output against Plan – FSA/F-up and nurse consults	85.4% achieved this month. This is an increase on last month and reflects high sick leave continuing.
7.	Assigned EDD (SAFER)	74% reflects higher acuity of respiratory patients
8.	Sick Leave	3.4% actual vs 2.8% target. This is reflective of the trend in the general population at this time of year.
	Actual Expenditure vs Budget ($000)	Over budget relates to medical staffing and high sick leave cover.
9.	Overtime $'s	The service continues with a busy acute month resulting in additional staff being rostered after hours/weekends to provide safe staffing to meet demand. The hospital resource team were limited in supporting additional resourcing of the 8 beds opened in E5 to meet demand so our own staff had to meet this demand.
10	Annual Leave Taken	Trending positively but still behind target. This is usually picked up in the summer months.

Key Performance Dashboard

Womens Health

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Emergency Department < 6 Hours	% of patients	65.9	95.0	(29.1)	66.0	95.0	(29)		1
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	4	0	(4)	10	0	(10)		

Theatre Productivity

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Theatre Utilisation - Elective Sessions	%	73.7	85	(11.3)	72.8	85.0	(12.2)		2
Hospital initiated elective theatre cancellations (< 24hrs)	numbers	8			11				
Hospital initiated elective theatre cancellations (< 24hrs)	%	7.0	2.5	(4.5)	5.0	2.5	(2.5)		3
Waiting Time for acute theatre < 24 hrs	%	71.2	80	(8.8)	73.7	80.0	(6.3)		4
Waiting Time for acute theatre < 48 hrs	%	88.5	100	(11.5)	88.4	100.0	(11.6)		5

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			52.0	51.9	0.1		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			98.1	100.0	(1.9)		
Outpatient DNA Rate	%	7.8	10.0	2	6.3	10.0	3.7		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	84.9	100.0	(15.1)	86.8	100.0	(13.2)		6
Output Delivery Against Plan - Inpatient Number of Episodes	%	90.3	100.0	(9.7)	88.0	100.0	(12.0)		7
Output Delivery Against Plan - Inpatient CWD Volumes	%	93.3	100.0	(6.7)	92.7	100.0	(7.3)		8

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			1.79	1.76	(0.03)		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.64	0.56	(0.08)		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.84	0.83	(0.01)		

Health target measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	98.3	95.0	3.3	97.1	95.0	2.1		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	67	70	(3)	67	70	(3)		

Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget ($000s)	$000s	2,299	2,079	(220)	4,042	4,069	27		
Actual FTEs vs Budget	FTEs	186.6	196.5	9.9	183.9	197.5	13.6		
Sick Leave	% of paid hours	4.2	2.8	(1.4)	3.5	3.3	(0.3)		9
Overtime $'s	$000s	39	24	(15)	60	48	(13)		10
Annual Leave Taken	% of Budget	Rolling 12 month measure			75.7	100.0	(24.3)		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	

Women's KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	Emergency Department <6 hours	For Women's Health, although there are low volumes of referrals to gynaecology, it remains a challenge to receive timely referrals from emergency department to the service in order to meet the 6 hour target.
2.	Theatre utilisation elective sessions	A slight decrease from 77.6% to 73.7%, with working towards accreditation and the Senior Medical Officers team coming off the contingency roster by the end of the year this will improve.
3.	Hospital Initiated Theatre cancellations <24hrs	Continues to improve, the acute/elective gynaecology /obstetric demand versus capacity is an ongoing issue. Some cancellations this month due to hospital escalation, as requested by integrated operation centre.
4.	Waiting time for Acute theatre <24hrs	Trending positive.
5.	Waiting Time for acute theatre <48hrs	88.5% Tending positively [as above].
6.	Output Delivery Against Plan – volumes for FSA, f/up and nurses consults	84.9% Outsourcing provider did not meet contracted levels, we are investigating.
7.	Output Delivery Against Plan – inpatient number of episodes	90.3% Reduced due to acuity of inpatients reflecting longer length of stay.
8.	Output Delivery Against Plan – inpatient CWD volumes	93.3 % slight decrease on previous month.
9.	Sick Leave	Medical staff sick leave not significant. Positive trend.
10	Overtime	Ongoing vacancies, a number of fixed term registered nurses gaining permanent jobs in OPR5 have resulted in the requirements for increased overtime.
11.	Annual Leave Taken	Vacancies and long term sick leave are a constraint to service ability to full meet leave targets.

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

OLDER PERSONS, REHABILITATION AND ALLIED HEALTH

Summary

A very busy month for the services again, with the additional activity of planning, recruiting and orientating a large volume of new staff for the opening of the 27 bed OPR 5 ward. The ward successfully opened its doors on 4 September.

Month End Financial Report and Performance Update

The August financials for WK05 - Rehabilitation and Allied Health report a full year result of $787k favourable against budget for the year-to-date, the budget includes a $200k savings plan that has been delivered. Total expenses were $326k under budget for the month.

Contractually, there have been no issues raised by the various funding agencies to report. For the most part, outpatient volumes were achieved and the unfavourable variance seen in audiology, and to a lesser extent physiotherapy and dietetics, can be attributed to several vacancies which have impacted capacity. Recovery plans are in place for these areas. All three services have active recruitments ongoing as well as some targeted recruitment plans for audiology and physiotherapy, particularly in the Thames region.

Inpatient activity continues to track favourably, with no significant variances to report.

Child Development Centre

The review of Child Development Services commenced this month. Work has included data gathering, initial interviews and a request for information sent to other DHBs. The project is on track to deliver a draft report by the end of October.

<u>This section of the report is themed to reflect elements of innovation in the Directorate.</u>

Examples include:

- A new mobility chart has been developed after three improvement cycles with Older Persons and Rehabilitation staff. The final format is clear and simple in its approach to visually communicate a patient's mobility needs, and this was presented as a falls prevention initiative recently at the Waikato DHB falls committee. The charge nurse manager from Ward OPR 2 has led this initiative, which the chief nurse and midwifery officer has asked to be rolled out across the organisation. On the first day it was used in Ward OPR 2; the cleaner saw a patient get out of bed, looked on the chart and saw the patient was supposed to mobilise with help, rang the bell and went to stand by the patient until the nurse arrived.

- Older Persons and Rehabilitation staff completed a snap audit, which advised that between half and two thirds of patients in the Older Persons and Rehabilitation wards were wearing hospital pyjamas or nighties. Senior nurses have opted to utilise learnings from the NHS initiative 'Ending PJ Paralysis', to implement a programme to revitalise rehabilitation thinking. The research advises that a patient over 80 years of age loses at least 10% of muscle mass if in hospital for 10 days, so any intervention that encourages

a more active role rather than lying in a hospital bed is thought to be useful. Getting dressed in one's own clothes in the morning is proven to have a positive psychological effect on a patient's wellbeing, mobility and it decreases their length of stay.

- The Board of Clinical Governance presented the Disability Support Link inpatient team with an award for sustained excellence for their work in reducing wait times to assessment for clients in our district.

- Psychology has initiated a new service for cardiac patients. This is being run as a year-long project for patients who are experiencing anxiety due to reliance on in situ defibrillators. The service is running one day per month. General feedback is that the service is having beneficial results.

- The child development centre and neonatal services are implementing the use of the general movement's assessment via video to assist with early diagnosis of cerebral palsy.

- A group of Allied Health staff have initiated a pilot of SmartHealth. The Allied Health group has consisted of representatives from speech language therapy, community occupational therapy, visiting neurodevelopmental therapists and social work. So far, all groups have been working to get patients signed onto SmartHealth, and speech language therapy has started patient consults via SmartHealth. The patients who have used it have provided positive feedback.

- Criteria for entry to Allied Health services have been developed and approved by the Waikato DHB Board of Clinical Governance. These criteria have been trialled across the DHB services since March 2017 and it is expected these are already in use on the wards. Allied Health leadership is committed to ensuring that all stakeholders are supported in implementing these criteria to services.

  The intention in developing these criteria is to:

  - Improve referrers knowledge of Allied Health services available
  - Ensure appropriate and timely referrals are received
  - Improve the ability to match demand for Allied Health services with resources
  - Assist in improving patient flow and patient experience

- General outpatient speech language therapists have been undertaking appointments via SmartHealth. A report from the SmartHealth service saw speech language therapy undertaking the second highest number of consults by speciality in July. The plan moving forward is to roll this out to the child development centre speech language therapists and the head and neck cancer outpatient speech language therapists as soon as iPads have been secured for them.

- Plastic surgeon, Arthur Yang, has initiated a plan for a combined VPI (velopalatal insufficiency) clinic with speech language therapy. These children are currently seen, but the combined VPI clinic will ensure the process of diagnosis and decision-making for surgery is more streamlined.

- The speech language therapy team have been planning for the upcoming NZSTA (New Zealand Speech Language Therapy Association) Giving Voice week (11-15 September) to raise the awareness of communication accessibility:
  - A video has been developed for the NZSTA video competition aiming to raise the awareness of communication difficulties.

- A patient story has been developed with the patient experience team regarding a patient who has communication difficulties after a stroke. The posters have been printed and are being displayed.
- The Communications team has contacted the media who are keen to do a positive story aboutthis patient.

- The social work Maori partnership project is ongoing for 2017 with the inclusion of the new Kaitiaki for Older Persons and Rehabilitation; this has been given a further extension of its vision. There will be an audit in October to check the effectiveness of the education and to plan for future education/resources needed.

- The draft pathway for the vulnerable adult/elder abuse project has been tabled and approved by the Inpatient/Outpatient Governance Group. The social work team in Older Persons and Rehabilitation is currently supported to work as per the draft pathway. The reviewed policy with the draft social work pathway will be tabled at the Board meeting for approval.

- Trial of six referrals sent to the psychologist in Older Persons and Rehabilitation – these referrals have been on waitlist for >90 days and have now been redirected to community social work. A report will be provided at the end of the trial, which will provide information on the appropriateness of referrals, risk of referrals on the waitlist, etc.

BARBARA GARBUTT
DIRECTOR OF OLDER PERSONS, REHABILITATION AND ALLIED HEALTH

Key Performance Dashboard

Older Persons & Rehabilitation

August 2017

Waiting Times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Number of long wait patients on OPRS outpatient waiting lists	Patients	2	0	(2)	2	0	(2)		

General Throughput Indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
START - bed day volumes	Days	2,527			4,784				
OPRS - Outpatient DNA Rate	%	6.6	8.0	1.4	4.5	8.0	3.5		

Discharge Management

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Acute Readmissions to OPRS within 28 days	12 mth %	Rolling 12 month measure			0.3	6.0	5.7		
Assigned EDD (SAFER)	%	97	100	(3)	97	100	(3)		1
Average length of stay - OPRS	Days	16.3	16.5	0.2	15.6	16.5	0.9		

Health target 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		

Quality Indicators - Patient Safety

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Hospital Acquired MRSA (Department)	Numbers	0	0.0	0	0.0	0.0	0		
Hand Hygiene Rate (Cluster)	Period to date %	85	80.0	5	87.7	80.0	8		
C-Diff (Department)	Numbers	0	0	0	1	1	0		
Medication Incidents - Wrong Patient (Department)	Event Numbers	1	0.0	(1.0)	1	0	(1)		2

Organisational Quality Safety Markers

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Patients aged >75 (Maori and Pacific Islanders >55) given a falls risk assessment.	% for Jul-17	100.0	90.0	10.0	100.0	90.0	10.00		
Patients assessed as being at risk have an individualised care plan which addresses their falls risk.	% for Jul-17	92.9	90.0	2.9	92.9	90.0	2.9		

Quality Indicators - Patient Outcomes

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Stroke patients admitted to a stroke unit	% for Jul-17	85.71	80.00	5.7	85.71	80.00	5.71		
Ischaemic stroke patients thrombolysed	% for Jul-17	5.9	8.0	(2.1)	5.9	8.0	(2.1)		3
	Other Patient Outcome Indicators Under Development								

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Last 12 Mths Trend	Note
Complaints	Numbers (All)	1	2	1	5	3	(2)		4
Complaints resolved within 20 wd (1 month lag)	% for Jul-17	75	70	5	75	70	5		
Falls Resulting in Harm	Numbers	1			3				
Pressure Injuries - Total	Numbers	1	5	4	3	10	7		
Patient Feedback	*Not yet collected - in Development*								

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	2,160	2,349	190	4,038	4,347	309		
Actual FTEs vs Budget	FTEs	280.0	291.7	11.6	275.8	301.0	25.2		
Sick Leave	% of paid hours	4.0	3.1	(0.9)	4.5	3.4	(1.1)		5
Overtime $'s	$000s	2	2	(0)	3	3	(0)		
Annual Leave Taken	% of Budget	Rolling 12 month measure			88.9	100.0	(11.1)		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	Assigned EDD (SAFER)	Currently sitting at 97%, but working towards the target of 100%.
2	Medication Incidents – Wrong Patient (Department)	Medication dispensed to wrong client by the agency nurse at Matariki. The agency was informed straight away; no adverse reaction to client.
3	Ischaemic Stroke Patients Thrombolysed	Two patients to be thrombolysed during August. The neurology team decides who is for thrombolysis and this low percentage will be discussed at the Stroke Governance Group meeting.
4	Complaints	Complaints are themed and discussed at governance.
5	Sick Leave	An increased focus on wellness has been occurring to support existing staff to work up to cover all the roster gaps. There has also been an increased incidence of flu like symptoms (all staff reporting the incidents were vaccinated).
6	Annual Leave Taken	All staff with excess leave have leave plans in situ.

Key Performance Dashboard

Allied health | **August 2017**

Waiting times

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance		YTD Actual	YTD Target	YTD Variance		Last 12 Mths Trend	Note
Long wait patients of > 4 mnths on Physio OP waitlists	%	3%	5%	-2%	✓	3%	5%	-2%	✓		
Long wait patients of > 4 mnths on Occup Therapy OP waitlists	%	5%	5%	0%	!	5%	5%	0%	!		
Long wait patients of > 4 mnths on SLT OP waitlists	%	0%	5%	-5%	✓	0%	5%	-5%	✓		
Long wait patients of > 4 mnths on Audiology OP waitlists	%	69%	5%	64%	✗	67%	5%	62%	✗		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	%	1%	5%	-4%	✓	1%	5%	-4%	✓		
Long wait = Waiting more than 4 months											

General Throughput indicators

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance		YTD Actual	YTD Target	YTD Variance		Last 12 Mths Trend	Note
Outpatient DNA rates											
Physiotherapy	%	9%	10%	-1%	✓	10%	10%	0%	✓		
Occupational therapy	%	10%	10%	0%	!	11%	10%	1%	!		
Speech therapy	%	11%	10%	1%	!	10%	10%	0%	!		
Audiology	%	7%	10%	-3%	✓	10%	10%	0%	!		
Dietician	%	9%	10%	-1%	✓	10%	10%	0%	✓		
PVS vs Actual											
Physiotherapy	Volume	1,870	2,098	(228)	✗	3,855	4,013	(158)	!		
Occupational therapy	Volume	1,058	965	93	✓	1,977	1,846	131	✓		
Speech therapy	Volume	162	149	13	✓	283	286	(3)	!		
Audiology	Volume	205	281	(76)	✗	385	575	(190)	✗		2
Social work	Volume	509	496	13	✓	949	948	1	✓		
Dietician	Volume	536	690	(154)	✗	995	1,320	(325)	✗		3

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance		YTD Actual	YTD Target	YTD Variance		Last 12 Mths Trend	Note
Complaints	Numbers	1	0	(1)	!	2	0	(2)	!		
Complaints resolved with 20 wd (1 month lag)	(% for Jul-17)	0	70	(70)	✗	0	70	(70)	✗		4
Falls resulting in harm	Numbers	0	0	-	✓	1	0	(1)	!		
Falls with no harm	Numbers	0		-	✓	0		-	✓		

Finance and Human Resource Measures

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance		YTD Actual	YTD Target	YTD Variance		Trend	Note
Actual Expenditure vs Budget ($000s)	$000s	1,433	1,588	154	✓	1,386	1,355	(31)	!		
Actual FTEs vs Budget	FTEs	232	247	15	✓	235	243	8	✓		
Sick Leave	% of paid hours	4.4	2.7	(1.7)	✗	4.6	2.7	(1.9)	✗		5
Overtime $'s	$000s	11.2	1.9	(9.2)	✗	17.3	9.0	(8)	✗		6
Annual Leave Taken	%	Rolling 12 month measure				98.7	102.1	(3.4)	!		

Key - MTD Measures	
At or above target	✓
Below target by less than 5%	!
Below target by more than 5%	✗

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

Comments:

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 patient of more than four months on Audiology OP waitlists	**Audiology** The service currently has only 35% of usual staffing (3.0 FTE vacancy of 4.6 FTE service). Externally contracted audiology staff have been undertaking weekend clinics to address this waitlist directly. This targeted approach has made an impact to the current waitlist and will continue to improve over the next two months.
2/3	PVS versus Actual: • Audiology • Dietician	**Audiology** This PVS equates to the service delivering 73% of contracted activity. The service currently only has 35% of usual staffing (3.0 FTE vacancy of 4.6 FTE service). Externally contracted audiology staff have been undertaking weekend clinics which has helped offset this shortfall. **Dietician** Unfavourable volumes due to the low uptake of community based group clinics. The funder is aware and working with the service to identify alternative approaches, e.g. using virtual opportunities.
4	Complaints resolved with 20 working days (one month lag)	This is incorrect, as the percentage should be 100%. To be corrected in the indicator report.
5	Sick Leave	A high level of sick leave compared to what was budgeted this month; this can be attributed to several ACC non work related injuries. There is also a high level of genuine sick leave mostly due to common winter aliments. Staff wellness plans are offered to all staff and hand washing protocols are strictly followed in all areas.
6	Overtime $'s	The majority of this variance is related to where a Physiotherapist has been called back outside of working hours by the ward to see a patient. Last month there were 13 call backs regarding four particular patients. (Wards E5 and E7).

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

CHILD DEVELOPMENT SERVICES REVIEW UPDATE

Background

Waikato DHB has concerns that the level of funding provided by the Ministry of Health for its Child Development Services does not meet the costs of the service and places the DHB in an unsustainable position going forward. The Waikato DHB also has concerns regarding the lack of clarity for Child Development Services in respect of the deliverables expected by the Ministry of Health.

Objective and Scope

The objective of this assignment is to review the historical data and information regarding the basis of the funding, deliverables of the contract and awareness of the potential Ministry of Health review into Child Development Services nationally (NB: as yet no date for completion of this or Terms of Reference have been provided to DHB's).

In August 2017, Brenda Wills of 'Chatto Creek Consulting' was contracted to deliver on this review.

This review will include the following:

- Review current state of the Child Development Service against Tier 1 and 2 service specifications and cross reference with DSS 1012 service description
- Review DSS 1012 service descriptor against current practice
- Detail current service delivery, including volumes, waiting lists, overlap with other local services?
- Benchmark service delivery models with other comparably sized District Health Boards
- Review the financial position of the Child Development Service to determine if the revenue is sufficient to meet the requirements of the service specification
- Report on the Ministry of Health review for Child Development Services currently underway and the potential future state for Child Development Services
- Construct a draft letter to the Ministry of Health detailing the findings of the review and informing of findings which the Ministry of Health needs to consider in their potential broader review
- Any other relevant information

Inclusions and Exclusions

Inclusions:

- All services currently delivered out of the Child Development Service as described by the service description and PUC DS1012.

Exclusions:

- Review of any staffing resources
- Mental health and Disability Support Link services and processes
- NGO's and Ministry of Education services and processes
- Clinical services (in line with service descriptor in service specification DS1012 rather than utilisation of facility)

Timing and Reporting

The review commenced Monday, 21 August 2017 and will be completed by the end of Friday, 15 December 2017.

Reporting will include:

- Report for the Director of Older Persons, Rehabilitation and Allied Health and Manager, Allied Health inclusive of:

    - A review of current service delivery operating costs against revenue
    - A review of demand versus service availability
    - Benchmarking against comparable DHB's
    - Service costs
    - Status and impact of current Ministry of Health review on Child Development Services nationally

- A discussion paper that provides all relevant information to develop a position paper to present to the Ministry of Health.

BARB GARBUTT
DIRECTOR OF OLDER PERSONS, REHABILITATION AND ALLIED HEALTH

Waikato District Health Board

Quality

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

AGENDA ITEM 7.1

QUALITY AND PATIENT SAFETY

Purpose	For discussion and feedback.

Quality indicator report
The DHB quality indicator report for August (attached) shows wide variation in performance across the indicators for the month and over the 12 month trend. The Board of Clinical Governance receives this indicator report monthly.

Unacknowledged results performance is being monitored and managed by the CMO and work has been agreed to improve the 'carer tables' which will impact positively on the results.

The hand hygiene compliance deterioration has been discussed with the Waikato hospital leadership group but there are a number of areas where there has been no improvement over the past 2 audit cycles. Areas that fail to achieve the 85% target have an ongoing audit put in place – the number of areas with ongoing audits in place is growing.

Complaints response times for DHB complaints have improved with 70% of people responded to within 20 days against a target of 70%. The improvement in response times for Health and Disability Commissioner (HDC) complaints is very encouraging

There are a number of statistical process charts at the end of this report that give a clearer indication of trends, areas of concerns or improvement.

- There is a program of work now in place to reduce the staph aureus bacteraemia (SA Bacteraemia) rate following the spike in July 2016 which appears to be having some affect although there is concern regarding the peripheral line management (a similar picture nationally). A new quality improvement project is being discussed including implementation of a 'bundle' and reducing the number of ' just in case' line insertions.
- A particular highlight is the sustained reduction in patients who have had inpatient fall and sustained a fractured hip. With a nil rate since March 2017. There is ongoing work in the DHB to reduce falls in hospital, community and ARRC.

National quality and safety marker (QSM) report
No report for this period

As noted in the July report, to increase transparency of reporting whilst balancing patient / whanau privacy, all future quality reports will contain detail of HDC complaints including early warning of any possible breaches in the code of rights. A paper to the September Board also outlined future direction of the Serious Event Review reporting

Health and Disability Complaints (HDC)
Since January 2017, Waikato DHB has been found in breach of the code of rights, three times. All decisions relate to complaints prior to this report period. There are currently three investigations that may result in a breach of code decision.

Serious events
During quarter four, there were 12 confirmed serious adverse events confirmed for review - one SAC 1 event was reported and seven SAC2 events. A further four events were reclassified to SAC3 after review.

Coroner / inquest recommendations
No report for this period – awaiting Whitely (Mar 2017) report

Clinical Effectiveness – Policy and guideline currency
As requested at the last meeting, the Board approved policies are now available on the Waikato DHB web site as an interim measure until the new SharePoint project is completed that will link the website to the DHB guidelines and policies page
http://waikatodhb.health.nz/about-us/key-publications/

Policy and guideline currency

Waikato DHB Wide

Business Area	Currency	Number	
Policies	81%	110/136	▼
Guidelines	97%	29/30	▼
Procedures	83%	34/41	▲
Protocols	92%	23/25	▲
Drug Guidelines	56%	40/71	▼
Standing Orders	80%	52/65	▲
Total	78%	288/368	▲

Clinical Management

Business Area	Currency	Number	
Community and Clinical Support	84%	408/485	■
Medicine and Oncology	72%	322/446	■
Mental Health and Addictions	86%	42/49	▼
Older Persons and Allied Health	78%	70/90	▼
Surgery, Critical Care	75%	249/333	▼
Women's and Children's Health	82%	200/244	▼
Other*	100%	17/17	▲
Total	79%	1308/1664	▼

* **Other** includes: ADT, Blood, Clinical Equipment, Infection Control, Information Services, Laboratory, Procurement, Radiology, Research and Clinical Trials

▼ **Decrease from previous quarter** ▲ **Increase from previous quarter** ■ **No change**

Quality and Patient Safety achievements, challenges and future focus

- The 'capability and capacity framework for continuous quality improvement' proposal was discussed with the executive group and agreed in principle.
- Consumer council expressions of interest opened 18 September 2017 and in the first two days we had 5800 views on Facebook.
- World sepsis day 13 September saw the launch of the DHB sepsis six campaign and program of work
- Work commencing on development of a business case for an electronic vital signs system that will assist with improvement in both early detection of a deteriorating patient and sepsis alert
- Surveillance for HDSS certification agreed for 21-23 November 2017 – self assessment underway including undertaking 4 patient tracer audits

Future focus

- Nga Kuaha Tumanako (Grief hui) 3&4 October at Turangawaewae marae, Ngaruawahia as a result of the research commissioned by the Suicide Prevention / Postvention Health Advisory Group (SPPHAG)
- Quality forum 30 October will showcase a number of co-design projects i.e. improvement projects with consumers as part of the team
- The Director QPS has been asked by the Ministry of Health to present our governance approach and planned direction for co-design following the success of the co-design program supporting elective care.

Recommendation
THAT
The report be received.

Mo Neville
DIRECTOR QUALITY AND PATIENT SAFETY

Quality Indicator Report - Waikato DHB

August 2017

Patient Safety

Indicator	Unit of Measure	Month Actual	Month Benchmark	Month Variance	YTD Actual	YTD Benchmark	YTD Variance	Last 12 Mths Trend
Hospital Acquired MRSA Rate	%	7.0	3.8	(3.3)	3.7	3.1	(0.6)	
C-Diff	Numbers	2	5	3.0	4.0	9.9	5.9	
Health care associated SA bacteraemia	Per 1000 Bed days	0.1	0.1	(0.0)	0.1	0.1	(0.0)	
Mortality	HRT HDxSMR (May)	103.0	90.0	(13.0)	103.0	90.0	(13.0)	
NOFs as a result of an in Hospital Fall	Numbers	0	1	1.3	0	2	2.2	
Global Trigger Tools - Harms	All events per 1000 Beddays (May)	158	80	(78)	105.8	80	(26)	
Global Trigger Tools - Harms	All events per 100 Admissions (May)	65	80	15	51.8	80	28	
Global Trigger Tools - ADE Harms	All events per 1000 Beddays (May)	53	40	(13)	47.9	40	(8)	
Medication Incidents	Numbers (wrong patient)	1	0	(1)	3	0	(3)	
Always Report (SSE)	Event Numbers	1	0	(1)	1	0	(1)	
Unacknowledged Results < 5 days	Numbers	4,537	0	(4537)				
Unacknowledged Results 5 - 10 days	Numbers	2,138	0	(2138)				
Unacknowledged Results > 10 days	Numbers	86,725	0	(86725)				

Quality Safety Markers

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Trend
Patients aged >75 (Maori and Pacific Islanders >55) given a falls risk assessment	% for Jul-17	90.7	90	0.7	92.4	90.0	2.4	
Patients assessed as being at risk have an individualised care plan which addresses their falls risk	% for Jul-17	91.7	90	1.7	93.4	90.0	3.36	
Hand Hygiene Rate (WDHB)	%	83.2	85	(1.8)	85	85	0	
Safe Surgery - Sign in uptake	% of audits	88.9	100	(11.1)	86	100	(14)	
Safe Surgery - Time out uptake	% of audits	85.0	100	(15.0)	71	100	(29)	
Safe Surgery - Sign out uptake	% of audits	100.0	100	0.0	96	100	(4)	

Patient Outcomes

Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Trend
Waiting Time for acute theatre - 24 hrs	%	76.0	80	(3.99)	75.8	80.0	(4.2)	
Waiting Time for acute theatre - 48 hrs	%	99.2	100	(0.8)	97.8	100.0	(2.2)	
Stroke patients admitted to a stroke unit	% for Jul-17	85.7	82	3.7	81.7	80.0	1.7	
Ischaemic stroke patients thrombolysed	% for Jul-17	3.9	8	(4.1)	7.7	8.0	(0.3)	

Patient Experiences

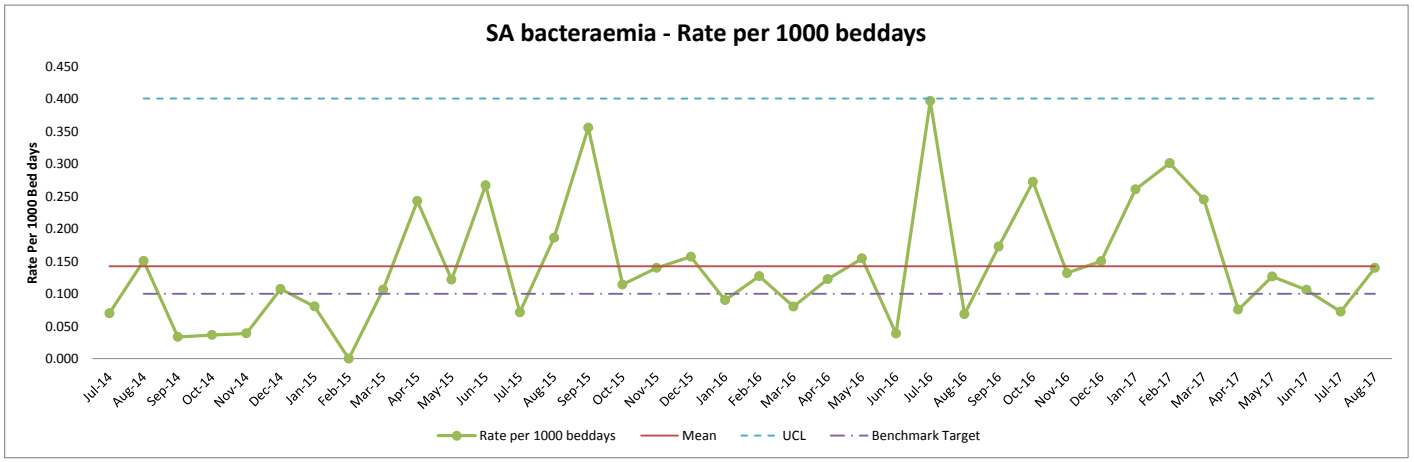
Indicator	Unit of Measure	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance	Trend
Complaint Numbers	Numbers (All)	92	85	(7)	189	170	(19)	
Complaints resolved within 20 wd	% for Jul-17	70	70	0	70	70	0	
Falls Resulting in Harm	Numbers	21	18	(3)	42	36	(6)	
Falls Resulting in Harm (65 years and above)	Per 1000 beddays	14	13	(1)	27	25	(2)	
Pressure Injuries - Total	Numbers	51	41	(10)	107	83	(24)	

Quality indicators - External sources

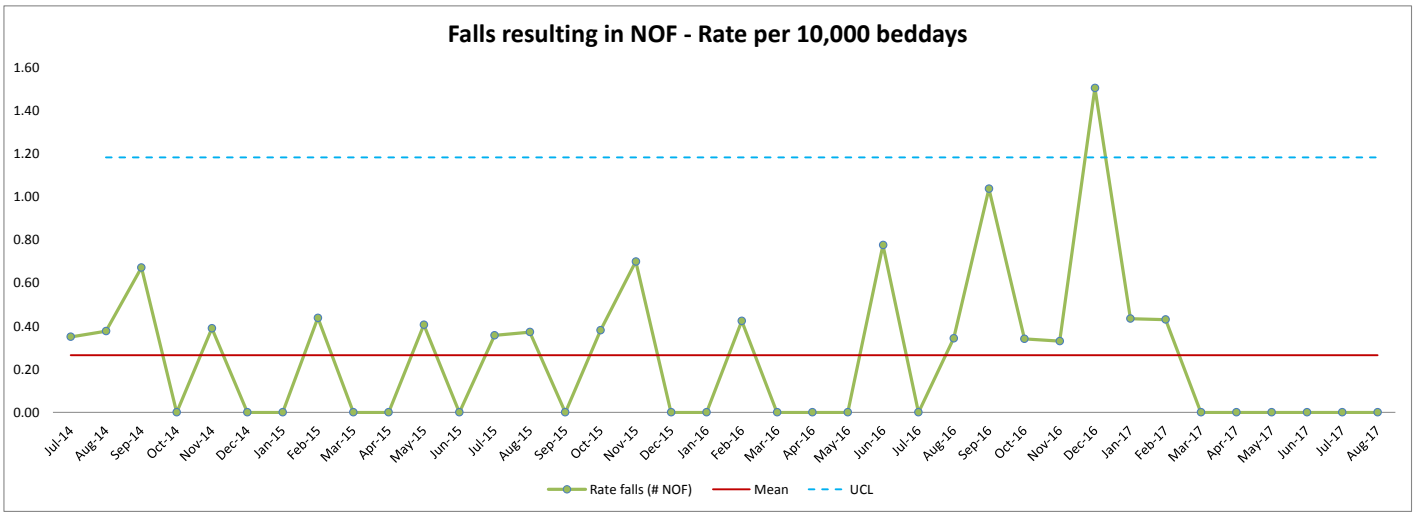
Patient Feedback (Category)	*National IP Survey* (Q2)	Average	National Avg	Variance	Average	National Avg	Variance	Trend
Communication	Rating out of 10	8.4	8.5	(0.1)	8.3	8.4	(0.1)	
Partnership	Rating out of 10	8.5	8.7	(0.2)	8.3	8.5	(0.3)	
Coordination	Rating out of 10	8.3	8.5	(0.2)	8.2	8.4	(0.2)	
Physical & Emotional Needs	Rating out of 10	8.8	8.8	-	8.7	8.7	(0.0)	

Key - Month	Indicator	Key - YTD	Indicator	Key - Trend	
At or above target		At or above target		Favourable trend of more than 5%	
Below target by less than 5%		Below target by less than 5%		Trend (fav or unfav) of less than 5%	
Below target by more than 5%		Below target by more than 5%; operational plan in place		Unfavourable trend of more than 5%	
		Below target by more than 5%; Change Team/Sustainability Project in place			

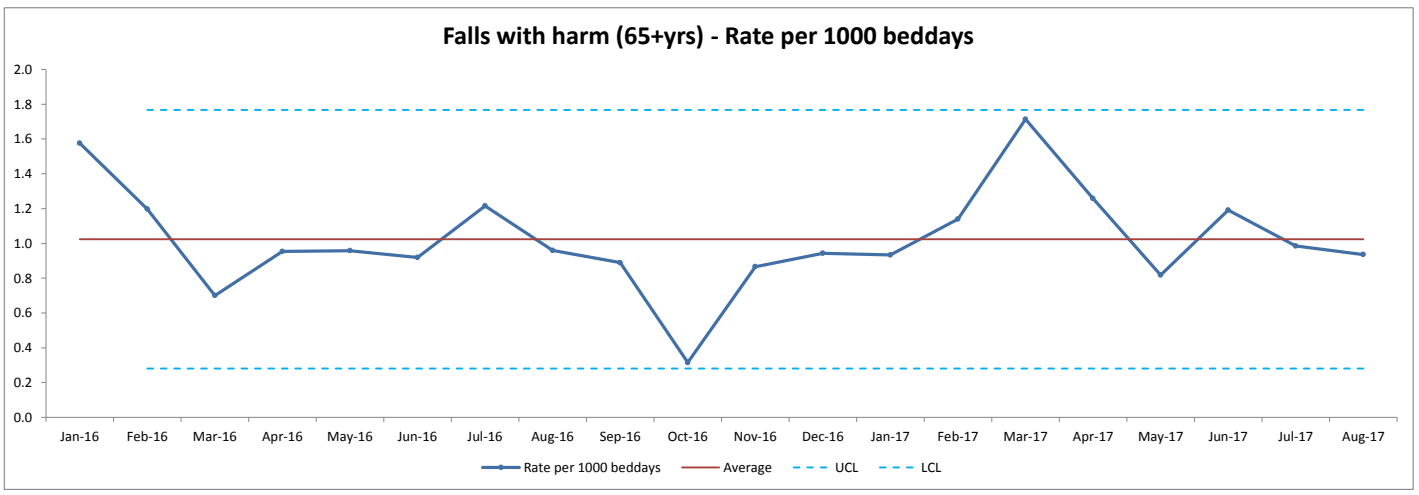
Further Analysis



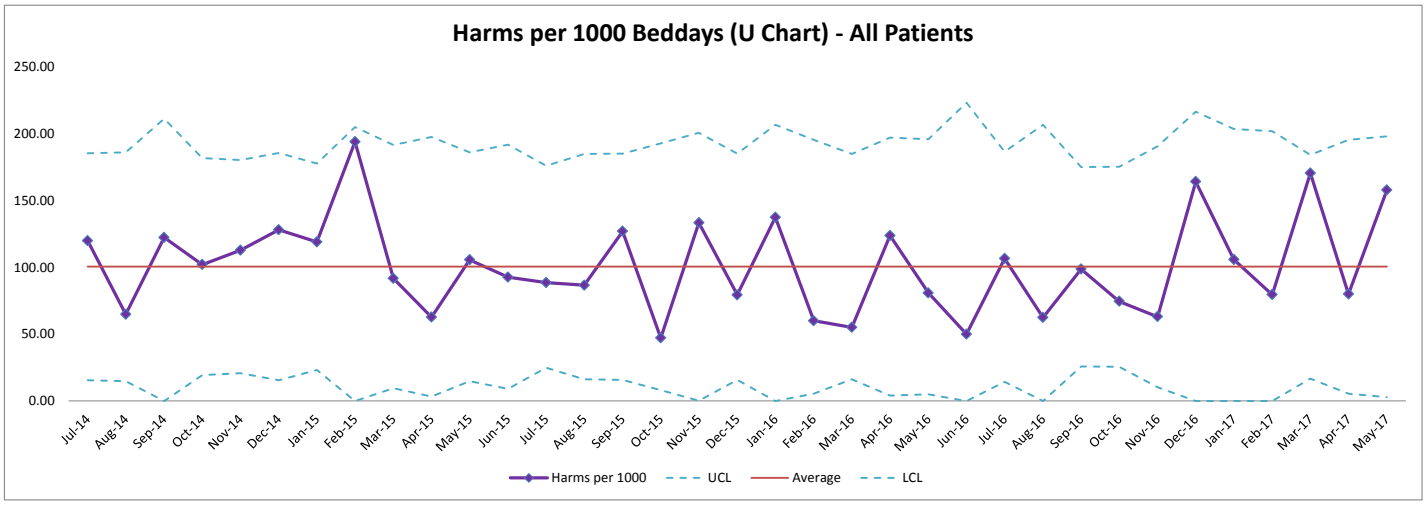
The above graph shows spikes in September 2015 and in July 2016, these are significant events. The lower control limit for this graph has been removed as it is below zero



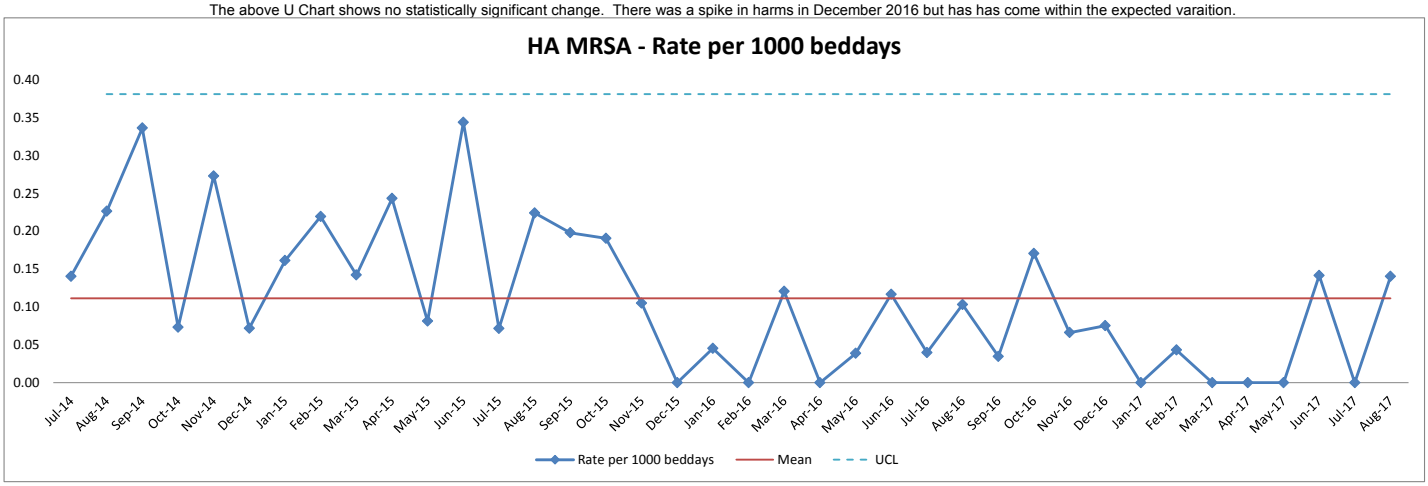
The above graph shows spikes in #NOFs in August and November 2016, these were significant events. The lower control limit for this has been removed as it was below zero.



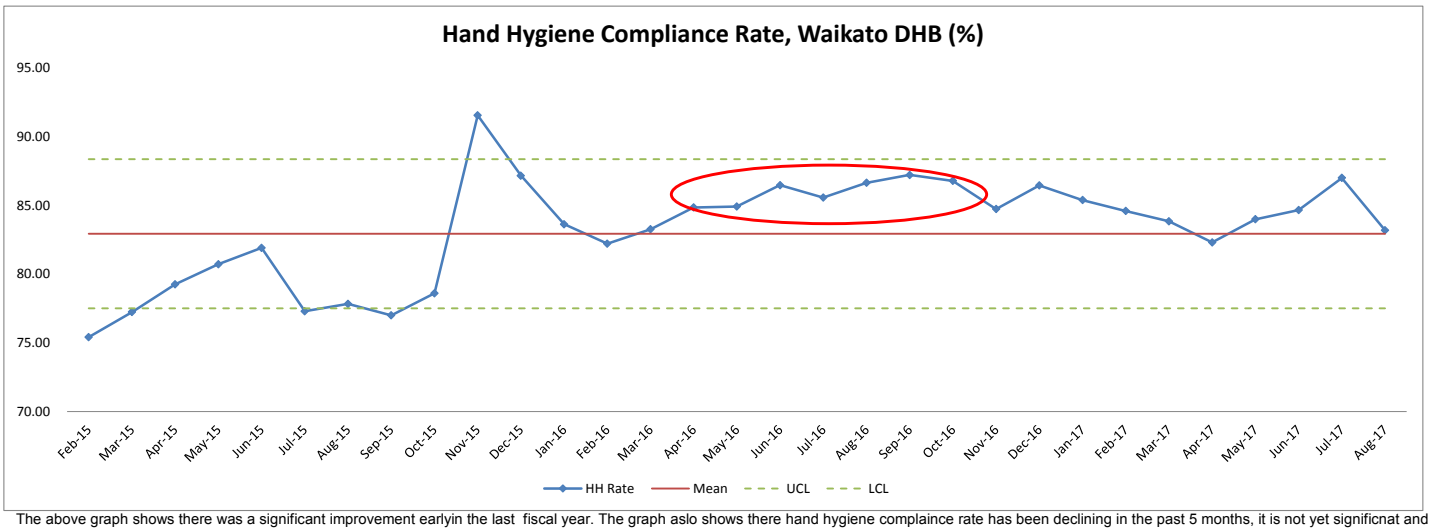
The above chart shows no statistically significant change.



The above U Chart shows no statistically significant change. There was a spike in harms in December 2016 but has has come within the expected varaition.

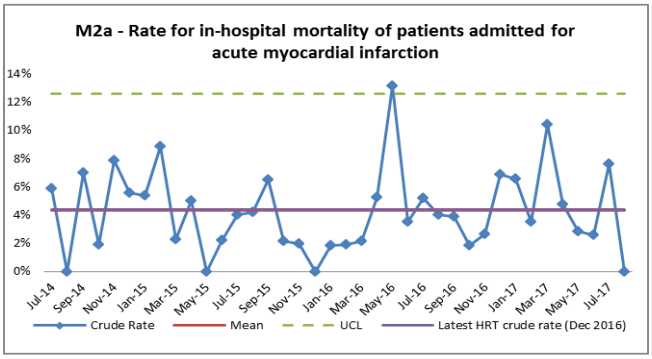


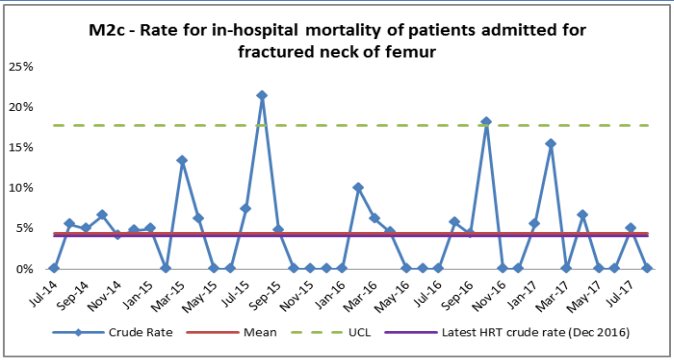
This chart indicates that there has been a significant improvement of the HA MRSA Rate between November 2015 and September 2016. The lower control limit for this has been removed as it was below zero.

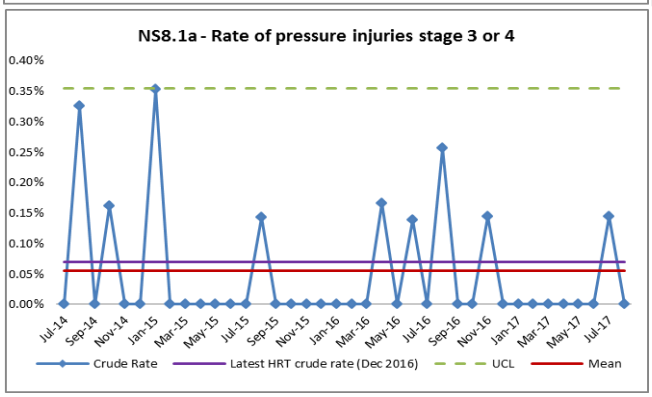


The above graph shows there was a significant improvement earlyin the last fiscal year. The graph aslo shows there hand hygiene complaince rate has been declining in the past 5 months, it is not yet significnat and inside the expected variations.

HRT replication







QUALITY and PATIENT SAFETY REPORT

September 2017

M Neville
Director of Quality & Patient Safety
September 2017

Report on complaints received from the Health and Disability Commission 1 January 2017 – 19 September 2017 (*Note: Future reports will be presented on a quarterly basis and will provide quarterly comparisons in terms of numbers of complaints received)*

Background and current overview of HDC complaints regarding Waikato DHB

The Health and Disability Commission (HDC) receives complaints from consumers about health and disability services. HDC reviews these complaints and decides from a range of options how to respond. In the majority of cases it reviews the complaint by requesting information from the health provider, and making a decision. Less frequently HDC will refer the consumer to the provider to respond to them directly. In a small number of cases (the most serious) reviewed by HDC, they will decide to undertake an *investigation* into whether there has been a breach of the code of Rights. For some complaints regarding mental health services HDC may refer the complaint to the District Inspector for review.

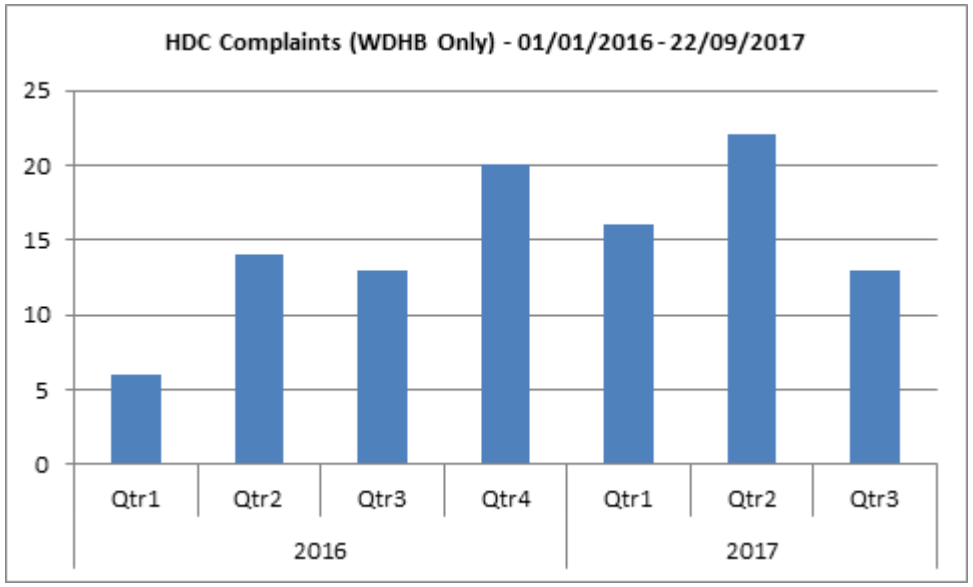
As of the date of this report HDC is currently reviewing 35 complaints regarding Waikato District Health Board. HDC is conducting an investigation into a breach of the Code of Rights for 3 of these complaints.

The 35 complaints raise issues about the following services*:

Number of current complaints under review by HDC (by Directorate / Executive Directorate)			
Surgical and Critical Care	13	Women's & Children's Health	12
Medicine, Oncology, Emergency & Ambulatory	8	Community & Clinical Support	9
Mental Health & Addictions Service	2	Older Persons, Rehabilitation & Allied Health Services	1

* 1 complaint may identify more than one service

The rate of complaints has remained relatively stable with only slight increases in numbers when comparisons are made between the same quarters of 2016 and 2017. We will continue to monitor this.



HDC decisions finding Waikato DHB has been found in breach of the Code of Rights

Since 1 January 2017 HDC has made 3 decisions finding Waikato DHB in breach of the Code of Rights. All of these decisions relate to complaints received prior to the report period. Summaries of these complaints / decision are provided in the table below:

Departments	Complaint Summary	Recommendations
Orthopaedic Surgery	Patient Mr R In his report dated 17 August 2017 the Commissioner found Waikato DHB in breach of the Code of Rights. Adverse comment was also made about the care provided by one of the Orthopaedic surgeons. HDC will publish a partly anonymised version of the final report, naming Waikato DHB and the expert advisors, on the HDC website for educational purposes on 2 October 2017. No staff members will be named. The following key deficiencies in care were identified: • A delay in undergoing total hip joint replacement surgery	a) Report to HDC the effect of the following on Waikato Hospital acute Orthopaedic Service waiting times and quality of patient care: i. The recent dedicated Orthopaedic operating theatre set-up over its initial six-month period. ii. The triggering of an escalation process coordinated by Waikato DHB's Crisis Operation Group. iii. The Waikato DHB Orthopaedic Service sub specialising programme. iv. The integrated Orthogeriatric service at Waikato DHB. b) Conduct a scheduled audit of the standard of care provided to acute patients who have presented with a hip fracture, based on the Australian and New Zealand

	of over double the optimal time frame for such acute surgery. • Inadequate postoperative care, particularly a failure to escalate to an SMO appropriately when Mr R deteriorated. This was contrary to DHB policy. There was some criticism that the surgeon did not document his rationale for the delay in surgery.	Guideline for Hip Fracture Care. c) Provide evidence to HDC of a further up-to-date audit of staff compliance with the application of the ADDS protocol and relevant DHB policy, including the recognition of a deteriorating patient, and the escalation of care to senior doctors in the event of patient deterioration, with reference to the implementation of a national EWS observation chart in line with the Health Quality & Safety Commission (HQSC). d) Provide a written apology to Mr R's family (completed) Update: Recommendations are currently being worked on. Evidence of completion is due to HDC by 17 January 2018.
Oncology; Women's Health; General Surgery	Patient Mrs F In their final report dated 10 February 2017 HDC found that Waikato DHB failed to provide services to Mrs A with reasonable care and skill and breached Right 4(1) of the Code. Mrs F underwent an appendectomy in 2009. Histology from the appendix showed she had an adenocarcinoid tumour of the appendix. While the histology report was acknowledged by a junior doctor no follow up treatment was arranged, and neither Mrs F nor her GP was informed of the result. In 2012 Mrs F was referred to Waikato Hospital due to abdominal pain. A colonoscopy was undertaken and she was referred to gynaecology for review. Mrs F continued to deteriorate and was reviewed again by gynaecology and general surgery. There were a number of opportunities for the 2009 histology result to be noted and escalated, but this did not occur. In 2014 a staging laparoscopy and peritoneal biopsy were carried out. The findings were of widespread metastases. Mrs F was informed of her prognosis. Sadly Mrs F died months later. Mrs F's husband told HDC that this was the first time anyone from WDHB had told her of the tumour identified in 2009.	a) perform a randomised audit of patient records for the past 12 months to assess the effectiveness of its Electronic Acknowledgement of Results system. The audit is to ensure that the system complies with good practice with regard to test reporting, acknowledgement of results, and follow ups of results. b) an anonymised version of this report as a basis for staff training, focusing in particular on the deficiencies identified in the report, including regarding open disclosure. c) consider conducting regular surgical/ pathology meetings d) perform an audit evaluating the current access to MRIs, in particular regarding timeframes. e) provide a written apology to Mrs F's family for the failings identified in this report. All recommendations have been completed and signed off by HDC.
Renal	Patient Mrs C In June 2017 HDC advised of its <u>provisional decision</u> to find	Waikato DHB has accepted the provisional report. Final report including recommendations is awaited from HDC.

	Waikato DHB in breach of Right 4(5) of the Code. An adverse comment is also proposed in respect of Waikato and Auckland District Health Boards (delay in case progression that could have been overcome through improved communication and coordination). Waikato DHB had overall responsibility for coordinating Mrs C's care and a donor's evaluation and facilitating seamless service between itself, BOPDHB and ADHB, and ensuring this progressed in a timely manner. HDC is critical that DC's care was compromised at several points in the evaluative process where there was delay because of error, failure to follow process, resource allocation or lack of clarity regarding roles. DC was a renal patient being assessed for transplant. HDC's investigation focused on the evaluation of DC as a recipient for kidney transplantation, including the evaluation of her daughter as a living donor. DC died in March 2014	

HDC Investigations (current and ongoing) into potential breaches of the Code of Rights

HDC is currently conducting an investigation into the following 3 complaints

Commissioner Initiated Investigation – Dr X (Orthopaedics) ***Previously reported in the Legal casebook***
In June 2016 the Commissioner advised he was commencing an investigation on his own initiative into the care provided to consumers by Waikato DHB with the following terms of reference: *The adequacy and appropriateness of the steps taken by Waikato DHB to ensure that Dr X was competent to practise, including the steps taken to credential and supervise his practice, and the steps taken when concerns were raised about his practice. The investigation was prompted by the HDC complaint regarding MF.* Waikato DHB has provided information to HDC as requested. This has included statements from large numbers of staff. The most recent request for information from HDC was in December 2016. This was responded to. QPS is not aware of further correspondence in relation to this matter. Further direction/decision is awaited from HDC.
Ms T (Women's Health)
In August 2017 HDC advised it was commencing an investigation into whether Waikato DHB provided Ms T with an appropriate standard of care in 2015. Waikato DHB is currently formulating a response to HDC.

Ms T was booked for a C section at Waikato Hospital for delivery of her second child. 2 days prior to the planned C section the baby died in utero. Ms T raised concerns around communication and coordination of care prior to her baby's death, during delivery and following delivery.
Ms S (Women's Health)
Ms S believes her ovaries were removed during surgery without her informed consent. In October 2016 HDC advised it was commencing an investigation into whether Waikato DHB provided Ms S with an appropriate standard of care in 2015. All requested information has been provided to HDC at this stage. We await further direction or decision from HDC.

HDC complaints received since 1 January 2017

During the report period 51 complaints were received from HDC. Of these, HDC directed Waikato DHB to respond directly to 11 of these. 40 complaints received since 1 January 2017 have either been reviewed or continue to be reviewed by HDC. HDC has completed its review of 19 of these, and continues to review 21 of these.

SERIOUS ADVERSE EVENTS REPORT - Quarter 4 (1 April to 30 June 2017)

WAIKATO DHB

QUARTER 4 2016-17
TOTAL DISCHARGES 26,703
TOTAL SAC 1 1
TOTAL SAC 2 7
RE CLASSIFIED TO SAC 3 4

REPORTING TO HEALTH QUALITY & SAFETY COMMISSION (HQSC)

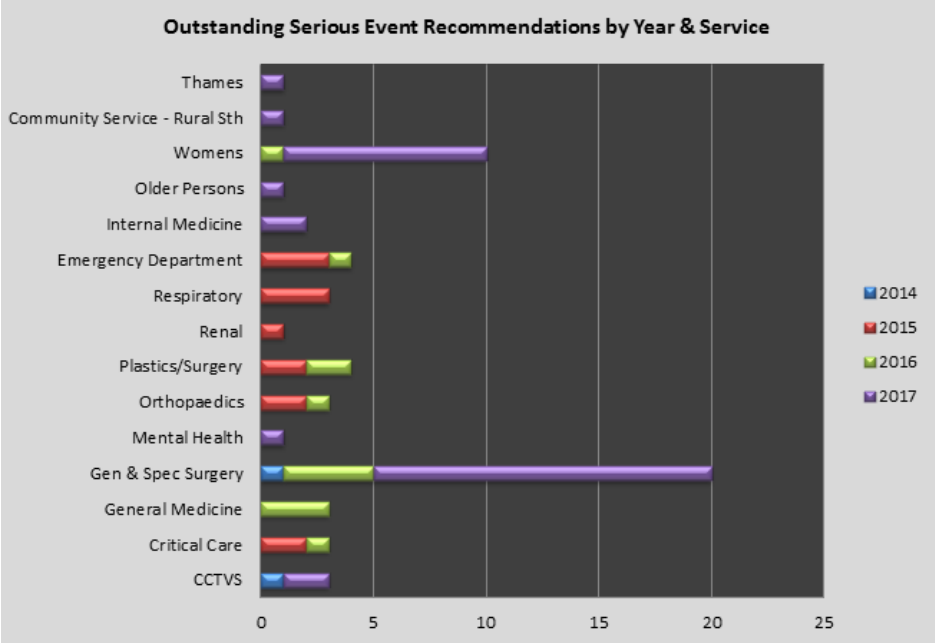
Final Report to be completed and notified to HQSC (Part B REB) within 70 working days of event being notified	Target 80%	Meet (87.5%)

REPORTING TO PATIENTS & FAMILIES

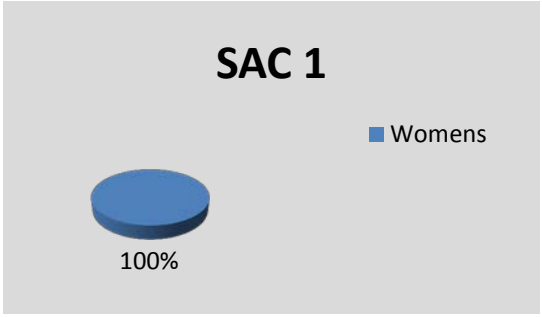
Open Disclosure to patient and or family when event occurs	Target 100%	Not recorded. Recording will take place going forward
Feedback to family within two weeks of report being completed	Target 100%	Not Meet (86%)

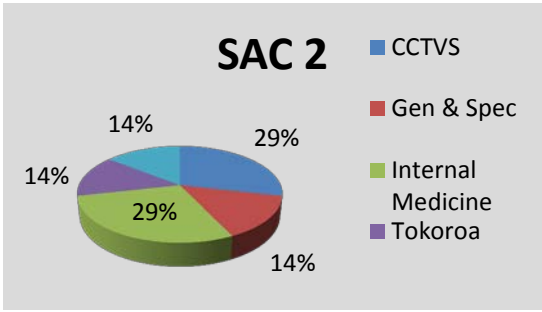
REPORTING ON RECOMMENDATIONS

Serious Event Recommendations completed within timeframe	Target 90%	Not recorded. Recording will take place going forward



EVENT BY TYPE





Overview:

In quarter four there were 12 serious adverse events confirmed for review, this was seven less than the previous quarter. This quarter, following the review, four events were reclassified to a SAC 3 compared to two in quarter two. The same resource goes into completing a review that is reclassified to a SAC 3 from a SAC 1 or 2, learnings and recommendations are also put in place. Only SAC 1 and 2 events are reported to HQSC.

Whilst this quarter has shown a decrease in the number of serious adverse events reports, the year-on-year increase in reported serious adverse events continues, that increase is consistent with increasing overall numbers reported to HQSC by District Health Boards.
According to the HQSC this reflects a progressive increase in the culture of transparency and commitment to learning from things that go wrong in health care.

All serious adverse events are classified into one of the 14 broad categories provided by HQSC; these categories are based on the World Health Organisation International Classification for Patient Safety incident type, with the addition of falls being added as a standalone category. Page 5 of this report shows the how serious events have been categorised for Quarter 4 at the Waikato DHB.

Serious adverse event reviews are presented to the serious event panel held fortnightly with the exception of falls, deep wound injuries and pressure injuries these are presented to the relevant committee's; i.e. falls to the falls committee, deep wound injuries to the infection prevention & control committee and pressure injuries to the pressure injury steering group.

The serious adverse event procedure has been reviewed and was presented to the Board of Clinical Governance in May, with overall acceptance of the new procedure; it is now being used by all Quality & Patient Safety staff when carrying out reviews.

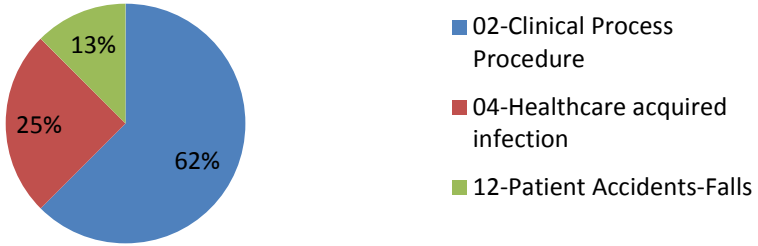
Seven Quality & Patient Safety staff members were responsible for leading the 12 reviews in this quarter.

Total Reportable Incidents: 12 reported
SAC 1: 1 SAC 2: 7
Reclassified: 4 (reclassified to SAC 3 post review)

	Q 4 SAC 1	Q4 SAC 2	Q4 Reclassified	Q3 SAC 1	Q3 SAC 2	Q3 Reclassified	Q2 SAC 1	Q2 SAC 2	Q2 Reclassified	Q1 SAC 1	Q1 SAC 2	Q1 Reclassified
Breast Screening			1									
CCTVS		2	1							1		
Community					1							
ED				1	1	1						
Gastroenterology					1							
Gen & Spec Surgery		1									1	

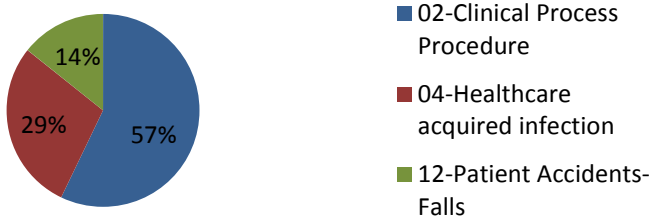
Internal Medicine		2											
Matariki					1								
Mental Health					2		1	6		2	5	1	
M6								1					
M7								1					
M16									1				
Neurosurgery				1			1						
Ophthalmology			1					1					
Orthopaedics											1		
OPR 1 (Mental Health Older Persons)										1			
OPR 2								1			1		
OPR 3								2					
Radiology								1					
Rhoda Read					1			1			1		
Te Kuiti											1		
Thames			1		1								
Thoracic Vascular					4								
Tokoroa		1								1			
Ward A3 – General Medicine					1								
Women's & Children	1	1			2	1			2	1	1		
TOTAL	**1**	**7**	**4**	**2**	**15**	**2**	**2**	**14**	**3**	**6**	**11**	**1**	

Serious Adverse Events
SAC 1 & 2 Combined



SAC 1

SAC 2



Totals with compared to previous quarter	Q4	Q3		Q4	Q3
01 - Clinical Handover	-	1	05 – Medication/IV Fluids	-	1
02 - Clinical Process Procedure	5	5	10 – Behaviour	-	1
04 – Healthcare acquired infection	2	4	12 – Patient Accidents-Falls	1	5

SAC 1 Overview

Quarter 4 – SAC 1 review still underway

Quarter 3

Departments	Serious Event Summary	Recommendations
ED	48 year old lady presented to ED with suspected PE, triaged as a 2. Delay in CTPA due to incorrect sized gauge being used. Transferred to AMU; after some time in AMU transferred to HDU on transfer to HDU collapsed and died despite all attempts to resuscitate her.	• The family to be advised of the outcome of the review (completed). • The Diagnosis and Management of Pulmonary Embolism guidelines are to be updated (and implemented) to include starting treatment whilst waiting for a CTPA and the appropriate luer inserted in ED if a CTPA is deemed urgent. • The acute care model for Respiratory patients and Respiratory Registrar commitments are to be revisited. • A plan is to be developed with regard to difficult IV access and widening skill based, this is to include an accreditation process. • Radiology is going to review the quick reference guide for patient preparation of CT scans document. • A review of Diagnosis and Management of Pulmonary Embolism guideline with specified changes is to take place. • This case is to be presented at an appropriate learning environment, e.g. Grand Round.
Neurosurgery	55 year old lady transferred from a secondary DHB after a MVA. Unrecognised cervical injury from CT in secondary DHB, underwent surgery for stabilisation. Poor neurological response, cares were withdrawn.	• The family to be informed of the outcome of this review (completed). • The other DHB have been informed of the outcome of this review. • The "Neuroanalgesia guidance for anaesthetic and ward medical staff" document will be formalised into a controlled document, and made available to all medical staff prescribing medication to neurosurgical patients. • A review of escalation processes in neurosurgery when there is a significant change in patient status will take place. • A change in the trauma protocol to include reassessment of severe trauma patients transferring from a secondary hospital is to be considered. • Findings from the trauma protocol review will be presented at the Waikato Hospital Leadership group once it is finalised.

Classification Categories - details

Clinical management continues to be the most common type of event reported; below is a summary of events that have been reported for this quarter.

As of 1st July 2017 National reporting has changed, 'never events' will be known as 'always report and review' these are events that will be reviewed in the same way

as SAC 1 and 2 rated events, irrespective of whether or not there was harm to the consumer/patient. These are events that can result in serious harm or death but are preventable with strong clinical and organisational systems.

SAC 1

02 – Clinical Process/Procedure

Retained product; packing swab left in vagina after suturing (never event).

SAC 2

02 – Clinical Process/Procedure

Cellulitis of right lower leg; developed stage 3 pressure ulcer.
Clinician did not receive results, lead to hypothyroidism.
Unacknowledged CT results lead to delayed colonoscopy.
Unconsented bilateral XXXXX completed rather than laparoscopic XXXXX (never event).

04-Healthcare acquired infection

The below two events were reported in May 2017 after an Audit:
Readmitted with deep sternal wound infection on 21st October 2016, procedure took place 10th October 2016.
Readmitted with deep sternal wound infection on 7th January 2016, procedure took placed 29th November 2016.

12 – Patient Accident-Falls

Unwitnessed fall dislocated shoulder and socket fracture

Of Note:

Falls: The number of falls reported this quarter is unusually low, we normally see an average of 5 per quarter.

There has not been a fractured neck of femur (NOF) since 30-Jan-17.

Behaviour: There were no reported suspected community suicides this quarter.

Themes

The contributory factors indicate the following themes for quarter four, recommendations have been put in place to prevent a similar event occurring again.

• Communication issues • No written information/instructions on medical device (brace)	• Similar surgeries on the same list one after another • Policies not followed

Appendix A: Severity Assessment Code (SAC) rating tool[19]

Rate severity of adverse events on ACTUAL outcome (near misses are rated SAC 4)

Severe	Major	Moderate	Minor	Minimal
Death or permanent severe loss of function • not related to the natural course of the illness • differs from the immediate expected outcome of the care management • can be sensory, motor, physiological, psychological or intellectual	Permanent major or temporary severe loss of function • not related to the natural course of the illness • differs from the immediate expected outcome of the care management • can be sensory, motor, physiological, psychological or intellectual	Permanent moderate or temporary major loss of function • not related to the natural course of the illness • differs from the immediate expected outcome of the care management • can be sensory, motor, physiological, psychological or intellectual	Requiring increased level of care including: • review and evaluation • additional investigations • referral to another clinician	• No injury • No increased level of care or length of stay • Includes near misses
SAC 1	SAC 2	SAC 3	SAC 4	

19 See also the Severity Assessment Code (SAC) rating and triage tool for adverse event reporting (www.hqsc.govt.nz/our-programmes/adverse-events/publications-and-resources/publication/2937).

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

AGENDA ITEM 9.8

DRAFT QUALITY ACCOUNT 2016/2017

Purpose	1) For information 2) For assessment and input

Quality accounts are designed to give prominence to the reporting of quality of care, alongside the traditional reporting of financial performance.

The Health Quality and Safety Commission (HQSC) recommend the structure and content of the account. The Ministry of Health have requested that all DHBs complete an annual quality account.

The *draft* account looks back at activity during 2016/ 2017, highlighting some key improvements in the 'feature stories' section and outlines progress made against last year's priority areas.

Proposed areas for focus in 2017/18 are noted with links made with the strategic imperatives.

The final account will be presented at the DHB Board for approval prior to publishing on the DHB website.

Recommendation
THAT

1) The Committee notes the content of the report/proposal.
2) The Committee provides comment on the proposed areas of focus

MO NEVILLE
DIRECTOR QUALITY AND PATIENT SAFETY

Annual Quality Account 2016 / 2017

Please note that this report is in first draft form. The content has yet to be approved and the design and layout will be completed by Printshop.

What is the Quality Account and why is it important to you?

Statement by Mo Neville

Leadership team statement

"If it hadn't been for the wonderful caring staff there I would not be alive to tell my story.

I was admitted to ward 35 at the Henry Rongomau Bennett Centre over 18 months ago suffering severe depression and mood disorders, with suicidal and self-harm tendencies and eating disorders. I had always struggled with my mental health but it had finally become too much going it alone and I was at absolute rock bottom.

I believe to this day that if it hadn't been for the wonderful caring staff there I would not be alive to tell my story. They put up with the worst from me. I was unrecognisable to myself and my family, yet this did not stop them from treating me as the decent human I was deep down, hidden by pain.

One vivid memory I will always have is the way the staff physically held me like a child as I screamed and tried to hurt myself, all the while swearing at them and abusing them.

They were so patient, empathetic and caring and for that I owe them my life. The staff reconnected me with my family, helped me to form my own supports in the form of family, and built up my resilience coping strategies to go out into the world and heal.

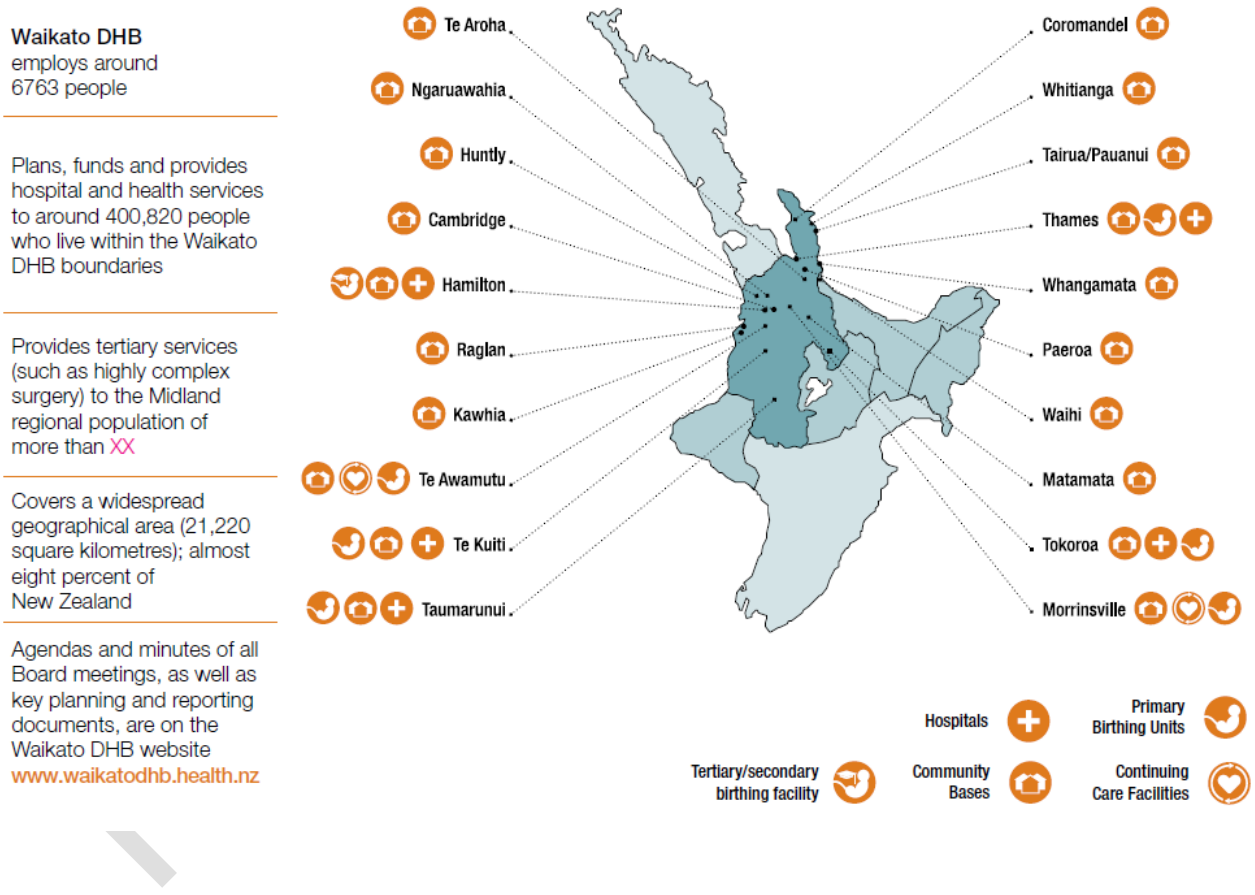
They gave me the chance to make something of myself. Now, 18 months on I am holding down a steady successful career and am about to purchase my first property. There is always hope, the bad days won't last forever but taking the first step to healing and asking for help is the hardest part. I did it and came out on top, you can too. Take the time to talk.

Manaaki – **People centred services**
Provide care and services that are respectful and responsive to individual and whānau needs and values

Waikato District Health Board
Facts and figures

- Waikato DHB is one of 20 district health boards in New Zealand.
- It covers an area of more than 21,000 square kilometres and serves a population of 400,820
- 23% of our population are Māori and 3% Pacific people who are often impacted by chronic conditions such as diabetes and smoking related diseases.
- More than 60% of our population live outside the main urban area with a large proportion of people living in areas of high deprivation.
- Our population is aging with increasing chronic and complex health needs.

Waikato DHB region showing health care centres



The diverse and widespread population within Waikato DHB drive our health strategies and the way we provide services. The aim is to provide services that meet the needs of all population groups in an equitable, culturally appropriate and accessible way.
The Waikato DHB strategy was launched in 2016 and outlines the plans and intentions required to meet the changing health needs of our population. The strategy includes six strategic imperatives which are long term goals designed to meet the needs of our population and achieve our vision of Healthy people, excellent care.

Under each of the six strategic imperatives is a programme of work which has already begun. Quality and Patient Safety feature prominently within four of the six programmes including:

- Safe, quality health services for all
- People centred services
- Effective and efficient care and services
- Health equity for high needs populations

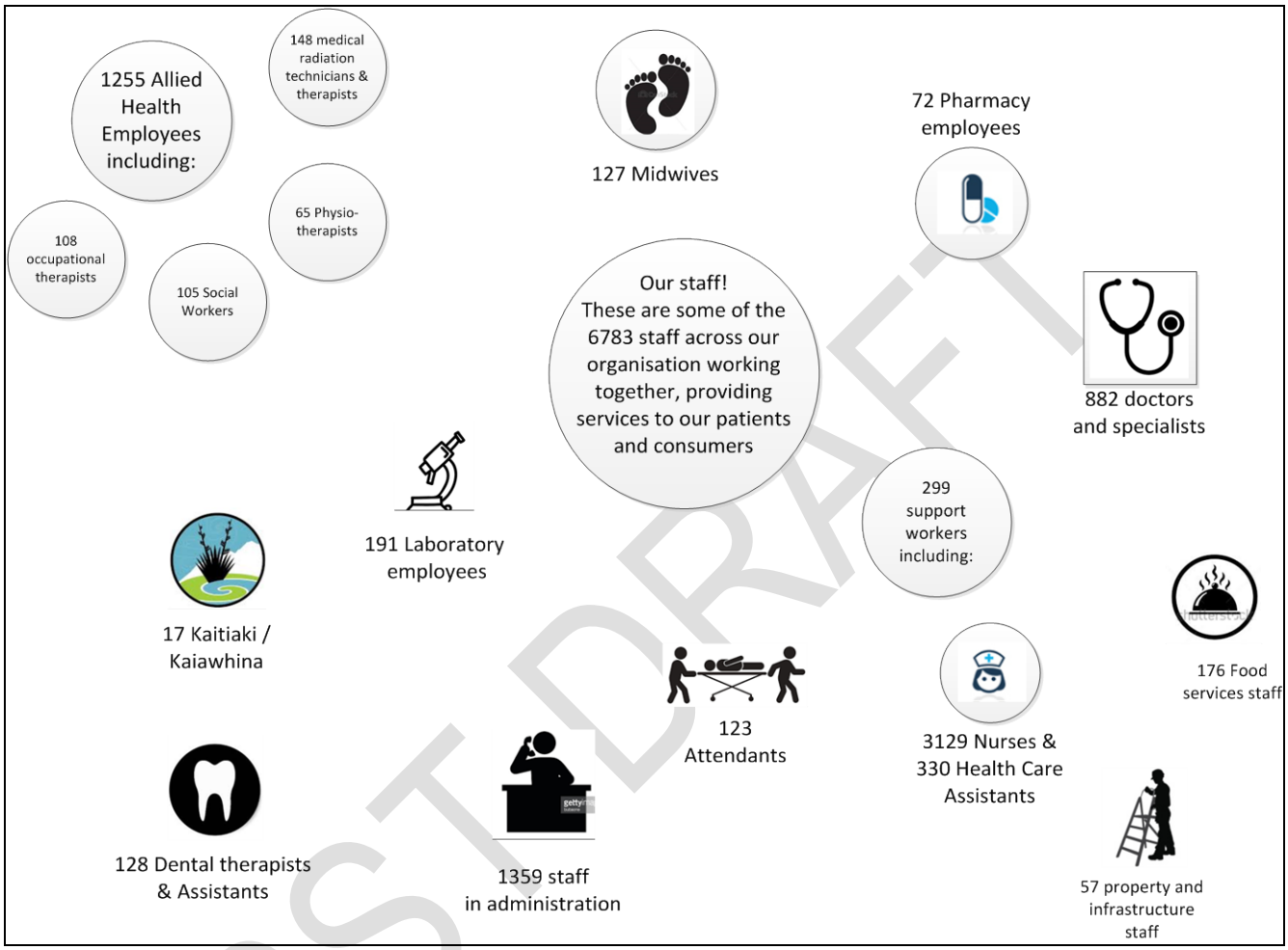
All of the programmes are monitored and reported on in the Waikato DHB Annual Report, which can be accessed via the Waikato DHB website under 'About Us' and key publications or the following link: http://www.waikatodhb.health.nz/about-us/key-publications/

Improving the quality and reliability of our services and staying responsive to changing needs, takes time and commitment. We are increasingly including the public / consumers in our planning, service development and quality improvement, in order to provide services that meet local needs. With an organisation that includes many rural facilities, what works in a major centre is not always the right way to provide a service for a rural community. It is important to include all service providers and work across primary and secondary settings as much as possible.

We continue to work towards achieving the organisational vision of 'Healthy people, Excellent care' and the quality account demonstrates some of the work in progress to achieve this aim. The quality account reports on our priorities over the past year and details the progress made. The national targets and quality and safety markers continue from year to year and are a good benchmark as to how our organisation is performing and where additional focus and effort needs to be directed. We include reports of additional quality improvement initiatives that have occurred outside the planned Quality & Patient Safety programme which illustrate the passion and commitment of staff to make a difference to the patients and communities they serve. Patient stories are included as they illustrate the impact on patients of how we provide services and of course, the people who work alongside those patients.

Did you know we had 260,283 Outpatients attend appointments in 2016/2017?

Our staff:
Working across the whole of Waikato DHB, staffing one tertiary hospital, four rural and remote rural hospitals and two continuing care facilities, requires multiple staff with many different skills and qualifications. Here are some of the many staff that work to provide the best possible services to our communities.



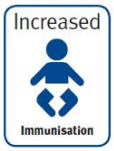
Did you know that our district nurses made 144, 795 community visits and Allied Health made 20,597 visits?

Did you know across the Waikato DHB we made 162,673 Mental Health Community visits?

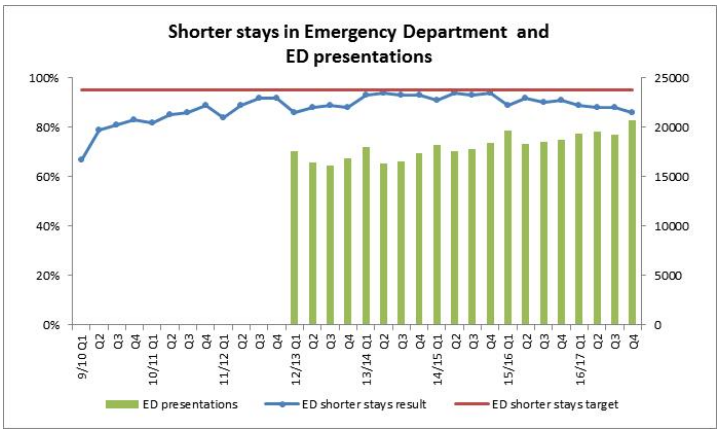
The national picture – how did we get on last year?

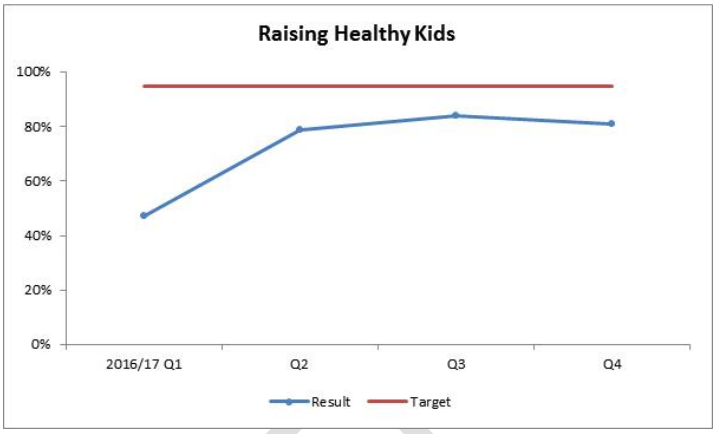
The health targets are reported by all hospitals across New Zealand and reflect public and government priorities. They are important indicators for performance and in improving the health of all New Zealanders. The targets span both primary and secondary health areas and include three measures related to patient access and three for prevention.

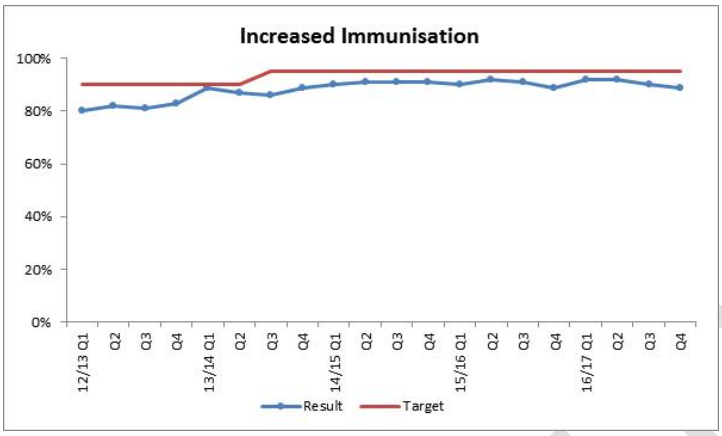
Waikato DHB performance against national Health Targets 2016-2017

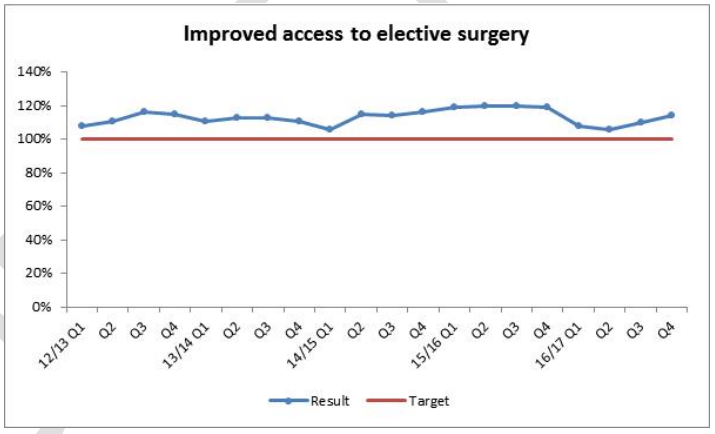
	95% patients will be admitted, discharged or transferred from an emergency department (ED) within six hours	89%	88%	88%	86%
	The volume of elective surgery will be increased by an average of 4000 discharges per year	108% ✓	106% ✓	110% ✓	114% ✓
	85% patient receive their first cancer treatment (or other management) within 62 day of being referred with a high suspicion of cancer and a need to be seen within 2 weeks by July 2016. Target will be 90% by June 2017	81%	86% ✓	86% ✓	86% ✓
	95% of 8 months-olds will have their primary course of immunisation (6 weeks, 3 months and 5 months immunisation events) on time	92%	92%	90%	89%
	**Primary Care:** 90% PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months Hospital and maternity targets now reported directly to MoH web site	84%	88%	88%	89%
	**Primary Care:** By December 2017, 95% of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family –based nutrition, activity and lifestyle interventions	47%	79%	84%	81%

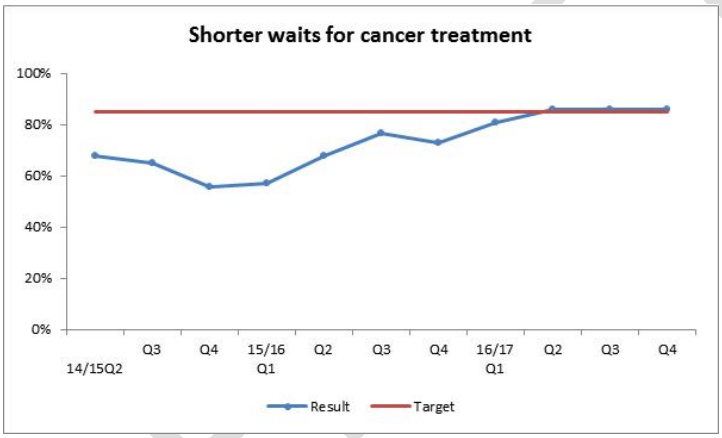
Improvements and change take time and presenting results over a number of years show how changes are being made. Not all targets are being achieved and there are some challenges that may be seasonal or come with changing demographics that impact the outcome. The following graphs show the targets and results over the past five years.

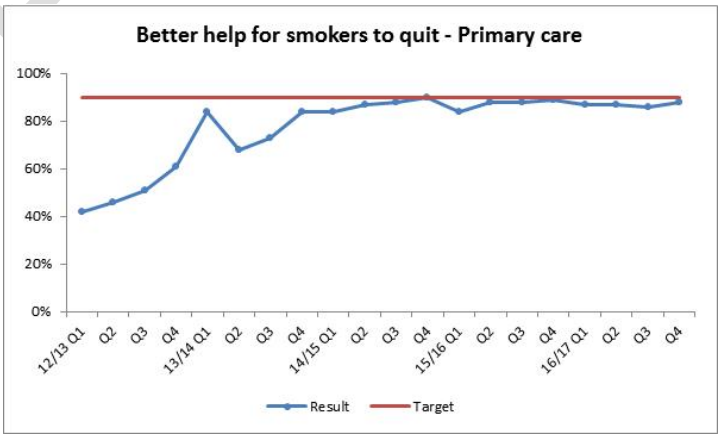








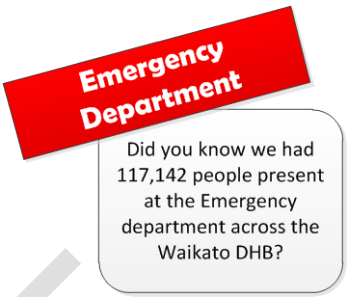




The new target 'Raising Healthy Kids' was introduced over the past year. This target focuses on managing childhood obesity as this can affect a child's health, quality of life and educational achievement. It is associated with a wide range of health conditions and increases the risk of premature onset of illness. Children are screened at their B4 School Check and if they are identified as obese, will be offered support and services for healthy eating and activity as well as referral to manage any medical complications that may be present.

The Heart and Diabetes checks are no longer reported on as a target but have been included in the DHB target measures. GPs continue to provide heart and diabetes checks to their patients.

The emergency department target has not yet been achieved and continues to pose a challenge to the department. This year, the graph shows the number of attendances as well as the target. There has been a steady increase in the number of patients attending the emergency department and combined with the seasonal increase in presentations, the department's workload is growing steadily. Achieving the target is impacted by many different factors, such as timely specialist review of the patient, waiting for particular tests and investigations and accessing a bed on a specific ward. A number of ongoing initiatives are in place to better understand and manage the workflow and patient management within the department.



Shorter waits for cancer treatment have achieved the target over the last three quarters of the year through improving referral management and first appointment time frames.

Elective surgery continues to exceed the target. This surgery is important, as it often significantly improves the quality of life for patients suffering from medical conditions that can be improved through surgery. This includes such operations as hip or knee replacements, which improve mobility, cataract surgery to improve sight, or inserting grommets in a child's ear to improve hearing.

Immunisation rates for 8 month old infants have fluctuated over the past few years, and have yet to achieve the target. This is a good measure to show young children are protected from such diseases as whooping cough or measles and other vaccine preventable diseases, which can result in needing hospital admission. Work continues in primary care to increase immunisation rates and opportunistic immunisation is offered when children are admitted to the emergency department or children's wards.

Serious Adverse Events

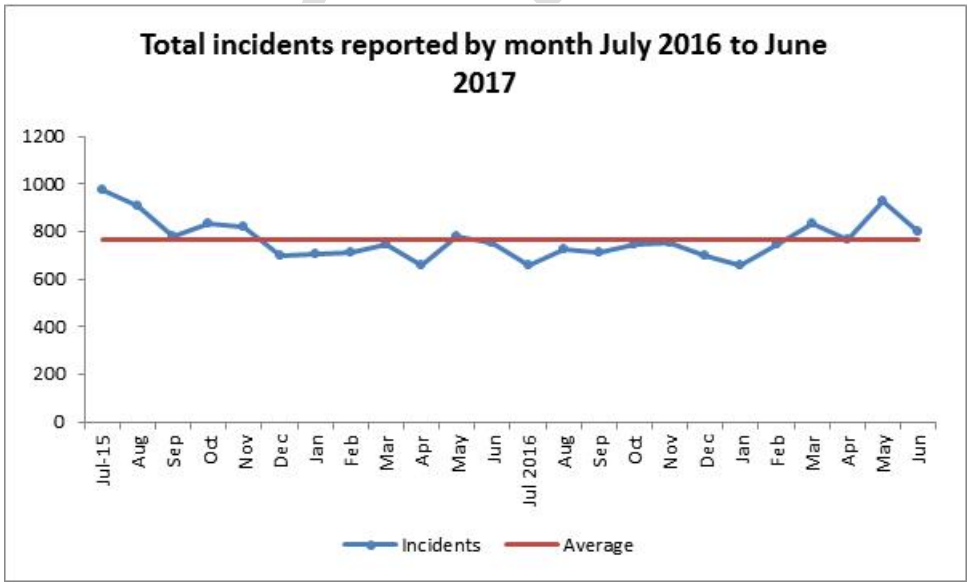
Many people pass through the doors of our DHB facilities every day, whether as inpatients, outpatients, visitors or staff. Keeping everyone safe is a priority, but there are times when accidents or mishaps occur. We have developed a strong culture of reporting incidents and are able to access more useful information since the introduction of Datix, two years ago. Datix is an electronic incident, risk and complaints management system and we can use the information gathered to monitor and report much more effectively and to know where we need to direct our improvement efforts.

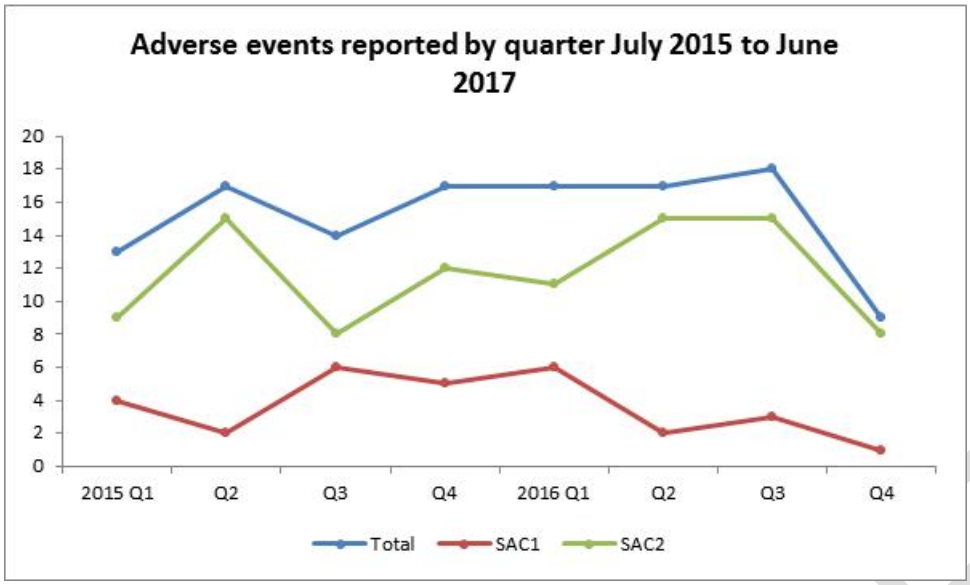
All the adverse events are graded and given a Severity Assessment Code or SAC rating from 1 to 4. All events graded a 1 or 2 are considered serious events and each case is independently reviewed and reported on. This is usually done with close cooperation of the patient / family / Whānau involved. The review will:

- Establish the facts: what happened, to whom, where, how and why
- Identify opportunities for improvement
- Identify the most effective way to prevent such an event happening again
- Establish action plans and follow up plans to make sure changes are effective and progress is monitored

The data below shows the main sources of adverse events graded 1 and 2. Unfortunately, patient falls continue to be the most common source of patient harm, which most often results in a fracture. We know that falls with harm can have long term effects, especially to our elderly population and are constantly working towards improving how we identify patients at risk and working with those patients to prevent falls from happening.

The two graphs show the total number of incidents reported since Datix was introduced in 2015 and the breakdown of SAC 1 and 2 events.





Serious adverse events graded 1 and 2 are themed and shown below

Adverse events June 2016 to July 2017	Number of patients SAC1	Number of patients SAC2
Treatment decisions and delays	5	10
Medication related	1	
Healthcare acquired infection		6
Patient accident - not falls		1
Clinical handover		1
Resources / organisational management	1	
Falls with harm		18 falls which included: 12 x femur fractures 4 x arm fractures 1 x shoulder fracture 1 x dislocated shoulder

Learning from adverse events

Each adverse event review includes recommendations for corrective or preventive action. These are tracked, measured and reported on. Some of the corrective actions that have arisen over the past year include:

Falls:

- Nursing staff have developed a resource kit for staff to use for patients who have been identified as high falls. The resource kit includes all risk minimisation strategies available and guidance regarding discussion with patient and/or their family/whānau to identify what interventions are most appropriate for this patient.
- Implemented a Mobility Plan at the bedside as a visual display of mobility requirements.

- Safety warning tape on floor, grab rails and signs on walls, entry/egress points of the bathroom en-suite areas

Hospital acquired infection:

- The cleaning regime for cardiac theatres has been reviewed and revised and is monitored through ongoing quarterly audit.
- Stricter protocols around management of staff traffic in and out of theatre and where items are stored for easy access have been implemented.
- Implementation of the anti-staphylococcal bundle for skin and nasal decolonisation now in place to reduce the threat of infection to high risk patients.

Treatment processes and delays:

There have been ongoing issues with ensuring patient results are acknowledged within a specific time frame and that any abnormal results are escalated appropriately. Clarification of responsibilities now requires that the clinician who acknowledges the results must act on any abnormal results. This may include requesting further tests, commencing medication or notifying or escalating to another clinician that the patient needs to be reviewed in person.

Radiology now carry out a 'time out' process, prior to all Interventional Radiology procedures, at which time the correct site / side / patient is confirmed .

These are just a few of the many corrective actions taken over the past year. Many of the actions relate to the transfer of information and communication between staff and involving the patient where appropriate.

Quality & Safety markers

Quality and safety markers (QSM) are measurements that look at specific areas of harm that can occur to patients when they are in hospital. Each QSM has a target and each is reported quarterly by every DHB in New Zealand. These are good indicators regarding areas of patient care and of certain processes. They help to show where changes or improvements can be made and how effective those changes have been. These measures include:

Falls

- 90% of older patients are given a falls risk assessment
    - Those patients who are identified at high risk of falling will have an individualised care plan

Healthcare associated infections

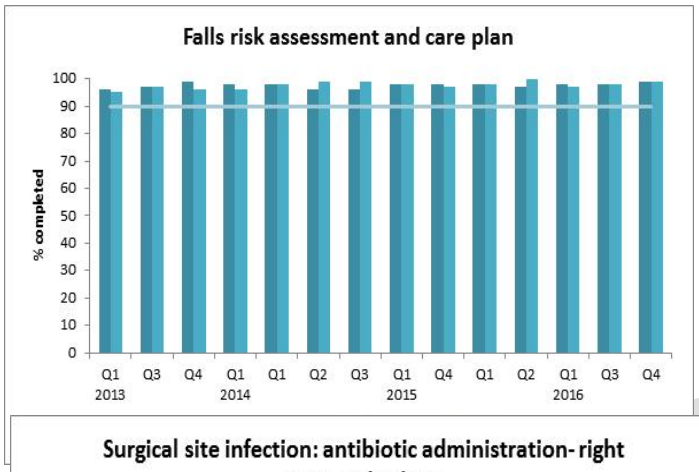
- Hand hygiene
    - 80% compliance with hand hygiene
- Surgical site infection for cardiac, hip and knee surgeries
    - 100 percent of primary hip and knee replacement patients receive prophylactic antibiotics 0-60 minutes before incision
    - 95 percent of hip and knee replacement patients receive 1.5g or more of cefazolin or 1.5g or more cefuroxime

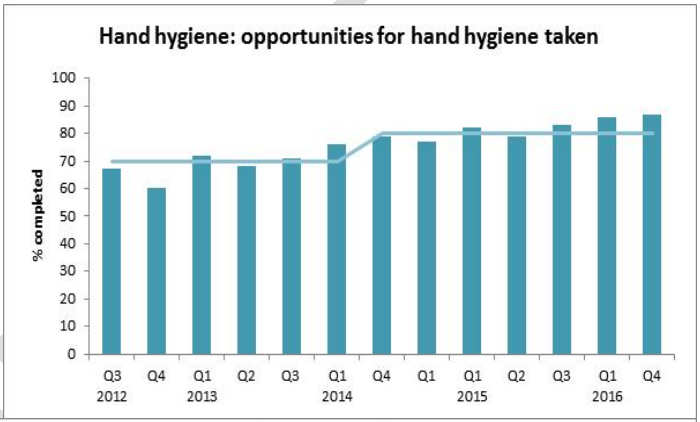
- 100% of hip and knee replacement patients have appropriate skin antisepsis in surgery. This marker is no longer reported on as a quality and safety marker but is monitored within the organisation.

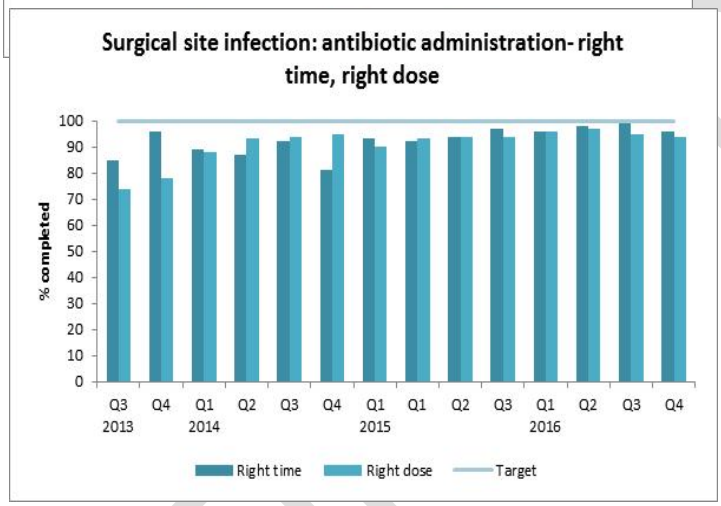
Safe surgery:

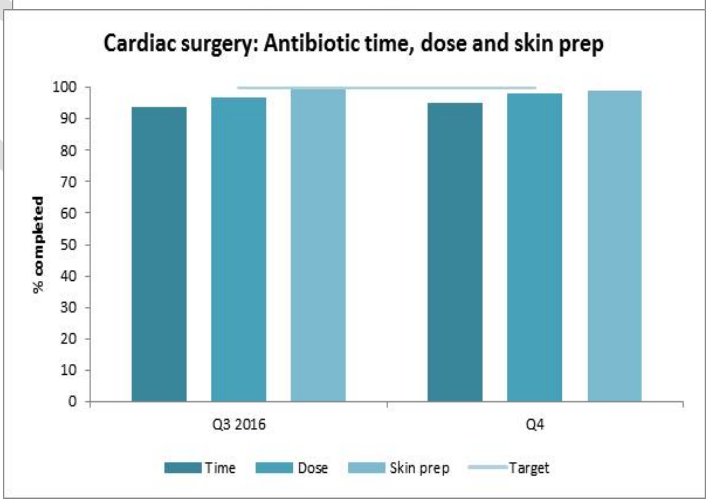
This measures the levels of teamwork and communication around the use of the paperless surgical check list with its three components of sign in, time out and sign out. A minimum of 50 audits are to be carried out each quarter.

The target is 100% of audits show all three parts of the check list were completed and 95% audits show an engagement score of 5 or higher









Surgical safety check list – process completion Target 100%	
Sign in	77%
Time out	61%
Sign out	insufficient audits completed
Surgical safety check list – Team engagement Target 100%	
Sign in	98%
Time out	86%
Sign out	insufficient audits completed

Did you know we performed 18,349 elective operations?

The QSMs show our results over time. The cardiac surgery measurements are new and have only been reported on since quarter three. This is reported by all five of the New Zealand hospitals where cardiac surgery is performed. The outcome measure is the surgical site infection rate which currently sits at 6% for all cardiac surgeries.

Falls risk assessment is carried out on all patients being admitted to hospital. Falls occur for many reasons and we have a range of equipment and strategies to use in order to protect patients who are assessed to be at risk of falling. Reducing the number of falls and the injuries from falls is an ongoing area of concern, as they continue to be a major cause of injury to our patients. Most falls happen to our older and frailer patients and can have a long lasting impact on both the patient and their family. Many need ongoing care and rehabilitation and falls can result in loss of confidence and mobility.

Hand hygiene is one of the simplest ways to keep our patients safe and to avoid hospital acquired infections. The QSM was introduced in 2012 and it involves monitoring the five moments – which are key contact points with a patient or their immediate environment, when hand washing or gelling is required. We continue to work closely with front line staff to maintain and increase hand hygiene results and compliance.

The surgical safety check list is designed to ensure the right procedure is carried out on the right person. The Safe Surgery QSM measures the level of teamwork and communication around the paperless surgical safety checklist. The audits are carried out through observation to monitor how well the check list is followed over the three key steps and how effectively the teams communicate with each other.

Did you know around the Waikato DHB district there are 18 Māori providers contracted?

How did we perform against our priority areas?

Each year we review our priority areas for quality improvement and track the progress that has been made over the previous 12 months. A number of our priorities do continue from year to year, because they are key areas for providing safe and effective patient care. Also, it can take a long time to implement successful change and improvement and embed new processes across the organisation.

The changing nature of health needs and health provision influences our priorities and we use a lot of local data to show where the needs are greatest. We use information from our incident, risk and complaints management system, serious event reviews, Infection, Prevention & Control data and the Trigger Tools reviews amongst various other sources. We are also involved in nationally driven programs through the Health Quality and Safety Commission.

Each priority area has a description of why this has been chosen, what will be done and how progress will be measured and monitored.

Priorities for 2016 to 2017 included:

Patient Safety

Priority one: Continue to keep patients safe in our care

- Reduce Falls
- Improve Hand Hygiene
- Reduce harm from medicines

Priority two: Improve end of life care for patients and their family / whanau

- Develop an end of life care framework to be used across the organisation and in ongoing care facilities
- Roll out the Advance Care planning process (ACP)

Patient Outcomes

Priority three: Reduce the number of people dying from preventable conditions

- Continue to advise and support our patients and consumers, pregnant women and general population to quit smoking
- Continue with heart and diabetes checks
- Continue to increase the uptake of immunisation especially for infants up to 8 months of age

Patient experience

Priority four: Listening to our patients and community – ensuring a safe and welcome environment in DHB services

- Monitor complaints and feedback and identify key themes for improvement
- Establish the Consumer Council

Priority five: Continue to improve care around deteriorating patients

- Introduce a 'Sepsis' bundle of care
- Develop and introduce a process to support family escalation of concern

Patient Safety

Priority 1: Continue to keep our patients safe during their care

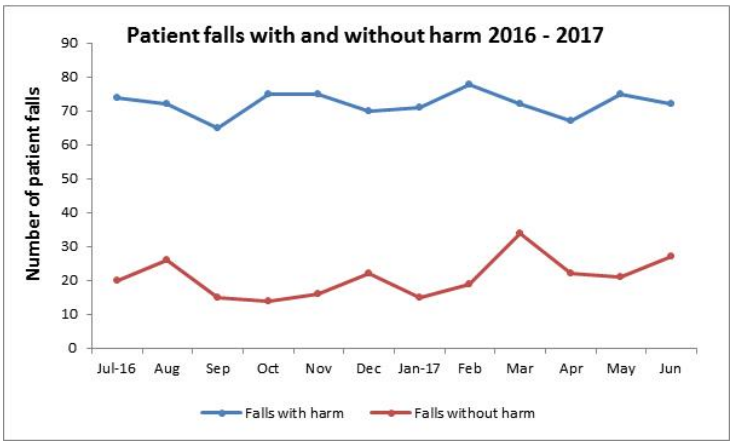
Reduce falls with harm

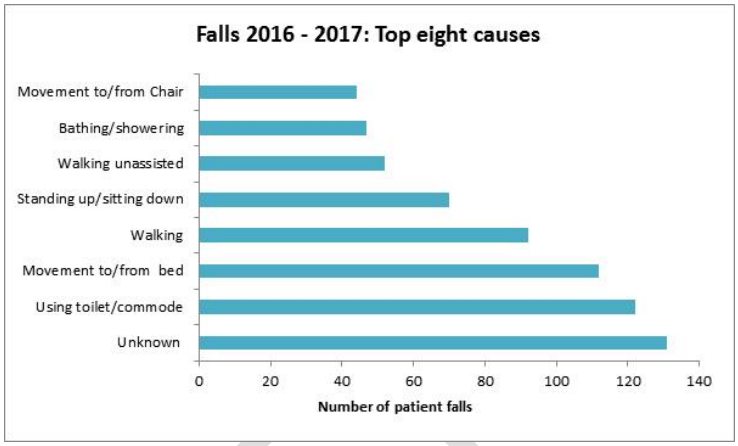
What is this?
Patients who sustain an injury following a fall whilst under the care of Waikato DHB. Injuries may range from minor cuts or bruises through to falls with serious harm. Falls with harm result in additional treatment and longer inpatient stays.

Background:
Falls can occur at any age but are more common, with more serious consequences, in our older patients. A fall after the age of 55 is more likely to cause injury and around 1 in 3 people aged 65 or over will fall in any one year. Patients admitted to hospital are particularly vulnerable due to their illness or the medications they are taking.

Over the past year there have been 251 patient falls with harm which is 22% of all our reported falls. The graphs below show the number of falls with harm against the number of falls without harm, along with the top eight causes of falls. Being able to identify how falls occur supports the type of interventions put in place. We have a wide range of equipment to

use where patients are at risk of falling, as well as making sure care plans are personalised and appropriate to individual needs.





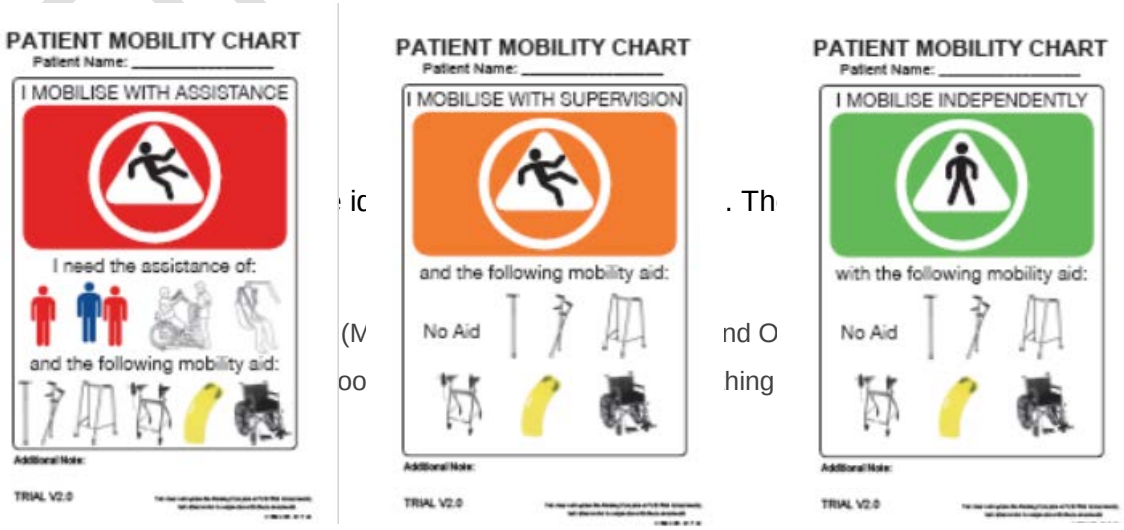
Steps taken to improve

Releasing Time to Care is a programme of modules driven by front line staff to improve patient care processes and streamline working environments to support better workflows and reduce duplication and waste. A new Falls Prevention module has been added to the programme and this has initially been introduced across the medical block.

The four medical wards and their outpatient department worked together to review their patient falls for causes and themes. Surveys assessed staff knowledge, current processes and barriers to helping patients mobilise safely. The four focus areas that resulted from this support their aim to:

- Increase awareness of patient mobility status
- Increase communication regarding patient mobility status
- Increase patient, family / whānau involvement and participation in mobility and falls safety
- Decrease patient falls

As a result, a colour coded mobility chart has been designed and introduced as a visual aid and prompt to identify patient's mobility status and needs. The flip chart is displayed for each patient so that the patient themselves, their family / whānau and their health care providers are able to see at a glance what assistance is required.



The staff also trialled a number of different types of equipment and found that the sensor mats were most effective at preventing harm from falls. These are now readily available for staff to use as appropriate.

The falls module is now under way in the Older Person's and Rehabilitation unit and is soon to be introduced across other inpatient areas. Each inpatient area will need to follow the same processes as each area has different types of patients with different needs.

Waikato DHB has an active Falls Committee which has representation from nursing, allied health, medical and pharmacy. Nursing staff attend and present their improvement work and progress to the committee on a regular basis. This provides an excellent avenue for supporting quality improvement work, sharing ideas and celebrating successes. We are also part of the Midlands Falls Group which supports a collaborative approach to falls minimisation, and measure how we compare to other hospitals in the region. Falls are reported nationally, and falls risk assessment and care planning are a continuing quality and safety marker.

TARGET	OUTCOME	2017/18 FOCUS
Sustain improvements in reducing the number of patient falls with harm	Number of falls resulting in fractured femur reduced by…	Continue to reduce the number of patient falls with harm

Patient Safety

Priority 1: Continue to keep our patients safe during their care
Improve hand hygiene

What is this?
Hand hygiene is a collective term that applies to handwashing and/or the use of alcohol based hand rub. Hand hygiene is the single most important procedure that can prevent cross infection and the transmission of micro-organisms patients and health care workers.

Background:
Keeping our patients safe when they are in hospital includes preventing the spread of infection. Good hand hygiene is the simplest and most effective way to protect our patients who are often sick and vulnerable. Hospital acquired infections can result in extra treatment and longer inpatient stays.

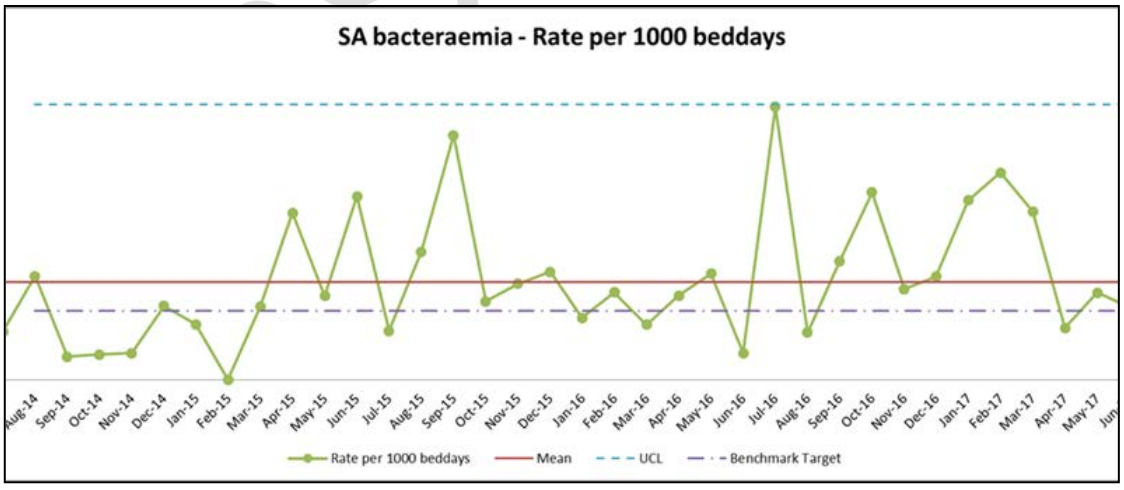
All staff who have patient contact are educated in the 'five moments' of contact with the patient and their environment and the need for handwashing or using gel hand rubs. We also encourage visitors to use gel hand rubs when visiting patients on the wards.

Steps taken to improve
The Infection Prevention and Control team closely monitor hospital acquired infections, surgical site infections and hand hygiene. Some of the measures are reported nationally as quality and safety markers and others are managed locally to identify areas of concern or to track improvement.

All wards and inpatient areas take responsibility for managing their own hand hygiene practices and keeping staff engaged and involved. Each area is audited regularly and these results are fed back to the wards and are monitored so that education can be targeted where improvement is required. Audits are carried out on a range of staff who have patient contact, including nurses, doctors, allied health, health care assistants, blood collection staff, domestic staff and attendants. The national target for achieving all five moments is 80% though our local target is 85%. We are currently achieving just below that at 84%.

One of the ways we monitor the success of hand hygiene is to measure the rate of Staph Aureus Bacteraemia (SAB). The past two years have seen a rise in the rate - the main cause of this rise has been linked back to peripheral intravenous lines or drip sites. A large amount of work is underway to ensure that staff inserting IV lines, use the correct technique and prevent contamination of the site.

The graph below tracks our progress since 2014 and shows how SAB rates have increased well above the target. The strategies now being put in place are expected to show a clear reduction in SAB rates which continue to be monitored closely.



TARGET	OUTCOME	2017/18 FOCUS
Continue to improve hand hygiene practices to exceed the local target of 85%	National rate 80% Local rate 84%	Continue to improve hand hygiene practices across the organisation to exceed the Waikato DHB target of

		85% • Reduce the rate of Staph Aureus Bacteraemia

Did you know the Waikato hospital in Hamilton provided 797,751 meals to patients?

Patient Safety

Priority 1: Continue to keep our patients safe during their care
Reduce harm from medicines:

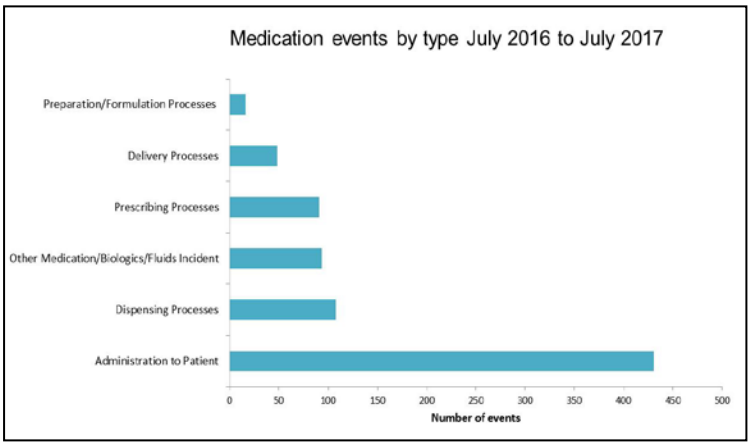
What is this?

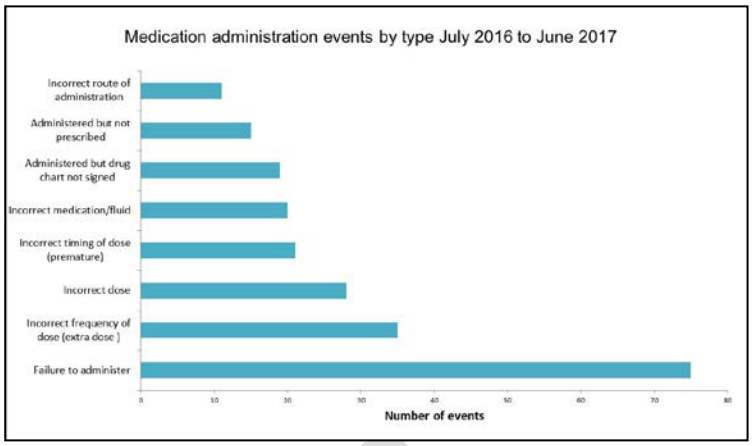
A medication error is any preventable event that may cause or result in incorrect medication use or patient harm, while the medication is in the control of the health care professional, patient, or consumer.

Background:
Medication management is an important part of patient care both in hospital and at home. It is a multidisciplinary responsibility and we have good processes in place to manage medications for our inpatients.

Pharmacists check that medications are documented and prescribed correctly, doctors prescribe medications and nurses administer medications to their patients. Unfortunately, with the vast numbers of medications administered every day, errors do occur. The information we gather from our incident data base shows the causes of the majority of incidents and it helps us target improvement efforts where they will be most effective.

The two graphs show the main areas reported from incidents. Administration of medications is the highest cause of error and this has been broken down further to show what impacts the ability to administer the medication.





Steps taken to improve:

Safe medication management is overseen by a multidisciplinary group called the Medicines and Therapeutics Committee. The group provides leadership and direction in all matters relating to medicine management and ensure we remain up to date with national and international developments. They promote the safe, rational and cost effective use of medications within our organisation, monitor and analyse medication errors and adverse drug reactions and support improvement initiatives.

The **Medication Improvement programme** is being led by Pharmacy. They have a new pharmacist role to coordinate the programme across the DHB. This new programme is looking at a wide variety of issues related to medications management, such as medicine storage, guidelines, medicine reconciliation, reviewing how medicines are used, prescribing process and the development of e-learning programmes.

There are many other quality improvement initiatives underway that are associated with medicines safety. Some examples of these are

- Involvement with the national Health Quality and Safety Commission Patient Safety week. This year the focus is on medicine safety and key questions to encourage patients to ask will be:
    - What is my medicine called?
    - What is it for?
    - When and how do I take it?

- Continuing involvement with the national collaborative aimed at reducing constipation related to opioid medication. Developments include a patient information leaflet about constipation and another about opioid analgesics

- Review of medicine related incidents to see what lessons can be learnt
- Pharmacy intern projects, with a look at safety from different perspectives
    - In what format do patients prefer to receive information about medicines?
    - Is patient weight recorded so that weight-based medicine doses can be more accurately prescribed?
- Increased number of electronic medication storage systems installed.

- Prioritisation tool development and implementation to enable pharmacists to prioritise patient care

TARGET	OUTCOME	2017/18 FOCUS
• Develop and implement a medicines safety programme • Scope out a project relating to patient hydration and fluid management	achieved with programme implemented On hold	Continue to develop the different work streams within the medication safety programme

Patient safety

Priority two: Improve end of life care for patients and their family / whanau
What is this?

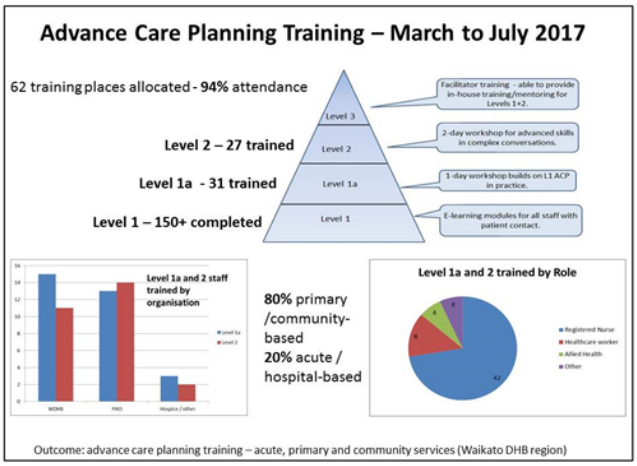
End of life care is support for people who are in the last months or years of their life. As there is a wide range of different conditions, end of life for some people, refers to the last few years of life whereas for others, this could be a matter of months, weeks, days or hours. In the case of sudden unexpected death, the focus of end of life care may be in the period following death.
People who are approaching the end of life are entitled to high-quality care, to live as well as possible until they die and to die with dignity, wherever they are being cared for. We, who are providing care should ask about the person's wishes and preferences, and take these into account as we work with them to plan future care. We should also support their family / whanau who are important to them.

Background

Healthcare providers are becoming aware of the need to provide care in a different way for people who are dying. This is about changing the approach from being about curing an illness or condition to initiating an end of life pathway. There are many different healthcare providers who contribute to end of life care and it is important that they work. Often each area has different processes and often work separately from other departments. If the care of patients entering an end of life pathway is better coordinated, resources and healthcare support can be used more effectively and be more readily available, whether the patient is in hospital, hospice, aged care facility or at home.

Steps taken to improve:
This year, Waikato DHB has been developing an end of life care programme across the district to address two of the four areas of the end of life pathway.

Advance Care Planning (ACP) – opens up opportunities for early conversations with a person, their family / whānau and healthcare providers about their individual wishes and preferences for their own future healthcare. The DHB has promoted ACP to the public and healthcare workers in primary and acute care, within cultural communities and non-governmental organisations such as St John Ambulance or charitable trusts. National training has been provided for healthcare staff to improve their communication skills about ACP.



Recognising people entering the end of life phase – this opens further conversations with the person and family / whānau relating to deterioration, decisions around the treatment they would want and plans of care. This year, consumers, working with our palliative care teams in hospital, Hospice and the community, have been working together to review the current pathways and identify how and where changes are needed. One key area is to improve urgent transition of care from hospital out to community care, for patients wishing to spend their last days out of a hospital setting or at home. The consumer viewpoint has shown us that it is necessary, and possible, for all different care providers to work together and provide a much more satisfying and supportive service through the end of life journey.

Figure 1 - co-design process map at focus group

Working across primary and secondary providers is important and will improve continuity of patient care. Work is underway to ensure that a patient's Advance Care Plans can be viewed across organisations in the Waikato DHB region. We are also planning to develop a bereavement care service to support the family / whānau following a bereavement to manage both emotional and administrative needs.

TARGET	OUTCOME	2017/18 FOCUS
• Develop an end of life framework • Adoption and roll out of Advance Care Planning	ACP training to 58 primary and secondary staff On line training for more than 150 staff	Continue to roll out the end of life programme in conjunction with acute care, primary care, community services and cultural communities

Priority three: Reduce the number of people dying from preventable conditions

What is this?
This is about preventing certain conditions that may arise due to particular lifestyle choices. We know that alcohol, smoking and diet can cause problems as we get older, but we also know that childhood obesity can give rise to sickness and lifelong problems. Giving our children the best start in life can be supported through stopping smoking, breastfeeding and safe sleeping for babies. There are increasing numbers of programmes and support networks for adults to engage in and improve their health outcomes.

Background:
Many people seek medical help or are admitted to hospital as a result of conditions that have been made worse by lifestyle choices. We are working closely with our community partners to provide health education and support to our population in order to promote healthy lifestyles, or where conditions exist, to support health improvement and reduce health inequalities for our Māori and Pacific communities.

Population Health is part of Waikato DHB and is a service that is responsible for health promotion, health protection and population based screening programmes.

Their current strategy is that:
People are supported to take greater responsibility for their health through -

- Fewer people smoking
- Reduction in vaccine preventable diseases
- Improved health behaviours

People stay well in their homes and communities and

- Fewer people are admitted to hospital with avoidable conditions
- Children and adults have better oral health

They are achieving these aims through:

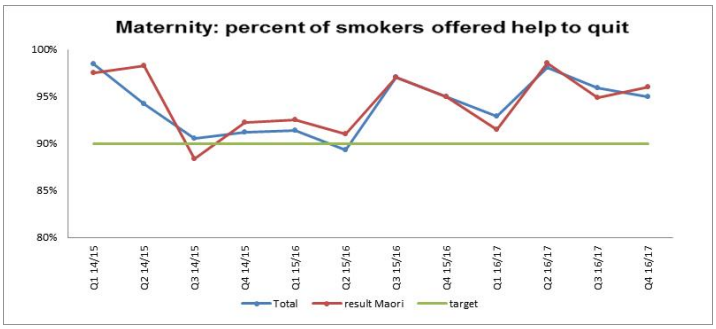
- Planning, implementing and evaluating health promotion projects
- Creating supportive environments so that the healthy choice is the easy choice
- Influencing policy and organisational change for health improvement

Steps taken to improve:

National health preventative targets include:

- **Helping smokers to quit smoking**, with targets now relating to people in the community and pregnant women. The target relating to patients in hospital is no longer reported nationally as that target was consistently met and good processes now exist within the hospital. This target continues to be monitored locally.

  The target for pregnant women who smoke, being offered help to quit, continues to exceed the 90% target for both Māori and non-Māori.



- **Increased immunisation,** with a focus on 8 month old infants being fully immunised. This target has not been met and there have been a number of different actions taken to enable easier access to immunisation through outreach services as well as increased public health messages around immunisation. There are ongoing campaigns to increase awareness of protection gained through immunisation, especially when there are outbreaks of communicable diseases such as measles, chicken pox or influenza. Waikato DHB have been offering free influenza vaccine to pregnant women which is the first of such initiatives in New Zealand.

- **Raising Healthy Kids** is a new target and part of the childhood obesity plan. Obesity is now the leading risk to health in New Zealand. The rates of obesity have been increasing over the past 30 years with people becoming obese at younger ages. Obesity in children is associated with a wide range of health conditions that can affect their quality of life and their educational achievement.
With a focus on recognising obesity at a young age, it allows interventions and support to be put in place to improve healthy eating and activity during pregnancy and early childhood with government agencies, schools, community and private groups working together to achieve the best outcomes.

Did you know that there were 65,594 children enrolled with the Community Oral Health service during 2016?

TARGET	OUTCOME	2017/18 FOCUS
Align with DHB strategic imperative Health Equity for High Needs Populations • Increased immunisation for 6 month old infants • Raising Healthy kids • Helping people in the community to quit smoking	• Not met • New target – results increasing • Not met	Continue to work across primary and secondary sectors to achieve the targets. Continue to support long distance clinical healthcare, patient health related education and public health.

Patient Experience

Priority four: Listening to our patients and community – ensuring a safe and welcome environment in the DHB services

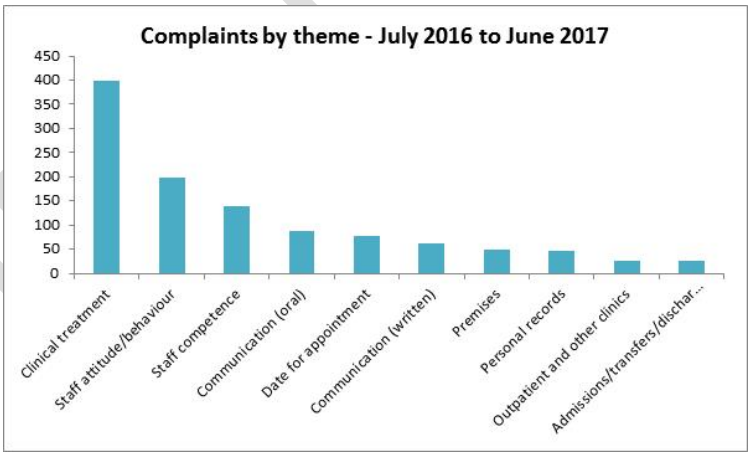
What is this?

- It is about listening to the feedback from our patients and consumers and understanding their needs and 'what matters to you'
- Engaging consumers to work alongside us when we are designing new services or processes and using their experiences to inform what we do
- Monitoring complaints and feedback and identifying key themes for improvement

Background:

Waikato DHB staff work hard to provide the best care and best environment for our patients, consumers, family / whānau and visitors. Coming into hospital, whether at Waikato or in one of our smaller facilities, can be a challenging experience. The environment is unfamiliar, patients and family/ whānau may be feeling anxious and vulnerable. How we treat our patients leaves a lasting impression and sometimes we do not do as well as we would wish. One of the best ways we have of improving how we provide services or improve the facilities or environment, is to listen to the people who use them.

We have a variety of ways that patients and consumers can feedback to us. We have the 'How did we measure up' feedback form and a more formal process for submitting complaints. The themes for complaints are shown below.



The main areas reported relate to clinical treatment and communication issues. Staff attitudes and behaviours can negatively impact a patient or family /whānau experience and they deserve to be treated with respect and kindness. We continue to work hard to improve staff communication style and approach with all of our consumers.

The national inpatient experience survey is carried out quarterly in every hospital in New Zealand and provides a good measure of patient experience and feedback about the care

they received. It is a good indicator of how well health services are working for the patient and their family / whanau.
The two areas that we perform least well in are:

- Did you feel you received enough information from the hospital on how to manage your condition after your discharge?
- Did a member of staff tell you about your medication side effects to watch for when you went home?

Steps taken to improve:

Communication
Waikato DHB has a comprehensive education plan every year with many different courses available to staff. There are a number of courses dedicated to improving the way staff communicate with their patients and consumers and with other staff.

Flexible visiting time was introduced at the start of 2017. This is designed to ensure the patient receives the emotional and practical support they desire through nominating a key support person to be with them outside normal visiting hours. For all other visitors, we request they keep to regular visiting times as it is important for patients to rest and recover. The nominated support person can play a vital part in in the sharing of treatment information and decision making, especially if the patient is unable to understand or to make decisions for themselves.

Medication information
We have a large programme of work underway to improve medication safety. This includes making sure that patients are on the right medication, that they receive the appropriate information about their medication and that their discharge information is accurate and shared with their ongoing care provider or GP. Improving knowledge about the drugs that a patient takes is part of improving health literacy and helping patients to fully understand their treatment and medications.

Consumer council:
Waikato DHB is setting up a new Consumer Council made up of members of the community who are passionate about healthcare and disability service provision.

The Council will work in partnership with the DHB, to make sure its services are as good as they can be and meet the needs of people in our communities. We will be Keeping People at Heart – *Te iwi Ngakaunui*, which encompasses the DHBs values.

The Council will provide advice to the Board and senior management on:
- The current direction and strategic priorities of the DHB
- How we can improve specific aspects of some of the DHB services.

They will promote and oversee consumer involvement in the planning and delivery of Waikato DHB services.
The Consumer Council will be in place by January 2018.

Experienced based co-design
This is about consumers and staff working together; to help understand and improve the way we provide some of our services. Customarily, DHB staff have made changes to the way services or treatments are provided, based on staff opinions and experiences. Feedback from consumers tells us that what staff think is important is not necessarily what matters to the patient or consumer.

By using this approach, consumers are no longer solely involved in telling us about their experience of our service; they are also involved in helping to develop solutions to improve them. Waikato DHB is increasingly seeing the value of working with consumers and using an experience based co-design approach in its improvement work.
We currently have a number of experience based co-design projects underway. All of them involve consumers working together with staff to make improvements.
These include such projects as:

- Effective transition of care from hospital to community for patient with a terminal illness, wishing to be cared for in their own home
- The Thames Coromandel Patient Experience – care closer to home – where patients from rural areas can be cared for safely and for as long as possible in their rural hospital
- Improving follow up for perinatal loss
- Using Smart Health to access emergency care after hours for two rest homes
- Improve services and access to Needs Assessment and Service Coordination (NASC) for Māori aged over 65

Patient experience

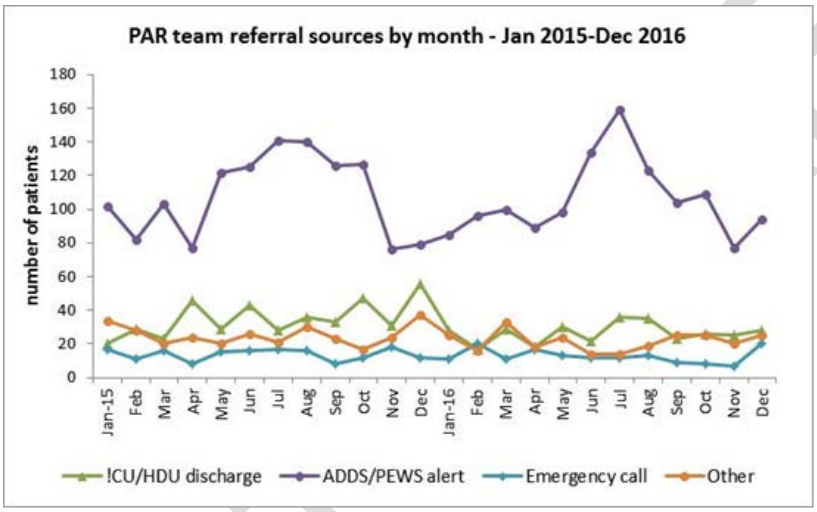
Priority five: Continue to improve care around deteriorating patients

What is this?
This is about recognising and responding to deterioration or worsening of a patient's condition when they are in hospital. It is important to be able to respond quickly and appropriately whatever time of day and where ever the patient is located.

Background
We have a number of different tools and processes that help staff caring for patients to recognise a change or worsening of patient condition, or to recognise such conditions as sepsis (severe infection) or stroke. There are escalation processes that staff can follow in order to respond to changing condition and ensure the patient receives the right care at the right time.

There are occasions where the response or escalation does not happen early enough and patients may require additional treatment or even admission to the critical care unit. We collect a lot of information relating to patient deterioration, response and outcome and some will be reported as an adverse event. Reviews of such cases help us identify what went wrong and why and what needs to be done to prevent recurrence.

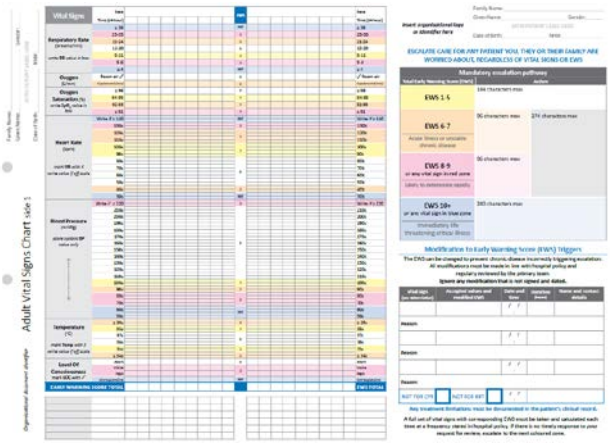
Waikato hospital has a team of specialist nurses working as the Patient at Risk or PAR team. They respond to calls relating to escalation of concern, where patient condition is deteriorating and recognised from the early warning score, they support nurses in managing complex care, especially for patients transferred out of the critical care unit to the ward plus attending emergency calls. The four main sources of referral are shown in the graph below. This shows that the greatest referral source is in relation to early warning score concerns. We know that the number of calls is increasing steadily and aim to increase the size of the team and in time develop a Rapid Response team that includes nurses, doctors and specialists.



Steps taken to improve

A new national programme supported by HQSC, has been introduced to improve early detection of patient deterioration. This is a five year programme with a number of work streams that meet both national and local criteria.

- The national vital signs Early Warning Score chart is soon to be introduced across the organisation and replace the current vital signs chart and early warning score chart. The intention is to have a standardised process across the whole of New Zealand. This is known to be more effective at recognising a worsening in patient condition and follows international best practice and research. The chart will include steps to escalate care to ensure early and appropriate response for the patient.



- Sepsis recognition and management. We know that a large number of people are admitted to the emergency department every year with sepsis. Sepsis is a severe infection that can result in complex treatment or even death. Many people have never heard of sepsis and it can be difficult to recognise, but if treated early, patients will recover well and without lasting effect.

There is an increasing worldwide focus on recognising and treating sepsis and preventing unnecessary deaths. At Waikato, a group of doctors, nurses, specialists and educationalists are working together to:

- Increase public awareness of sepsis
- Improve ways of recognising, responding and managing patients with sepsis when they are admitted to the emergency department or develop sepsis as an inpatient
- Making sure we have effective ways of escalating care and managing patients if they do become seriously unwell

TARGET	OUTCOME	2017/18 FOCUS
• Continue to improve care for the deteriorating patient	Ongoing improvements as part of the Deteriorating Patient programme	Complete roll out of the national vital signs and Early Warning Score chart to all adult inpatient areas
TARGET	**OUTCOME**	**2017/18 FOCUS**
• Introduce a Sepsis bundle of care	Planning an development of sepsis bundle in progress	Launch the Sepsis bundle of care across Waikato DHB
TARGET	**OUTCOME**	**2017/18 FOCUS**
Develop and introduce a pathway to support family escalation of concern	On hold until a Rapid Response team is initiated but partially addressed with the new Early Warning Score chart	

Our focus for 2017/2018

Patient safety	
***Priority one:* Continue to keep patients safe in our care** Aligns with *Haumaru* 'Safe, Quality Health Services for All' strategic imperative	
Reduce harm from medicines	**Tracking progress and achievements by:** • Implement the medicines safety programme • Linking with the mental health quality improvement programme • System level measure 'patient experience' work around health literacy and medicine information on discharge • Reporting to the Medicines and Therapeutics Committee and the Patient Safety Group

Patient Safety	
***Priority two:* Improve end of life care for patients and their family/whānau** Aligns with *Manaaki* 'People Centred Services' strategic imperative	
• Continue to develop an end of life care framework to be used across the organisation and in continuing care facilities • Continue to roll out the Advance Care (ACP) planning process • Develop and implement a Bereavement service for Waikato DHB	**Tracking progress and achievements by:** • Number of advance care plans available on iPM (electronic patient management system) • Number of staff trained at level 1a and level 2 ACP training • Complaints / compliments tracking in relation to bereavement care • Reduction in return of incomplete medical certificate 'Cause of Death' forms

Patient Outcomes	
Priority Three: Reduce the number of people dying from preventable conditions Aligns with O*ranga* 'Health Equality for High Needs Populations' strategic imperative	
• Maori health plan key imperative to be added	**Tracking progress and achievements by:** • Achieving the National Health Targets • Linking with the system level measure

Patient experience	
Priority four: Listening to our patients and community – ensuring a safe and welcome environment in DHB services Aligns with *Manaaki* 'People Centred Services' strategic imperative	
• Support the work of the Consumer Council • Continue to promote experience based co-design in our quality improvement work	**Tracking progress and achievements by:** • Reviewing the numbers of consumers who partner with us in our improvement work

Patient experience	
Priority five: Continue to improve care around the deteriorating patient Aligns with *Haumaru* 'Safe Quality Health Services for All' strategic imperative	
• Introduce a Sepsis Six bundle of care • Roll out the National vital signs chart and Early Warning Score across the organisation	**Tracking progress and achievements by:** • Reducing the number of patients dying from severe sepsis • Reduce the number of patients with unplanned admission to the intensive care unit following patient deterioration • Serious event themes • Health Round Table data

Developing Capability

The Quality Governance Strategy 2015-2018 'listen, learn, improve' emphasised the need for a cultural change on empowering front line staff to make continuous changes in their practice to achieve our objectives with a commitment to learning and continuous organisational development. A systematic approach to capacity/capability building for improvement has been identified as one of the key characteristics of healthcare systems that deliver high performance in cost and quality. Quality Improvement (QI) capacity building increases the self-sustaining ability of organisations

Research suggests that a lack of knowledge and skills among clinicians and managers is a significant barrier to improving healthcare. Training health professionals in quality improvement has the potential to impact positively on attitudes, knowledge and behaviours.

A sustained 3-5 year program needs to be put in place to become a learning organisation with a clear capability and capacity framework for improvement, underpinned by an effective model for implementation and a common language. This program has been agreed by the executive team and work is now underway to implement a tiered approach.

The tiered approach means that support and coaching can be provided by internal staff, ensuring sustainability and retention of the knowledge within the organisation. Our goal is to increase the capability of all Waikato DHB staff to use a common approach to problem solve and achieve sustainable improvement with 50% of staff trained in a common approach to performance improvement by the end of 2019.

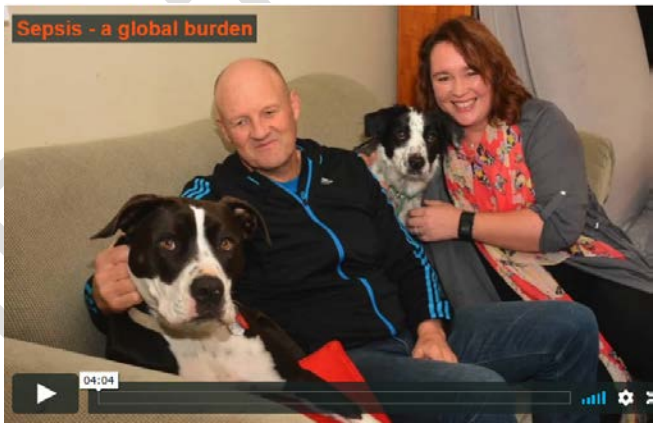
Feature stories

There are many different improvement ideas and service changes underway across the organisation. Often it is the little things that can make a big difference to our patients. Sometimes, the changes are innovative and take a different approach. We are always trying to improve what we do and how we do it. The following are a few of the changes that have been made or are taking place.

SEPSIS: Prevent it. Spot it. Treat it – beat it.
The story of a Waikato man's experience of severe sepsis.

Every few seconds, around the world, someone dies of sepsis. Sepsis is a common occurrence, yet very few people have heard of it.
Most infections will clear up on their own as a result of the body's immune system attacking any bacteria, or following medication such as antibiotics being prescribed by a doctor. Occasionally, the body's immune system has an overwhelming response to the infection and will injure its own tissues and organs. If sepsis is not recognised and treated early, it can lead to shock, multiple organ failure and death.
We know that 70% of patients who are diagnosed with sepsis present to the emergency department. Some in-patients can develop sepsis as a result of surgery or illness. The most common causes of sepsis arise from infections such as pneumonia, urine infections, skin infections or gut infections.

World Sepsis Day was held on 14 September and that day was used to launch the Sepsis Six programme at Waikato DHB, raise awareness of sepsis amongst staff and present a moving patient story about one of our community and how he survived sepsis.
You can see the video via the link here or by accessing the Waikato DHB web site Newsroom. http://www.waikatodhbnewsroom.co.nz/2017/09/13/sepsis-have-you-heard-of-this-common-killer/



The aim of the Sepsis Six programme is to:

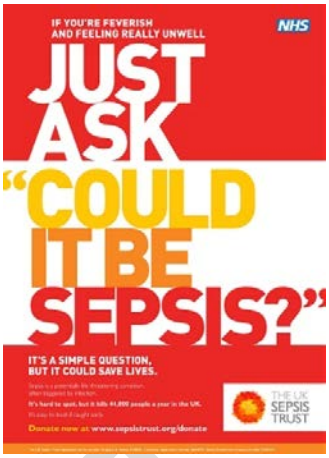
- **Raise awareness in the community about the risks of sepsis**, how it might present and what to do about it. Many people with worsening infections stay at home because they think it may be the flu and will get better. Most will get better; often following a course of antibiotics, but some will get worse and need urgent treatment.

- **Raise awareness amongst our clinical staff** – doctors, nurses and allied health, to make sure that patients with sepsis are recognised and appropriately managed.

We know that early intervention saves lives.

What are we doing now?

We have a dedicated group of specialists, doctors, nurses and educators from across the organisation, working together to plan the implementation of a package of care called Sepsis Six. We are working with our communications team to provide information to the public and improve knowledge and understanding about the risks of sepsis and when to seek help.



Keeping Safe in Hospital – safety video for children admitted to hospital

No matter your age, gender or if you're a dinosaur called Safetysaurus, coming to hospital can be quite scary, especially if you're a kid.

So the Waikids team at Waikato Hospital rallied together to make a fun and informative video for unwell kids and their whanāu when they need to stay in hospital.

The aim is that it will alleviate some of the fear kids may face when coming to stay at Waikids, while highlighting important safety tips.

The video includes real with shots of the wards as well as using their nurses and doctors, to show that patients have the best possible staff about to take care of them.

The character Safetysaurus was a big hit on some of the wards during the Health Quality and Safety Commission's 'Patient Safety Week' and it was decided to carry on with the theme. Safetysaurus is the perfect character to show kids that something normally big and strong like a dinosaur can be just like one of the hundreds of kids that need to come to hospital every day.

Everything was filmed in-house and included actors Grayson, from Hamilton West School, and Holly, from Maeroa Intermediate, who kindly donated a lot of their time to help narrate the video. The video demonstrates a number of safety tips advises what to be aware of when making sure that personal details are correct. It encourages children to speak up if they have any concerns.

Waikids is the brand that includes all child and youth health services provided by Waikato District Health Board, whether they are provided in hospital, clinics, in the community or in people's homes.
From the day a Waikato baby is born until they become an adult, they are a Waikid.
The video is available on Waikato DHB's webpage '*preparing for a hospital stay'.*

How the nurses in the Day of Surgery unit listened to their patient's feedback

"I am your nurse today" cards in the Day of Surgery Unit

Listening to feedback from patients led to the development of cards to keep patients informed during their wait for surgery.

The Day of Surgery Admissions unit, or DOSA, is where many patients are admitted on the day of surgery and stay in the waiting room until it is their time to be prepared for surgery. Patients can often have a two or three hour wait, which is generally unavoidable and staff had a lot of negative feedback about these waiting times.

The nursing team was unhappy with this situation and came up with an idea to better connect with their patients in the waiting room, to let them know that they had not been forgotten.

The result was the development of the 'I am your nurse today' cards. They started off as a basic photocopied piece of paper but were gradually improved to be a professionally printed card with a simple message on the back, taken from the patient safety briefing card.

Each day, more than 50 patients are allocated to the nurses in the DOSA team, so the nurse knows throughout the day which patients they are responsible for. They can see on the whiteboard when their patients arrive and either they or the coordinator will go out to meet and greet the patient and hand them the card which gives the name of their nurse. It acknowledges that the wait can be long and if they have any questions or need assistance, they can take the card to the receptionist and ask them to call their nurse.

As a back-up to the electronics whiteboard, a paper based record is also kept, using a triangle to show where each patient is in their 3-stage journey and a smiley face indicates they have been given a card.

Following the introduction of the card, the negative feedback has reduced significantly and the team feels that it has been a practical, patient focused and successful improvement to the way they work. It fits well with the 'What Matters to You' feedback material that is displayed in their waiting area and the board displays how feedback results in action and improvement. It shows that we do listen when our patients, family or whānau give us feedback.

REACH – Realising Employment through Active Coordinated Healthcare

Reach is a new support service for people who are registered as job seekers and manage a health issue or disability.

The Waikato DHB and the Ministry of Social Development have collaborated to establish a new approach to supporting clients on a return to wellness and the workplace.

This programme helps unemployed people overcome their challenging health issues and return to work is going from strength-to-strength a year after it was launched as a pilot programme.

The programme, called 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.

An initial prototype for up to 30 clients in the Dinsdale and Raglan areas started in May last year and has now expanded into other areas of Hamilton, Te Awamutu, Cambridge, Matamata, Huntly, Waihi and Thames.

There are approximately 4,500 clients in the Waikato region who are temporarily unable to work due to a health condition.

Clients were invited to join the voluntary programme by their Ministry of Social Development case manager, will have been receiving a health or disability-related benefit for between six months and three years.

The Waikato DHB staff, in partnership with the Ministry of Social Development case manager, work with their local GP and other agencies in the client's life to help solve problems and use cognitive behavioural therapy to clear blocks that could be getting in the way of them being independent. They also help establish healthy behaviour and an activity plan that helps them prepare for a return to work if possible.

The REACH programme has been increasing the number of clients it is helping over the last year. So far it has engaged with 61 clients, with eight of those getting a job and back into employment and three being helped into a training course to help them get back to work. One woman, Sue (not her real name) has just got her dream job with a pet store after overcoming major health issues. The 33-year-old was on a health related benefit, had been suffering from stress and was unable to get a job as she could only cope with working 15 hours a week. The REACH team helped with her anxiety management and her joint pain and a living well coach assisted Sue to prepare her CV and provided interview training. After finding work experience Sue was able to secure a full-time job with a pet store and is delighted she found something so quickly.

Another client, Dave (not his real name) had been out of work for three years. Suffering from diabetes, the 50-year-old's self-confidence was at rock bottom and his health was getting worse. The REACH team were able to help with diet and exercise to improve his health, get him IT training, and assist with his CV/job applications. Dave has had some good responses and a couple of interviews, and is feeling positive about his future.

People who are out of work for a long time with physical health issues often find it affects their mental wellbeing, they get stuck in a rut and can't see a way out and it is a downward

spiral. The REACH team is able to help these people find a job and improve their physical health, give them hope and a sense of purpose. REACH clients are so appreciative of this approach, having often tried many different methods in the past which haven't worked. If they are prepared to commit to the 12 week programme, the REACH team can make a big difference to their lives.

Patient stories to be distributed through the document

> I like being treated like a normal kid, and that's how the nurses treat me.

I am 10 and I have a very rare auto immune condition that only four other people in New Zealand have that we know of. It's called Opsoclonus Myoclonus syndrome – or dancing eyes, dancing feet.

I come to Waikids Day Stay at Waikato Hospital for treatment every 10 weeks. I have to stay for the whole day.

I like coming to the hospital even though my treatment makes me feel unwell and I get headaches and feel sick for a few days afterwards.

I love the nurses because I know they care about me and they make me feel happy. They bring me presents on my birthday and at Christmas. I feel like I know them. I've been coming here since I was very little and they've watched me grow. I really like Wendy and Kat, and Sue who works behind the desk.

When I come to hospital I get to play games and mess up my room. I also come to the Christmas parties and get to laugh at my paediatrician when he dresses up. Sometimes I go to see the District Nurses. Karen is my District Nurse, she's funny and makes me smile.

I don't want to be treated differently. I like being treated like a normal kid, and that's how the nurses treat me.

Tavanya's mum, Sharna: *"I get treated like one of the staff. They're very nice. They ask how I am, they supported me when I gave up smoking, and encouraged me when I took up study. It's just the little things, we're included in everything.*

"They have gone the extra mile by caring. It's great that staff treat Tavanya like a regular kid and if we need anything they're there."

***Manaaki* – People centred services**
Provide care and services that are respectful and responsive to individual and whānau needs and values

PATIENT EXPERIENCE WEEK

HANNAH, KIERAN AND BABY OLIVIA

WOMEN'S HEALTH

> Really happy with the care we received. The speed, control, calmness and care from all the staff was incredible.

I'd taken quite a bad fall and put my hips out that brought on my labour. This changed me and my partner Kieran's plan to have our baby girl Olivia at River Ridge East Birth Centre. I was getting excruciating pain in my legs and was taken by ambulance to Waikato Hospital.

The Women's Health team at hospital were really quick, they put me straight into a room and got an anaesthetist called Amy there within five minutes to treat my pain. Amy was great, so calm and fast.

Then we had a midwife called Ria. Again she was so lovely and so calm. At this stage I couldn't feel much, and she just chatted away about so many different things making us feel relaxed and OK.

It had been a very long time, my heart rate started to go up, I hadn't dilated properly, and Olivia wasn't sitting properly. They thought I may have needed a C-section but thankfully after some medication I was able to deliver Olivia naturally.

There were always lots of medical staff in the room. It was quite serious but we had the best possible care which reduced our worries. The staff gave me confidence and did everything they could to get Olivia out safely. There was one obstetrician who was great; she explained everything she was going to do so I wasn't scared.

A few days later we had to go back to get Olivia's shoulder checked at NICU. We had a second year student doctor, who was also at the birth, and was so awesome – she was pretty much another support person for me. I had to stay one night in the Women's Assessment Unit and the nurses always came within a couple of minutes to help with things like feeding and changing Olivia.

Really happy with the care we received. The speed, control, calmness and care from all the staff was incredible.

***Manaaki* – People centred services**
Provide care and services that are respectful and responsive to individual and whānau needs and values

> I can see it being especially useful in winter, when it's cold and raining. Not having to come out in bad weather, especially if I'm not very well, will be brilliant.

Sitting on my deck with a cup of tea is where I have some of my appointments now with my specialist, Dr Kannaiyan Rabindranath.

I received a kidney transplant in 2016 and need ongoing follow up appointments as I recover. I was travelling weekly with three-hour return trips between Rotorua and Hamilton, as well as waiting time in the renal clinic at Waikato Hospital.

Everything changed when I signed up to SmartHealth, powered by HealthTap. I started having online appointments with Dr Rabindranath from home and I'm so grateful because I can easily fit the 10-15minute appointment into my day instead of hours of travelling and waiting.

It's a brilliant service. I'm still talking one-to-one with Dr Rabindranath, I can ask questions, get answers and we can make a plan for my care.

I use a blood pressure monitor connected to my iPhone, which sends readings through to Dr Rabindranath via HealthTap, so he has all the information he needs before each appointment.

It's all very straightforward and very simple and my partner thinks it's great too, because he doesn't have to drive me to Hamilton every time. One appointment used to take two of us out for the day.

I can see it being especially useful in winter, when it's cold and raining. Not having to come out in bad weather, especially if I'm not very well, will be brilliant.

But while the weather is good, I'll continue my meetings with Dr Rabindranath from my deck, in a fraction of the time I use to spend in my car.

***Manaaki* – People centred services**
Provide care and services that are respectful and responsive to individual and whānau needs and values

Waikato District Health Board

Finance Report

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

AGENDA ITEM 8.1

FINANCE REPORT

Purpose	For information.

Introduction

Attached is the current Finance report as at August 2017.

Recommendation
THAT
The report be received.

ANDREW McCURDIE
CHIEF FINANCIAL OFFICER

WAIKATO DISTRICT HEALTH BOARD

YEAR TO DATE FINANCIAL COMMENTARY

FINANCIAL PERFORMANCE MONTHLY COMMENT:

This report includes commentary on current year to date performance for the Waikato DHB Group compared to the provisional budget for the year. Impacts on forecast will be reported on in future months when the final budget has been approved.

Funder and Governance:

For August 2017 the Funder and Governance are favourable to provisional budget by $1.7m

The results for the Funder is $1.7 favourable to provisional budget. Funder provider payments are favourable partially due to the coding catch up required due to 2017 year end affecting Funder/Provider journals and lower than planned elective cases. In addition additional revenue of $1.6m was received to cover increase in Capital Charge offset in Provider. Thus, residual Funder variance is close to provisional budget. Governance is on provisional budget.

Provider and Waikato Health Trust:

For August 2017 the Provider Arm and Waikato Health Trust is unfavourable to provisional budget by $2.3m

1. Revenue favourable to provisional budget $0.8m due to additional non internal revenue received offset by unfavourable internal revenue as a result of lower volumes.
2. Employed personnel costs favourable to provisional budget $3.3m due mainly to vacancies and leave taken.
3. Outsourced Personnel costs unfavourable $2.9m, the dominant variances relate to medical locums ($1.3m, partly offset by savings in medical personnel costs), and Management and Administration
4. Outsourced Services favourable $1.7m mainly due to lower utilisation for outsourcing of electives. This is not necessarily a good position.
5. Clinical supplies unfavourable to provisional budget $1.5m across various areas.
6. Infrastructure & Non Clinical supplies are favourable to provisional budget $0.1m.
7. Interest, depreciation and capital charge unfavourable to provisional budget $3.8m mainly due to depreciation on revaluation of land and buildings ($1.9m) and capital charge ($1.8m - partly recovered in revenue received $1.6m which appears in the Funder portion of this report).

Taking into account the capital charge offset of $1.6m referred to in Funder and the $1.9m depreciation variance due to the capital revaluation, the residual variance for Provider is $1.2m favourable.

It should be noted that this in the context of:

- Acute cases, excluding ED: episodes 0.4% above plan;
- Elective cases: episodes 7.3% below plan;
- Overall 1.6% below plan for cases.
- ED attends: YTD ED attends are 10.4% higher than the same period last year.
- Case weights: A true reflection of case weights will be available as the year progresses.

The result for the Waikato Health Trust is unfavourable to provisional budget mainly due to unfavourable grants variance arising from phasing of budgeted grants paid.

RECOMMENDATION(S):

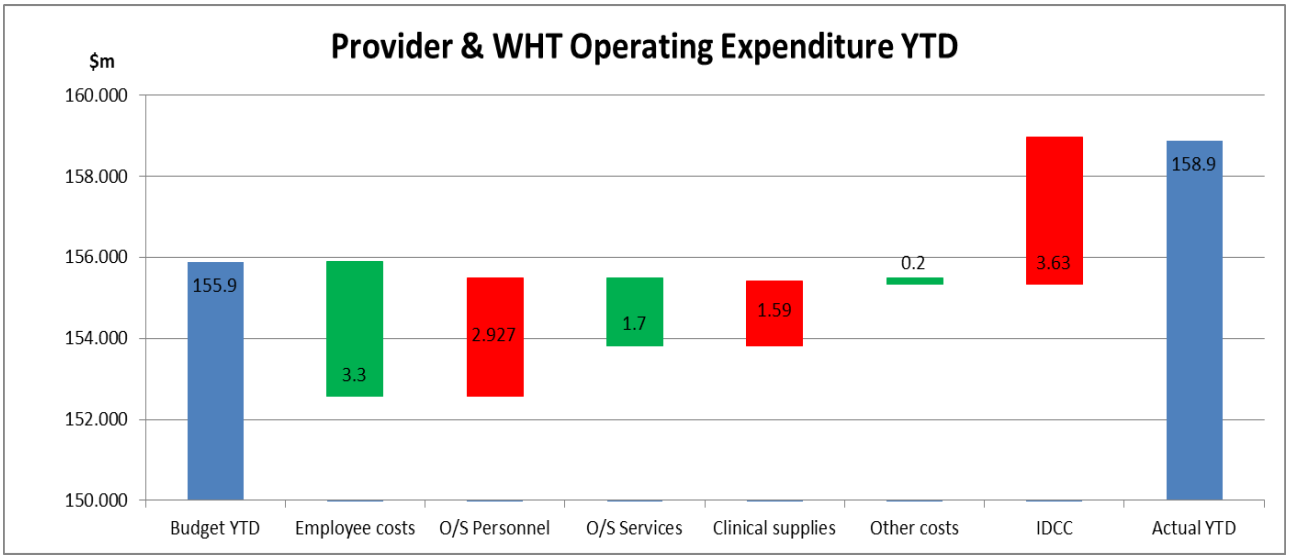
That this report be received

ANDREW McCURDIE
CHIEF FINANCIAL OFFICER

Waikato DHB Group Result for August 2017	Year to Date		
	Group Actual $m	Group Provisional Budget $m	Variance $m
Funder	0.4	(1.3)	1.7 F
Governance	0.0	0.0	0.0 F
Provider	(3.9)	(1.8)	(2.1) U
Waikato Health Trust	(0.2)	0.0	(0.2) U
DHB Surplus/(Deficit)	**(3.7)**	**(3.1)**	**(0.6) U**
Note: $ F = favourable variance; ($) U = unfavourable variance			

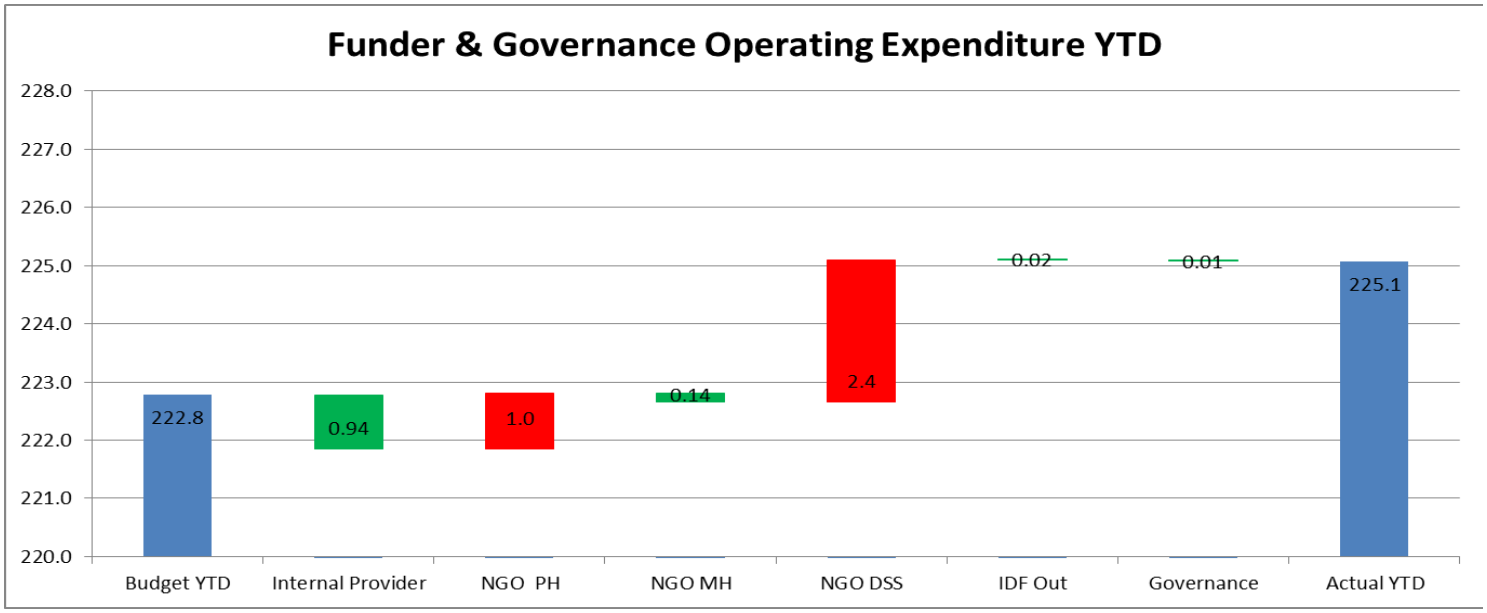
YTD Actuals Aug-16 $'000	Funder & Governance Result for August 2017	Month			Year to Date			Budget Jun-17 $'000
		Actual $'000	Provisional Budget $'000	Variance $'000	Actual $'000	Provisional Budget $'000	Variance $'000	
191,489	Crown Funding Agreement	101,883	99,477	2,406 F	203,233	198,954	4,279 F	1,193,711
21,221	Inter-district Inflows	11,066	11,273	(207) U	22,257	22,546	(289) U	135,275
212,710	**Total Revenue**	**112,949**	**110,750**	**2,199 F**	**225,490**	**221,500**	**3,990 F**	**1,328,986**
108,472	Personal Health and Maori	61,664	62,072	408 F	121,597	122,828	1,231 F	698,335
13,329	Mental Health	6,505	7,090	585 F	14,135	14,181	46 F	85,083
3,110	Disability Support Services	2,140	1,783	(357) U	3,901	3,561	(340) U	21,299
124,911	**Payments to Internal Provider**	**70,309**	**70,945**	**636 F**	**139,633**	**140,570**	**937 F**	**804,717**
42,197	Personal Health and Maori	22,767	22,305	(462) U	44,471	43,513	(958) U	257,145
8,143	Mental Health	3,997	4,220	223 F	8,218	8,361	143 F	49,898
18,464	Disability Support Services	10,808	9,762	(1,046) U	21,961	19,525	(2,436) U	117,714
9,426	Inter-district Outflows	4,956	4,966	10 F	9,913	9,932	19 F	59,597
78,230	**Payments to NGO's**	**42,528**	**41,253**	**(1,275) U**	**84,563**	**81,331**	**(3,232) U**	**484,354**
867	Cost of Governance	443	449	6 F	871	880	9 F	5,283
204,008	**Operating Expenditure**	**113,280**	**112,647**	**(633) U**	**225,067**	**222,781**	**(2,286) U**	**1,294,354**
8,702	**Funder & Governance Surplus/(Deficit)**	**(331)**	**(1,897)**	**1,566 F**	**423**	**(1,281)**	**1,704 F**	**34,632**
Note: $ F = favourable variance; ($) U = unfavourable variance								

YTD Actuals Aug-16 $'000	Provider & Waikato Health Trust Result for August 2017	Month			Year to Date			Budget Jun-18 $'000
		Actual $'000	Provisional Budget $'000	Variance $'000	Actual $'000	Provisional Budget $'000	Variance $'000	
135,755	Government and Crown Agency	75,935	75,775	160 F	150,544	150,343	201 F	861,882
4,238	Other Revenue	1,974	1,851	123 F	4,179	3,742	437 F	22,337
139,993	**Total Revenue**	**77,909**	**77,626**	**283 F**	**154,723**	**154,085**	**638 F**	**884,219**
89,410	Personnel	45,945	48,801	2,856 F	90,338	93,661	3,323 F	575,765
3,251	Outsourced Personnel	3,003	1,161	(1,842) U	5,248	2,321	(2,927) U	13,932
8,416	Outsourced Services	5,643	6,068	425 F	10,412	12,084	1,672 F	70,523
22,136	Clinical Supplies and Patient Related	13,197	11,729	(1,468) U	24,863	23,275	(1,588) U	137,160
12,494	Infrastructure and Non-Clinical Supplies	7,090	7,159	69 F	14,036	14,201	165 F	86,993
(387)	Internal Recharges	(193)	(193)	0 F	(387)	(386)	1 F	(2,316)
135,319	**Operating Expenditure before IDCC**	**74,685**	**74,725**	**40 F**	**144,510**	**145,156**	**646 F**	**882,057**
10,991	Total IDCC	7,989	5,336	(2,653) U	14,351	10,733	(3,618) U	68,792
3	Extraordinary Costs	11	0	(11) U	11	0	(11) U	0
(6,320)	**Provider Surplus/(Deficit)**	**(4,776)**	**(2,435)**	**(2,341) U**	**(4,149)**	**(1,804)**	**(2,345) U**	**(66,630)**
Note: $ F = favourable variance; ($) U = unfavourable variance								



The Waikato DHB YTD Variance resulted from:	Variance $m	Impact on forecast	
Revenue	**$0.7 F**		
CFA Revenue and IDF in & Sector services			
CFA Revenue and IDF in & Sector services revenue unfavourable mainly due to low elective volumes. There is a partial offset in reduced outsourced services costs. It is anticipated that elective volumes will improve over coming months. Within this unfavourable variance there is a favourable variance of $0.4m that relates to oncology drugs offset in clinical supplies below.	($1.0) U	**N/A**	**N/A**
Crown Side-Arm Revenue			
Side-arm contracts revenue close to provisional budget.	$0.1 F	**N/A**	**N/A**
Other Government and Crown Agencies Revenue			
Other Government and Crown revenue is favourable mainly due to:	$1.2 F	**N/A**	**N/A**
• Reimbursement of costs associated with the implementation of National Oracle Solution (NOS) $0.4m favourable (offset in Outsourced Personnel).			
• ACC income $0.4m favourable due to a one-off increase in income as a result of a change to a new annual contract.			
Other Revenue			
Other revenue is favourable primarily due to:			
• Grants received from Waikato Health Trust favourable to budget $0.2m as the Trust budget is phased evenly.	$0.4 F	**N/A**	**N/A**

The Waikato DHB YTD Variance resulted from:	Variance $m	Impact on forecast	
Operating expenditure including IDCC	**($3.0) U**		
Personnel (employees and outsourced personnel total)	**$0.4 F**		
Employed personnel are favourable to budget mainly due to: • Medical and Nursing costs are favourable to provisional budget by a total of $2.6m. This is as a result of higher than expected vacancy level (offset by outsourced personnel), as well as favourable annual leave movement for the year to date. • Management, Administration and Support costs are favourable to provisional budget by $0.7m. This is also as a result of higher than expected vacancy level (offset by outsourced personnel), as well as favourable annual leave movement for the year to date.	$3.3 F	N/A	N/A
Outsourced personnel are unfavourable mainly due to:			
• Higher than planned use of locums within medical personnel to cover vacancies (offset by medical personnel underspend). This is mainly across Waikato Hospital, Community Hospitals, and Mental Health and Addiction.	($1.7) U	**N/A**	**N/A**
• Management, Administration and Support costs are unfavourable largely due to contractor costs of $0.8m for the implementation of the new NOS ERP solution. (to date $0.4m of this cost is offset by additional other government revenue) • The balance of the unfavourable variance of $0.4m is spread over a number of areas and is offset by Management, Administration and Support personnel underspend.	($1.2) U	**N/A**	**N/A**
Outsourced services	**$1.7 F**		
Outsourced services are favourable primarily due to: • Outsourced clinical service costs are $0.4m favourable as facility lists run through external providers did not reach full capacity. This aligns with volumes reported but the trend is expected to change in coming months. • Outsourced virtual care costs are $0.5m favourable due to an amendment to the contract for providing the IT infrastructure. • Outsourced corporate services are $0.5m favourable primarily due to timing of new IT infrastructure (IaaS) implementation. • Other favourable variances over a number of areas - $0.3m.	$1.7 F	**N/A**	**N/A**
Clinical Supplies	**($1.5) U**		
Instruments & equipment - on provisional budget.	$0.0 F	**N/A**	**N/A**
Implants & prosthesis - close to provisional budget.	$0.2 F	**N/A**	**N/A**
Treatment disposables - unfavourable across a number of areas $1.0m, including higher spend in line with increased activity for renal dialysis and inpatient wards. Further analysis is being done to idenitfy the reason for this variance to budget.	($1.0) U	**N/A**	**N/A**
Pharmaceuticals - unfavourable by $0.6m. Relates mainly to $0.5m unbudgeted increase in oncology drug costs. The Pharmac forecast on which the budget was based did not include the new melanoma drugs. The cost is largely offset by increased CFA revenue. There is $0.4m additional revenue for PCT offset in revenue above.	($0.6) U	**N/A**	**N/A**
Diagnostic Supplies & Other Clinical Supplies - close to provisional budget.	($0.1) U	**N/A**	**N/A**
Infrastructure and non-clinical supplies	**$0.1 F**		
Infrastructure and non-clinical supplies are close to provisional budget.	$0.1 F	**N/A**	**N/A**
Interest, depreciation and capital charge	**($3.7) U**		
Interest charge is on budget	$0.0 F	**N/A**	N/A
Capital charge is unfavourable to provisional budget mainly as a result of the increased charge arising from the revaluation of land and buildings in June 2017. Largely offset in CFA revenue.	($1.8) U	**N/A**	**N/A**
Depreciation is unfavourable to provisional budget also as a result of the revaluation of land and buildings in June 2017.	($1.9) U	N/A	N/A



The Funder Arm YTD variance resulted from:	Variance $m	Impact on forecast
Revenue	**$4.0 F**	
Crown funding		
Favourable to budget mainly due to: ● Increase in funding to cover increased capital charge arising from the revaluation of land and buildings in June 2017 - $1.6m (offset against capital charge paid). ● Increase in funding to cover pay equity settlement for workers in aged and disability residential care and home and community support services - $2.4m (offset in NGO payments). ● Remaining favourable variance comprised of additional funding received from MoH for In Between Travel, Drivers of Crime and PHO funding pressures (offset in NGO payments) and increase in Pharmac oncology drug funding (offset in payments to internal provider).	$4.3 F	**N/A**
Interdistrict inflows		
Interdistrict inflow accruals close to budget with a small unfavourable variance for Case Weighted Discharges $0.1m and Renal/Oncology $0.2m	($0.3) U	**N/A**
Operating expenditure excluding IDCC	**($2.3) U**	
Payments to the Internal Provider	**$0.9 F**	
Payments paid to the internal provider are favourable due to low elective volumes by the provider for the year to date. It is anticipated that elective volumes will improve over coming months. This represents an unfavourable variance in income for the provider.	$0.9 F	**N/A**
Payments to NGO's	**($3.2) U**	
Personal Health:	**($0.9) U**	
Personal Health unfavourable to budget mainly due to: - Additional costs offset by additional CFA funding, for Drivers of Crime and PHO funding pressures - $0.3m - Pharmaceutical accrual adjusted to reflect the latest Pharmac forecast - $0.4m. This variance will be monitored, including an updated forecast from Pharmac in October.	($0.9) U	**N/A**
Disability Support:	**($2.4) U**	
Pay equity settlement for workers in aged and disability residential care and home and support services - $2.4m (offset in CFA revenue).	($2.4) U	**N/A**
Mental Health:	**$0.1 F**	
Close to provisional budget.	$0.1 F	**N/A**
Interdistrict outflows:	**$0.0 F**	
Close to provisional budget.	$0.0 F	**N/A**
Cost Of Governance	**$0.0 F**	
Close to provisional budget.	$0.0 F	**N/A**

Waikato District Health Board

People

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

AGENDA ITEM 9.1

PEOPLE AND PERFORMANCE REPORT

Purpose of the Report

To provide information about:

1. Staff Safety Culture Working Group
2. Taleo Onboarding
3. Recruitment indicators.

1. Safety Culture Working Group (SCWG)

The working group wished to make explicit that the focus for the group and work stream activities is staff. The executive group endorsed an amended name for the SCWG to "Staff Safety Culture Working Group". While the focus of the working group is staff, the revised Terms of Reference (appendix one) show the positive links to performance and patient safety.

2017-09-08 Terms of Reference v 4 Sign

Workwell

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

The Community and Clinical Support division have met the phase one milestones and achieved bronze standard accreditation. The WorkWell Bronze Standard Assessment report (appendix two) highlights impact changes that include people focusing on wellbeing, staff feeling supported, more people exercising, and a definite culture change.

Bronze Standard Accreditation.pdf

Milestones now include implementing a further plan over twelve months, and achieving requirements for sliver accreditation.

Workplace Support Person (WSP) initiative.

Workplace intervention (along with other measures) to manage rude or discourteous behaviour (otherwise known as uncivil behaviour) in the workplace, and the perception of bullying.

A group of trained WSPs attended a follow-up session in September 201, where they reviewed skills, practised scenarios, were provided with a pocket book resource, and were presented with certificates. This first launch, and the availability of WSPs, is being advised to staff using various communication mediums.

A second group of WSPs will complete the same 'launch' session in October.

Use of WSPs will be tracked using a Contact Form.

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

Generation of ideas for living the values continues from session facilitated by Linda Hutchings. Board and executive members attended a session in July 2017.

2. Taleo Onboarding

Taleo Onboarding introduces a new electronic workflow whereby candidates receive and accept their offers of employment through the Taleo career portal, and then go on to complete their sign-on forms online in preparation for their first day.

The project team have worked with services across the organisation to incorporate the automation of onboarding processes such as fob access, network access, and uniforms, as well as loading of new starter information into Peoplesoft prior to commencement date. Candidates, hiring managers, and recruiters will receive reminders and notifications at critical points in the process, with a view to simplifying our onboarding process and helping to have everything ready when the new employee commences work.

A successful pilot has been completed with some fantastic feedback from both candidates and managers. Candidates have commented on how easy it was to navigate through the tasks that needed to be completed in the career portal, and hiring managers have particularly noticed the speed in turn around between a written offer being extended to the candidate and their formal acceptance.

Taleo Onboarding will be implemented organisation wide for all offers (excluding RMO, NETP/NESP and internal transfers) from the week commencing 16 October 2017.

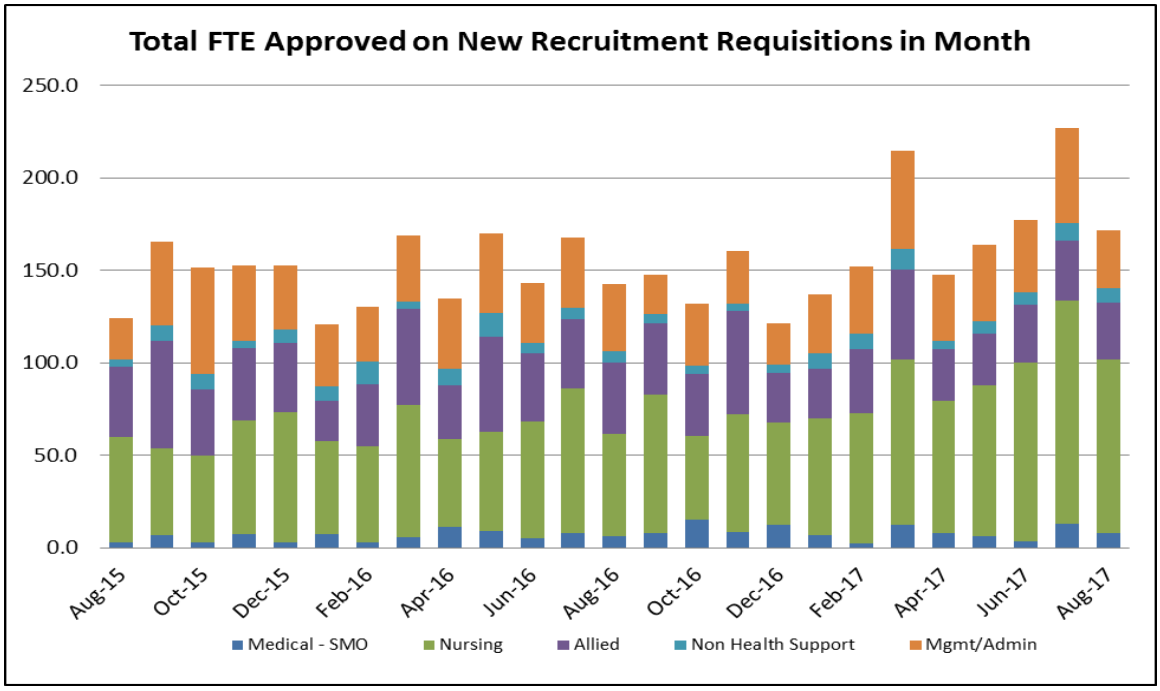
3. Recruitment Indicators

Outlined below are recruitment indicators to 31 August 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 commencement. It gives an indication over time as to whether the number of vacancies are increasing or decreasing.

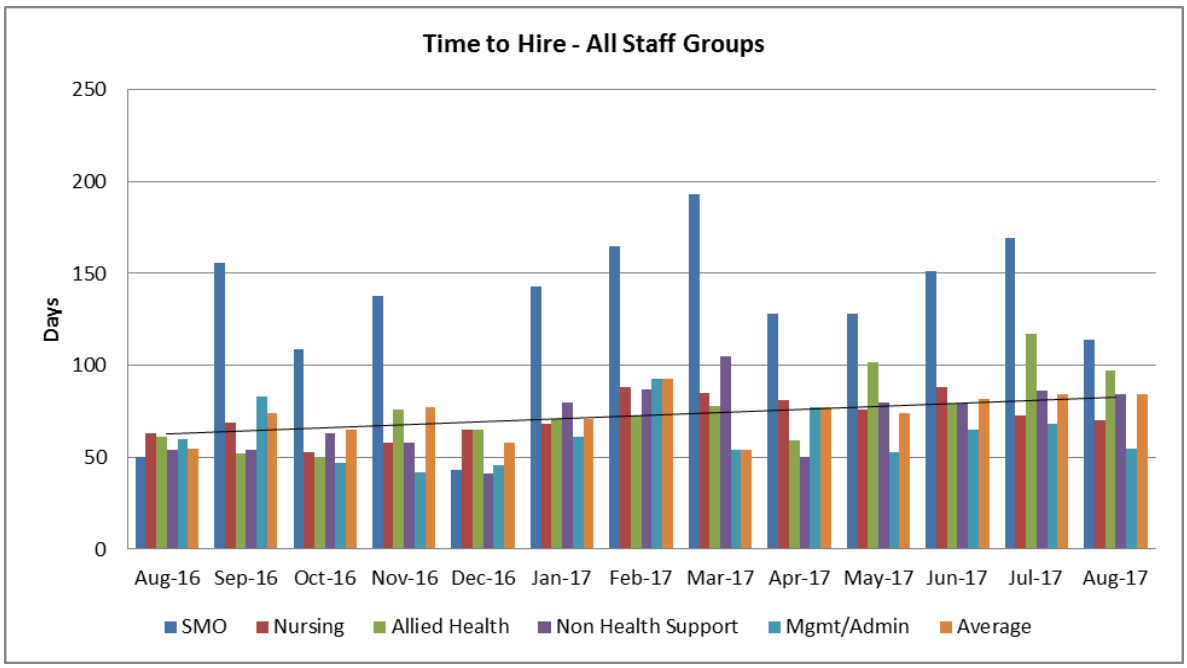
Recruitment in Progress	Aug 2016	May 2017	June 2017	July 2017	Aug 2017
Total FTE open to recruit as percentage of total contracted FTE within organisation (at month end)	8.28%	10.10%	9.64%	11.08%	10.95%

Recruitment activity remains high. Normally sitting around 150 FTE approved to recruit to per month, July saw a total of 230 FTE approved on recruitment requisitions. Some of this attributable to the new OPR5 ward.



Time to hire:

The graph below shows average time from recruitment requisition approved until offer accepted. The overall trend shows a gradual increase in time to hire which is a reflection of changes to the NZ labour market as reported in MBIE's Quarterly Labour Market Report (May 2017). Job growth and increasing difficulty in finding skilled labour within NZ is expected to continue over the next 2-3 years.



Recommendation
THAT
The report be received

GREGORY PEPLOE
DIRECTOR PEOPLE & PERFORMANCE

Waikato District Health Board

Staff Safety Culture Working Group
Terms of Reference V 4

TERMS OF REFERENCE

1. **AMENDED NAME:** Staff Safety Culture Working Group (adding the word Staff to Safety Culture Working Group - SCWG)

In 2017 a review of the Terms of Reference (V 3) for the SCWG has clarified that the prime focus for our working group was staff. Recommended is adding the word staff to the title of our working group to make our focus on staff clear; hence the amended title "Staff Safety Culture Working Group". The focus on staff aligns with our vision Healthy People. Excellent Care, our values theme "People at Heart", living every day our values and the Code of Conduct , and the Health Sector Relationship Agreement.

The renamed Staff Safety Culture Working Group continues to exist to support Waikato DHB shaping a desirable organisational culture; as outlined under Purpose page two. Culture is a powerful driver of behaviour in the workplace (Schein 2010), and in plainer language it is "the way we do things around here" (Darby, 2016).

The activities the working group will continue to deliver on address the findings of the staff survey conducted in 2015, and include the following areas.

a) Engaging with and valuing staff.
b) Support and safety of our staff.
c) Staff wellbeing.
d) Staff contributions and actions on a daily basis.

If we are successful in changing the culture to one where staff are engaged; they feel safe, their contribution is valued, they enjoy coming to work and are proud to work for the DHB, then ultimately this will positively impact on the patient experience and improve patient safety (Perlo et al., 2017). Organisations that achieve excellence in staff and patient safety have a culture with:

- clarity of why we do things the way we do around here. The WHY is the purpose that drives us, and allows us to know why we do what we do (Henderson, 2014, Sinek, 2017)
- leaders always looking to improve safety and achieve positive, innovative change
- a workforce that is engaged, valued, and treated fairly. Deloitte Bersin (2014) align culture; "the way things work around here", and staff engagement, 'the way people feel about the way things work around here". Engagement is the measure of staff reactions.
- employees and employers at all levels modelling the organisation's values, creating a work place environment that allows staff and managers freedom to speak, to provide creative ideas, to be heard and listened to, and to contribute to shared planning and decision making.

Table One: Staff Safety Culture Working Group Model

<table>
<tr><td rowspan="2">Behaviours</td><td rowspan="3">→

←</td><td>Culture</td><td rowspan="3">→

→</td><td rowspan="3">Performance/
Patient Safety

Strategic
Priorities</td></tr>
<tr><td rowspan="2">Engaged staff</td></tr>
<tr><td>Engaging with staff</td></tr>
<tr><td></td><td></td><td>Wellbeing</td></tr>
</table>

2. PURPOSE

The purpose of the Staff Safety Culture Working Group is to:

a) provide a forum to overview the implementation of the approved Board and Executive Group work plan to improve the safety and wellbeing of staff at the Waikato DHB; and our culture
b) review, adapt and add to the work plan
c) facilitate the on-going improvement of staff safety and wellbeing beyond the work plan time, embedding our desired culture as business as usual in the organisation.

The working group will provide collective staff, union and management input into agreed staff, and staff safety and wellbeing, activities. The aim is to cultivate a positive staff approach to the way we do things at Waikato DHB.

3. DELEGATION

The group has no special delegations other than those already held by those on the group, but has the mandate of the Executive Group and the Board.

4. ACTIVITIES

Staff Champions
The working group members will live, breath and champion staff activities, and staff safety and wellbeing, and members will be comfortable being identifiable contacts or champions on relevant communications material. Such materials will be approved by the working group.

Staff Workstreams/Work Plan
The working group will monitor the delivery and gains from the implementation of the work plan phased until 30 June 2018.This plan documents the active work-streams, and their associated timelines, milestones, outcome measures, and reporting frameworks. The Staff Safety Culture Working Group sponsors will present reports as required to Board and executive groups.

Scoping Work
The working group will identify and scope new potential future activities focusing on:
a) staff safety and wellbeing
b) organisational culture
- - both encompassing psychological and physical safety of staff.

The sponsors will present new initiatives to the executive group to highlight where the working group believes further investment will improve the safety and wellbeing of staff, and the culture of the organisation.

Being an Advisory Group
The working group will provide advice to individuals or groups seeking information and/ or liason about relevant staff safety and wellbeing activities. It will also actively seek and assess relevant published work from other centres.

Communications
Media and communications, and identified work group members, will:
- review established communications
- recommend options and timelines
- action agreed communications (e mails, intranet, infograph etc).

Measurement (Benefits)
The Staff Safety Culture Working Group, led by identified group members, will:

- build measures of indicators, benefits and successes into the work-streams
- facilitate the proposed Health Roundtable survey planned for 2018 (we are able to ask the same questions, thereby having longitudinal data)
- provide relevant information requested by external organisations e.g. DHB Shared Services.

Terms of Reference

- Redefined May 2015 v 2.0
- Reviewed December 2015 to March 2016, resulting in version 3.0 13 April 2016
- Reviewed June - August 2017, resulting in version 4.0 8 September, 2017.

5. CHAIRPERSON

The chair will be recruited from the Staff Safety Culture Working Group members through a democratic process. This position will be considered for renewal each 12 months, with the option of continuing in the role for up to 3 years. After a three year tenure a new chairperson can be recruited.

6. EXECUTIVE SPONSORS

Greg Peploe, Director People and Performance
Brett Paradine, Executive Director Waikato Hospital Services
Derek Wright, Executive Director Mental Health and Addictions
Lydia Aydon, Executive Director Public Affairs.
N.B Agenda and minutes circulated to Mark Spittal, Executive Director Community and Clinical Support.

7. CONSTRAINTS

Constraint around resources e.g. how much can we spend.

8. MEMBERSHIP

Six to twelve recruited staff. The recruited staff should broadly represent the organisation with respect to job roles, seniority, and locations of work. The members must be committed to the work of the Staff Safety Culture Working Group, have the opportunity to attend meetings, and take part in work stream activities. The expected minimum contribution is an average of one hour per fortnight, in addition to the working group meeting.

In addition the following people will be members based on their role in the organisational structure.

- Director People and Performance
- Executive Director representative(s) 2
- Executive Director of Public and Organisational Affairs
- Director representative
- Learning and Development Manager and Co-ordinator.
- Up to 2 union organisers or delegates.

Note: agendas and minutes will be distributed to the Executive Director(s) of other clinical services.

9. SUB-GROUPS

Sub-groups will be formed at the discretion of the sponsor(s) and chairperson. These sub-groups will have a specific focus and may be work stream specific or long term.

10. PROCESS

- Agenda items are to be submitted through the sponsors and chair.
- The designated members of the working group (or their nominated deputies), are expected to attend all meetings. Attendance will be monitored.
- Decision-making is by consensus; while recognising that a matter may need to be decided by the executive sponsors.
- The quorum is eight.

- The work group will at least annually review its performance against the requirements and activities of the Terms of Reference.

11. MEETINGS

Will be limited to a maximum of one and a half hours, and occur as scheduled up to December each year.

12. MINUTES

- To be taken by a nominated Personal Assistant.
- Action log minutes to be circulated after each meeting.

Bronze Standard Accreditation
Assessment Report

Workplace:	Waikato DHB – Community & Clinical Services
WorkWell Leader:	Clare Coles & Deryl Penjueli
WorkWell Advisor:	Louise West
WorkWell Assessor:	Dave Wood & Hannah Kelly
Portfolio submission date:	12 June 2017
On-site assessment date:	24 July 2017
Assessment completion date:	28 August 2017

Outcome:	Achieved

Bronze Standard Accreditation

Assessment Report

Introduction

Summary of Accreditation assessment process and notable factors/events that may have impacted on the assessment or WorkWell programme in general

Waikato DHB was one of the first DHBs to adopt WorkWell as part of the National Approach to Workplace Wellbeing contract between Toi Te Ora – Public Health Service (Toi Te Ora) and the Ministry of Health. Seen as a valuable tool for workplaces in the Waikato region, health improvement advisors from Waikato DHB's Public Health Service completed the WorkWell advisor training and began offering the programme to local workplaces.

Along with the opportunity to deliver WorkWell in Waikato, the DHB realised the importance of 'walking the talk' and implementing the WorkWell programme internally. The Community and Clinical Services Department (CCS) was identified as being the ideal department within the Waikato DHB to launch and trial WorkWell before looking to implement the programme across the entire DHB.

In order to ensure the process remained neutral, it was agreed that Toi Te Ora's Workplaces Team would perform the accreditation assessment. CCS scanned their Bronze portfolio of evidence and emailed the scanned documents to Toi Te Ora for review. A suitable date was then found for two health improvements advisors from Toi Te Ora to visit the region and perform the on-site assessment. Two members of senior management, four members of the working group and three members of general staff were interviewed on this day.

The findings of the portfolio review and site assessment interviews are noted below.

Stage 1 – Engage

Summary of portfolio and site assessment findings against the following requirements:

1. Gain commitment of senior management - Signed and dated WorkWell Pledge
2. Raise awareness of WorkWell - Communications from launching WorkWell to your workplace
3. Establish a WorkWell group - Documentation of regular WorkWell group meetings
4. Develop a group vision – Completed WorkWell group Terms of Reference including Group Vision
5. Maintain regular communication between all staff and management - Communications between the WorkWell group and senior management/staff AND Clear procedures for staff consultation and subsequent feedback
6. Maintain a staff induction programme - A clear induction process for new staff

Outcome

This stage has been met.

Portfolio:

A WorkWell Pledge signed by the CCS Executive Director and the WorkWell advisor was submitted for this portfolio. The Pledge was signed in August 2016. A good sample of meeting minutes were included in the portfolio showing that the working group met on a regular basis. The working group's Terms of Reference, last dated October 2016, was also included. This should be reviewed to ensure it remains current throughout the duration of the Bronze certificate. Aside from the date, this is a great example of a terms of reference. A wide range of evidence was included highlighting the many ways in which the working group communicate with the wider organisation including a WorkWell flyer and WorkWell PowerPoint presentation. A new WorkWell flyer has been added to the existing staff orientation pack.

Site visit:

Each interviewee was asked whether, in their opinion, WorkWell had the support and commitment of senior management, to which all replied yes. Some felt unable to comment on other areas, but were impressed at the level of support shown in the Thames site. When asked how this had been demonstrated, responses included that senior management actively participated in the wellbeing initiatives and are often heard promoting the importance of workplace wellbeing.

Interviewees considered the working group to be a good representation of CCS and those asked had a good sense of the function of the working group. A wide range of

communication methods were cited when asked to describe how the working group communicates with the wider service. Examples included word of mouth, the intranet page, emails, newsletters, team meetings and noticeboards. When asked, the interviewees felt there were sufficient opportunities for two way communication between staff and management.

Stage 2 – Assess and Prioritise

Summary of portfolio and site assessment findings against the following requirements:

7. Complete Organisational Profile Tool - Completed Organisational Profile Tool
8. Complete Staff Survey - Copy of Staff Survey results
9. Disseminate results and findings - Evidence of how Staff Survey results have been communicated to senior management/staff
10. Maintain monitoring of staff wellbeing indicators - Recording systems for and regular monitoring of sick leave, staff turnover, accident rates

Outcome

This stage has been met.

Portfolio:

The completed Organisational Profile Tool dated October 2016 was included in the portfolio. The staff survey was completed in September - October 2016 with a 39% response rate. A staff survey results report was also included in the portfolio. A range of evidence was included to show how staff were informed of the staff survey, the results, the identified priority wellbeing areas and a flyer thanking staff for their input. Evidence was also included in the portfolio to show how the employee wellbeing indicators were recorded and monitored.

Site visit:

All staff interviewed were asked if they recall completing the staff survey and to describe the process used to disseminate the results. Most were able to describe several methods used to disseminate the survey results including staff meetings, WorkWell infographic, emails and the intranet.

The management and working group representatives were asked to describe how the staff survey results were used. Each interviewee was able to describe the process used to analyse the staff survey results and to then determine the priorities for their action

and evaluation plan.

The management and working group representatives were also asked to describe how employee wellbeing indicators were recorded and monitored. Both management representatives were aware of the procedures in place to do this, however some of the working group members were unsure regarding this.

Stage 3 - Plan

Summary of portfolio and site assessment findings against the following requirements:

11. Develop an Action and Evaluation Plan - A 1 year Action and Evaluation plan which: addresses at least 3 Priority Wellbeing Areas, includes the development/review of policies/ guidelines related to your Bronze priority wellbeing areas, includes activities at the organisational, environmental and individual level
12. Communicate your plan - Evidence of staff consultation and subsequent feedback regarding development of your Action and Evaluation Plan AND Evidence of how your Action and Evaluation plan was communicated with senior management/staff

Outcome

This stage has been met.

Portfolio:

An action and evaluation plan dated April 2017 – March 2018 was included in the portfolio. The dates of this plan should be amended to reflect the duration of the Bronze certificate. The plan focuses on mental wellbeing, physical activity and sun safety as its priority wellbeing areas. The plan differs slightly from the usual WorkWell template, however it includes a good range of activities across the multi-level approach. Evidence included within the portfolio show the many ways in which staff were consulted during the development of the action and evaluation plan. Examples included meeting minutes, flyers, emails and the use of the intranet.

Site visit:

All staff interviewed were asked if they were aware of the action and evaluation plan. Most were aware of the plan and were able to identify some of the priority wellbeing areas and/or some of the activities either currently happening or planned for the next

twelve months. Most staff were able to recall the opportunities to have input into the development of the plan and cited the intranet, emails and staff meetings as the usual methods used to share and gain insight from staff in regards to the plan. Staff that were asked about the location of the plan were either aware of the location, or at least knew who to approach should they want to see the plan.

Overall Impact

Summary of any significant changes that have resulted from the involvement in WorkWell (as noted by interviewees involved in the site assessment)

Each person interviewed during the site assessment was asked to describe, in their view, the most significant changes they've noticed since the launch of WorkWell. The assessors were pleased to hear of the wide range of positive changes to be cited by the interviewees. Examples of significant change included;

- People focusing on staff wellbeing
- The DHB giving something back to staff
- A greater awareness of available healthy initiatives for the staff
- Staff feeling more supported and greater communication across the teams
- Feels a lot more like family
- Lifting the mood of the workplace
- A definite culture change
- People are more willing to speak up as WorkWell has provided an opportunity to do so
- More people exercising, walking and at the gym.

Recommendations

Additional comments or recommendations for quality improvement, and/or future Accreditation.

Waikato DHB Community and Clinical Services Department submitted a comprehensive Bronze portfolio. The portfolio of evidence combined with the site visit interviews showed the department had successfully followed the WorkWell stages and steps and had involved staff in the process as much as practicably possible. The assessors would like to acknowledge the effort by the WorkWell lead and members of the working group. The amended action and evaluation plan and staff survey results flyer showed the group were looking to ensure the process was 'fit for purpose' and suited the needs of their organisation.

Recommendations;

- The assessor recommends the dates of the action and evaluation plan are amended to reflect the current timeframes eg August 2017 – August 2018.
- The working group Terms of Reference was last updated in October 2016. The assessor recommends this document is reviewed to ensure it remains current throughout the duration of the Bronze certificate eg August 2017 – November 2018.

WorkWell Disclaimer

Signing the WorkWell Accreditation Submission Form constitutes acceptance of this disclaimer.

Toi Te Ora – Public Health Service (Toi Te Ora) is contracted by the Ministry of Health to coordinate a National Approach to Workplace Wellbeing. Numerous Public Health Units within New Zealand have a formal agreement with Toi Te Ora to deliver WorkWell in their region.

The term, WorkWell Provider, refers to all Public Health Units and collaborating organisations which have a formal agreement to deliver WorkWell. The WorkWell Provider is the main contact for the workplace. Toi Te Ora, as the national co-ordinator of WorkWell, is still responsible for overseeing the WorkWell accreditation process for quality assurance.

1. Accreditation

The WorkWell Provider cannot grant accreditation to workplaces that do not meet the accreditation requirements.

If a portfolio does not meet all the criteria set out in the relevant accreditation requirements checklist, the WorkWell Provider is able to provide guidance and advice to the workplace on the steps required to meet requirements.

The WorkWell Provider can carry out inspections and re-assessments of the workplace at any time during working hours with two days' notice to ensure the accreditation requirements are being met/maintained.

The WorkWell Provider and their staff shall not, in any event, be held liable for any loss or damage that may be suffered, whether directly or indirectly by the workplace and/or third party as a result of the workplace action upon any recommendations by the WorkWell Provider.

2. Withdrawal of Accreditation

The WorkWell Provider reserves the right to withdraw accreditation where there is reason to believe the workplace does not meet accreditation requirements. Reasons for withdrawal can include but are not limited to the following:

- Failing to meet/maintain accreditation requirements
- Receiving one or more complaints about the workplace that conflicts with the values of WorkWell
- Failing to comply with this disclaimer
- Failing to cooperate with the WorkWell Provider regarding assessment/review
- Submission of evidence that is false or misleading
- When a workplace's accreditation has expired or been withdrawn by the WorkWell Provider, all WorkWell promotional material must be removed/and or returned (e.g. certificates, signage, logos, information on website).

3. Confidentiality

By submitting for accreditation, the workplace consents to the WorkWell Provider keeping all documentation associated with the submission on file in a secure location. This may include information being stored in the secure members section of the WorkWell website.

The WorkWell Provider will keep this information confidential and will not disclose this information to third parties unless required to do so by law.

The WorkWell Provider may anonymise data for statistical or training purposes.

The workplace also reserves the right to retain a copy of the information held by the WorkWell Provider (provided it has not in the meantime been destroyed or deleted from records).

4. Complaints

Complaints may be lodged by any person who has a concern regarding the service provided by WorkWell Provider. All concerns and complaints are treated the same regardless of how they are made. All complaints are received and dealt with in confidence. To make a confidential complaint or for more information contact either your WorkWell Provider or Toi Te Ora - Public Health Service on 0800 221 555.

Waikato District Health Board

Infrastructure
No report for this meeting

Waikato District Health Board

Information Services

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE
11 OCTOBER 2017

AGENDA ITEM 11.1

IS PERFORMANCE MONITORING COMMITTEE REPORT

Purpose	For information

The IS Plan report is submitted for Performance Monitoring Committee for information.

Recommendation
THAT
The report is received

GEOFF KING
DIRECTOR, INFORMATION SERVICES

IS Plan Report

Period Ending	31 August 2017
Prepared By	Geoff King

KPI's	Status	Metric Change	Comment
Overall	**A**		This report Covers operational, performance and financial reporting for the period 30/6/2017 thru 31/8/2017 (M2). After two months of the year the IS team is favourable to budget and continues to drive improvements to levels of service quality and risk reduction. The multi-year DevOps transformation, supported by underpinning Service Improvements Plans, continues to deliver measurable improvements in service quality and further resource/skillset alignments are planned for October/November to ensure momentum is maintained. The increasing volume and targeting of Cyber security attacks continues to present risk and the team is maintaining focus on developing improved security approaches and controls to ensure the appropriate level of protection is maintained, within operational, resourcing & financial constraints. The volume and complexity of IS workload remains at a level requiring active focus and management to ensure a balance is maintained between risk, delivery of initiatives, budgetary constraints, and capacity constraints (technology & people), and in doing so achieving a balance of activity across national, regional, & local operational, tactical and strategic initiatives.
Key Result Area – Financials M22 (31 August 2017)	**Status**	**Metric Change**	**Comment**

Annual Operating Budget - Before IDCC and Extraordinary	G	25,936k	The result includes revenue as favourable (HSL related), FTE/personnel cost favourable re vacancies and c/c costs (phasing/timing), outsourced costs unfavourable re delay in IaaS, Infrastructure costs favourable re software (phasing/timing of projects) and under $2k assets. Note – in Sept-17 the IS budget will be reduced by $910k - $500k for IaaS delay, $330k for under $2k pooled assets and $80k for software (Indici)
YTD Budget		4,309k	
Actual		3,441k	
Variance		**868k**	
Including IDCC Variance		$ 923 k	M2 result is $0.9 mil favourable to budget
Key Result Area – Capital Budget M12 (over 50k)	**Status**	**Metric Change**	**Comment**
Capital Budget (over 50k)	G		As at 31-August-17.
Board Approved (carry forwards)		N/A	As the 2017/18 Capital Plan has not been approved the Board Approved Budgets as N/A (Not Available) for this report. It is understood that these are under consideration at the October Board meeting.
Board Approved (2016/17 Capex)		N/A	
Transfers		-244	
Pooled Assets / Capitalised Items [New]		**$N/A**	
Board Approved (TOTAL)		**$N/A**	As noted within the project delivery KPI **100% of projects have been delivered within budget**. In accordance with the IS Project Delivery Framework and the DFA policy all variations to project budgets are approved by BRRG. In summary the major variance items (over-runs and budgets approved above original capital plan);
DHB funding of Regional Initiatives		**$ N/A**	
IS Projects yet to commence		N/A	
IS Projects Open or Completed		$13,048	
TOTAL		$**N/A**	• N/A
Approved Expenditure		**$N/A**	Note:
Forecast Spend for approved projects		**$N/A**	• Year-on-Year IS capital investment reduced by 33% and 50% allocated to funding the delivery by Health Share Ltd of regional initiatives.
Underspend / (Overspend)		**$N/A**	
Key Result Area – Labour Recoveries M2	**Status**	**Metric Change**	**Comment**

YTD Budget Actual **Variance**	**G**	968k 1,003k **34k**	A significant level of delivery work is in progress and overall labour recoveries are ahead of plan YTD. The ISLT continue to work on balancing delivery initiatives to achieve targets and planned changes over the 2nd quarter are designed to better leverage and align resources and skillsets in order to improve momentum.
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 whilst it is revised as part of the Waikato as Service Provider (WASP) initiative the existing SLA remains the underpinning standard.
- Service level Agreement reporting on a quarterly cycle	**G**	**Yes**	Report developed and published monthly.
- **75%** of Information Services customers satisfied or very satisfied.	**G**	**100%** (satisfied/ Very Satisfied)	Of those customers responding to the April survey 75% indicated they were satisfied and 25% very satisfied. Next Survey scheduled for October 2017.
- **75%** of Information Services users satisfied or very satisfied.	**G**	**93%** (satisfied/ Very Satisfied)	The Service Desk satisfaction survey tests one 1 in 5 service desk calls logged and indicates service delivery satisfaction held steady over the reporting period and remains well above target.
- 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**	**1** Occurrences Average per month	2 x P1 Incidents experienced. With increasing deferred maintenance (technical debt) and the resulting move from preventative maintenance to reactive resolution of incidents, organisational tolerance to increased disruption resulting from incidents is under review.
- 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.	**G**	**3** Occurrences Average per month	6 x P2 Incidents experienced. With increasing deferred maintenance (technical debt) and the resulting move from preventative maintenance to reactive resolution of incidents, organisational tolerance to increased disruption resulting from incidents is under review.
- **All** category 1 & 2 services with an agreed Service level Agreement and business owner Identified.	**G**		

- **100%** Service level Agreement	**G**	**100%**	All systems now covered by SLA approved through BRRG. SLA under review and targets expected to change.
- **100%** Business Owner	**G**	**100%**	All (cat 1 and 2) systems in IS systems register have business owner identified.
- **100%** Business Owner Charter	**A**	**90%**	New approach has been implemented and team are progressively reviewing & updating Business Owner Charters.
- **100%** Criticality assessments	**A**	**90%**	The Initial Criticality and Risk Assessment (ICRA) is being run over all new and significant change deliveries. Current ICRA status across IS supported solutions is: Cat 1 Solutions 89% of ICRA completed Cat 2 Solutions 51% of ICRA completed Cat 3 Solutions 56% of ICRA completed With the increasing transition to automation & digitalisation of clinical processes & clinical documentation the DHBs reliance on specific applications is increasing and as a result the ICRA reviews are identifying the need to increase the Cat rating of specific systems and increasing & unbudgeted investment being required in the resiliency of these solutions.
- **100%** Systems with risk scorecard	**A**	**90%**	ICRA process and risk acceptance process refreshed, inclusive of DIA and MOH Cloud Risk Assessment and Privacy Impact Assessments. Implementation of annual reviews for all Cat 1 & 2 solutions scheduled for this financial year.
- **100%** Risks with mitigations agreed	**A**	**90%**	The IS risk Register is implemented and IS risks are reported in DATIX (Organisation Risk System). Actively monthly reporting in place. Monthly IS Risk review forum is established and risks have mitigation and assurance activities identified.
- 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. In accordance with recommendation from Senior Medical Officers (via CIRG) are in process of transitioning to a new clinical lead prioritisation process to ensure those initiatives which deliver the most value to the DHB are delivered in a timely manner.
Resource allocation	**R**	**55,918**	$75k p/month of resource assigned to the delivery of NSWRs. Current resource assigned is below budget with $ 56,288 allocated in July and $ 55,548 allocated in August. The ISLT are continuing to look at opportunities and initiatives to accelerate delivery.

Number Delivered or Closed Target is 35 per month / 420 per year	R	**26**	52 NSWR were completed over reporting period (16 delivered and 36 closed). Whilst this represents a slight improvement the number completed per month remains below the target of 35 per month.
Older than 6 months	G	**8%**	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	R	**41%**	Target is 0
Number Open	R	**229**	The number of NSWRs delivered and exceeding KPIs is increasingly a concern and the ISLT have initiatives underway to reaccelerate delivery.

Key Result Area - IS People	**Status**	**Metric Change**	**Comment**
- Skills maps for all staff incorporated into year performance management that maps to Waikato District Health Board Information Services needs	G	**Yes**	
- **90%** of staff with appropriate professional qualifications	G	**No**	Training plans agreed on annual basis as part of the annual performance review process. Due to the constant changing nature of technology and the below market recruitment, staff training is a key & ongoing area of investment.
- Staff retention rate greater than **90%** per annum	A	**95%**	YTD retention rate is within target however includes 7 leavers. For August IS have 12 positions which were vacant, which at just under 10% of the workforce represents a notable impairment to operational support & delivery. In some teams a 50% churn of staff has been experienced in last 6 months. Staff retention is challenged by increasing skillset shortages, sector pay level rises and increased local recruitment activity. Recruitment of key in demand roles is increasingly challenging, leading to delays and IS are working with HR on a strategy to manage remuneration challenges.
- Staff satisfaction **(75% satisfied or very satisfied)**	A	**70%**	The April survey indicates a rise in overall staff satisfaction by 3 points to 70% however remains 5 points below target. Whilst staff satisfaction is a key focus, both the financial challenges faced by the DHB & the transformational changes being made across IS are both expected to generate a level of discomfort amongst staff, which is being managed. The next survey is yet to be scheduled however will follow the planned IS restructures targeted October/November.

			Investment is planned to utilise a recognised organisational change provider to support staff in this period of change.

Key Result Area - IS Process	Status	Metric Change	Comment
- Alignment of Waikato IS processes and frameworks	G	Yes	The integrated IS Project Delivery Governance Framework is embedded across the IS PMO, 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. A key initiative currently underway is the development of an Agile variant, aligned with the DIA Accelerate & Prince2 Agile frameworks.
- Project Assurance regime in place to ensure all projects are compliant with process	G	Yes	Individual project assurance responsibilities are agreed through project governance plans, created for each new project. All projects are completing GCIO risk potential assessments to inform possible Assurance Plans. This is in line with GCIO requirements. The format of assurance reviews is aligned to the IS project delivery framework and regular reviews are underway. Further work is ongoing to enhance the assurance strategy. Initial Criticality assessments performed over all IS Lead significant change initiatives and where required Cloud Risk and Privacy impact assessments completed in addition to more in-depth security reviews as required. Any risks identified are managed as part of delivery and where applicable residual position requires business owner risk acceptance prior to go live. Audit program agreed with Internal Audit and primary audits will cover Security and Privacy, ICT Controls and Service Delivery commencing 2017/18 FY.
- 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. GCIO HISF assessment completed and submitted (DHB shift upwards from 3 to 4). The annual operational assurance plan was submitted to the GCIO in June and improved process maturity and follow up is strengthening this control point.
- 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 be moved to monthly

			to better cover audit and risk management accountabilities. IS Security and IS Risk registers maintained and high level risks reported through the IS Leadership Team (ISLT), Board and IS Security Governance Group.
- Service Delivery assurance regime in place to ensure Service level Agreement attainment	**G**	**Yes**	Service Delivery follow up audit completed and identified recommendations under ISLT review. Operational assurance review completed and submitted to the GCIO in June.
- Information Technology Infrastructure Library (ITIL) Review Undertaken	**A**	**Yes**	The change in IS structure and focus on the "DevOps" based delivery approach is driving improved synergy throughput and quality across ICT delivery and improved collaboration between stakeholders. Work is continually reviewing and improving key processes Work is underway 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. The team is currently working with internal audit and CTAS to develop the terms of reference for the ICT Controls Audit.
- Processes at agreed level	**A**	**No**	The work in this area remains 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. The IS Architecture team are actively working on the development of Architecture Roadmaps and Standards, which is balanced against the delivery priorities & staff turnover.
- Processes at agreed level	**A**	**No**	Will be assessed as part of the 2017/18 ICT controls review in the interim

			Architects team continues to build standards and approaches aligned to TOGAF framework.

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, balanced against the constraint of available funding (which significantly constrains 2017/18 required upgrades). Lifecycle refresh plans agreed by the Lifecycle Prioritisation Executive Group. The constrained funding for the 2017/18 year results in a significant increase in deferred maintenance (technical debt) & as a result risk.
- 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 was moved to amber to reflect this position and will be maintained until IaaS transition completed and the Windows 10 upgrade implications are fully developed and agreed. The constrained funding for the 2017/18 year results in a significant increase in deferred maintenance (technical debt) & as a result risk.
- On-going decrease of number of projects not aligned with roadmaps (and associated cost)	G	Yes	2017/18 Roadmaps for Lifecycle (End User Devices, Network, Infrastructure, & Applications) agreed with the Lifecycle Prioritisation Executive Group. 2017/18 Roadmap for Functionality & Capability enhancements agreed with the Clinical representatives (via CIRG). Executive Group accepted of overall 2017/18 IS Roadmap, inclusive of deferred maintenance (technical debt).

Key Result Area - IS Strategy	**Status**	**Metric Change**	**Comment**
- **100%** of Information Services projects prioritised via the business group (BRRG).	G	100%	All projects prioritised and approved by BRRG.
- Awareness of the regional portfolio in local Waikato District Health Board decision making	G	Yes	The DHB is contributing to the funding of Projects delivering regional portfolio solutions. Of particular note is the Midlands Clinical Portal Foundation Project.
- Business resource review group goals delivered	A		BRRG & EPO under review as a result of changing obligations resulting from

to Waikato DHB			Treasury
- **25% On Time**	**A**	**0%**	0/1 projects were delivered on time. The 1 project that wasn't delivered on time included; NCAMP 2016 (IS1604-021) due to decision to reduce duplicate testing complexity.
- **100%** On Budget	**G**	**100%**	1/1 projects were delivered on budget.
- **100%** With Deliverables achieved	**G**	**100%**	1/1 projects achieved deliverables
- **100%** With PIR's completed	**A**	**33%**	The IS assurance team have completed PIR's which have been provided to Project exec's for sign-off. 2 x projects still requiring PIR's signoff by project executive include; - Perimeter Redesign - External Firewalls - Backend Security - ISE

Delivery Status

The Information Services team has 94 projects at various stages of delivery. The RAG (Red/Amber/Green) status of these projects is summarised within the below table.

Project Total

		Overall RAG Status			
Phase	**Total**	**Red**	**Amber**	**Green**	**On Hold**
Scoping (Propose)	15			9	6
Delivery (Initiate/Plan/Develop)	76	5	20	45	6
Close	3			3	
PIR					
	94	**5**	**20**	**57**	**12**

Note:

Green = Project being delivered in accordance with agreed tolerances (Time, Cost, Scope, Risk, Resource & Benefit Realisation)
Amber = One or more of the delivery tolerances are at risk or not being meet, however Project Team / Project Executive has a plan to address
Red = Delivery tolerances not being meet and assistance required to resolve

5 projects are currently reporting a status of red;

1. Enterprise Business Intelligence Tool (Technical delays resulting from loss of key staff. Plan agreed to progress some work streams whilst recruitment progresses).
2. Data Warehouse Upgrade (Technical delays resulting from loss of key staff. Plan agreed to progress some work streams whilst recruitment progresses).
3. Costpro Upgrade (Dependency on Data Warehouse).
4. Data Warehouse Phase 2 15_16 (Dependency on Data Warehouse).
5. Business Intelligence Data and Reporting 16_17 (Dependency on Data Warehouse).

All 5 projects are dependent on the development of the 'data lake' architecture which is currently held up due to lack of resource.

12 Projects are currently on hold;

1. Wireless Enablement (Reviewing next phase to maximise benefit & incorporate coverage requirements for iMPACT)
2. Internal eReferrals (Pending decision to stop local tactical delivery in favour for longer term regional eSpace delivery)
3. eReferrals Integrate BPAC with IPM 2016 (Pending decision to stop local tactical delivery in favour for longer term regional eSpace delivery)
4. Maternity Information System Programme (Awaiting MoH remediation & revised timelines)
5. Unified Communications Upgrade 4 (Reviewing next phase to maximise benefit within constrained budget)
6. SSOPR_Inpatient Electronic Whiteboard (To be incorporated into iMPACT initiative)
7. Sleep Clinic Refurbishment (Likely to be closed due to funding constraints)
8. Sexual Health Refurbishment (Likely to be closed due to funding constraints)
9. Menzies L3 Refurbishment - Pain clinic (Likely to be closed due to funding constraints)
10. Hub room Remediation lifecycle (Planning next phase)
11. Cobas IT 1000 (pending vendor resources to work with us)
12. Clinical and Corporate Platform 16-17 (To be closed as a result of IaaS & deferment of HRIS upgrade)

Potential/actual changes to key dates

Potential/actual changes to costs/benefits

Top Issues	
Issue	**Impact**
IS Structure – IS reorganisation and associated structure and process changes.	**High** – Impact to staff morale, retention and throughput

Work program – Constrained resource model impacting IS ability to meet all user expectations now heighted with forecasted effort related to IaaS delivery, windows 10 upgrade, regional service provision and espace program.	**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.	**High –** 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 cyber security threat risk due to current level of delivery focus, system access and and global phising 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
No report for this meeting

Waikato District Health Board

Date of next meeting
13 December 2017