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

### Board Members (1 copy each)

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

### Executive Management Team

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

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Next meeting Date: 14 June 2017



# WAIKATO DISTRICT HEALTH BOARD

# A g e n d a

## Performance Monitoring Committee

**Date:** 12 April 2017

**Time:** 8.30 am

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



***Meeting of the  
Performance Monitoring Committee  
to be held on Wednesday 12 April 2017, at 8.30am  
Board Room, First Floor, Hockin Building***

## **AGENDA**

**Item**

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1. Apologies
2. **INTERESTS**
  - 2.1 Schedule of Interests
  - 2.2 Conflicts Related to Items on the Agenda
3. **MINUTES AND MATTERS ARISING**
  - 3.1 Minutes Performance Monitoring Committee 8 March 2017
  - 3.2 Minutes of Bay of Plenty Hospital Advisory Committee  
Next meeting 5 April 2017
  - 3.3 Minutes of Lakes DHB Hospital Advisory Committee  
17 February 2017
4. **SYSTEM LEVEL MEASURES**
  - 4.1 Next System Level Measures report due 14 June 2017
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
    - Internal Medicine, Oncology, Ambulatory Care, and  
Emergency Medicine
    - Surgical and Critical Care
    - Older Persons Rehabilitation and Allied Health
    - Womens and Children
7. **QUALITY**
  - 7.1 Next report due 14 June 2017
8. **FINANCE REPORT**
  - 8.1 Finance Report
9. **PEOPLE**
  - 9.1 Next People and Performance Report due 14 June 2017

10. **INFRASTRUCTURE**
  - 10.1 Infrastructure Report in Public Excluded Section
11. **INFORMATION SERVICES**
  - 11.1 Information Services Plan Report
12. **PERFORMANCE OF FUNDED ORGANISATIONS**
  - 12.1 Performance Report from Strategy and Funding
13. **NEXT MEETING**
  - 13.1 14 June 2017

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

**THAT**

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

Item 14: Minutes Health Waikato Advisory Committee 8 March 2017 – Public Excluded  
 Item 15: Infrastructure – Public Excluded  
 Item 16: Screening Programme

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

<u>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</u>	<u>REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER</u>
Item 14: Minutes	Items to be adopted / confirmed / received were taken with the public excluded.
Item 15 : Infrastructure	Negotiations will be required
Item 16: Screening Programme	Negotiations will be required

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

Item 14: As shown on resolution to exclude the public in the minutes.  
 Item 15-16: Section 9(2)(j) of the Official Information Act 1982 – To enable the Waikato DHB to carry on negotiations without prejudice or disadvantage.

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Item
14. MINUTES – PUBLIC EXCLUDED
15. INFRASTRUCTURE – PUBLIC EXCLUDED
16. SCREENING PROGRAMME – PUBLIC EXCLUDED

**RE-ADMITTANCE OF THE PUBLIC**

**THAT**

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

## **Interests**

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

## **PERFORMANCE MONITORING COMMITTEE MEMBERS**

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

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

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

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

### **Bob Simcock**

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

### **Sally Webb**

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

### **Martin Gallagher**

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

### **Mary Anne Gill**

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

### **Dave Macpherson**

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

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

**Dr Paul Malpass**

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

**Ken Price**

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

**Iwi Maori Council representative**

Dr Kahu McClintock  
Interests to be advised

**Lakes DHB representative**

**Bay of Plenty DHB representative**

**Consumer Council representative**



# **Minutes and Matters Arising**



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

**Present:** Ms S Christie (Chair)  
Ms C Beavis (Deputy Chair)  
Mr M Gallagher  
Mrs MA Gill  
Mr D Macpherson  
Dr P Malpass  
Mr K Price  
Ms S Webb

**In Attendance:** Mr N Murray (Chief Executive)  
Mr B Paradine (Executive Director Waikato Hospital Services)  
Mr M Spittal (Executive Director Community & Clinical Services)  
Mr D Wright (Executive Director Mental Health & Addictions Service)  
Mrs B Garbutt (Director Older Persons Rehabilitation and Allied)  
Mr A Gordon (Director Oncology & Medicine)  
Ms J Farley (Acting Director, Surgery, CCTVS, Care & Theatre)  
Ms P Fitzgerald (Acting Director Women's and Children)  
Ms M Neville (Director Quality and Patient Safety)  
Ms L Aydon (Executive Director Public and Organisational Affairs)  
Mr G King (Director, Information Services)  
Mr G Peploe (Director, People and Performance)  
Ms J Wilson (Executive Director Strategy and Funding)  
Mr A McCurdie (Chief Financial Officer)  
Mr N Hablous (Chief of Staff)  
Mr C Wade (Chair Health Strategy Committee)

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

The Chair welcomed members to the inaugural meeting of the Performance Monitoring Committee.

**ITEM 1: APOLOGIES**

Apologies were received for Mr B Simcock, Mr D Macpherson (for leaving early) and Ms MA Gill (for lateness).

**ITEM 2: INTERESTS**

**2.1 Changes to Register**

No changes to the register of interests were advised.

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

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

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

### **3.1 Health Waikato Advisory Committee: 10 August 2016**

**Resolved  
THAT**

The minutes of a meeting of the Health Waikato Advisory Committee held on 10 August 2016 be confirmed as a true and correct record.

### **3.2 Bay of Plenty DHB – Hospital Advisory Committee: 2 November 2016**

Minutes were noted.

### **3.3 Lakes DHB – Hospital Advisory Committee: 25 October 2016**

Minutes were noted.

## **ITEM 4: COMMITTEE STRUCTURE**

### **4.1 Committee Structure at Waikato DHB**

**Resolved  
THAT**

The Committee received the report.

### **4.2 Role of Committee and How We Will Work**

Discussion on the committee structure was deferred for discussion at the end of the meeting.

## **ITEM 5: SYSTEM LEVEL MEASURES**

### **5.1 System Level Measures Report**

Mrs J Wilson presented this agenda item.

The intention was for future reports to be expanded to allow the Committee to gain an overview but also understand where gaps exist. Committee members requested sub-regional breakdown into areas such as age, population to be provided where data was available.

**Resolved  
THAT**

The Committee received the report.

## ITEM 6: OPERATIONS AND PERFORMANCE

### 6.1 Operations and Performance Report

Mr M ter Beek presented this agenda item.

Future reports to the Committee would be split into two parts:

- DHB wide performance report on operational performance. Additional measures would be reported on in the future
- Operations and Performance achievements and challenges.

**Resolved**

**THAT**

The Committee received the report.

## ITEM 7: SERVICES

### 7.1 Community and Clinical Support

Presented by Mr M Spittal.

- The new regime to support the significant legislative changes in terms of liability and supervision of radiology license holders as previously reported to the Health Waikato Advisory Committee had been delayed.
- Radiologist Staff were under pressure due to the number of vacancies compounded by abnormal long term sick leave.
- The use of offshore support to provide radiology imaging reporting was proving invaluable. The current contracts required a stronger level of checking than was currently set for internal checking.
- Titanium, the new oral health information system is now live.
- Mr M Spittal agreed to seek clarification as to what was the earliest age childrens data could be captured under the new titanium programme. Note: The clarification is that the details for each baby is entered into Titanium as soon as possible after birth. In the hospital system when a baby has a formal name they are assigned an NHI in iPM. That hospital patient management software automatically populates Titanium. Babies born outside the hospital system are picked up through a regular data match with the NCHiP (primary care) register of children which is populated by information supplied by lead maternity carers.
- The first community Hui around the new model for primary maternity services was well attended. Feedback will be presented to the Board in April.
- The Committee expressed interest in receiving data on women stopping smoking during pregnancy. Smoking cessation in pregnancy metrics would be captured as part of monitoring the rural health and Maori health priority plans.
- A change in service model and the move to the new site on Gallagher's Dr and the old Farmers building would reduce the number of properties currently leased in Hamilton by the DHB.
- End of year financial forecast had improved but further work still required to achieve budget.

**Resolved**

**THAT**

The report be received.

**7.2 Mental Health & Addictions**

Presented by Mr D Wright.

- Occupancy had reduced over the summer period, but numbers had increased again over February.
- A draft Model of Care was ready to be tested with the original stakeholder group. Both the Ministry and Treasury had been engaged with the model of care and investment logic model, with approval of the first draft being given. Treasury had been given a tour of the Henry Bennett facilities. A new inpatient facilities to replace the Henry Bennett Centre was being appraised by a group of stakeholders (which included ex-service users and whanau). The proposal would then be presented to the board and be put out for public consultation. The new designs would include more space for individuals.
- The Peoples Project had made good progress of housing assistance for repeat offenders with short sentences, and mental health and addiction needs. It was acknowledged that the project did not cover all homeless people, especially the transient homeless population.
- There was currently a shortage of social housing, which created challenges with the transition for patients from Henry Bennett Centre to the community.
- Planning was underway for a new initiative to assist with the significant increase of patients presenting due to methamphetamine use.
- Consideration was being given to have a mental health nurse work alongside the triage nurse in ED (including extended hours) to help achieve the 6 hour target in ED.
- Discussions are underway regarding a Midland Regional Model of Care for Eating Disorders. Currently Waikato DHB inpatients were being treated in Auckland. Whilst the number of Waikato patients were small, they were seen as significant. Perception was that the reducing age of eating disorder patients seen overseas was not happening in New Zealand.
- There had been a significant increase of demand on community mental health teams. Work had commenced on workload numbers, scoring systems and comparing model of care work to analyse how Waikato DHB could be more effective with productive flow.

**Resolved**

**THAT**

The report be received.

**7.3 Waikato Hospital Services overview report**

It was highlighted that the reports circulated in the agenda were for the period to January, not June as indicated in the report.

Mr B Paradine introduced Ms J Farley (Acting Director Surgical and Critical Care) and Ms P Fitzgerald (Acting Director Women's & Children). Recruitment was currently underway for both of these positions

### **Older Persons, Rehabilitation and Allied Health**

Mrs B Garbutt presented this agenda item.

- Busy period over January, with a full ward closed and further impact by the RMO RDA industrial action. Staff support during the strike was acknowledged.
- Mr John Parsons had been appointed to the position of research fellow in rehabilitation within the Institute of Healthy Ageing with funding given from Bupa NZ.

### **Internal Medicine Oncology, Emergency and Ambulatory Care**

Mr A Gordon presented this agenda item.

- Waikato DHB has been one of the first DHBs to achieve the national 62 days Faster Cancer Treatment (FCT) target, and had strong performance against the 31days FCT target.
- A Medical Oncologist had been appointed which would help to address risk in this service previously reported to the Committee.
- February performance had been impacted by the Resident Medical Officers industrial action.
- Additional staff and investment in replacement equipment had allowed Radiation Oncology to reduce the wait time to start treatment from 16.5 days to 12.3 days.
- Waikato DHB would be rolling out the National Bowel Screening Programme as part of the 2<sup>nd</sup> tranche of the national programme, which would result in approximately 1,000 extra endoscopy procedures and 70 additional cancer patients being treated. Appropriate plans are being put in place to ensure successful implementation.
- The waiting time of patients referred for sleep studies had been reduced from 13 months (maximum) to a 3 months average.
- The acute patient flow 6 hour Health Target continued to be challenging with performance at 87.6% for Q2. Current focus was on the admittance pathway with each speciality reviewing why breaches are occurring. The Full Capacity Protocol was now being activated as required. It was acknowledged that transferring these additional patients to a ward spread the risk from the Emergency Department to one or two extra patients to be managed on each ward.
- The transit lounge continued to be promoted but it was acknowledged that further work could be focussed here.

Mr D Macpherson left the meeting at 10:00am.

### **Surgical and Critical Care**

This item was presented by Mrs J Farley.

Meeting the Elective Service Performance Indicator (ESPI) 2 and 5 targets continued to be a challenge, particularly in the areas of

orthopaedics. ESPI5 was acknowledged as being a significant risk for March, meaning a possibility of funding being withheld.

### **Womens and Children Health**

Ms P Fitzgerald presented on this agenda item.

- The Transformation Project continued to make good progress with a number of work streams, with a key focus on recruitment.
- Moving planned (elective) caesarean sections to the main theatres was proving positive. A second theatre was being considered in the Delivery Suite area which would enable keeping mother and baby together.
- Work was expected to be completed by May 2017 on the paediatric negative pressure rooms.
- Good progress continued to be made on addressing concerns raised by the Royal Australian College of Physicians (RACP), which was on track to get accreditation back.
- No concerns had been raised regarding accommodation of mothers following the closure of the Hilda Ross building.

#### **Resolved**

#### **THAT**

The report be received.

## **ITEM 8: QUALITY**

### **8.1 Q2 Quality Report**

Ms M Neville presented this agenda item.

- It was still under consideration whether future quality reports would be brought to PMC or the Audit and Risk Committee.
- Quality and Patient Safety were considering ways to improve complaint resolution due to the last disappointing compliance result.
- Changes were being made to the process of items being reported to the Board of Clinical Governance to assist with improving compliance with the policy currency target.
- Advanced Care Planning implementation was a priority, with the aim of training to improve staff confidence when having patient conversations.

#### **Resolved**

#### **THAT**

The Committee received the report.

## **ITEM 9: FINANCE REPORT**

### **9.1 Provider Arm Finance Report**

The two finance reports (Provider Arm and Funder Arm & Governance) were presented in the historic Committee format. A single report would be provided at the next Committee meeting.

**Resolved**

**THAT**

The Committee received the report.

## **9.2 Funder Arm and Governance Finance Report**

**Resolved**

**THAT**

The Committee received the report.

## **ITEM 10: PEOPLE**

### **10.1 People and Resources Report**

Mr G Peplow attended for this item.

- With the exception of a few services, recruitment was in a relatively stable position.
- The new Waikato DHB values had been positively received.
- The Disability Support Advisory Committee had previously maintained a watching brief over the employment of people with disabilities. Whilst the DHB had a number of initiatives in place, it did not currently capture data in a useful way to report to the Committee.

**Resolved**

**THAT**

The Committee received the report.

## **ITEM 11: INFRASTRUCTURE**

### **11.1 Next report due 12 April 2017**

## **ITEM 12: INFORMATION SERVICES**

### **12.1 Information Services Plan Report**

Mr G King attended for this item.

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

Of note:

- It was still to be decided if this report would continue to be presented to the PMC or whether it should be provided to the Audit and Risk Committee.
- A buoyant IS market was presenting a challenge to recruit skilled employees, with people choosing to contract due to the benefits this brought.

**Resolved**

**THAT**

The report be received.

## **ITEM 13: PERFORMANCE OF FUNDED ORGANISATIONS**

### **13.1 Performance of Funded Organisations**

Mrs J Wilson provided background to the reporting of the performance of funded organisations that had previously been presented to the Community and Public Health Advisory Committee.

Members were invited to provide feedback on areas that could be included or expanded in the activity report.

## **ITEM 14: DATE OF NEXT MEETING: 12 APRIL 2017**



# PERFORMANCE MONITORING COMMITTEE MINUTES OF 8 MARCH 2017

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

THAT:

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

Item 15: Minutes: Health Waikato Advisory Committee 10 August 2016  
(items taken with the public excluded)

Item 16: People and Performance Report – Public Excluded

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

<u>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</u>	<u>REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER</u>
Item 15: Minutes	Items to be adopted/ confirmed/ received were taken with the public excluded
Item 16: People and Performance report	Negotiations will be required

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

Item 15: As shown on resolution to exclude the public in minutes.

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

## ITEM 17: COMMITTEE STRUCTURE

The chair acknowledged the continued service on the Performance Management Committee (PMC) by Mr K Price and Cr P Malpass whilst membership was finalised.

A general discussion on the role of PMC ensued;

- How as a monitoring committee can members add value. Need to be asking key questions.
- What was the role of the new Consumer Council and how does that fit with PMC.
- Desire by the committee members to get a more 'end to end' view of DHB performance in meeting population health needs.
- Health Needs Assessment important as a tool to understand population need.
- The benefits and negatives of population demand surveying. Should a marketing approach be considered?
- Need for ongoing evaluation as to which Committee the quality reports should present to.
- Suggestion to focus on a couple of themes annually, i.e. smoking, pregnancy and obesity.
- Monitoring needs action not just monitoring. Link with strategy important. Monitoring to be more exception based.
- The Health Strategy Committee was to oversee key projects. There should not be duplication of reporting between committees.

Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_

Meeting Closed: 12:00 pm



**MINUTES OF THE MEETING OF THE HOSPITAL ADVISORY COMMITTEE  
HELD ON MONDAY 27<sup>th</sup> FEBRUARY 2017 AT 10.00 A.M.  
BOARDROOM, ROTORUA HOSPITAL, PUKEROA HILL, ROTORUA**

**Meeting:** [152]

**Present:** L Thurston (Chair), A Morrison (Deputy Chair), D Shaw (Board Chair), J Morreau, J Horton, C Rankin, R Isaacs

**In Attendance:** D Epp, R Dunham, N Saville-Wood, S Wilkie, Dr S Kletchko, G Lees, A Mountfort, H Schoeman, J Eilers, G Fannin and B E Harris (Board Secretariat)

**152.10 MEETING CONDUCT**

The Chair welcomed everyone to the first Hospital Advisory Committee meeting for the year before following with a karakia.

152.11 Apologies (*Agenda Item 1.1*) P Marks

**Resolution:**

THAT the apology be accepted.

**J Morreau : C Rankin**

CARRIED

152.12 Schedule of Interests Register (*Agenda Item 1.2*)

The Interest Register was circulated during the meeting with no additions or deletions made.

152.13 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.

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

152.15 Presentations

152.15.1 The Provider Arm – Past, Current and Future by N Saville-Wood

Chief Operating Officer, N Saville-Wood's presentation on the above covered:-

- Service Delivery
- Past financial results
- Past major initiatives/issues
- Current – acute demand & financial results
- Targets
- Current – Major initiatives, Quality activities, Workforce issues
- Future three years

The Chair thanked N Saville-Wood for his excellent presentation and looked forward to future updates on a continued focus on one service, two sites and services closer to home.

152.15.2 Update on the Care Essentials Audit by G Lees

The presentation by G Lees on the Care Essentials Audit highlighted the points listed below:-

- Overall 250 forms completed covering 11 units
- Audit consisted of 27 questions and scoring
- Overall the majority of questions scored over 95% which represented the majority of patients being very positive about the nursing and midwifery staff at the hospital.
- A consumer representative is used as part of the audit team who is gradually taking over more of the auditing

The Chair also thanked G Lees for his excellent update.

## 152.20 SIGNIFICANT ISSUES

### 152.30 CHIEF OPERATING OFFICER

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

152.31.1 Chief Operating Officer monthly report : January 2017 (Agenda Item 3.1.1)

N Saville-Wood acknowledged his appreciation to Wendy Bunker for her excellent work on the elective services reports. The highlights noted from discussion were:-

- Visit by Ministry of Health (MoH) to discuss acute demand and ED 6 hour target issues.
- Emergency Department (ED) Six Hour Targets brief with the Francis Group establishing a framework and introducing metrics to encourage change.
- Major development with the introduction of Medical Assessment Planning Unit (MAPU) looking at clinical staff roster and shifting clinical staff into the high volume periods.
- With the Faster Cancer Treatment we were lowest in NZ and have improved this to 88% which makes us one of the top DHB's.
- Did Not Attend (DNA) situation – significant disparity between Maori and non-Maori and an issue the Board highlighted at the previous Board meeting.
- Rotorua carries out the majority of Taupo domicile births.
- Increasingly more midwives are employed by Lakes Division unit 24/7.
- New clinical nurse manager from Auckland Emergency is joining Lakes District Health Board (Lakes DHB) Emergency team today.
- Medical management unit welcoming sixth and fourth year medical students.
- An agreement has been reached with the pathologists to cover all post-mortem requirements.
- Medicine – resource issue as far as oncologists are concerned.
- Mental Health and Addiction Services – working through how to best approach and treat patients. All psychiatrist roles have been filled in Mental Health and Addiction Services except the alcohol and drug position. Progressing business case for development of the inpatient unit.
- Experiencing a few Elective Services Patient Flow Indicators (ESPIs) problems being red for four months which could trigger a ¼ million dollar penalty for Lakes DHB.
- Retirement of Dr Paul Malpass in December 2017 along with other long standing staff.
- Pleased to report no significant presentations to ED from the Iron Man event.
- Woman, Child and Family Services – reduction in admissions to the Children's unit.
- Bowel Screening roll-out in 2019. Lakes DHB has to increase volumes by around 600 and is expected to fund internally. There is also no cover for capital cost.
- Planning to introduce an outpatient case management role to assist address the high DNA rates being experienced

152.31.2 The Chair requested that the acronyms be spelt out in full along with abbreviations.

Balanced Scorecard (Agenda Item 3.1.2)

As requested at the previous Hospital Advisory Committee (HAC) meeting, Mental Health ward beds were added to the report.

**Resolution:**

THAT the Chief Operating Officer's report be received.

**L Thurston : C Rankin**

CARRIED

152.31.3 Elective Services 1st Quarter Report (Agenda Item 3.1.3)

The 1<sup>st</sup> Quarter report gave a good overview of where Lakes DHB sat. N Saville-Wood highlighted:-

- Diagnostic Indicators and Computerised Tomography (CT) and Magnetic Resonance Imaging (MRI) scan data
- New Medical Radiation Technology (MRT) roster included in the budget which will extend the operating times of the MRI and CT and will improve some of the wait times.
- Urgent colonoscopies – Lakes is one DHB on the International Global Rating Scale (GRS) providing data to the Ministry of Health. This dataset includes all patients even those who

have elected to change their appointment dates (which breach the targets) – MoH has not been able to remove these from the dataset they report on. All other DHB's collect their information on a spreadsheet where they can manually exclude these patients. MoH does acknowledge this problem.

**Resolution:**

THAT the Elective Services 1<sup>st</sup> Quarter report be received.

**L Thurston : A Morrison**

CARRIED

**152.40**

**REPORTS**

152.41

Performance Monitoring : Finance & Audit 31<sup>st</sup> August and 31<sup>st</sup> January 2017 (*Agenda Item 4.1*)

A Mountfort spoke to the financials, advising that:-

- Net surplus/(deficit) for the month was (\$478k) with the month's variance sitting at (\$434) negative with YTD at (\$2,304) negative.
- Lakes slipped behind the budget figure – forecasting a \$2.2m deficit.
- Revenue variances (\$153k) for the month.
- Lack of activity around ACC elective volumes therefore recoveries are less.
- Capital charge rate adjustment (\$28k).
- Overall Personnel costs down by (\$165k) for the month due to a few issues i.e. the additional costs paid to SMOs to cover RMOs on strike (\$147k).
- There were savings in RMO staff costs. Net cost for RMO three day strike was \$100k for January with still more costs to come through from February.
- Staff savings for SMOs \$228k but has been offset by locum costs.
- Outsourced Services costs were unfavourable to budget for the month (\$380k); YTD (\$4,697k).
- Other variances across the month included continual leave uptake.
- Most locums covering gaps in rosters and sick and annual leave.
- Over-run in Pharmaceuticals (\$80k).
- Infrastructure and non-clinical costs were favourable to budget in the month \$134k; YTD \$821k.
- Building depreciation is a budgeting issue.
- Results by service for the period ended 31<sup>st</sup> January 2017.
- Total profit/loss for the provider division is included..
- IDF inflows showing higher than budget.

The Chair acknowledged the high volume of work carried out by the team.

**Resolution:**

THAT the Financial Reports for 31<sup>st</sup> January 2017 be received.

**L Thurston : D Shaw**

CARRIED

152.42

Quality Risk and Clinical Governance report (*Agenda Item 4.2*)

Dr Kletchko took her report as having been read. She stated the Certification Audit team was good and hospital staff across the board superb. A debriefing was held on Thursday 23<sup>rd</sup> February 2017. There were little corrections (moderate and low) being put to an action plan with three to six months to deal with them.

Board Chair, D Shaw reported that he had attended an Audit-end briefing session to look at processes, development and exercises on services. A refresher is proposed. He offered his congratulations to the team members as indications were very positive and a lot of preparation had been involved in achieving such a good outcome.

The Chief Executive (CE), R Dunham also extended his appreciation for the excellent achievement from the Quality Risk team and hospital staff.

A Morrison was advised that members would receive updates on the tracking of the action plan.

**Resolution:**

THAT the Quality Risk and Clinical Governance report be received and that the Chair write an appropriate letter acknowledging the excellent preparation work undertaken by staff for the audit.

**L Thurston : C Rankin**

CARRIED

**152.50 SECRETARIAL**

152.51 Minutes of previous Hospital Advisory Committee meeting held 25<sup>th</sup> October 2016 (*Agenda Item 5.1*)

**Resolution:**

THAT the minutes of the previous Hospital Advisory Committee meeting held 25<sup>th</sup> October 2016 be confirmed as a true and accurate record.

**D Shaw : J Horton**

CARRIED

152.52 Schedule of Tasks (*Agenda Item 5.2*)

- That Hospital Key Audits be deleted
- Faster Cancer presentation and VVIP presentation be given to the 1<sup>st</sup> May Hospital Advisory Committee (HAC) meeting.
- Patients' letter – on-going monitoring with customer input.
- Delete DNA rate
- Cardiac report submitted to May HAC meeting.
- Acknowledgement letter to W Bunker completed.
- .
- Taupo Maternity numbers completed.

152.53 Matters Arising (*Agenda Item 5.3*) : Nil

152.54 Presentation slides on Type 1 Diabetes (*Agenda Item 5.4*) : Noted

**152.60 INFORMATION AND CORRESPONDENCE (*Agenda Item 6.0*)**

152.61 Letter 15<sup>th</sup> November 2016 re End of Term for DHB representatives on Lakes DHB Advisory Committees : M Arundle and N Gallagher

152.62 Letter 1<sup>st</sup> November 2016 of appreciation to W Bunker, Programme Director (*Agenda Item 6.2*)

**Resolution:**

THAT the information and correspondence be accepted.

**L Thurston : D Shaw**

CARRIED

**152.70 PUBLIC EXCLUDED**

**Resolution:**

THAT the meeting move into Public Excluded at approximately 11.15am

**D Shaw : J Horton**

CARRIED

..... 1<sup>st</sup> May 2017  
Chair



LAKES DISTRICT HEALTH BOARD  
**SCHEDULE OF TASKS: Hospital Advisory Committee meeting  
27<sup>th</sup> February 2017**

<b>Agenda Item</b>	<b>Action</b>	<b>Responsibility of</b>	<b>Timeframe</b>
<b>Presentations:</b>			
Faster Cancer	That a further presentation be given on this matter at a future HAC meeting.	Chief Operating Officer	May 2017
FVIP Co-Ordinator	That a presentation be given by the new appointee later in the 2017 year.	Chief Operating Officer	May 2017
<b>Tasks</b>			
Patient letters	Improvements to the patient letters are on-going.	N Saville-Wood	Ongoing
Cardiac Report	Be presented early in 2017	N Saville-Wood	May 2017
Certification Audit	THAT the Chair writes an appropriate letter, acknowledging the excellent preparation work undertaken by the staff for the audit.	L Thurston	ASAP



# **System Level Measures**





# **Operations and Performance**

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

12 APRIL 2017

## AGENDA ITEM 5.1

### OPERATIONS AND PERFORMANCE DIRECTORATE

<b>Purpose</b>	1) For information
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#### **Proposed structure for Operations & Performance report**

As communicated in the March Performance Monitoring Committee (PMC) meeting, it is proposed that the monthly Operations & Performance reporting covers two areas of interest to the Committee:

- 1) DHB-wide performance report providing whole of DHB perspective on operational performance, in particular in relation to patient flow. Measures of interest are particularly related to input volumes, queues, waiting times, occupancy, throughput and underlying measures such as discharge management and capacity utilisation.
- 2) Brief monthly team performance report of achievements and challenges within the Operations & Performance division.

#### **Operations & Performance report - implementation roadmap**

As outlined in the March report, many measures that suit the definition for inclusion on the Operations & Performance report are not currently available, or not in the correct format. Therefore it is proposed that a phased approach is adopted to extend the breadth and functionality of this report over time:

1. Phase 1: In the first instance, the Operations & Performance dashboard will include rolled up 'Provider wide' measures for the DHB provider arm. These measures are categorised in current categories of waiting times, throughput, theatre productivity and discharge management.
2. Phase 2: Addition of existing DHB wide measures that do not require to be included on directorate or service scorecards for action.
3. Phase 3: Addition of existing measures that are currently reported elsewhere. As per the design principles, these will first be included on directorate and service scorecards in order for there to be accountability for action.
4. Phase 4: New measures where data is currently not being used for reporting. These will include development of meaningful outcome measures for the DHB.
5. Development of interactive scorecards and the introduction of a 'balanced scorecard' structure will be adopted once the categories are agreed organisation-wide. Proposed structure to be based on Institute of Medicine 6 result areas for a healthcare system:
  - a. Safety - avoiding harm to patients from care that is intended to help them
  - b. Equity - providing care that does not vary in quality because of a person's characteristics
  - c. Patient centeredness - providing care that is respectful or responsive to individual needs and values
  - d. Effectiveness - providing services based on scientific knowledge and which produces clear benefit
  - e. Timeliness - reduced waits and sometimes harmful delays
  - f. Efficiency - avoiding waste

The recently launched HQSC dashboard for Waikato DHB performance in Quality and Safety provides a useful example for the desired future state of the DHB reporting:



### HSC/PMC committee structure and agendas

Following the conclusion of the inaugural PMC and Health Strategy Committee (HSC) meetings in March, the chairs of both committees as well as management representatives met to discuss the delineation, overlaps and possible gaps between the two committees.

Key objectives for both committees were clarified and specified in further detail. Where there are close relationships between strategic initiatives and performance monitoring frameworks, it was agreed that a shared session between members of the two committees would be beneficial.

A joint recommendation for proposed refinements to the processes and agendas of PMC and HSC will be brought to the next PMC and HSC meetings in June.

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

## Operations & Performance

February 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	87.0	95.0	(8.0) ❌	88.6	95.0	(6.4) ❌		1
Emergency Department (3/2/1 performance)		Under development							
Number of long wait patients on outpatient waiting lists	# > 4 mths	189	0	(189) ❌	2,556	0	(2556) ❌		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	147	0	(147) ❌	712	0	(712) ❌		3
CTs reported within 6 weeks of referral	%	92.6	90.0	2.6 ✅	94.3	90.0	4.3 ✅		
MRIs reported within 6 weeks of referral	%	85.0	85.0	0.0 ✅	89.0	85.0	4.0 ✅		

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Waiting Time for acute theatre < 24 hrs	%	71.2	80	(8.8) ❌	73.7	80.0	(6.3) ❌		4
Waiting Time for acute theatre < 48 hrs	%	86.7	100	(13.3) ❌	87.8	100.0	(12.2) ❌		5

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Laboratory – ED urgent Biochemistry profile TAT within 90 mins	%	91.0	90.0	1.0 ✅	94.4	90.0	4.4 ✅		
All inpatients scanned within 24 hours	%	90.0	90.0	- ✅	88.8	90.0	(1.3) ⚠️		
All inpatients scanned within 48 hours	%	95.0	95.0	- ✅	95.9	95.0	0.9 ✅		
Emergency Department patients Ultrasound and CT scanned within 6 hours	%	99.4	100.0	(0.6) ⚠️	99.7	100.0	(0.3) ⚠️		
Emergency Department patients General X-Ray scanned within 30 minutes	%	79.0	100.0	(21.0) ❌	74.5	100.0	(25.5) ❌		6
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	113.6	100.0	13.6 ✅	98.8	100.0	(1.2) ⚠️		
Output Delivery Against Plan - Inpatient Number of Episodes	%	108.5	100.0	8.5 ✅	98.2	100.0	(1.8) ⚠️		
Output Delivery Against Plan - Inpatient CWD Volumes	%	102.6	100.0	2.6 ✅	98.0	100.0	(2.0) ⚠️		

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Number of long stay patients (>20 days length of stay)	Discharges	47	53	6 ✅	507	433	(74) ❌		7
Number of long stay patient bed days (>20 days los)	Bed Days	1,515	1,696	181 ✅	17,355	14,587	(2768) ❌		8
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			5.02	4.79	(0.23) ⚠️		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.89	1.89	0.00 ✅		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.00	1.05	0.05 ✅		

#### Key - MTD Measures

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

#### Key - YTD Measures

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

#### Key - Trend Measure

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

## Operations & Performance KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	<b>Shorter Stays in ED</b>	<p>Waikato Hospital continues to struggle with performance of the 6 hour target. In addition, Thames hospital experienced a busy month and did not meet the 6 hr target.</p> <p>For Waikato Hospital, main delay phases in February were most commonly ED assessment (45%), specialist assessment (33%) and bed allocation (22%). Patient flow programme projects underway to address root cause issues.</p>
2/3	<b>ESPI 2 and 5</b>	<p>Daily management against this MoH target, including initiatives managing inflows, recruitment and implementation of the orthopaedic action plan. Surgical service is projecting ESPI 2 compliance by April.</p> <p>Projecting ESPI 5 compliance by March. Tight management of patients on waitlist to ensure available capacity matches demand.</p> <p>Planning for next financial year outsourcing underway, based on a view of constraint theatre capacity and growing acute demand.</p>
4/5	<b>Waiting time for acute theatre</b>	<p>Waiting time for acute theatres has been declining in recent months. Particularly the performance against 48 hrs has been of concern.</p> <p>Work has been implemented to assure that the measure accurately reflects that patient was ready for surgery and not 'on hold'.</p> <p>Focus on this area via Theatre and Interventional Governance Group (TIGG), with potential to run a 'Rapid Improvement Event' under the patient flow programme.</p>
6	<b>ED Patients General X-ray within 30 minutes</b>	<p>For the past 4 months there has been very little change on this measure. Improved performance of 98% during business hours, however out of hours and weekends are compromised as resource compromised by competing demands for MRTs required for Theatre (high demand), Traumas, inpatient mobiles and patients not ready to come to Xray.</p> <p>An average ED Xray takes 20 mins to complete.</p>
7/8	<b>Number of long stay patients</b>	<p>The number of long stay patients that have been discharged YTD is still above target, however it has been tracking down in recent months.</p> <p>Weekly review of patients with LOS &gt;10 days progressing. From April onwards, the reasons provided will be more granular and actionable to inform service changes in the future. The weekly review process will be re-emphasized as part of the SAFER roll-out. By end of 2017, appropriate regular review and related staff actions to be incorporated in the new clinical whiteboards (part of patient flow manager).</p>

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

### Team: Operational Performance and Support

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

- The National Patient Flow project was awarded 2-star compliance (out of 5 stars when project will be complete). Our progress is in-line with or ahead of that of many other DHBs.
- The Production Planning project is well advanced with information collected from services and initial results now available for theatre and bed planning.
- A tender process for reporting tool has been completed and we are beginning a pilot using the new Qlik tool for some Mental Health Dashboards.

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

- A change to department structure may be required to allow more support to be given to hospital service units to implement the production plan, report against it more usefully and update the plan in real time in response to emerging demands. We are considering possibilities within the constraint of existing budget.
- There is key person risk for some of the recent development that has occurred within the National Patient Flow project. We are intending to mitigate this by putting the support of all NPF software within the ambit of the 3rd party supplier to the project.
- Two staff members are expecting babies. A recruitment process to cover maternity leave is commencing.

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

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

### Team: Clinical Records

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

- Work has commenced on processing the Urology paper files - some to be sent offsite and some are to be scanned.

#### 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.

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

- Continue with Urology file processing
- Planned upgrade to scanning software in the near future

### Team: Clinical Coding

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

- All 5 staff member who sat HMAA challenge exams have successfully passed the courses.
- Manager has successfully completed and passed the SNOMED CT introductory course.
- Farewell for Patsy MacAuley, previous manager Clinical Coding.

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

- Concern: Insufficient cover during the afternoon.

- Cause: Staff starting too early in the morning, not enough availability later in the day to meet the needs of auditing, education and other departments (such as coding on wards, medical records, business analysts).
- Countermeasure: Change in culture within the department and more structure to fit in with needs for auditing, education and availability of staff to meet the needs of other departments. This is a planned approach with the support of Human Resources.

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

- Development of core expectations document (similar to Information Services).
- Internal audits to recommence.
- IDF audits to be expanded.
- Development of processes to more effectively track staff progress and implement education.
- Nearly all staff booked on to a values session workshop.

#### Team: Integrated Operations Centre

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

- AWOL policy for Waikato Hospital passed through Policy committee and BOCG, needs communication plan as significant change to process.
- Safety partner guideline passed through policy committee going to Board of Clinical Governance next month.
- Assignment workload manager roll out completed in all areas of Waikato Hospital with validation completed in 60 % of areas the information from this has been submitted to budgeting process for changing Hour per patient day.
- Quotes for Integrated Operations Centre refurbishment and meeting room underway.

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

- Bed planning continues to show bed demand greater than supply, on a daily basis. Variance response is occurring daily with extra beds being opened to offset this however the staffing gap means that these are often not resourced with staff.
- High levels of sick leave, nursing running at 9 %. Nurse managers are now offering 6 hour shifts to staff in the hope that a short shift will be acceptable to part timers as an extra.
- Duty Nurse Manager vacancy will leave the roster short, however part timers have picked up the majority of these shifts to date. Recruitment interviewing to start first week of April.

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

- 2017 /18 bed planning and budget process being worked through.
- Presenting at Ministry of Health on bed planning with Lisa Moore.
- CapPlan upgrade to version 7: this will allow for staffing integration and theatre cap plan to be used more widely.
- Completing Request For Proposal (RFP) for Interhospital Transfers.
- Rural Hospital Project as part of patient flow programme, have engaged in patient experience co-design. Workshop to identify flow improvements to be held on 21 April.
- IPM Upgrade underway.

#### **Recommendation**

#### **THAT**

The report be received.

**MARC TER BEEK**

**EXECUTIVE DIRECTOR OF OPERATIONS AND PERFORMANCE**



# Services



**MEMORANDUM TO THE PERFORMANCE  
MONITORING COMMITTEE  
12 APRIL 2017**

**AGENDA ITEM 6.1**

**COMMUNITY AND CLINICAL SUPPORT**

**Purpose**

1) For information

**Content of Report**

A wide range of initiatives to both develop services and enhance service performance are underway in the Community & Clinical Support directorate. The services are generally performing well against the range of performance metrics expected of them.

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

**Recommendation**

**THAT**

The report be received.

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

# 1 Service Development

---

- Ten community consultation meetings on proposed changes to Primary Maternity services took place in the southern rural areas during March. One hundred and twenty three people attended the meetings:
  - Te Kuiti/Otorohanga - 37 (4 meetings)
  - Tokoroa / Putaruru - 57 (4 meetings)
  - Taumarunui - 29 (2 meetings)

Feedback on the proposal has been invited from these communities and closes on 14 April 2017. Once the feedback has been received and collated, a final report and recommendations will be submitted to the board for consideration. This is likely to occur in late May.

- The refurbishment of the old Matariki birthing unit to accommodate the community staff based in Te Awamutu is well underway with the new facility on schedule to open in mid-April. This change will enable a former base, a residential house, to be sold and the old annex at Matariki to be demolished.
- The Tairāwhiti DHB currently receives breast screening services from the BreastScreen Coast to Coast. The Tairāwhiti DHB has made a formal request to the National Screening Unit to realign provision of these services to BreastScreen Midland. If this eventuates it will almost certainly trigger the need for another mobile unit. From Waikato's perspective there is an obvious logic to the various regional services operating across Midland as a whole.

The primary-sector iron infusion project launched at the start of February. Rural patients can now be given IV iron infusions at their local GP practice thereby reducing the need for the patient to travelling to either Thames or Waikato hospitals attend hospital for an infusion prior to their surgery. To date seven patients have accessed this service which is reliant on local practices joining the scheme. The District Pharmacy Service is now in discussions with Pharmac about the potential to introduce iron infusions for medical (rather than pre-surgical) reasons into the scheme. This initiative is one of several that are underway to improve the quality of patient blood management. Overall the DHB's pre-op anaemia service saw 1,153 patients during 2016. If each intervention saves at least one unit of red blood cells, this initiative will have saved \$340,000 over the course of the last calendar year by ensuring that the need for blood is reduced by better workup.

- The District Pharmacy Service expanded to take over pharmaceutical supply to the community mental health clinics in mid-March. These services had previously been provided by a community pharmacy. Both financial and process benefits are anticipated as a result of this change.

# 2 Service Performance

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- The Community & Clinical Support division met the requirement that 95% of people attending its various emergency departments were seen and discharged.

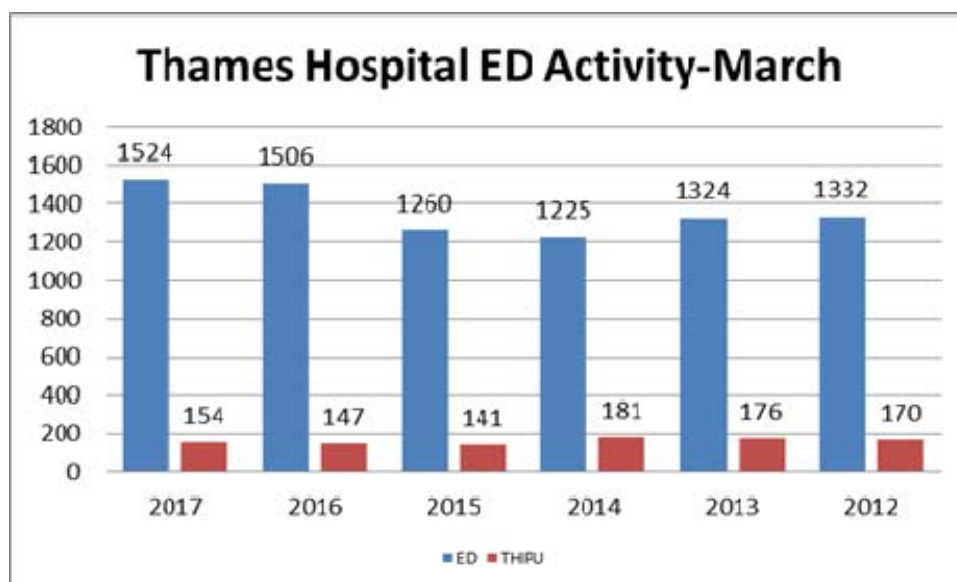
Hospital	Presentations (Quarter 3)	Discharged <6 hours (Quarter 3)
Thames	4,591	93.1%
Te Kuiti	499	99.0%

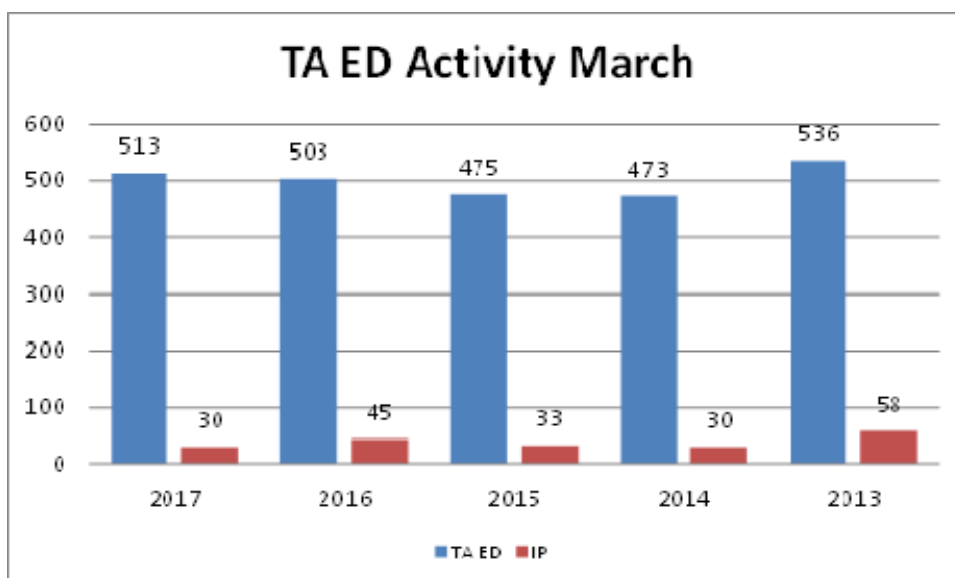
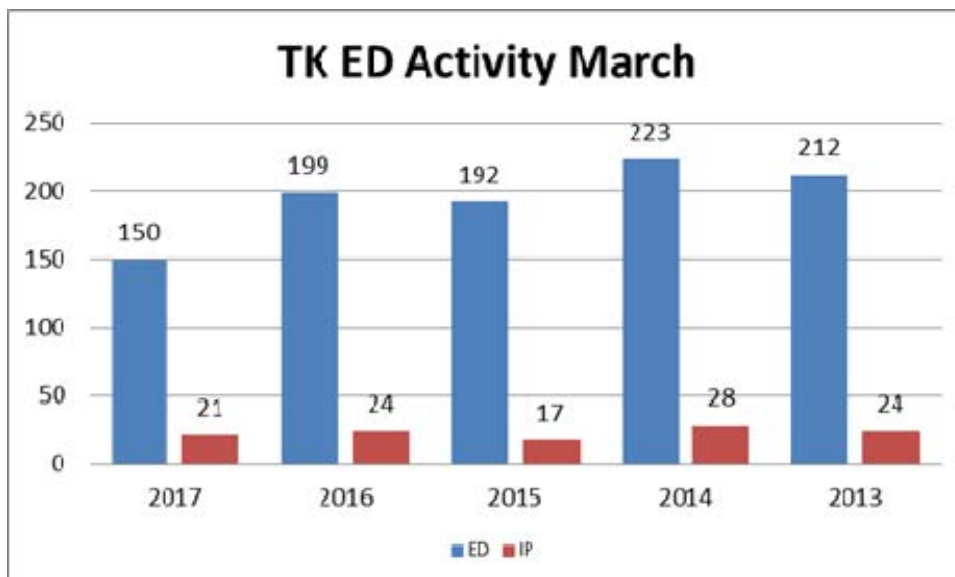
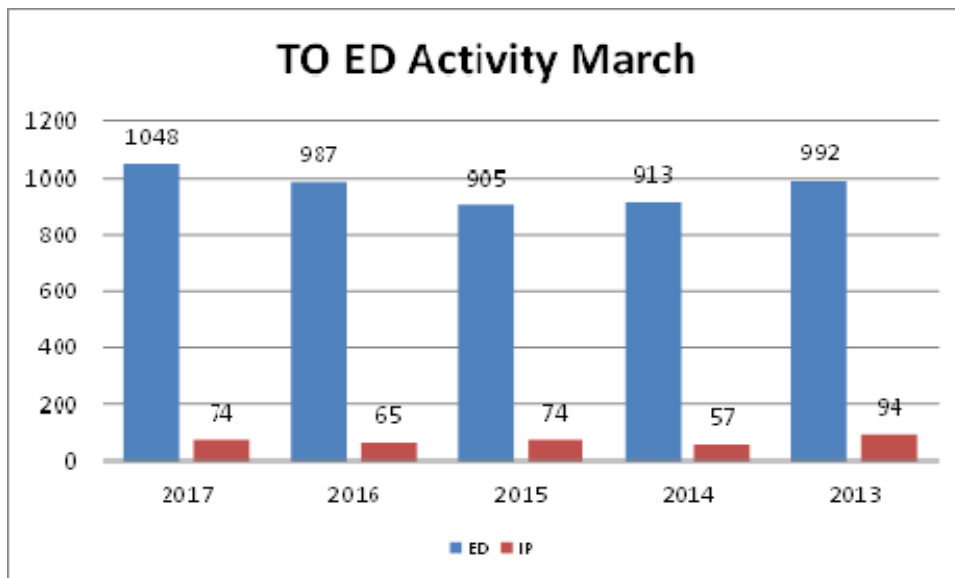
<b>Tokoroa</b>	3,022	97.8%
<b>Taumarunui</b>	1,558	96.2%
<b>Community &amp; Clinical Support</b>		<b>95.2%</b>

The Emergency Departments at Thames and Tokoroa are facing considerably increased pressure as a result of reduced access to general practice in those localities due to GP workforce issues.

A formal clinical pathway for the redirection of patients who present to the southern rural emergency departments to SmartHealth as an alternative method of delivering care has been formally signed off. This is the result of a considerable amount of effort by the local nursing leadership to secure buy-in across a wide range of clinical staff. The pathway will first be launched at Tokoroa where a SmartHealth booth has been created so that people can access the SmartHealth consult without leaving the premises should they chose to do so.

The general transition away from inpatient care to community based delivery is continuing across all of the rural facilities. The parallel shift away from emergency to planned ambulatory care is occurring most effectively at Te Kuiti. The sustained nature of that transition reflects the philosophy of the general practice in that area, the attractiveness of that practice to general practitioners as a place to work, and the alignment of incentives between the practice and the local hospital for medical services. In contrast the unplanned presentation rates at Thames and Tokoroa, (where those features are least observable) continues to increase. Aligning the incentives between general practice and hospital based services in these localities is essential. The current facility contract with a local practice in Taumarunui expires in October of this year which presents an opportunity for the Board to improve the alignment in that locality. This will be briefly discussed at the Health Strategy Committee meeting in April.





- Most hospitals are performing well against the Smokefree target.

Hospital	Smokers	Offered Intervention	% Intervention
Thames	30	26	87%
Te Kuiti	13	11	85%
Tokoroa	36	35	97%
Taumarunui	26	25	96%
<b>Community &amp; Clinical Spt</b>	<b>105</b>	<b>105</b>	<b>93%</b>

- The rate of virtual appointments is gradually increasing. The current and planned activity for Thames Outpatients is shown below. The wireless and equipment capacity to support telehealth is now in place across all rural hospital sites and reporting against virtual care activity targets will commence more formally from July.

Thames Hospital Outpatients	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar (pr)	Apr (pr)	May (pr)	Jun (pr)
Sleep	2	2	4	1	1	5	0	0	2	2	2	4
Oncology	4	4		1	0	1	0	0	0	2	2	2
Haematology	4	4	9	2	0	0	8	2	0	4	2	4
Diabetes		3		2	1	5	5	0	1	2	2	2
Respiratory					3	0	4	4	4	3	4	4
General Surgery				21	17	24	15	4	20	20	20	20
Neurology									2	2	2	2
Palliative Care										2	4	6
Paediatric Medicine											3	0
Plastics												6
General Medicine									6	8	10	10
Renal												1
<b>Total</b>				27	22	35	32	10	35	45	51	61

- The Emergency Management process in Thames/Coromandel was fully tested by the weather event in early March and all systems passed the test exceptionally well. Most of the satellite bases, as well as the hospital, were cut off for periods of time which presented particular challenges in ensuring adequate staff were available. Twelve shifts were affected but very few services had to be cancelled. The ability of the local DHB staff to respond proactively and positively to such unplanned emergencies is a real asset to the rural communities.
- The Rural Patient Transfer Project which is part of the wider Patient Flow Programme aims to increase the transfer of rural patients to the rural hospital of their domicile as part of their care. The patient and staff perspective through co-design is integral to this project. The development of clearer rural hospital patient transfer guidelines should assist Waikato clinical teams to identify their rurally domiciled patients at Waikato hospital who can be transferred back to a rural hospital and cared for 'closer to home'. In conjunction with this work effort is going into familiarising a greater range of clinical staff with the technology that is available to support virtual ward rounds.
- The Radiology service has recovered significant ground after the expected decline in access to CT over the January period and is performing comparatively to most other centres nationally. Two hundred more CT referrals have been received than is normal in

the last three months. Some Hamilton patients will be scanned at Thames in order to keep on top of the waitlist. Waikato is performing well for access to MRI compared to many other centres.

**Percentage of patients receiving CT Scans in 42 days (6 weeks) or less**

	December 2016			January 2017			February 2017			
	Waiting or Scanned Within 42 Days	CT Waiting and Scanned	% CT in 42 Days or less	Waiting or Scanned Within 42 Days	CT Waiting and Scanned	% CT in 42 Days or less	Waiting or Scanned Within 42 Days	CT Waiting and Scanned	% CT in 42 Days or less	
Auckland	590	605	97.5%	524	571	91.8%	593	640	92.7%	Auckland
Bay of Plenty	568	591	96.1%	504	553	91.1%	543	583	93.1%	Bay of Plenty
Canterbury	1,120	1,211	92.5%	1,433	1,561	91.8%	1,563	1,684	92.8%	Canterbury
Capital and Coast	673	833	80.8%	604	821	73.6%	565	767	73.7%	Capital and Coast
Counties Manukau	987	1,015	97.2%	795	833	95.4%	869	920	94.5%	Counties Manukau
Hawkes Bay	352	370	95.1%	396	400	99.0%	387	393	98.5%	Hawkes Bay
Hutt Valley	276	284	97.2%	243	250	97.2%	293	298	98.3%	Hutt Valley
Lakes	456	556	82.0%	400	480	83.3%	360	442	81.4%	Lakes
MidCentral	487	517	94.2%	396	465	85.2%	422	484	87.2%	MidCentral
Nelson Marlborough	347	399	87.0%	259	329	78.7%	239	278	86.0%	Nelson Marlborough
Northland	510	717	71.1%	360	627	57.4%	425	625	68.0%	Northland
South Canterbury	287	304	94.4%	253	272	93.0%	269	279	96.4%	South Canterbury
Southern	882	1,179	74.8%	686	1,034	66.3%	738	1,085	68.0%	Southern
Tairāwhiti	147	154	95.5%	123	138	89.1%	140	149	94.0%	Tairāwhiti
Taranaki	212	304	69.7%	158	262	60.3%	197	292	67.5%	Taranaki
Waikato	823	835	98.6%	568	677	83.9%	787	850	92.6%	Waikato
Wairarapa	139	139	100.0%	111	111	100.0%	141	143	98.6%	Wairarapa
Waitemata	1,322	1,338	98.8%	1,166	1,227	95.0%	1,328	1,385	95.9%	Waitemata
West Coast	113	113	100.0%	94	94	100.0%	131	131	100.0%	West Coast
Whanganui	236	258	91.5%	277	326	85.0%	257	277	92.8%	Whanganui
<b>National Total:</b>	<b>10,527</b>	<b>11,722</b>	<b>89.8%</b>	<b>9,350</b>	<b>11,031</b>	<b>84.8%</b>	<b>10,247</b>	<b>11,705</b>	<b>87.5%</b>	<b>National Total</b>

**Percentage of patients receiving MRI Scans in 42 days (6 weeks) or less**

	December 2016			January 2017			February 2017			
	Waiting or Scanned Within 42 Days	MRI Waiting and Scanned	% MRI in 42 Days or less	Waiting or Scanned Within 42 Days	MRI Waiting and Scanned	% MRI in 42 Days or less	Waiting or Scanned Within 42 Days	MRI Waiting and Scanned	% MRI in 42 Days or less	
Auckland	665	995	66.8%	452	939	48.1%	636	994	64.0%	Auckland
Bay of Plenty	360	379	95.0%	306	327	93.6%	315	319	98.7%	Bay of Plenty
Canterbury	643	1,925	33.4%	533	1,866	28.6%	643	2,026	31.7%	Canterbury
Capital and Coast	344	854	40.3%	268	787	34.1%	388	870	44.6%	Capital and Coast
Counties Manukau	538	746	72.1%	389	659	59.0%	475	701	67.8%	Counties Manukau
Hawkes Bay	245	510	48.0%	177	432	41.0%	224	447	50.1%	Hawkes Bay
Hutt Valley	174	191	91.1%	118	144	81.9%	165	167	98.8%	Hutt Valley
Lakes	213	477	44.7%	153	423	36.2%	227	470	48.3%	Lakes
MidCentral	378	378	100.0%	367	367	100.0%	412	412	100.0%	MidCentral
Nelson Marlborough	286	413	69.2%	199	390	51.0%	217	382	56.8%	Nelson Marlborough
Northland	214	509	42.0%	180	536	33.6%	235	524	44.8%	Northland
South Canterbury	182	187	97.3%	158	164	96.3%	126	132	95.5%	South Canterbury
Southern	614	1,158	53.0%	456	1,266	36.0%	614	1,465	41.9%	Southern
Tairāwhiti	105	116	90.5%	102	117	87.2%	107	120	89.2%	Tairāwhiti
Taranaki	119	198	60.1%	57	151	37.7%	86	158	54.4%	Taranaki
Waikato	588	650	90.5%	544	646	84.2%	574	675	85.0%	Waikato
Wairarapa	60	68	88.2%	62	78	79.5%	74	78	94.9%	Wairarapa
Waitemata	760	802	94.8%	662	818	80.9%	789	954	82.7%	Waitemata
West Coast	68	83	81.9%	55	87	63.2%	66	88	75.0%	West Coast
Whanganui	148	187	79.1%	131	179	73.2%	113	126	89.7%	Whanganui
<b>National Total:</b>	<b>6,704</b>	<b>10,826</b>	<b>61.9%</b>	<b>5,369</b>	<b>10,376</b>	<b>51.7%</b>	<b>6,486</b>	<b>11,108</b>	<b>58.4%</b>	<b>National Total</b>

- Year to date Breast Screen Midland has screened 2,000 more women than last year. In February the service received the highest number of calls on record: 6010 phone calls.

Actual volumes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Waikato DHB	2002	1812	1850	2104	1871	997	1503	1687
Waikato DHB Cumulative	2002	3814	5664	7768	9639	10636	12139	13826
BoP DHB	1164	1393	1524	1283	1151	91	607	1478
BoP DHB Cumulative	1164	2557	4081	5364	6515	6606	7213	8691
Lakes DHB	465	629	573	551	676	170	459	534
Lakes DHB Cumulative	465	1094	1667	2218	2894	3064	3523	4057
BSM	3631	3834	3947	3938	3698	1258	2569	3699
cumulative volumes screened	3631	7465	11412	15350	19048	20306	22875	26574
Budget Target	4200	4000	4000	4000	3500	1300	3000	3000
Variance to budget target	-569	-166	-53	-62	198	-42	-431	699
cumulative budget target	4200	8200	12200	16200	19700	21000	24000	27000
ytd progress against budget target	-569	-735	-788	-850	-652	-694	-1125	-426
BSM Coverage target based on 70% 2015 projected population	3815	4118	3838	3858	3798	1136	1993	3231
Variance to coverage target	-184	-284	109	80	-98	122	576	468
BSM Cumulative coverage target based on previous historical volumes for month	3815	7934	11772	15630	19428	20563	22558	25786

- The Emergency Management process in Thames/Coromandel was fully tested by the weather event in early March and all systems passed the test exceptionally well. Most of the satellite bases, as well as the hospital, were cut off for periods of time which presented particular challenges in ensuring adequate staff were available. Twelve shifts were affected but very few services had to be cancelled. The ability of the local DHB staff to respond proactively and positively to such unplanned emergencies is a real asset to the rural communities.
- The Rural Patient Transfer Project which is part of the wider Patient Flow Programme aims to increase the transfer of rural patients to the rural hospital of their domicile as part of their care. The patient and staff perspective through co-design is integral to this project. The development of clearer rural hospital patient transfer guidelines should assist Waikato clinical teams to identify their rurally domiciled patients at Waikato hospital who can be transferred back to a rural hospital and cared for 'closer to home'. In conjunction with this work effort is going into familiarising a greater range of clinical staff with the technology that is available to support virtual ward rounds.

### 3 Quality & Patient Safety

- The Laboratory have commenced a “**Stronger Together**” project in conjunction with wards at Waikato hospital in an effort to decrease the number of haemolysed and clotted samples reaching the Laboratory. These samples have to be discarded and new specimens obtained which delays diagnosis and exposes patients to greater risk of clinical harm. This is quality improvement initiative was commenced in February in the Emergency Department and resulted in a 4% decrease in haemolysed samples within the first month. The initiative has now been extended to NICU with the agreement of a protocol. The protocol will be rolled out as soon as a training video can be completed and placed on the Ko Awatea e-learning platform.
- The Choosing Wisely initiative continues to be a focus within the laboratory. As part of this programme restrictions are placed on various forms of testing in line with evidence of benefit. The latest restrictions have included discontinuation a non-value adding test for thyroid autoantibodies (Anti-TG), the restriction of a test for the presence of parathyroid



hormone-related protein to Chemical Pathologist approval (PTHrp), and rejection of unnecessary repeat testing for heart failure (BNP).

- The single unit policy for requesting blood will be launched this month. This evidence-based policy aims to improve clinical practice and increase patient safety, reduce the risks of patient harm and reduce the risks associated with transfusion practices and the clinical use of blood and blood products.
- The rate of near misses due to incorrect details on referral forms for imaging remains a concern. Manual checks against previous imaging and discussions with the patient continue to be the best way of mitigating this risk. Whilst very few patients get through that safety net it remains troubling that these common-sense checks are preventing near misses due to poor quality referral information.

## 4 Staff

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- The unusually high number of Radiologist vacancies continues, especially those with Interventional experience. This is placing a significant strain on the District Radiology service.
- A significant amount of work over this month has been devoted to preparing for the influenza campaign for patients and staff, including developing online training resources to support the vaccination programme.

## 5 Finance

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- An RFP for a LCMS (Liquid Chromatography Mass Spectrophotometer) toxicology testing system is in progress. The DHB procurement team has taken over this project from Health Alliance.
- Health Alliance have commenced the RFP for replacing up to three of the DHB's CT Machines (Thames, Radiology, and Oncology). The machine should be installed by the end of the financial year.
- The Community & Clinical Services division was \$1m off its financial target (direct result before IDCC) at the end of February. That is a YTD variance of circa 1%.

## 6 KPIs

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Commentary on the current KPI report:

Note	Indicator	Commentary
1	Elective and Arranged Day of Surgery Admissions	Phenomenally good performance in Australasian terms. The kpi target requires resetting.



2	Laboratory – Histology specimens reported within 7 days of receipt	Actual specimens are triaged on the basis of clinical risk. Significant work has been done to successfully improve histology turnaround times. No concerns of significance are noted. The kpi target requires resetting to measure time critical histology only.
3	Outpatient DNA rate	No concerns of note.
4	Output delivery against plan – inpatient episodes	Lower than planned demand in general surgery and general medicine. This reflects (i) a deliberate service change to reduce acute surgical admissions (utilising Waikato instead) and (ii) the lack of influenza in the community in winter.
5	Output delivery against plan – inpatient cwd	Refer above. The average cwd per case for both acute and elective is consistent with the plan. The difference is due to the reduced volume not altered case-mix.
6	Breast Screening – Māori volumes	Increasing overall coverage by reducing unutilised appointment slots is being intensively managed by the service. The Service Agreement with TPO to uplift attendance by wahine has not been delivered at planned levels to encourage opportunistic screening due to staff vacancies.
7	Complaints	Overall: Community & Southern: 4; pharmacy 1; population health 1; screening 2, laboratory 2 (about one person); Thames: 9. An above average number of complaints received in relation to Emergency Department services at Thames during their peak summer period. Staff attitudes and clinical treatment are the main themes. Each is being investigated more fully.
8	Overtime \$'s	No particular concerns are evident that have not been reported in prior periods.
9	Annual leave taken	No particular concerns are evident that have not been reported in prior periods. A rate of 92.6% is an exemplary result by national standards across all industries.

# Key Performance Dashboard

Community & Clinical Support

February 2017

## Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	95.1	95.0	0.1	95.8	95.0	0.8		
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	%	92.6	90.0	2.6	94.3	90.0	4.3		
MRIs reported within 6 weeks of referral	%	85.0	85.0	0.0	89.0	85.0	4.0		

## General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department - Number relative to Target growth of 4% p.a.	Numbers	Rolling 12 month measure			33,786	33,726	(60)		
Elective Surgery Volumes vs Elective Health Target	% of target	Under development - see separate Elective Health Target Report							
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			84.2	87.7	(3.5)		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			93.9	99.4	(5.5)		1
Laboratory – Histology specimens reported within 7 days of receipt	% for Jan YTD	25.0	80.0	(55.0)	44.6	80.0	(35.4)		2
Pharmacy - Chart turnaround times, % within 2.5 hours	%	92.0	80.0	12.0	92.9	80.0	12.9		
Pharmacy on Meade script turnaround time in minutes	minutes	6.9	10.0	3.1	6.9	10.0	3.1		
Outpatient DNA Rate	%	10.5	10.0	(0.5)	10.8	10.0	(0.8)		3
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	107.4	100.0	7.4	95.4	100.0	(4.6)		
Output Delivery Against Plan - Inpatient Number of Episodes	%	95.6	100.0	(4.4)	93.0	100.0	(7.0)		4
Output Delivery Against Plan - Inpatient CWD Volumes	%	89.7	100.0	(10.3)	91.9	100.0	(8.1)		5
District Nurse Contacts (DHB Purchased)	Numbers	8,950	-	-	77,924				
District Nurse Contacts (ACC Purchased)	Numbers	1,862	-	-	16,113				
School Dental Service - Clients assessed and treated	Numbers	Under development							
Radiology - total imaging events	Numbers	Under development							
Lab - total tests	Numbers	Under development							
pharmacy - scripts processed	Numbers	Under development							
pharmacy - medications reconciled	Numbers	Under development							

## Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			3.58	3.78	0.20		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.98	0.96	(0.02)		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.33	0.39	0.06		
DOM101 Avg Length of Stay	Days	Under development							

## Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	93.4	95.0	(1.6)	92.2	95.0	(2.8)		

## Quality Indicators - Patient Safety

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Breast screening Total volumes - Waikato DHB	Numbers	3,699	3,000	699	26,574	27,000	(426)		
Breast screening Maori volumes - Waikato DHB	Numbers	174	305	(131)	1,656	2,122	(466)		6
Hospital Acquired MRSA (Department)	Numbers	0	0.0	0	0.0	0.0	0		

### Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers	20	8	(12) ❌	104	62	(42) ❌		7
Complaints resolved within 20 wd (1 month lag)	% for Jan-17	82	70	12 ✅	71	70	1 ✅		
Falls Resulting in Harm	Numbers	2		(2) ❌	17		(17) ❌		
Pressure Injuries - Total	Numbers	15	14	(1) ❌	96	119	23 ✅		
Patient Feedback	Not yet collected - in Development								

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Revenue vs Budget (\$000s)	\$000s	2,615	2,456	160 ✅	21,064	19,421	1,642 ✅		
Actual Expenditure vs Budget (\$000s)	\$000s	11,885	11,677	(209) ⚠️	99,859	97,323	(2,537) ⚠️		
Actual Contribution vs Budget (\$000s)	\$000s	(9,270)	(9,221)	(49) ⚠️	(78,795)	(77,901)	(894) ⚠️		
Actual FTEs vs Budget	FTEs	986.9	989.3	2.4 ✅	998.7	995.8	(2.9) ⚠️		
Sick Leave	% of paid hours	2.4	2.1	(0.2) ❌	2.9	2.8	(0.1) ⚠️		
Overtime \$'s	\$000s	148	93	(55) ❌	1,373	1,042	(332) ❌		8
Annual Leave Taken	% of Budget	Rolling 12 month measure			92.6	100.0	(7.4) ❌		9

### Governance Indicators (for Service use only)

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Unacknowledged Results > 10 days	Numbers	Under development							

#### 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

12 APRIL 2017

## AGENDA ITEM 6.2

### MENTAL HEALTH & ADDICTIONS SERVICES

<b>Purpose</b>	1) For information
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#### Service Overview

February and March have seen unprecedented demand and resultant pressure on services. While the Christmas / January period was a more manageable time for the service compared to the previous two years, occupancy and acuity has been extremely difficult over the past two months. The service has seen an increase in admissions associated with methamphetamine use, service users presenting with very complex mental health and social problems as well as a number of people in the inpatient service who have limited community placement options. At the same time we have lost some key inpatient senior doctors which adds to pressure in this environment. A number of strategies are in place to address these issues:

- active focus on recruitment of permanent medical staff while also identifying suitable locum candidates to fill interim gaps
- dedicated inpatient senior medical leadership to support the Adult Clinical Director role
- daily meetings with community teams to identify suitable community placement options
- engagement with key stakeholders in model of care discussions to identify more sustainable approaches to integrated care across the mental health sector
- intersectoral work on a methamphetamine strategy for Waikato.

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

We have had a number of appointments and changes in middle management roles over the past two months. We have made permanent appointments into a number of Team Leader roles in the community. Recruitment is under way for an Operations Manager to replace Christopher Baker.

In addition there have been some changes to the Directors portfolios to ensure better functional alignment. The Adult Mental Health pathway from entry to exit is sitting with Vicki Aitken and the Specialist Mental Health functions with Rachael Aitchison.

## Initiatives and highlights

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

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

With an election cycle in the near future, the aim is to present the Strategic Assessment to the National Capital Committee in June.

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

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

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

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

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

### 2. The Peoples Project (TPP)

TPP is well settled into premises in Garden Place. Project staff, including DHB MH&AS staff are collocated with LinkPeople. All governance partners are committed to working together to find solutions for both chronic and transitionally homeless populations.

Total clients housed now 337 with 95.7% retained in housing. The Peoples Project approach and a Housing First model is now being replicated in Auckland. Sam Tsemberis (Housing First founder) met with The Peoples Project staff to discuss progress to date and future focus. Intuitively those working in this area know that support to sustain tenancies is the key to success. The ability to have a greater focus on wraparound support in people's homes is a key aim. Housing First requires a harm reduction and trauma informed approach at all times. The Peoples Project is committed to this focus. Trauma is the least understood aspect of homelessness and one of the most important areas to attend to.

### 3. “Let’s talk wellbeing”

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

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

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

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

### 4. Integrated Safety Response

We have been part of ISR now since the launch late last year. While we have had one clinician and Vicki Aitken providing the support to date, we now have three staff recruited to work fulltime in this initiative. The volume of work is very significant, such that the governance group has endorsed a third SAM table on a Monday to keep up with large number of family violence notifications across weekends. It is likely that extended hours for work on Saturdays will be likely in the near future, resource dependent.

The following issues are still important to consider from a health perspective to ensure a focus on prevention and system disruption to ensure greater responsivity to family violence.

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

### 5. Methamphetamine Strategy

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

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

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

### Information Technology Opportunities

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

- **ESPACE Mental Health solution**

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

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

- **Smart Health**

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

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

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

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

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

- **Electronic system for recording clinical statistics**

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

- Contextual component and draft data flow diagram description completed by IS
- First draft report developed by IS
- CWS form development in progress – ability to generate test data for development by early next week
- Testing, form and report development is running in parallel.

**Recommendation**

**THAT**

The report is received.

**VICKI AITKEN**

**ACTING EXECUTIVE DIRECTOR MENTAL HEALTH & ADDICTIONS SERVICES**



# Key Performance Dashboard

## Mental Health

February 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	83.8	95.0	(11.2) ❌	88.9	95.0	(6.1) ❌		1

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Mental health seclusion hours	Hours	400	371	(30) ❌	7,953	2,966	(4987) ❌		2
Mental health treatment plans	% Cases	90.2	95.0	(4.8) ❌	91.7	95.0	(3.3) ⚠️		
Mental health HoNos matched pairs	% Cases	98.9	95.0	3.9 ✅	98.4	95.0	3.4 ✅		
Mental health inpatient bed occupancy	%	93.9	87.1	(6.8) ❌	92.6	87.1	(5.5) ❌		3
Mental health GP methadone cases	Cases	96.0	76.0	20.0 ✅	93.3	76.0	17.3 ✅		

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Mental health post discharge follow up - % seen in 7 days	%	82.9	90.0	(7.1) ❌	91.9	90.0	1.9 ✅		
Mental health follow up - numbers seen in 7 days	Number of Cases	34	36.9	(2.9) ❌	464	454.5	9.5 ✅		
Mental health community contract positions filled	% FTEs	99.8	95.0	4.8 ✅	97.0	95.0	2.0 ✅		
Mental health 28 day readmission rate	%	12.2	15.0	2.8 ✅	12.3	15.0	2.7 ✅		

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Better help for smokers to quit	% of smokers	100.0	95.0	5.0 ✅	98.4	95.0	3.4 ✅		

### Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers	3	7	4 ✅	62	55	(7) ❌		4
Complaints resolved within 20 wd (1 month lag)	% for Jan-17	0	70	(70) ❌	11	70	(59) ❌		5
Falls Resulting in Harm	Numbers	2		(2) ❌	9		(9) ❌		

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Revenue vs Budget (\$000s)	\$000s	193	201	(7) ⚠️	1,722	1,712	10 ✅		
Actual Expenditure vs Budget (\$000s)	\$000s	5,956	5,532	(424) ❌	48,376	47,772	(604) ⚠️		
Actual Contribution vs Budget (\$000s)	\$000s	(5,763)	(5,332)	(431) ❌	(46,653)	(46,060)	(594) ⚠️		
Actual FTEs vs Budget	FTEs	739.3	728.5	(10.9) ⚠️	737.1	732.0	(5.1) ⚠️		
Sick Leave	% of paid hours	2.8	2.3	(0.5) ❌	3.3	3.0	(0.3) ❌		6
Overtime \$'s	\$000s	67	76	9 ✅	628	605	(23) ⚠️		
Annual Leave Taken	% of Budget	Rolling 12 month measure			88.8	100.0	(11.2) ❌		7

#### Key - MTD Measures

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

#### Key - YTD Measures

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

#### Key - Trend Measure

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

**MEMORANDUM TO THE PERFORMANCE  
MONITORING COMMITTEE  
12 APRIL 2017**

**AGENDA ITEM 6.3**

**WAIKATO HOSPITAL SERVICES OVERVIEW REPORTS**

**Purpose**

For information.

**Introduction**

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

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

Each section addresses:

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

**Recommendation**

**THAT**

The report be received.

**BRETT PARADINE  
EXECUTIVE DIRECTOR WAIKATO HOSPITAL SERVICES**

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

## INTERNAL MEDICINE, ONCOLOGY, AMBULATORY CARE AND EMERGENCY MEDICINE

### Service overview report

As the Directorate presented to the Performance Monitoring Committee last month, this report is slightly reduced, but it aims to provide an update on recent operational and Ministerially reported performance.

### Emergency Department

The table below shows all of the DHB's emergency department performance for the year to date and the month of February 2017. This report will focus on the Waikato elements of performance.

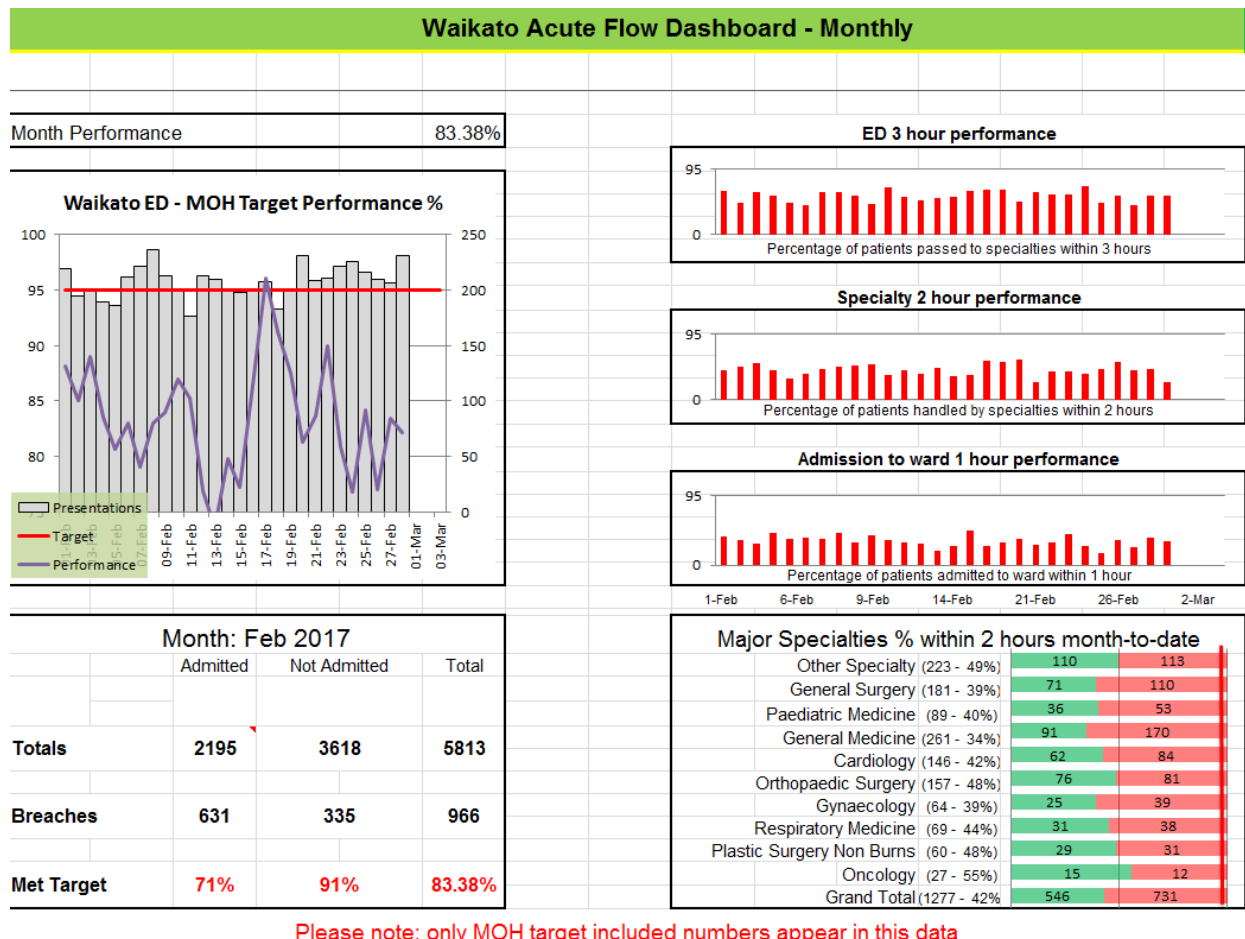
	Clinical Unit	Month: Feb-2017		Year To Date	
		Departures	%	Departures	%
By Specialty/Division (Waikato Hospital Only)	General & Specialty Surgery	815	73.0%	6497	78.6%
	Cardiology	195	62.1%	2001	57.8%
	Cardiothoracic Surgery	8	100.0%	57	91.2%
	Critical Care	0		0	
	Paediatrics	298	88.6%	3355	88.9%
	Emergency Department	3327	91.8%	27907	93.0%
	Internal Medicine	764	69.7%	6595	71.8%
	Womens Care	134	69.9%	906	78.3%
	Oncology	74	82.2%	578	78.8%
	Orthopaedics	307	77.0%	2116	76.1%
	Renal	51	78.4%	384	80.2%
	Vascular Surgery	29	69.0%	275	89.1%
	Allied health	0		0	
	Community Services	0		0	
	Older Persons	0		3	100.0%
	Mental Health	90	83.1%	713	87.8%
By Site	Waikato Hospital	6092	83.4%	51387	85.3%
	Thames Hospital	1335	93.2%	11521	94.6%
	Tokoroa Hospital	948	97.5%	8003	97.2%
	Taumarunui Hospital	467	95.6%	4180	96.6%
	<b>Total Health Waikato</b>	<b>8842</b>	<b>87.0%</b>	<b>75091</b>	<b>88.6%</b>

At the March Acute Patient Governance Group, cardiology and paediatric clinical directors demonstrated their use of the newly developed acute flow dash board and how they are using the background data to improve communication with their teams and understand the issues currently resulting in patients waiting for specialty clinical review in the ED. The other Clinical Directors present at the meeting have agreed to adopt this approach and provide feedback at the April meeting. The ED Clinical Director plans to work with a number of services to agree patient pathways, with a specific focus on an agreed admitted patient group.

As a result of the new Waikato Hospital Leadership structure, there are significant opportunities for the Internal Medicine team to work more closely with ED. In the first instance, plans are in place for the Senior Medical Officer (SMO) covering acute medicine to attend the daily handover meeting in ED, which is proving to be greatly appreciated by the ED team.

ED medical recruitment is on-going, with 3 Senior Medical Officer (SMO) positions offered, awaiting confirmation if they have been accepted by the individual candidates. As part of this process the department is reviewing the orientation programme for new SMO's, to ensure appropriate orientation and support will be provided at the start of their employment. During April the department will advertise for fellow and medical officer positions. Recruitment to existing nursing vacancies continues, but has been an area of high staff turnover since last June.

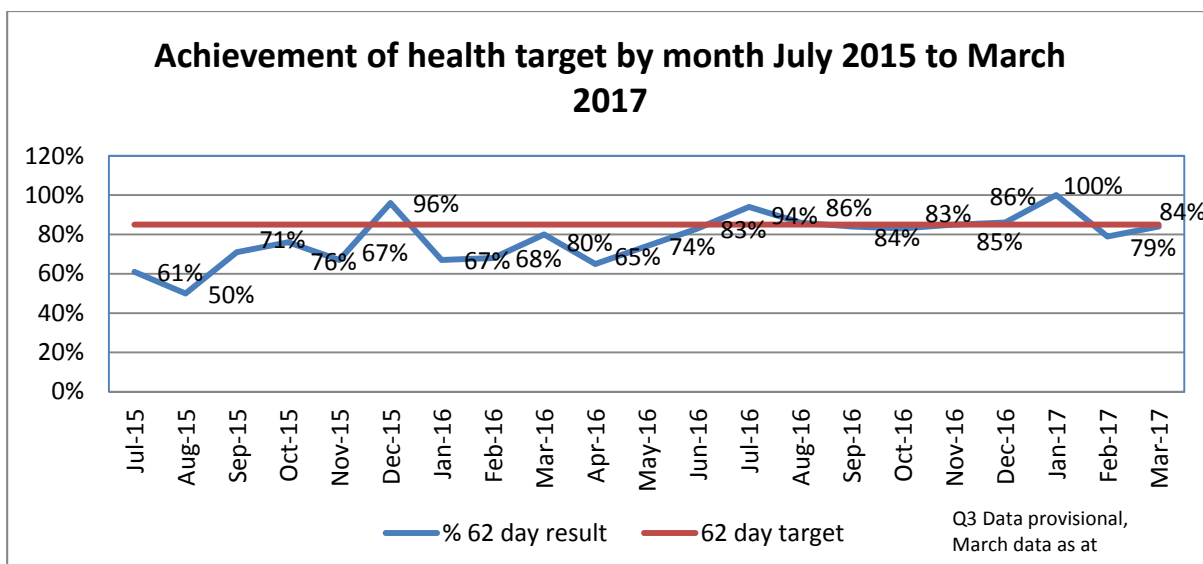
The Change Team is working in the department, looking at applying LEAN techniques to a number of inter and intra-departmental processes. The Change Team is also working on the department's plans to develop an expanded Clinical Decision Unit, which will require some internal reconfiguration of physical space within the ED.



### Oncology and FCT performance

The 2016/17 quarter two result of 86.1% showed a steady improvement in Waikato DHBs performance from the previous quarter performance of 81.4%. A provisional result of 86.3% for Q3 shows that this leading performance has been maintained, despite the challenges of maintaining delivery during the summer vacation months.

The graph below shows the historical monthly percentage performance against the target.



Q2 was the first financial quarter we delivered the 85% target for a full quarter, making Waikato DHB one of the first DHB's in the country to achieve >85% for a full quarter.

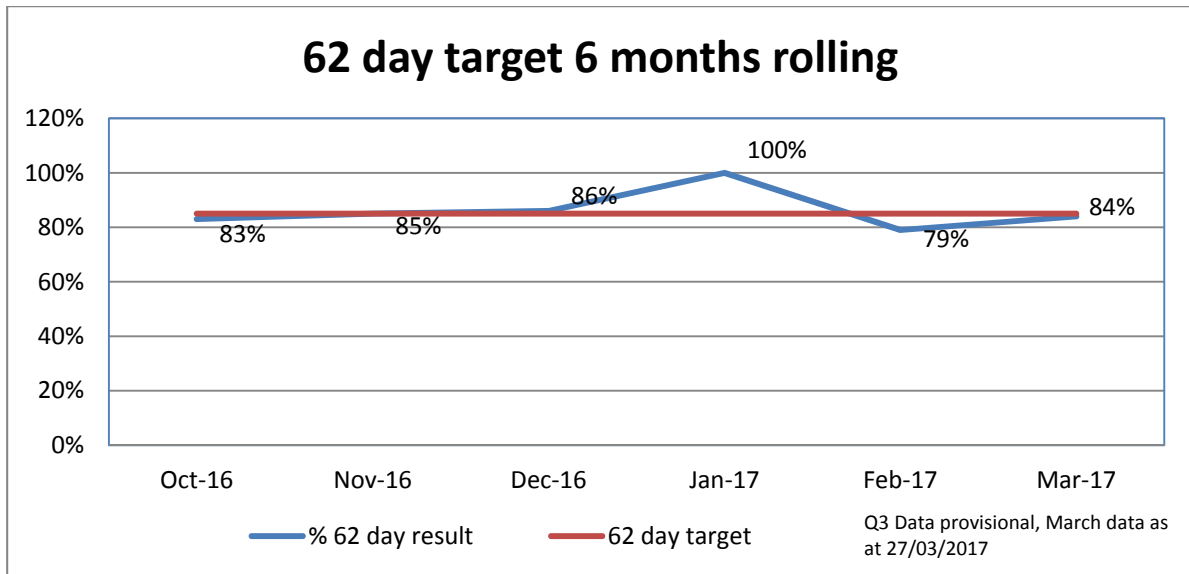
The factors holding this result back remain as reported to the committee in March.

- 4 public holidays falling on Mondays over January and February meant FSAs for a number of specialties were delayed
- Some theatre lists cancelled due to anaesthetist unavailability
- Patient choice, patients do not always want to come in for investigations/ treatment over the December/ January period which then causes breaches in February and March. Of the 6 breaches in February, 3 were due to patients choosing to delay their treatment. If these could have been excluded from the measure we would have achieved the target in month.
- Currently concerns remain with the pressures on the Gynaecology service, with a number of breaches in February and a few predicted for March which will impact on the DHB's Q3 performance and the 6 month rolling average. This is being followed up directly with the service.
- Delays are occurring discussing patients at Auckland gynaecology multi-disciplinary Meetings (MDMs), some weekly MDMs are at full capacity, thus delaying the presentation of patients a week.

A number of operational measures are being undertaken to maintain performance:

- Business manager and nurse tracker working very closely with cancer care coordinators and CNS's to monitor the patient pathway from initial date of referral.
- Business manager working closely with gynaecology team in Waikato and Auckland to ensure patients receive their surgery in Auckland in a timely manner.
- Midland Cancer Network involved in Auckland Gynaecology Multidisciplinary Meetings (MDMs) to ensure patients are discussed at MDM in timely manner.
- Early notification to oncology booking clerks highlighting patients on the 62 day pathway being referred for first treatment.
- High suspicion of cancer "HSCAN" red stamps now been issued to all departments to be used when requesting diagnostics histology etc for high suspicion of cancer patients.

Waikato DHB's FCT performance (rolling six month result)



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

Local FCT Database	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Number of records submitted	23	34	42	21	28	31	179
Number of records within 62 days	19	29	36	21	22	26	153
% 62 day Target Met (85%)	83%	85%	86%	100%	79%	84%	85%
% Volume Target Met (15%)	14%	21%	26%	13%	17%	19%	19%

The result for the volume measure of 15% of cancer registrations identified as high suspicion of cancer is also included in the table above. This is a check that the referrals that should be identified as high suspicion of cancer are being captured against this measure. Our latest provisional six month volume result is 17%.

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

# Key Performance Dashboard

## Internal Medicine

## February 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note	
		Actual	Target	Variance	Actual	Target	Variance			
Emergency Department < 6 Hours	% of patients	70.9	95.0	(24.1) ❌	72.6	95.0	(22.4) ❌		❌	1
Number of long wait patients on outpatient waiting lists	# > 4 mths	18	0	(18) ❌	208	0	(208) ❌		❌	2
Waiting Time for semi urgent colonoscopy - within 6 wks	%	Under development								
Waiting time for surveillance colonoscopy - within 12 wks of plan	%	Under development								

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note	
		Actual	Target	Variance	Actual	Target	Variance			
Outpatient DNA Rate	%	11.8	10.0	(1.8) ❌	11.0	10.0	(1.0) ❌		❌	3
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	124.1	100.0	24.1 ✅	107.3	100.0	7.3 ✅		✅	
Output Delivery Against Plan - Inpatient Number of Episodes	%	109.3	100.0	9.3 ✅	103.5	100.0	3.5 ✅		✅	
Output Delivery Against Plan - Inpatient CWD Volumes	%	108.9	100.0	8.9 ✅	108.6	100.0	8.6 ✅		✅	

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note	
		Actual	Target	Variance	Actual	Target	Variance			
Acute Readmissions to Hospital	%	Rolling 12 month measure			12.4	8.5	(3.9) ❌		❌	4
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			3.89	3.84	(0.06) ⚠️		❌	
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.90	0.84	(0.06) ⚠️		❌	
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.47	0.41	(0.06) ⚠️		❌	

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	98.1	95.0	3.1 ✅	95.6	95.0	0.6 ✅		✅

### 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	4,424	4,356	(67) ⚠️	37,082	34,670	(2,412) ❌		❌	5
Actual FTEs vs Budget	FTEs	377.7	358.8	(18.9) ❌	378.7	359.8	(18.9) ❌		❌	6
Sick Leave	% of paid hours	2.6	2.4	(0.2) ❌	2.7	2.9	0.2 ✅		✅	
Overtime \$'s	\$000s	24	10	(14) ❌	211	94	(117) ❌		❌	7
Annual Leave Taken	% of Budget	Rolling 12 month measure			86.4	100.0	(13.6) ❌		❌	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	❌

## Internal Medicine KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	<i>ED pressures have continued during this period, with limited let up in the normally more quiet summer months. Pressure has been sustained on the Medical beds. The medical leadership team are active participants in the APGG. As a result of the new Waikato Hospital Leadership restructure, there are significant opportunities for the Medical team to work more closely with ED.</i>
2	Number of long wait patients on outpatient waiting list	<i>Plans have been created for treating all long waiters.</i>
3	Outpatient rate DNA	<i>This has showing an overall decreasing trend, which although not yet on target, is encouraging to note.</i>
4	Acute Readmissions to Hospital	<i>The trend has continued to decrease in recent months, which is encouraging as admission levels and operational pressures have not reduced to a similar effect. Waikato DHB has a favourable admission rate compared to peer DHBs.</i>
5 & 6	Actual expenditure vs budget	<i>Further work on understanding the variances is being undertaken with the Directorate finance manager. Further work is required in terms of IDF coding, expenditure on clinical supplies and the high leave balances.</i>
7	Overtime \$'s	<i>This measure remains high due to the current disparities between demand and capacity in key clinical areas.</i>
8	Annual Leave Taken	<i>It is encouraging to note that this measure has improved, principally as a result of staff taking leave in the summer months</i>



# Key Performance Dashboard

## Oncology

## February 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	81.0	95.0	(14.0) ❌	78.9	95.0	(16.1) ❌		1
Faster Cancer Treatment - Referral received to first treatment <= 62 days	% of patients	73.9	85.0	(11.1) ❌	86.2	85.0	1.2		
Faster Cancer Treatment - DTT to first treatment <= 31 days	% of patients	90.5	85.0	5.5	91.6	85.0	6.6		
Chemotherapy treatment < 4 Weeks Wait	% of patients	100.0	100.0	0.0	100.0	100.0	0.0		
Radiotherapy < 4 Weeks Wait	% of patients	100.0	100.0	0.0	100.0	100.0	0.0		
Number of long wait patients on outpatient waiting lists	# > 4 mths	0	0	0	1	0	(1)		

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Outpatient DNA Rate	%	5.3	10.0	4.7	5.4	10.0	4.6		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	120.0	100.0	20.0	100.9	100.0	0.9		
Output Delivery Against Plan - Inpatient Number of Episodes	%	130.6	100.0	30.6	103.6	100.0	3.6		
Output Delivery Against Plan - Inpatient CWD Volumes	%	100.5	100.0	0.5	106.6	100.0	6.6		

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Acute Readmissions to Hospital	%	Rolling 12 month measure			14.7	8.5	(6.2) ❌		2
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			5.55	5.13	(0.42) ❌		3
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.78	1.42	(0.36) ❌		4
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.52	2.72	1.21		

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	90.0	95.0	(5.0) ❌	95.8	95.0	0.8		

### Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	3,011	2,705	(306) ❌	24,329	22,684	(1,645) ❌		5
Actual FTEs vs Budget	FTEs	182.5	187.4	4.9	183.8	188.6	4.7		
Sick Leave	% of paid hours	2.5	2.2	(0.3) ❌	2.6	2.8	0.2		
Overtime \$'s	\$000s	13	7	(7) ❌	182	81	(101) ❌		6
Annual Leave Taken	% of Budget	Rolling 12 month measure			91.4	100.0	(8.6) ❌		7

#### Key - MTD Measures

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

#### Key - YTD Measures

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

#### Key - Trend Measure

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

## Oncology KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department Hours < 6	<i>The CUL for Oncology is an active participant in the Acute Patient Governance Group (APGG). Recent performance has shown an improvement for Oncology patients attending ED. There has also been constructive discussion with the CDs for Oncology services about proactive support for Oncology patients in ED and how best to use the newly developed acute flow dashboard to identify themes and trend analysis for the service.</i>
2	Acute Readmissions to Hospital	<i>It is pleasing to note the continued positive declining trend.</i>
3 & 4	Inpatient length of stay – acute and as arranged	<i>After a recent period of declining LoS, this has increased recently. This has principally been identified as a result of an increased acuity.</i>
5	Actual Expenditure vs Budget	<i>A negative variance in month, principally due to high drug costs in month.</i>
6	Overtime \$'s	<i>Overall overtime rates have declined in the month, principally due to the service filling a key medical position in Medical Oncology.</i>
7	Annual leave taken	<i>It is encouraging to note that this measure has improved, principally as a result of staff taking leave in the summer months.</i>

# Key Performance Dashboard

## ED & Ambulatory Care

February 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	83.3	95.0	(11.7) ❌	85.2	95.0	(9.8) ❌		1

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department - Number relative to Target growth of 4% p.a.	Numbers	Rolling 12 month measure			73,313	74,334	1,021 ✅		⚠️
Outpatient DNA Rate	%	10.0	10.0	(0.0) ⚠️	9.9	10.0	0.1 ✅		⚠️

### Discharge Management

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

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Better help for smokers to quit	% of smokers	87.1	95.0	(7.9) ❌	90.5	95.0	(4.5) ⚠️		❌

### Organisational Quality Safety Markers

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Compliance with good hand hygiene practice (WDHB Rate)	%	84.6	80.0	4.6 ✅	85.9	80	5.9 ✅		⚠️

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	2,905	2,783	(122) ⚠️	24,108	23,492	(616) ⚠️		❌
Actual FTEs vs Budget	FTEs	343.5	346.9	3.4 ✅	345.0	350.5	5.5 ✅		⚠️
Sick Leave	% of paid hours	2.7	2.3	(0.4) ❌	3.1	2.9	(0.2) ❌		✅
Overtime \$'s	\$000s	10	13	2 ✅	147	103	(43) ❌		❌
Annual Leave Taken	% of Budget	Rolling 12 month measure			90.4	100.0	(9.6) ❌		✅

#### 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	❌

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

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	<i>The ED team are actively recruiting to the additional positions in the approved business case. They monitor performance through the operational dashboard and through a series of meetings, including at a daily 10.30 operational meeting (Monday – Friday) in the department.</i>
2	Sick leave	<i>A declining trend, which is encouraging considering the daily operational pressures staff are faced with.</i>
2	Overtime \$'s	<i>Only a slight variance this month, which is an improvement on the previous trend.</i>
3	Annual Leave Taken	<i>It is encouraging to note that this measure has improved, principally as a result of staff taking leave in the summer months.</i>

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

## SURGICAL AND CRITICAL CARE

### Service overview report

Balancing the need to achieve Elective Service Patient Flow Indicator targets (ESPIs) against meeting acute demand has been the area of intense focus for the directorate.

There has been slow but steady progress towards improving waiting times across a number of specialities however acute responsiveness remains challenging in the areas of acute access to theatre and shorter stays in ED.

### Service Delivery

The directorate continues to be slightly above planned acute throughput year to date (3%) but below the planned elective volume throughput year to date (11%); the main contributions to the elective volume deficits are in orthopaedics and general surgery.

In order to meet acute surgical demand we have been running two regular additional acute theatre sessions at weekends; while this has assisted in maximising elective surgery delivery, the deficit in budgeted anaesthetic resource is the single biggest contributor to loss of theatre sessions. Planning is continuing to examine the sustainable resource required to better utilise the capacity within our operating room suite to deliver next year's plan, supported by a discrete plan for outsourcing.

In support of the work for the acute patient governance group we are focusing on two service areas to improve speciality response and reduce wait times in ED – plastic surgery and cardiology, starting with daily feedback regarding performance and understanding the block to speedier patient disposition.

The implementation of our recruitment plan for theatre nursing and orthopaedic surgeons will be completed with the last surgeon due to arrive mid-year. Work continues on acute booking and supply chain initiatives. The most recent meeting of the Orthopaedic Working Group was positive in acknowledging these improvements.

### Elective Flow

The pre-hospital preparedness project continues its implementation phase heralding a significant change to the way that we prepare patients for elective surgery to reduce late cancellations and improve the physical status of patients prior to surgery. The areas of focus for the next quarter are cardio-thoracic surgery and cardiology.

ESPI compliance has been an area of concern overall with significant operational staff focus on achievement of these targets. With the support of our dispensation for ESPI 2 in orthopaedic surgery we are projecting ESPI 2 compliance in March with full compliance in April; we are also projecting ESPI 5 compliance in March and April. The support of the Commissioner and Elective Services Manager, for our Business Managers both in relation to current service delivery and developing a different approach for the next year has been welcome. Promoting planning based on robust clinical engagement is having a very positive impact.

However the eligible bypass cardiac surgery waitlist requires attention. As of this week the service is sitting at 78 patients where the maximum under the ministry guidelines is 65. The average number over the last 10 months has been around 71. We have commenced regular teleconferences with the Ministry to provide regular updates on our recovery plan.

The key areas of focus for the next months are:

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

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

# Key Performance Dashboard

## Surgical & CCTVS

February 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	73.2	95.0	(21.8) ❌	75.6	95.0	(19.4) ❌		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	166	0	(166) ❌	1,847	0	(1847) ❌		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	142	0	(142) ❌	657	0	(657) ❌		3

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	77.4	85	(7.6) ❌	76.1	85.0	(8.9) ❌		4
Hospital initiated elective theatre cancellations	%	5.0	2.5	(2.5) ❌	5.8	2.5	(3.3) ❌		5
Waiting Time for acute theatre < 24 hrs	%	69.9	80	(10.1) ❌	71.8	80.0	(8.2) ❌		6
Waiting Time for acute theatre < 48 hrs	%	85.7	100	(14.3) ❌	86.9	100.0	(13.1) ❌		7

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			74.0	80.6	(6.6) ❌		8
Number of long stay patients (>20 days length of stay)	Discharges	27	27	0 ✅	310	267	(43) ❌		9
Number of long stay patient bed days (>20 days los)	Bed Days	954	854	(100) ❌	10,826	8,910	(1916) ❌		10
Outpatient DNA Rate	%	9.5	10.0	0.5 ✅	9.5	10.0	0.5 ✅		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	107.5	100.0	7.5 ✅	94.7	100.0	(5.3) ❌		11
Output Delivery Against Plan - Inpatient Number of Episodes	%	110.4	100.0	10.4 ✅	96.5	100.0	(3.5) ⚠️		
Output Delivery Against Plan - Inpatient CWD Volumes	%	102.9	100.0	2.9 ✅	96.3	100.0	(3.7) ⚠️		

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Presentation to ED < 14 Days after discharge as an Acute InPatient	%	Under development							
Acute Readmissions to Hospital	%	Rolling 12 month measure			8.8	8.5	(0.3) ⚠️		
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			4.75	4.59	(0.16) ⚠️		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			4.12	4.06	(0.06) ⚠️		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.24	1.30	0.06 ✅		

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	94.6	95.0	(0.4) ⚠️	96.7	95.0	1.7 ✅		

### Organisational Quality Safety Markers

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Compliance with good hand hygiene practice (WDHB Rate)	%	84.6	80.0	4.6 ✅	85.9	80	5.9 ✅		

## Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance		Actual	Target	Variance		Last 12 Mths Trend	Note	
Actual Expenditure vs Budget (\$000s)	\$000s	8,109	8,384	275	✓	71,276	70,026	(1,250)	!		✗	
Actual FTEs vs Budget	FTEs	680.2	687.4	7.2	✓	686.7	693.9	7.2	✓		!	
Sick Leave	% of paid hours	2.4	2.5	0.0	✓	2.5	2.9	0.3	✓		✓	
Overtime \$'s	\$000s	232	135	(97)	✗	1,767	1,194	(572)	✗		✗	12
Annual Leave Taken	% of Budget	Rolling 12 month measure				78.2	100.0	(21.8)	✗		✗	13

### Key - MTD Measures

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

### Key - YTD Measures

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

### Key - Trend Measure

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



## Surgical & CCTVS

Note	Indicator	Commentary
1	ED < 6 hours	Surgical and CCTVS are participating fully in the Waikato Acute Patient Governance Group (APGG). We are focusing on two service areas to improve speciality response and reduce wait times in ED – plastic surgery and cardiology starting with daily feedback re performance and understanding the block to speedier patient disposition.
2	Long wait patients on outpatient waiting lists	Work continues on this on a daily basis with a number of specialities, against the MOH ESPI2 target. With initiatives in managing inflows, recruitment and implementation of the orthopaedic action plan we are projecting ESPI 2 compliance by April.
3	Long wait patients on inpatient waiting lists	This has seen also seen some improvement in last month we are projecting ESPI 5 compliance by March. Ongoing monitoring continues as well as forward planning to ensure that the waitlist acceptance volumes match the capacity.
4	Theatre Utilisation	This remains an area of concern. The deficit in budgeted anaesthetic resource will continue to adversely affect this marker in the short term. There is robust weekly management of utilisation against this resource.
5	Hospital initiated elective theatre cancellations	This KPI requires further analysis as part of the pre hospital preparedness project but is being hampered by the small amount of data and the delay in proposed change to the collection of data via IPM. A paper based audit of reasons for cancellations is still being analysed.
6	Waiting time for acute theatre (24hrs)	Slight plateauing of this result this month despite additional acute theatre sessions at weekends. This KPI is monitored via our Theatre and Interventional Governance Group. A piece of work to develop a business case with some options to address this is within the work plan of this group.
7	Waiting time for acute theatre (48hrs)	Slight plateauing of this result this month despite the additional acute theatre sessions at weekends. This KPI is monitored via our Theatre and Interventional Governance Group. A piece of work to develop a business case with some options to address this is within the work plan of this group.
8	Elective and day of surgery admissions	Allocation of a group to investigate this downward trend will be done at the next Surgical and Critical Care Governance Group.
9	Long stay patients > 20 days	There are potential areas of constraint on patient flow within the service and between Theatre, Critical Care and ED - the implications of which is that patients are not able to be in the right place. The new governance structure

		within Surgical and Critical Care will assist work to minimise these constraints along the patient pathway.
<b>10</b>	<b>Long stay patient beddays &gt; 20 day patients</b>	This KPI is linked to the above.
<b>11</b>	<b>Output delivery against plan – volumes for FSA/Fup and Nurse consults</b>	The result this month is for recovery of these volumes; recovery plans to correct year to date variance are in place.
<b>12</b>	<b>Overtime</b>	Upward spike this month as a result of high levels of escalation lists required to support acute service delivery.
<b>13</b>	<b>Annual leave</b>	The downward trend in leave taken for this area is partly explained by the fact that Christmas ward closures were particularly targeted for OPRS and additional leave was not granted during the Junior Doctor's strike. This measure is also being investigated for other underlying trends.

# Key Performance Dashboard

## Critical Care & Theatre

February 2017

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	77.3	85	(7.7) ❌	75.8	85.0	(9.2) ❌		❌ 1
Hospital initiated elective theatre cancellations	%	5.9	2.5	(3.4) ❌	6.0	2.5	(3.5) ❌		✅ 2
Elective theatre cancellations - total	%	#DIV/0!	5.0	#DIV/0! ❌	12.2	5.0	(7.2) ❌		❌
Waiting Time for acute theatre < 24 hrs	%	71.2	80	(8.8) ❌	73.7	80.0	(6.3) ❌		❌ 3
Waiting Time for acute theatre < 48 hrs	%	86.7	100	(13.3) ❌	87.8	100.0	(12.2) ❌		❌ 4

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			74.8	81.2	(6.4) ❌		❌ 5

### Organisational Quality Safety Markers

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Compliance with good hand hygiene practice (WDHB Rate)	%	84.6	80.0	4.6 ✅	85.9	80	5.9 ✅		⚠️

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	8,226	8,099	(127) ⚠️	65,345	64,751	(594) ⚠️		✅
Actual FTEs vs Budget	FTEs	567.2	583.8	16.6 ✅	566.8	593.3	26.5 ✅		✅
Sick Leave	% of paid hours	2.9	2.4	(0.6) ❌	3.3	3.0	(0.3) ❌		✅ 6
Overtime \$'s	\$000s	93	15	(78) ❌	530	146	(383) ❌		❌ 7
Annual Leave Taken	% of Budget	Rolling 12 month measure			92.0	100.0	(8.0) ❌		✅ 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	❌

## Critical Care & Theatre

Note	Indicator	Commentary
1	<b>Theatre utilisation</b>	This remains an area of concern. The deficit in budgeted anaesthetic resource will continue to adversely affect this marker in the short term. There is robust weekly management of utilisation against this resource.
2	<b>Hospital initiated elective theatre cancellations</b>	This KPI requires further analysis as part of the pre hospital preparedness project but is being hampered by the small amount of data and the delay in proposed change to the collection of data via IPM. The paper based audit of reasons for cancellations is still being analysed.
3	<b>Waiting time for acute theatre (24hrs)</b>	Slight plateauing of this result this month despite the additional acute theatre sessions at weekends. This KPI is monitored via our Theatre and Interventional Governance Group. A piece of work develop a business case with some options to address this is within the work plan of this group.
4	<b>Waiting time for acute theatre (48hrs)</b>	Slight plateauing of this result this month despite the additional acute theatre sessions at weekends. This KPI is monitored via our Theatre and Interventional Governance Group. A piece of work develop a business case with some options to address this is within the work plan of this group.
5	<b>Elective and arranged day of surgery rate</b>	Allocation of a group to investigate this downward trend will be done at the next Surgical and Critical Care Governance Group.
6	<b>Sick leave</b>	While the target has not yet been meet the continued downward trend is pleasing.
7	<b>Overtime</b>	Upward spike this month as a result of high levels of escalation lists required over the holiday period
8	<b>Annual leave</b>	Trending up, which is as a result of ensuring leave taken over the Christmas break.

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

## OLDER PERSONS, REHABILITATION AND ALLIED HEALTH

### Service overview report

#### Month End Financials and Performance Update

The February financials for WK05 - Rehab and Allied Health report a \$60k (3.5%) unfavourable result against budget, the budget includes a \$900k+ savings plan that has been delivered. A reduction in clinical supply costs from 2016 and reduction in outsourced services have contributed to this result.

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

During the month some health specialty coding errors were found, these have been corrected and will reflect in the March result. This recoding will have a favourable impact of \$336k due to the difference in price between the under 65 and over 65 bed day units.

Contractually there have been no issues raised by the various funding agencies to report. However, outpatient volumes have continued to track unfavourably. This can mostly be attributed to several vacancies within the Allied Health service, in particular the audiology service. Recovery plans have been developed and for most areas the February results have seen an improvement over previous months.

Although START (a program of rehabilitation delivered within the patient's own home) had an unfavourable variance this month this was due to timing and in fact continues to track favourably and is forecasted to exceed contracted volumes by 10% at year end. Work has continued on developing phase two of the START expansion to ultimately gain approval for an additional 5,000 bed days per year. This business case will likely be submitted in April.

#### InterRAI – Work with University of Waikato

Disability Support Link have taken all of the reference data, outcomes scores and triggered CAPs from over 9,000 complex InterRAI assessments that they have completed over the last three years. They have matched this data against hospital admissions. With the support of the University of Waikato, they have been able to identify what the common predictors of a hospital admission are. A report on this analysis will be provided to the June Performance Monitoring Committee.

#### Experience Based Design

Disability Support Link has two streams of work in the Ko Awatea experience based design workshops. Health of Older People's Maori NASC will be working alongside Kaumatua and Kuia to progress more Marae based assessments. The aim is to improve access and reduce health inequities. Many clients with a disability may feel uncomfortable inviting a stranger into their home to assess their support needs and their environment. Meeting the client on their terms, in an environment they are comfortable with, can reduce barriers to accessing service. This targets reducing health inequities and enhancing Older Persons, Rehabilitation and Allied Health's approach to supporting people closer to home and avoiding unnecessary admissions.

## START - ACC

The START ACC business case was approved at the February Business Resource Review Group meeting. The increased investment from ACC means that START will be able to take any ACC client from an inpatient setting that meets their criteria.

### Enabling Good Lives and Disability Support Services

The Ministry of Health has signalled its intent to 'transform' Disability Support Services based on the Enabling Good Lives vision that has been trialled in Christchurch and Waikato. The transformation seeks to improve the lives of disabled people and their families and whanau, and create a more cost effective disability support system.

The proposed model would allow disabled clients and families to combine Ministry of Health funding with Ministry of Social Development and Education funding. The client and family would be empowered through a "self-assessment" process and be able to spend their allocation on what they identify as a priority. The client and family would be able to choose who they wanted to provide a service and not be restricted to Ministry of Health contracted providers.

This will be underpinned by a social investment approach. This involved putting in place measures that are expected to improve the outcomes for disabled people and families and whanau, but are also expected to reduce lifetime cross government costs.

In theory, this is very empowering; however NASCs have concerns about how this could be misused.

## START

START has been at capacity for the second time in three months. The increased number of referrals reflects the increase in awareness of this service. Development of a business case that uses START as an admission avoidance model would look to further alleviate bed pressures.

START has recently been receiving an increased number of "difficult" discharges where the inpatient wards have been not sure what to do with patients. START will be re-circulating their entrance criteria to ensure that the right clients are being referred and clients that will genuinely benefit from START's rehab approach are accessing the service.

### Disability Support Link – Health of Older People and the shopping concern

Home-based providers have signalled their wish to withdraw from supporting this service. It means that socially isolated clients with no family support would potentially not be able to be taken shopping.

Disability Support Link has been working with Strategy and Funding to review the criteria for access ensuring that clients who genuinely have no other option receive the service. Disability Support Link's locality based service has been reviewing alternative options in our Waikato communities such as telephone/internet shopping and supermarkets that will deliver, so that clients do have other options they can take up.

### Disability Support Link

All inpatient referrals were seen within five days and 91% of them were seen within two working days, with the average time to assessment being 1.2 days. The team has

consistently exceeded the target for the last three months and are currently exceeding the targets that were set for 2017/18.

### Mobility Charts

A new mobility chart trial has started in ward OPR2. This is due to an action/recommendation from a SAC2 incident. These will be trialed for the next month. Feedback is already positive; that they are clear, concise and easy to read. Once the trial period is completed the comments will be reviewed and a decision will be made regarding changes to the chart or to implement them as a permanent change in OPR2 with the aim to roll out to other wards.

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

# Key Performance Dashboard

Allied health

February 2017

## Waiting times

Indicator	Unit of Measure	Month				YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance		Actual	Target	Variance		
Long wait patients of > 4 mnths on Physio OP waitlists	%	7%	5%	2%	✗	4%	5%	-1%	✓	1
Long wait patients of > 4 mnths on Occup Therapy OP waitlists	%	1%	5%	-4%	✓	1%	5%	-4%	✓	
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	%	70%	5%	65%	✗	62%	5%	57%	✗	
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	%	2%	5%	-3%	✓	2%	5%	-3%	✓	

*\*Long wait = Waiting more than 4 months*

## General Throughput indicators

Indicator	Unit of Measure	Month				YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance		Actual	Target	Variance		
<b>Outpatient DNA rates</b>										
Physiotherapy	%	10%	10%	0%	✓	11%	10%	1%	!	2
Occupational therapy	%	9%	10%	-1%	✓	11%	10%	1%	!	
Speech therapy	%	16%	10%	6%	✗	13%	10%	3%	✗	
Psychology	%						10%			
Audiology	%	13%	10%	3%	✗	14%	10%	4%	✗	
Social work	%	N/A	10%			-	10%			
Dietician	%	11%	10%	1%	!	11%	10%	1%	!	
Time from OPAL referral to first assessment		<i>Under development</i>								
<b>PVS vs Actual</b>										
Physiotherapy	Volume	1,499	1,546	(47)	!	13,547	14,639	(1092)	✗	4
Occupational therapy	Volume	698	829	(131)	✗	6,589	6,629	(40)	!	
Speech therapy	Volume	131	119	12	✓	1,004	1,123	(119)	✗	
Psychology	Volume	40	-	-	✓	424	-	-	✓	
Audiology	Volume	207	355	(148)	✗	1,810	3,030	(1220)	✗	
Social work	Volume	345	338	7	✓	3,387	3,202	185	✓	
Dietician	Volume	514	521	(7)	!	5,105	4,937	168	✓	

## Quality Indicators - Patient Experiences

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

## Finance and Human Resource Measures

Indicator	Unit of Measure	Month				YTD			Trend	Note
		Actual	Target	Variance		Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	1,374	1,316	(58)	!	1,393	1,498	105	✓	7
Actual FTEs vs Budget	FTEs	242	245	3	✓	233	264	32	!	
Sick Leave	% of paid hours	2	3	1	✓	2.9	2.6	(0.2)	✗	
Overtime \$'s	\$000s	8.4	3.1	(5.3)	✗	63.0	38.4	(25)	✗	
Annual Leave Taken	%	Rolling 12 month measure				100.0	98.0	2.0	✓	

### Key - MTD Measures

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

### Key - YTD Measures

At or above target	✓
Below target by less than 5%	!
Below target by more than 5%; operational plan in place	✗
Below target by more than 5%; Change Team/Sustainability Project 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	<b>Long wait patients of &gt; four months on Audiology OP waitlists</b>	An action plan has been submitted to the Director. This details an extensive recruitment drive and a plan for outsourcing some of the volumes.
2/3	<b>Outpatient DNA rates:</b> <ul style="list-style-type: none"> <li>- Audiology</li> <li>- Speech Therapy</li> </ul>	<p>Audiology - significant work has been done in this area where patients are sent an appointment, text reminder and phone reminder just prior to their appointment. The main group of DNA's is with children. Ongoing monitoring of this to occur.</p> <p>Speech Therapy - This is unusual for this service, as a lot of work has been done to reduce the DNA rate. The assistant was away for three weeks this month. As a result no day before appointment reminders to patients occurred for this period. It is expected that this DNA rate will be mitigated going forward.</p>
4/5/6	<b>PVS versus Actual:</b> <ul style="list-style-type: none"> <li>- Physiotherapy</li> <li>- Speech therapy</li> <li>- Audiology</li> </ul>	<p>Audiology – There are recruitment challenges, with 50% of the service carrying this vacancy. An action plan has been submitted to the Director as per the above.</p> <p>Speech Therapy – There was a significant vacancy in first part of financial year, however, since vacancies have been recruited into and reallocation has occurred where able, the service is on track to deliver against the PVS.</p> <p>Physiotherapy – On track for the month, but behind for the year-to-date due to vacancies in the beginning of 2016/17. Reallocation of resource has been allocated to physiotherapy; however, difficulties in recruitment continue to be a challenge.</p>
7	<b>Sick Leave</b>	Two staff required extended sick leave due to significant health issues. Both are under a health plan and being carefully monitored.
8	<b>Overtime \$'s</b>	There has been an increase in physiotherapy on-call and weekend work, and audiology ran extended sessions to assist with the waitlist.

# Key Performance Dashboard

## Older Persons & Rehabilitation

February 2017

### Waiting Times

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

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
START - bed day volumes	Days	1,265			1,959				
Nursing hours per patient day - OPRS	Hours	3.89	4.00	0.1	3.94	4.00	0.1		
Ward Utilisation - OPRS	%	98.3	90.0	8.3	98.8	90.0	8.8		
OPRS - Outpatient DNA Rate	%	3	8	5	4	8	4		

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Acute Readmissions to OPRS within 28 days	12 mth %	Rolling 12 month measure			0.1	6.0	5.9		
Average length of stay - OPRS	Days	16.6	16.5	(0.1)	17.2	16.5	(0.7)		

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Better help for smokers to quit	% of smokers	100.0	95.0	5.0	96.9	95.0	1.9		

### Quality Indicators - Patient Safety

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Hospital Acquired MRSA (Department)	Numbers	0	0.3	0	0.0	5.4	5		
Hand Hygiene Rate (Cluster)	Period to date %		80.0			80.0			
C-Diff (Department)	Numbers	0	1.1	1	1.0	9.0	8		
Medication Incidents - Wrong Patient (Department)	Event Numbers	0	0.0	0.0	0.0	1.0	1.0		

### Organisational Quality Safety Markers

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Patients aged >75 (Maori and Pacific Islanders >55) given a falls risk assessment.	% for Jan-17	98.1	90.0	8.1	97.9	90.0	7.88		
Patients assessed as being at risk have an individualised care plan which addresses their falls risk.	% for Jan-17	100.0	90.0	10.0	100.0	90.0	10.0		

### Quality Indicators - Patient Outcomes

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Stroke patients admitted to a stroke unit	% for Jan-17	80.00	80.00	0.0	79.61	80.00	(0.39)		
Ischaemic stroke patients thrombolysed	%	5.6	6.0	(0.4)	7.0	6.0	1.0		
<i>Other Patient Outcome Indicators Under Development</i>									

### Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers	2	2	0	13	18	5		
Complaints resolved within 20 wd (1 month lag)	% for Jan-17	100	70	30	83	70	13		
Falls Resulting in Harm	Numbers	5		(5)	38		(38)		
Pressure Injuries - Total	Numbers	5	5	0	36	38	2		
Patient Feedback	Not yet collected - in Development								

### Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	1,777	1,727	(50)	14,761	14,848	86		
Actual FTEs vs Budget	FTEs	260.6	264.1	3.5	255.0	266.7	11.7		
Sick Leave	% of paid hours	2.6	2.5	(0.1)	3.3	3.0	(0.3)		
Overtime \$'s	\$000s	4	1	(2)	40	15	(25)		
Annual Leave Taken	% of Budget	Rolling 12 month measure			86.0	100.0	(14.0)		

#### Key - MTD Measures

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

#### Key - YTD Measures

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

#### Key - Trend Measure

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

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

Note	Indicator	Commentary
1	Sick Leave	<p><b>Older Persons and Rehabilitation – Inpatients and Outpatients</b> Slightly higher sick leave for the year-to-date than budgeted, to-date this all appears to be genuine and mostly due to common ailments. Staff wellness plans are offered to all staff and hand washing protocols are strictly followed in all areas.</p> <p><b>Disability Support Link</b> One staff member is off work with a long-term illness and another has been away for five weeks post op.</p> <p><b>Continuing Care Facilities</b> Apart from minor illnesses, there were three staff (32 shifts) that were away due to minor surgery and terminally sick dependants.</p>
2	Overtime \$'s	<p><b>Continuing Care Facilities</b> Unrelieved meal breaks at the continuing care facilities as per the MECA for registered nurses.</p>
3	Annual Leave Taken	<p><b>Older Persons and Rehabilitation – Inpatients and Outpatients</b> This has been scheduled according to the amount allowed for in the budget.</p> <p><b>Continuing Care Facilities</b> Staffs with excess leave (240 hours) have leave plans in place. Constant high occupancy has reduced the ability to give leave at short notice and this also requires part-time staff to work additional shifts to provide cover.</p>

# MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE

## WOMEN'S AND CHILDREN

### Women's Health

The Women's Health clinical service continues to operate in a challenging environment, primarily attributed to registrar vacancies and a predominantly junior registrar cohort.

The focus continues to be on recruitment. February registrar vacancies are at 3.0 FTE, but will be down to 1.0 FTE vacancy by May. The service continues to look at all possible avenues for recruitment of midwives as we continue to carry reasonably high vacancies.

Model of Service delivery work in progress. This includes the following work streams:

- Scope of Women's Assessment Unit
- Provision of Planned (elective) Caesarean Sections
- Reconfiguration of gynaecology, antenatal and postnatal wards.
- The development of a Day Assessment Unit.

The development of options and required considerations is underway.

The various waitlists for the service continue to be an issue; locum and outsourcing arrangements are in place with detailed work underway related to follow up appointments.

#### Emerging issues

Need to ensure timeliness of ongoing arrangements for planned caesarean lists once the temporary reallocation of resources from orthopaedic surgery ends in May. A business case for a delivery suite model of care is being progressed.

Typing resource within the service has a backlog. Measures put in place to mitigate included offering overtime, using available resource within the hospital and rural hospitals. The reasons that this risk has emerged are being investigated. In the meantime we are exploring temporary placements from the agencies.

#### Initiatives and highlights

Colposcopy team recognised by receiving Sustaining Excellence in Patient Safety Award for their work on decreasing DNA rate.

### Child Health

Building works for the paediatric negative pressure rooms continue to be on track, with completion planned for mid-May 2017.

The additional (externally funded) hospital play specialists commenced this month; planning and implementation of service expansion is underway.

Recruitment of the increased paediatric medicine senior medical staffing has been finalised, with tentative start dates of July-August. This will finalise the team staffing resource requirements.

Training accreditation – the 6 month interim report (basic trainee) was submitted to RACP. To date no response has been received. The advanced trainee accreditation site visit has been arranged for Thursday 13 April.

Emerging issues

We have received 4 parental leave applications from within our registrar ranks over the last month; active recruitment is underway.

**PAULA FITZGERALD  
ACTING DIRECTOR WOMEN'S AND CHILDREN'S HEALTH**

# Key Performance Dashboard

## Womens Health

February 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	70.1	95.0	(24.9) ❌	77.5	95.0	(17.5) ❌		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	0	0	0 ❌	357	0	(357) ❌		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	3	0	(3) ❌	50	0	(50) ❌		3

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	79.6	85	(5.4) ❌	72.8	85.0	(12.2) ❌		4
Hospital initiated elective theatre cancellations	%	2.6	2.5	(0.1) ⚠️	5.2	2.5	(2.7) ❌		5
Waiting Time for acute theatre < 24 hrs	%	68.6	80	(11.4) ❌	78.9	80.0	(1.1) ⚠️		
Waiting Time for acute theatre < 48 hrs	%	88.2	100	(11.8) ❌	89.1	100.0	(10.9) ❌		6

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			54.9	55.7	(0.8) ⚠️		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			97.3	100.0	(2.7) ⚠️		
Outpatient DNA Rate	%	11.7	10.0	(1.7) ❌	10.3	10.0	(0.3) ⚠️		
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	127.2	100.0	27.2 ✅	110.2	100.0	10.2 ✅		
Output Delivery Against Plan - Inpatient Number of Episodes	%	112.1	100.0	12.1 ✅	101.2	100.0	1.2 ✅		
Output Delivery Against Plan - Inpatient CWD Volumes	%	114.0	100.0	14.0 ✅	99.3	100.0	(0.7) ⚠️		






### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Acute Readmissions to Hospital	%	Rolling 12 month measure			3.3	8.5	5.2 ✅		⚠️
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			1.81	1.75	(0.06) ⚠️		❌
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.36	0.35	(0.01) ⚠️		✅
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.92	1.17	0.26 ✅		✅

### Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	98.4	95.0	3.4 ✅	97.8	95.0	2.8 ✅		⚠️

## 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	1,987	1,862	(125) ❌	15,871	15,762	(110) ⚠️		❌
Actual FTEs vs Budget	FTEs	185.4	190.6	5.2 ✅	179.4	190.2	10.8 ✅		⚠️
Sick Leave	% of paid hours	3.5	2.6	(0.9) ❌	3.4	3.0	(0.4) ❌		✅ 7
Overtime \$'s	\$000s	38	22	(16) ❌	229	185	(44) ❌		❌ 8
Annual Leave Taken	% of Budget	Rolling 12 month measure			78.6	100.0	(21.4) ❌		❌ 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	❌



## **Women's KPI dashboard – Commentary by exception**

<b>Note</b>	<b>Indicator</b>	<b>Commentary</b>
1	Emergency Department <6 hours Gynaecology	For Women's Health, although there are low volumes of referrals to gynaecology, it remains a challenge to receive timely referrals from ED to the service in order to meet the 6 hour target.
2	Number of long wait outpatients	Compliant
3	Number of long waits in inpatient waiting list	3 breaches showing due to removal date error, compliance predicted for March and April
4	Theatre utilisation elective sessions	Theatre lists are booked to capacity using the time required indicated on the booking forms, with some of these lists there is a +/- factor following diagnostic surgery. Termination of pregnancy lists included in this report which is difficult to predict with the service type.
5	Hospital initiated elective theatre cancellations	Trending positively
6	Waiting time for acute theatre <48 hrs	Scheduled by main OT. The availability of a surgeon has not been identified as an issue. Gynaecology does not have a designated acute list. Positive trend.
7	Sick Leave	Medical staff sick leave not significant. Positive trend
8	Overtime	Vacancies requirement.
9	Annual Leave Taken	Vacancies a constraint.

# Key Performance Dashboard

## Child Health

## February 2017

### Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	88.3	95.0	(6.7) ❌	89.0	95.0	(6.0) ❌		❌ 1
Number of long wait patients on outpatient waiting lists	# > 4 mths	6	0	(6) ❌	144	0	(144) ❌		❌ 2
Number of long wait patients on inpatient waiting lists	# > 4 mths	0	0	0 ❌	3	0	(3) ❌		❌ 3

### Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	70.2	85	(14.8) ❌	73.1	85.0	(11.9) ❌		❌ 4
Hospital initiated elective theatre cancellations	%	0.0	2.5	2.5 ✅	0.8	2.5	1.7 ✅		✅

### General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			62.5	64.5	(2.1) ⚠️		✅
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			85.2	84.5	0.7 ✅		✅
Outpatient DNA Rate	%	14.5	10.0	(4.5) ❌	16.6	10.0	(6.6) ❌		❌ 5
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	115.2	100.0	15.2 ✅	94.2	100.0	(5.8) ❌		❌ 6
Output Delivery Against Plan - Inpatient Number of Episodes	%	94.6	100.0	(5.4) ❌	92.4	100.0	(7.6) ❌		❌ 7
Output Delivery Against Plan - Inpatient CWD Volumes	%	91.4	100.0	(8.6) ❌	91.4	100.0	(8.6) ❌		❌ 8

### Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Acute Readmissions to Hospital	%	Rolling 12 month measure			7.6	8.5	0.9 ✅		⚠️
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			2.54	2.50	(0.04) ⚠️		❌
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			2.22	3.13	0.91 ✅		✅
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.91	0.93	0.02 ✅		✅

### Quality and Patient Safety KPI measures

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

## Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	-	-	-	-	-	-		
Actual FTEs vs Budget	FTEs	236.1	227.0	(9.1)	250.2	236.2	(14.0)		9
Sick Leave	% of paid hours	2.6	2.7	0.1	2.9	3.1	0.2		
Overtime \$'s	\$000s	39	32	(7)	390	261	(129)		10
Annual Leave Taken	% of Budget	Rolling 12 month measure			90.0	100.0	(10.0)		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	

## **Child Health KPI dashboard – Commentary by exception**

### **Child KPI dashboard – Commentary by exception February 2017**

<b>Note</b>	<b>Indicator</b>	<b>Commentary</b>
1	Emergency Department <6	88.3% achieved, this is reflective of the overall volumes and is relative to the wider hospital actual
2	Number of long wait outpatients	6 breaches reported – these patients were not visible due to a reporting error which has now been rectified.  The service is predicting zero breaches for the coming 3 months.
3	Number of long waits in inpatient waiting list	Zero patients waiting >120 days
4	Theatre utilisation elective sessions	Trending positively – a number of lists cancelled/rescheduled due to RDA strike
5	Outpatient DNA rate	We continue to work on making improvements in reducing patient DNAs – the summer/holiday period is always a more difficult period
6	Output against Plan – FSA, F/Ups	Over delivery to catch-up on over demand and the provide a buffer for lost elective capacity throughout the Easter/school holiday period
7	Output against Plan – Inpatient number of episodes	An improved 94.6% recorded, reduced elective throughput experienced due to increasing outsourcing of theatre lists
8	Output delivery against plan – Inpatient CWD volumes	Case weights less than expected, the service has experienced lower than expected acuity this season.

# **Quality**



# **Finance Report**

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

**FINANCIAL PERFORMANCE MONTHLY COMMENT:**

**Funder and Governance:**

For February 2017 the Funder and Governance are favourable to budget by \$10.3m

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

**Provider:**

For February 2017 the Provider Arm is unfavourable to budget by \$14.9m

It should be noted that this in the context of:

- Acute cases, excluding ED : episodes 2.2% above plan; case-weights 5.8% above plan
- Elective cases: episodes 12.6% below plan; case-weights 19.4% below plan
- Overall 1.8% below plan for cases and 1.9% below plan for case-weights.
- ED attends: YTD ED attends are 1.7% higher than the same period last year.

**RECOMMENDATION(S):**

That this report be received

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

Waikato DHB Result for February 2017	Year to Date			Budget Jun-17 \$m
	Actual \$m	Budget \$m	Variance \$m	
Funder	43.0	32.7	10.3 F	42.9
Governance	(0.4)	(0.4)	0.0 F	(0.3)
Provider	(33.1)	(18.2)	(14.9) U	(38.1)
<b>DHB Surplus/(Deficit)</b>	<b>9.5</b>	<b>14.1</b>	<b>(4.6) U</b>	<b>4.5</b>

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

YTD Actuals Feb-16 \$'000	Provider Result for February 2017	Month			Year to Date			Budget Jun-17 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000	
501,482	Government and Crown Agency	65,620	63,327	2,293 F	535,558	540,102	(4,544) U	816,163
15,995	Other Revenue	1,747	1,805	(58) U	15,620	15,406	214 F	22,734
<b>517,477</b>	<b>Total Revenue</b>	<b>67,367</b>	<b>65,132</b>	<b>2,235 F</b>	<b>551,178</b>	<b>555,508</b>	<b>(4,330) U</b>	<b>838,897</b>
335,711	Personnel	43,698	41,446	(2,252) U	354,542	348,933	(5,609) U	533,413
8,603	Outsourced Personnel	2,052	937	(1,115) U	15,523	7,014	(8,509) U	10,843
29,967	Outsourced Services	5,137	4,010	(1,127) U	31,822	32,521	699 F	48,751
87,806	Clinical Supplies and Patient Related	10,452	11,470	1,018 F	88,941	89,138	197 F	136,527
45,895	Infrastructure and Non-Clinical Supplies	6,510	6,435	(75) U	53,849	52,123	(1,726) U	79,821
(1,545)	Internal Recharges	(194)	(193)	1 F	(1,549)	(1,547)	2 F	(2,320)
<b>506,436</b>	<b>Operating Expenditure before IDCC</b>	<b>67,655</b>	<b>64,105</b>	<b>(3,550) U</b>	<b>543,128</b>	<b>528,182</b>	<b>(14,946) U</b>	<b>807,035</b>
43,738	Total IDCC	4,491	5,977	1,486 F	41,190	45,487	4,297 F	69,933
9	Extraordinary Costs	0	0	0 F	0	0	(0) U	0
<b>(32,706)</b>	<b>Provider Surplus/(Deficit)</b>	<b>(4,779)</b>	<b>(4,950)</b>	<b>171 F</b>	<b>(33,140)</b>	<b>(18,161)</b>	<b>(14,979) U</b>	<b>(38,071)</b>

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

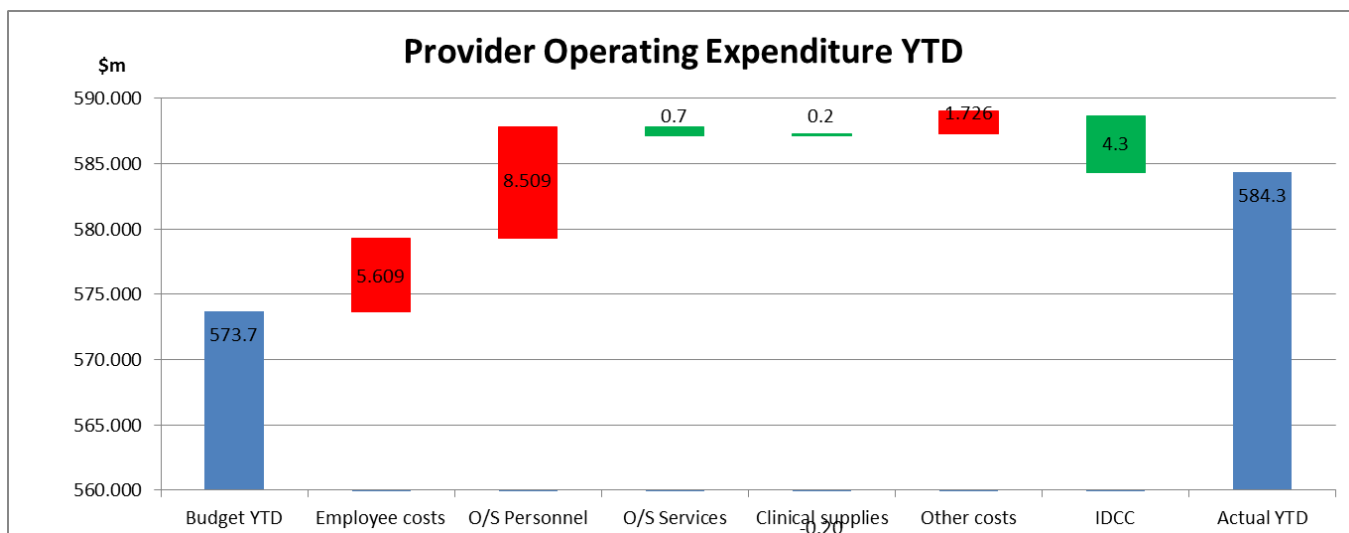
YTD Actuals Feb-16 \$'000	Funder & Governance Result for February 2017	Month			Year to Date			Budget Jun-17 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000	
726,598	Crown Funding Agreement	95,413	95,602	(189) U	765,340	764,815	525 F	1,147,384
81,158	Inter-district Inflows	10,381	10,993	(612) U	85,503	87,947	(2,444) U	131,921
<b>807,755</b>	<b>Total Revenue</b>	<b>105,794</b>	<b>106,595</b>	<b>(801) U</b>	<b>850,843</b>	<b>852,762</b>	<b>(1,919) U</b>	<b>1,279,305</b>
400,678	Personal Health and Maori	52,882	49,987	(2,895) U	428,883	433,244	4,361 F	655,274
51,689	Mental Health	6,831	7,008	177 F	54,078	56,060	1,982 F	84,091
12,828	Disability Support Services	1,400	1,798	398 F	12,638	14,545	1,907 F	21,839
<b>465,194</b>	<b>Payments to Internal Provider</b>	<b>61,113</b>	<b>58,793</b>	<b>(2,320) U</b>	<b>495,599</b>	<b>503,849</b>	<b>8,250 F</b>	<b>761,204</b>
174,889	Personal Health and Maori	19,559	20,279	720 F	168,010	170,604	2,594 F	256,938
29,948	Mental Health	3,443	3,984	541 F	30,752	31,573	821 F	47,192
69,418	Disability Support Services	8,154	9,257	1,103 F	72,183	74,053	1,870 F	111,080
37,349	Inter-district Outflows	4,600	4,559	(41) U	37,784	36,476	(1,308) U	54,714
<b>311,605</b>	<b>Payments to NGO's</b>	<b>35,756</b>	<b>38,079</b>	<b>2,323 F</b>	<b>308,729</b>	<b>312,706</b>	<b>3,977 F</b>	<b>469,924</b>
3,219	Cost of Governance	417	414	(3) U	3,888	3,907	19 F	5,606
<b>780,018</b>	<b>Operating Expenditure</b>	<b>97,286</b>	<b>97,286</b>	<b>(0) U</b>	<b>808,216</b>	<b>820,462</b>	<b>12,246 F</b>	<b>1,236,734</b>
<b>27,738</b>	<b>Funder &amp; Governance Surplus/(Deficit)</b>	<b>8,508</b>	<b>9,309</b>	<b>(801) U</b>	<b>42,627</b>	<b>32,300</b>	<b>10,327 F</b>	<b>42,571</b>

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

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

Provider	CFA Revenue variance	(\$12.9m)
	IDF Inflows variance	\$2.3m Separated in the Provider accounting
	Sector Services variance	\$2.3m Separated in the Provider accounting
		<b>\$8.3m</b>
Funder	Provider Payments variance	\$8.3m is combined in the Funder view of internal payments
		<b>\$8.3m</b>





#### FINANCIAL PERFORMANCE MONTHLY COMMENT:

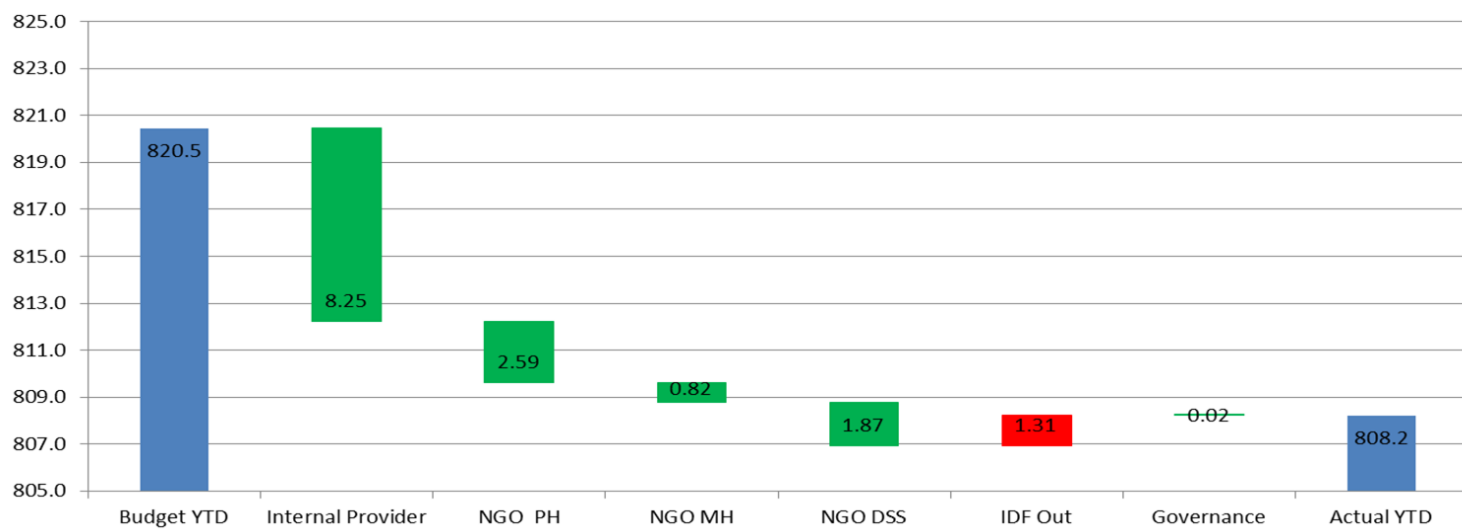
The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
<b>Revenue</b>	<b>(\$4.2) U</b>	<b>(0.78%)</b>	<b>Unfavourable</b>
<b>CFA Revenue</b>			
Revenue from the Funder is unfavourable to budget due to underdelivery of volumes across most inpatient services but primarily Orthopaedics	(\$12.9) U	(2.92%)	Unfavourable
<b>Crown Side-Arm Revenue</b>			
Side-arm contracts revenue favourable due mainly to: <ul style="list-style-type: none"> <li>Funds received for the 2015/16 Colonoscopy project \$0.3m</li> <li>A contract variation on the main Public health contract \$0.2m (offset by costs)</li> <li>Breast screening running ahead of contract volumes \$0.1m (offset by costs)</li> </ul>	\$0.7 F	4.58%	Neutral
<b>Other Government and Crown Agencies Revenue</b>			
Other Government and Crown revenue is \$3.2m favourable mainly due to: <ul style="list-style-type: none"> <li>Reimbursement of costs associated with the implementation of NOS \$3.0m favourable (offset in Outsourced Personnel)</li> <li>Catch up invoicing for outreach clinics at Bay of Plenty and Lakes DHBs \$0.6m</li> <li>Higher than budgeted invoicing for Blood and Laboratory \$0.2m</li> </ul> Offset by: <ul style="list-style-type: none"> <li>ACC unfavourable \$0.8m due to non acute rehab contract running lower than planned due to less discharges and the focus on Elective Service Performance Indicators meaning the elective surgical treatments contract patients are being delayed.</li> </ul>	\$3.2 F	13.89%	Neutral

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
<b>IDF in and Sector Services</b>			
Sector Services is \$2.3m F due to higher than budgeted sales in the Retail Pharmacy \$1.4m and higher than budgeted reimbursement of Oncology drug costs \$0.9m IDF in is \$2.3m favourable primarily due to high acute volumes across Oncology, Renal and CCTVS and elective volumes across CCTVS and Neurosurgery	\$4.6 F	7.36%	Neutral
<b>Other Revenue</b>			
Other revenue is favourable primarily due to higher sales in the Café than expected \$0.5m and the favourable revenue washup from Urology Services Limited relating to 2015/16 of \$0.2m. This is offset by lower than budget volumes of non resident patients \$0.2m unfavourable and other revenue \$0.3m unfavourable.	\$0.2 F	1.39%	Favourable

<b>Operating expenditure including IDCC</b>	<b>(\$10.7) U</b>	<b>(1.86%)</b>	<b>Unfavourable</b>
<b>Personnel (employees and outsourced personnel total)</b>			
<p>Employed personnel are unfavourable to budget mainly due to:</p> <ul style="list-style-type: none"> <li>Medical costs are favourable by \$0.3m. <u>Senior Medical Officers (SMO's):</u> SMO costs are \$0.7m favourable mainly due to: <ul style="list-style-type: none"> <li>- paid FTE costs favourable \$0.8m arising from vacancies,</li> <li>- favourable course and conference costs which is as a result of reduced accrual for CME costs following SMO resignations \$0.5m,</li> <li>- annual leave movement \$0.1m unfavourable due to less leave earned offset by less leave taken</li> <li>- allowances \$0.5m unfavourable due to payments made for RMO strike cover</li> </ul> </li> <li><u>Resident Medical Officers (RMO's):</u> RMO costs are \$0.4m unfavourable due to vacancies offset by annual leave taken running lower than budgeted.</li> </ul> <p>The net direct financial YTD impact of the RMO strike in October 2016 on personnel costs is currently \$0.2m: SMO claims to date to cover RMO shifts \$0.3m Savings on payments to RMO's \$0.1m</p> <p>The net direct financial impact to date of the RMO strike in February 2017 on personnel costs is currently \$0.2m. The far greater cost of the strikes is the impact on volume delivery.</p> <ul style="list-style-type: none"> <li>Nursing costs are unfavourable to budget by \$5.4m. Paid FTE (Full Time Equivalent employee) cost is \$1.7m unfavourable due to budgeted vacancy savings not being achieved. In addition to this the annual leave movement is running \$3.7m unfavourable.</li> <li>Allied Health costs are unfavourable to budget by \$1.1m. Base costs are \$0.1m favourable offset by unfavourable overtime \$0.4m due to vacancies. In addition annual leave taken unfavourable to budget \$0.8m.</li> <li>Other favourable variances, largely in Management, Administration and Support \$0.6m</li> </ul>	(\$14.1) U	(3.97%)	Unfavourable
<p>The net direct financial YTD impact of the RMO strike in October 2016 on personnel costs is currently \$0.2m: SMO claims to date to cover RMO shifts \$0.3m Savings on payments to RMO's \$0.1m</p> <p>The net direct financial impact to date of the RMO strike in February 2017 on personnel costs is currently \$0.2m. The far greater cost of the strikes is the impact on volume delivery.</p>	(\$5.6) U	(1.61%)	

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
Outsourced personnel are unfavourable mainly due to:			
<ul style="list-style-type: none"> <li>Higher than planned use of locums within medical personnel to cover vacancies \$2.8m. Nursing is \$0.9m unfavourable due to external agency costs to fill roster gaps and watches. Unmet savings \$0.4k</li> </ul>	(\$4.1) U	(91.43%)	Unfavourable
<ul style="list-style-type: none"> <li>Higher than planned use of contractors in management/admin \$4.4m primarily due to contractors working on the NOS implementation. Costs recovered in Other Government Revenue - \$3.0m.</li> </ul>	(\$4.4) U	(175.71%)	Neutral
<b>Outsourced services</b>	<b>\$0.7 F</b>	<b>2.15%</b>	
Outsourced corporate services \$1.1m favourable primarily due to reduced spend on Clinical Work Station - budget set on business case but expected spend has been revised and is lower due to reduced costs over the first months of the year. In addition the actual calculation of Health Share Limited (HSL) operating costs has come in lower than budget for the first half of the financial year. Outsourced clinical service costs are unfavourable to budget \$0.4m due to higher than planned outsourcing of electives.	\$0.7 F	2.15%	Neutral
<b>Clinical Supplies</b>	<b>\$0.2 F</b>	<b>0.19%</b>	
Instruments & equipment are \$0.5m favourable primarily due to favourable service contract costs.	\$0.5 F	5.21%	Favourable
Implants & prosthesis are \$2.5m favourable due to underspends on spinal plates and screws and implants and prosthesis due to a combination of outsourcing to private providers and lower than planned orthopaedic volumes.	\$2.5 F	16.56%	Neutral
Treatment disposables unfavourable due to savings allocation of \$3.9m offset by favourable variances across a range of areas such as dressings, staples, tubes/drainage/suction, IV fluids and	(\$1.9) U	(4.97%)	Unfavourable
Pharmaceuticals \$0.8m unfavourable primarily due to cytotoxic drug costs running higher than budgeted. This in part due to the newly approved melanoma treatment.	(\$0.8) U	(3.77%)	Unfavourable
Diagnostic Supplies & Other Clinical Supplies - close to budget.	(\$0.1) U	(1.71%)	Neutral
<b>Infrastructure and non-clinical supplies</b>	<b>(\$1.7) U</b>	<b>(3.31%)</b>	
Infrastructure and non-clinical supplies are \$1.7m unfavourable primarily due to: <ul style="list-style-type: none"> <li>Savings allocation unfavourable by \$1.7m,</li> <li>Cost of Goods Sold (COGS) is \$1.2m unfavourable as a result of higher sales by Pharmacy on Meade resulting in higher cost of goods sold. Offset in Non Government Organisations (NGO) provider payments (\$1.2m)</li> <li>IT costs \$0.6m unfavourable due to minor hardware purchases and telecommunication costs for Virtual Health</li> <li>Offset by favourable facilities variance \$1.1m due to delayed start of maintenance programme and Hilda Ross House demolition and cleaning costs running favourably by \$0.7m due to a focus on this contract.</li> </ul>	(\$1.7) U	(3.31%)	Neutral
<b>Interest, depreciation and capital charge</b>	<b>\$4.2 F</b>	<b>9.45%</b>	
Interest charge favourable due to higher than planned cash balances	\$0.6 F	11.93%	Favourable
Capital charge is favourable to budget as a result of the reduction in the rate from 8% to 7%. Largely offset in CFA revenue	\$1.8 F	9.45%	Neutral
Non Cash Depreciation favourable due to: <ul style="list-style-type: none"> <li>Timing of capitalisation of IS projects.</li> </ul>	\$1.8 F	6.54%	Favourable

## Funder Operating Expenditure YTD



The Funder Arm YTD variance resulted from:	Variance \$m	Impact on forecast
<b>Revenue</b>	(\$1.9) U	
<b>Crown funding</b>		
Favourable to budget mainly due to: <ul style="list-style-type: none"> <li>• 15/16 elective surgery wash-up \$1.5m received</li> <li>• additional funding received which is offset by cost in External Provider Payments:                             <ul style="list-style-type: none"> <li>Palliative Care \$0.5m</li> <li>Rheumatic fever \$0.2m</li> <li>Healthy Homes initiative \$0.4m</li> </ul> </li> <li>• PHO Care Plus wash-up &amp; VLCA \$0.5m</li> </ul> Offset by unfavourable variances relating to: <ul style="list-style-type: none"> <li>• Reduction in revenue received relating to the change in rate for the capital charge \$1.6m. This reduction is offset by a reduction in capital charge paid.</li> <li>• In between travel wash up relating to 2016/17 \$0.7m (offset by reduced cost in External Provider payments) and to 2015/16 \$0.3m.</li> </ul>	\$0.6 F	Favourable
<b>Interdistrict inflows</b>		
Unfavourable flow from BoP \$1.8m, Taranaki \$0.8m and Auckland \$0.1m offset by favourable flow from Lakes \$0.2m and Tairāwhiti \$0.3m	(\$2.5) U	Unfavourable
<b>Operating expenditure excluding IDCC</b>	\$12.2 F	
<b>Payments to the Internal Provider</b>	\$8.2 F	
Payments paid to the internal provider favourable due to underdelivery of volumes across most inpatient services but primarily Orthopaedics.	\$8.2 F	Neutral
<b>Payments to NGO's</b>	\$4.0 F	
<b>Personal Health:</b>	\$2.6 F	
Personal Health favourable to budget mainly due to: <ul style="list-style-type: none"> <li>- Pharmaceuticals \$2.7m F due to revised PHARMAC forecast, offset with internal provider</li> <li>- LY Primary Practice \$0.5m and PHO Quality Indicators pool \$0.9m over accrued</li> <li>- Urology wash-up relating to 15/16 \$0.3m</li> <li>- Dental fee for Service volumes favourable to budget \$0.6m.</li> </ul> Offset by unfavourable variances relating to: <ul style="list-style-type: none"> <li>- Palliative care \$0.5m costs (offset by revenue)</li> <li>- Accrual against under delivery of elective volumes in the provider \$1.7m</li> <li>- Rheumatic fever costs \$0.2m (offset by revenue)</li> </ul>	\$2.6 F	Neutral

The Funder Arm YTD variance resulted from:	Variance \$m	Impact on forecast
<b>Disability Support:</b>	<b>\$1.9 F</b>	
Favourable variance arises mainly from: <ul style="list-style-type: none"> <li>• A reduction in cost of In Between Travel (offset by reduced revenue) \$0.6m.</li> <li>• Residential Care is favourable as a result of:               <ul style="list-style-type: none"> <li>- timing differences (budget phasing) \$0.5m</li> <li>- change of patient care costs to a non-dhb govt. fund \$0.3m</li> <li>- a high needs residential patient that has moved out of the Waikato area \$0.3m</li> </ul> </li> </ul>	\$1.9 F	Neutral
<b>Mental Health:</b>	<b>\$0.8 F</b>	
Mental Health favourable to budget mainly due to Adult Alcohol & drug and home based care.	\$0.8 F	Neutral
<b>Interdistrict outflows:</b>	<b>(\$1.3) U</b>	
IDF out unfavourable by \$1.3m due to increased outflow to Counties Manukau DHB due to timing of a GP practice PHO change not aligning with budget assumption and two high cost patients who have gone to Counties Manukau for treatment.	(\$1.3) U	Unfavourable

# People

# **Infrastructure**



# **Information Services**



**MEMORANDUM TO THE PERFORMANCE  
MONITORING COMMITTEE  
12 APRIL 2017**

**AGENDA ITEM 11.1**

**IS PLAN REPORT**

<b>Purpose</b>	1) For information
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The IS Plan report is submitted for committee information.

**Recommendation**

**THAT**

The report be received.

**GEOFF KING  
DIRECTOR INFORMATION SERVICES**

# IS Plan Report



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

KPI's	Status	Metric Change	Comment
<b>Overall</b>	<b>A</b>		<p>Report Covers performance reporting 28/2/2017 – 31/3/2017 and Financials as at 28/2/2017 (M08).</p> <p>The IS team is favourable to budget and continues to drive improvements to levels of service quality and risk reduction.</p> <p>Increasing throughput, whilst reducing unplanned service impacts, remains a key focus across the team and managing the number of P1 &amp; P2 incidents has seen a continued improvement in service delivery.</p> <p>The multi-year DevOps transformation, along with the underpinning Service Improvements Plans, continues to be focus for the IS Leadership Team. This initiative, as discussed in previous reports, continues to deliverable measurable improvements in service quality.</p> <p>Cyber security, particularly the increasing volume and targeting of attacks continues to be a concern.</p> <p>The IaaS business case is progressing and is planned to be presented to next month's board meeting. The investment, to conform to the cabinet directive, is significant and the business case will be materially NPV negative.</p> <p>IS workload continues to increase (both volume and complexity) and will present delivery and risk challenges over the remainder of the year as the IS team looks to meet expectations and balance activity across operational, tactical and strategic initiatives.</p>
<b>Key Result Area – Financials M08 (28 February 2017)</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>

<p><b>Annual Operating Budget - Before IDCC and Extraordinary</b></p> <p style="text-align: right;">YTD Budget Actual</p> <p style="text-align: right;"><b>Variance</b></p> <p><b>Including IDCC</b></p> <p style="text-align: right;"><b>Variance</b></p>	<b>G</b>	<p style="text-align: right;">23,097k</p> <p style="text-align: right;">15,329k 15,194k</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: right;"><b>135k</b></p> <p style="text-align: right;">\$ 1,465k</p>	<p>Information Services are operating within Budget. The result includes revenue as favourable, FTE/personnel cost favourable, outsourced costs are unfavourable. Infrastructure costs are favourable which includes an unallocated annual saving plan of \$494 k (the \$844k unallocated saving plan 16-17 less \$350 k for capitalisation of under \$2 k desktop replacements).</p> <p>Information Services are \$ 1,465k favourable to budget at M08.</p>
<b>Key Result Area – Financials Full Year Forecast</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>
<p><b>Annual Operating Budget - Before IDCC and Extraordinary</b></p> <p style="text-align: right;">Forecast 16-17</p> <p style="text-align: right;"><b>Variance</b></p> <p><b>Including IDCC</b></p> <p style="text-align: right;"><b>Variance</b></p>	<b>A</b>	<p style="text-align: right;">23,097k</p> <p style="text-align: right;">23,772k</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: right;"><b>(675k)</b></p> <p style="text-align: right;">\$ 643k</p>	<p>Current forecast is indicating a 675k unfavourable position the key contributor being a \$570k unbudgeted allocation for laaS.</p>
<b>Key Result Area – Capital Budget M08 (over 50k)</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>
<p><b>Capital Budget (over 50k)</b></p> <p>Board Approved (carry forwards) Board Approved (2016/17 Capex) Transfers</p> <p><b>Board Approved (TOTAL)</b></p> <p><b>Regional HSL contributions</b> (included within \$68m)</p> <p>IS Projects yet to commence IS Projects Open or Completed</p> <p><b>TOTAL</b></p>	<b>G</b>	<p style="text-align: right;">\$30,660 \$38,198 -244</p> <p style="text-align: right;"><b>\$68,614</b></p> <p style="text-align: right;"><b>\$ 13,958</b></p> <p style="text-align: right;">\$31,783 \$36,831 <b>\$68,614</b></p>	<p>As at 28-Feb-17. Of the \$68m board approved budget, \$36m is for projects currently in flight or already completed. \$14m of approved budget is for WDHB funding to HSL for regional initiatives.</p> <p>As noted within the project delivery KPI 100% of projects have been delivered within budget. In accordance with the IS Project Delivery Framework and the DFA policy all variations to project budgets are approved by BRRG. In summary the major variance items (over-runs and budgets approved above original capital plan);</p> <ul style="list-style-type: none"> <li>• No major items</li> </ul>

<b>Approved Expenditure</b>		\$68,614	
<b>Forecast Spend for approved projects</b>		\$67,266	
<b>Variance</b>		\$1,347	
<b>Key Result Area – Labour Recoveries M08</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>
YTD Budget	<b>A</b>	3,693k	Although a significant level of delivery work is in progress labour recoveries remain unfavourable YTD. In addition to recoverable activities significant effort is being placed into BAU support and Service improvement activities. The DevOps leadership team is currently reviewing work activity with the objective of rebalancing efforts in order to address variance prior to year-end.
Actual		3,186k	
<b>Variance</b>		<b>- 507k</b>	
<b>Key Result Area - IS Service Delivery</b>	<b>Status</b>	<b>Metric Change</b>	<b>Comment</b>
- Yearly review of Service Level Agreements with Waikato District Health Board Executive Management and Clinical Information Governance Board	<b>A</b>	No	This item remains under IS review and development as at March 2017 and is being revised as part of the Waikato as Service Provider (WaSP) project. The existing SLA remains underpinning standard until the new release is finalised.
- Service level Agreement reporting on a quarterly cycle	<b>G</b>	Yes	Report developed and published monthly.
- <b>75%</b> of Information Services customers satisfied or very satisfied by 1 July 2015	<b>A</b>	100% (satisfied/ Very Satisfied)	The last survey issued received a low response (4) rate. Of those responding 60% indicated they were satisfied and 40% very satisfied. The next survey is scheduled for March 2017.
- <b>75%</b> of Information Services users satisfied or very satisfied by 1 July 2015	<b>G</b>	93% (satisfied/ Very Satisfied)	Service Desk satisfaction survey that surveys one 1 in 5 service desk calls logged to validate service delivery.
- No more than <b>2 Priority 1</b> issues occurring per month. This means we have no more than 2 site wide or critical system issues in a calendar month.	<b>G</b>	2 Occurrences Average per month	2 x P1 Incidents experienced.
- No more than <b>4 Priority 2</b> issues occurring per month. This means we have no more than 4 single system or single department issues in a calendar month.	<b>A</b>	6 Occurrences Average per month	6 x P2 Incidents experienced.
- <b>All</b> category 1 & 2 services with an agreed Service level Agreement and business owner Identified.	<b>A</b>		
- <b>100%</b> Service level Agreement	<b>G</b>	100%	All systems now covered by SLA approved through BRRG.
- <b>100%</b> Business Owner	<b>G</b>	100%	All (cat 1 and 2) systems in IS systems register have current owner identified.

- <b>100%</b> Business Owner Charter	A	95%	New approach currently being deployed and will be of increasing focus as year progresses and new ISM on boarded. Process Currently under review March 2017.
- <b>100%</b> Criticality assessments	G	100%	ICA now being run over all new and significant change deliveries.
- <b>100%</b> Systems with i-risk scorecard	A	90%	Now included in ICA process and risk acceptance process is under development and includes where required DIA Cloud Risk Assessment and Privacy Impact Assessments. Where required residual risks subject to Risk Acceptance process requiring business owner sign-off.
- <b>100%</b> Risks with mitigations agreed	A	90%	The IS risk Register is now implemented and IS risks are reported in DATIX (Organisation Risk System). A monthly IS Risk review is in place and risks have mitigation and assurance activities identified.
- Small projects/Non Standard Service Requests	A		NSWRs are delivered utilising a constrained resource model, with the funding for resource below that which would be required to deliver everything requested within the timeframe requested. This is an intentional and conscious decision by the executive due to economic constraints, with the intention being that those NSWRs that deliver the most benefit to the DHB progress through the prioritization process. To ensure an element of independence in the prioritization process the Change Team complete the assessments and recommendation to the prioritisation group (which is made up of the CFO & Exec Directors) of the NSWRs to be progressed as a matter of priority vs those which get delivered as resource becomes available. A Director or Exec Director can request for a NSWR to be progressed through the prioritization progress.
Resource allocation	A	71,097k	\$75k p/month of resource assigned to the delivery of NSWRs. Current resource assigned exceeds budget, which comes at the expense of BAU support and project delivery.
Number completed/closed	A	20	Target is 35 per month / 420 per year
Older than 6 months	A	14%	Target is <20% of the total number outstanding.
Older than 9 months	A	12%	Target is <10% of the total number outstanding
Older than 12 months	A	39%	Target is 0
Number Open	A	218	A substantial level of project and delivery work is in progress and significant effort is being placed into BAU support and Service improvement activities impacting the amount of resource available to deliver NSWR's. The DevOps leadership team is currently reviewing work activity with the objective of rebalancing efforts in order to achieve an improved level of throughput in this area.

Key Result Area - IS People	Status	Metric Change	Comment
- Skills maps for all staff incorporated into year performance management that maps to Waikato District Health Board Information Services needs	G	Yes	
- <b>90%</b> of staff with appropriate professional qualifications	A	No	Progress in developing staff qualifications, skills and capability continues however yet to achieve targeted levels across all teams.

- Staff retention rate greater than <b>90%</b> over a 12 month period:	<b>G</b>		YTD attrition rate. (M09 figure unavailable)
- Staff satisfaction ( <b>75% satisfied or very satisfied</b> )	<b>A</b>	67%	A revised survey has been completed in May and indicates a reduction in overall staff satisfaction attributed to the DevOps changes that were progressed over the reporting period. Next survey is scheduled for March 2017.

Key Result Area - IS Process	Status	Metric Change	Comment
- Alignment of Waikato IS processes and frameworks	<b>G</b>	Yes	The integrated IS project delivery framework is now published to all project managers, with supporting materials and training. The framework is subject to continual process improvement and is further evolving to better serve departmental needs and reduce process overhead.
- Project Assurance regime in place to ensure all projects are compliant with process	<b>G</b>	Yes	Individual project assurance responsibilities are agreed via a revised project governance plan, created for each new project. New projects are completing GCIO risk potential assessments to inform possible Assurance Plans. This is in line with GCIO requirements taking effect in July this year. The format of assurance reviews has been aligned to the IS project delivery framework and regular reviews are underway. Further work is ongoing to finalise documentation of the assurance strategy.  Initial Criticality assessment now performed over all significant change initiatives and where required Cloud Risk and Privacy impact assessments completed in addition to more in-depth security reviews as required. Any risks identified are managed as part of delivery and residual position requires business owner risk acceptance prior to go live.
- Security Audit Performed	<b>G</b>	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).
- Critical Issues recorded	<b>G</b>	Yes	GCIO were updated with issues and status June 2016, Quarterly ISLT internal update and reporting of outstanding audit items has been moved to monthly to better cover audit and risk management accountabilities.
- Service Delivery assurance regime in place to ensure Service level Agreement attainment	<b>A</b>	Yes	Service Delivery follow up audit completed and identified recommendations under ISLT review. Operational assurance review for 2017 currently underway.
- Information Technology Infrastructure Library (ITIL) Review Undertaken	<b>A</b>	Yes	The recent change in IS structure and focus on the "DevOps" based delivery approach will look to drive improved synergy, throughput and quality across ICT delivery and improved collaboration between stakeholders. Work is continuing reviewing and improving key processes including Change and Release Management and Incident Management. Work has commenced developing an ITIL based IS Services Catalogue that will further define and support the delivery of best practice process and approach in relation to ICT service delivery. IS are working with internal audit to develop a controls audit that will assess maturity and set goals.

- Processes at agreed level	A	No	Further development of key processes as part of “DevOps” approach and ongoing process maturity efforts continue.
- Control Objectives for Information and Related Technology (COBIT) Review Undertaken	A	No	Current focus is implementing the identified improvement changes for the IS e-2-e process which will assist delivery of improved process maturity and COBIT alignment. The framework is now being used as the baseline for developing the department’s internal assurance strategy which will support assurance across the complete delivery stream and inform our overall risk position. IS are working with internal audit to develop a controls audit that will assess maturity and set goals. Meeting with Internal Audit and CTAS completed in February 2017 and now awaiting Audit feedback in relation to improved ICT Audit Program.
- Processes at agreed level	A	No	The work in this area has been put on hold whilst the major delivery activities and e-2-e process improvements are completed.
- The Open Group Architecture Framework (TOGAF) framework review undertaken yearly:	A	No	TOGAF base for architectural work undertaken. IS are working with internal audit to develop a controls audit that will assess maturity and set goals.
- Processes at agreed level	A	No	Team formed and working on e-2-e process in order to improve process maturity and capability and architectural design. Training of key staff completed in May 2015 and Architecture team created as part of recent IS restructure.

Key Result Area - IS product	Status	Metric Change	Comment
- Execution of plan to move to current or current-1 release of software products with reporting on project timelines	G	Yes	IS continues to progress software lifecycle plans.
- Execution of plan to maintain hardware products with reporting on project timelines	A	Yes	IS continues to progress hardware lifecycle plans to address capacity. Delivery of the national IaaS solution have increased DHB risk and the
- On-going decrease of number of projects not aligned with roadmaps (and associated cost)	G	Yes	Significant focus given DIA mandate on life cycle upgrades across strategy alignment driving ICT requirements of Business Process cha


Key Result Area - IS Strategy	Status	Metric Change	Comment
- <b>100%</b> of Information Services projects prioritised via the business group (BRRG).	G	100%	All projects prioritised and approved by BRRG.
- Awareness of the regional portfolio in local Waikato District Health Board decision making	G	Yes	The DHB is contributing to the funding of Projects delivering regional Clinical Portal Foundation Project.
- <b>40%</b> of regional meetings being held virtually for Information Services staff working on regional activities	G	Yes	The equipment has all arrived on site and has been commissioned ready for business engagement.
- Business resource review group goals delivered to Waikato DHB	A		Due to the constrained resource model utilised by the DHB and resou a challenge.
- <b>25% On Time</b>	G	33%	2/6 projects were delivered on time. The 4 projects that weren’t delivered - LIS Drop 6 (IS1602-009) due to technical complexity, testing - Application Lifecycle Management 14-15 (IS1411-006) due to

			<ul style="list-style-type: none"> <li>- ITSM (IS1409-005) due to resource availability and system a</li> <li>- NSW 69639 ProVation Host Tairawhiti</li> </ul>
- <b>100%</b> On Budget	<b>G</b>	100%	6/6 projects were delivered on budget. Of the 6 projects that submit were delivered on budget.
- <b>100%</b> With Deliverables achieved	<b>G</b>	100%	6/6 projects achieved deliverables
- <b>100%</b> With PIR's completed	<b>A</b>	20%	1/5 projects requiring a PIR have completed one. The 4 projects still r <ul style="list-style-type: none"> <li>- Perimeter Redesign 14-15 External Firewalls</li> <li>- Backend Security – ISE</li> <li>- Telehealth</li> <li>- Data Centre Enhancement and Reconfiguration project</li> </ul>

### Completed for reporting period

- o Tairawhiti Provation
- o Zeacom upgrade
- o SwiftPos upgrade
- o Citrix Server Rebuild – desktop servers, LIS servers
- o KPMG fitout
- o Oral Health Go Live

#### CWS 11.0

- Security enhancements at the CWS product level.
- Invocation of the Midlands Clinical Portal (MCP) from CWS (context switching at the patient level).
- The existence of Advanced Directives documents is made visibility on the patient demographics screen through displaying the  icon.
- Paceart interface, which enables the visibility of the full Paceart report in CWS.
- Mental Health SOAP Note enhancements to store them in the Mental Health Progress Notes area.
- Enabling a better way of the handling of “acknowledgement not required” results from the RIS system based on a specific phrase.
- A few other small enhancements as an extra option in the Discharge Summary for smoking status, improvements in the interface to send Discharge Summaries
- Fixes for issues (24)

#### Smart Health

- Clinician Training emails
- Patient sign up sequence
- Patient enrolment report

#### The following lifecycle upgrades were completed;

- o Mortality Register
- o DOC DB



- DICOM Router
- BioViewer
- Outsourced Contract Maintenance application
- MiWaikato
- Mortality Register

### **Planned for next reporting period**

- E2e Clinical Docs – first go live was 20-March with rolling go lives through to the end of April
- RIS Upgrade 5-April
- Decommission GALEN – in closure
- Access to Primary Encounters (Indici).
- PACS Upgrade 2015 – in closure
- 3rd Party Password Reset
- iSL Reporting go live – May
- TQUAL go-live – May
- Surgical Services Audit Database – April
- Oral Health Phase 2 go-live – April
- iPM Upgrade - May
- Netscaler infrastructure upgrade
- Win10 mobile device desktop build operationalised
- MIMs upgrade
- IaaS interim environment, SAN augment and new Clinical/Corporate Platform for PeopleSoft
- Trend Upgrade
- PaceArt upgrade
- Inteleviewer Upgrade
- SCID Upgrade
- Waitlist Data Entry Upgrade
- Interai Upgrade
- NicVue Upgrade
- ScannerVision Upgrade
- Pharmacy Dispensing Upgrade
- GynaePlus Upgrade
- Provation Upgrade
- Internal Directory Upgrade
- Paeds Growth Chart Upgrade
- Outpatient Tracking board upgrade

### **SmartHealth**

- RealMe Integration
- MOH Compliance
- ePrescribing
- Lifecam Video improvements
- People I care for v1.0
- Display NHI Number
- Training environment

- Unsolicited Inbox consults

**Potential/actual changes to key dates**

No issues to report.

**Potential/actual changes to costs/benefits**

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

		Top Issues
		Issue
		<b>IS Structure</b> – IS reorganisation and structure changes
		<b>High</b> – Impact to staff morale, retention a
		<b>Work program</b> – Constrained resource model impacting IS ability to meet user expectations now heightened with forecasted effort related to IaaS delivery
		<b>High</b> – Impact to business and potential
		<b>Resourcing</b> – Staff turnover and market pressures including competition from other health sector agencies is continuing to increase resource risks
		<b>Medium</b> – Loss of key staff will impact d
		<b>Capacity</b> - Delays in the delivery and up-take of the National Infrastructure Programme (NIP's) Infrastructure as a Service (IAAS) offering may lead to capacity impacts that present potential to delay project delivery and/or impact operational ICT services.
		<b>High</b> – Impact to business and potential
		<b>Security</b> – Increased threat risk due to current level of global phishing and malware activity.
		<b>High</b> - Impact to business if service deliv
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**

**MEMORANDUM TO THE PERFORMANCE  
MONITORING COMMITTEE  
12 APRIL 2017**

**AGENDA ITEM 12.1**

**PERFORMANCE REPORT FROM STRATEGY AND FUNDING**

**Purpose**

1) For information

**Target Dashboard**

The majority of the items in the Strategy and Funding reports have not been updated since the report to the Board in March 2017. The item that has however been updated is the primary care dashboard which is attached with February 2017 information as Appendix A.

The primary care dashboard shows the information for each of the three PHOs however at present it groups the Waikato unenrolled population with people living outside of the Waikato District which makes this component of the information less meaningful. This will be separated for future reports. All information will also be presented showing monthly and quarterly figures, recognising that monthly data may not fully reflect performance.

Ambulatory sensitive information is reported quarterly however there is a timelag in the information becoming available with the most recent information available being for the period through to September 2016. This area will get significant focus through the system level measures process. Further detail will be included in the June agenda when new information is available.

**Health Targets update**

The Strategy and Funding indicators within the health target report that was presented to the March Board is attached as Appendix B. For the majority of the primary care health targets information is not routinely available till approximately 7 weeks following the end of a quarter. New information is therefore not yet available for the Smoking or Raising Healthy Kids targets.

Immunisation information is available on a monthly basis however March information was not yet available at the time of this agenda being finalised.

Further comment is included below in relation to the raising health children target.

**Raising Healthy Kids**

This Target means “by 20 December 2017 95% of obese children identified in the B4 Checks (B4SC) programme will be offered a referral to a health professional for clinical assessment, and family based nutrition, activity and lifestyle intervention” .

The quarter 2 report showed good progress against this target (79%) with the MoH subsequently noting there are still some areas of development which need to be addressed alongside our primary care and other partners. Almost all our B4SC are done in the child’s usual general practice.

This target is reported through to the Waikato Child Health Network which has the oversight of this programme. Our GP liaison is leading the development of a referral pathway for general practice. The practice nurse who does the B4SC initiates an internally documented referral to the child's usual doctor (if the child is obese) and an appointment is made within 30 days of check. The pathway also covers courageous conversation with families and whanau, what to do about declines and referrals from general practice to other services. The national health target champion is very keen to see routine monitoring growth of children as part of standard general practice services.

The target is part of wider plan which involve other key stakeholders such as oral health services, secondary care, Population Health, and Sport Waikato. Our GP liaison has been invited to present our pathway at the national Raising Health Children's Workshop on 11 May 2017. Also in attendance with be the Waikato Child Services Project Manager and MHN B4 School coordinator. The Clinical unit leader of Paediatrics has been actively involved in ongoing development as has Strategy and Funding

**Recommendation**

**THAT**

The Committee notes the content of the report

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

# Appendix A

## S&F Primary Care KPIs

Data updated to end of: **Feb-17**

### Emergency Department Presentations

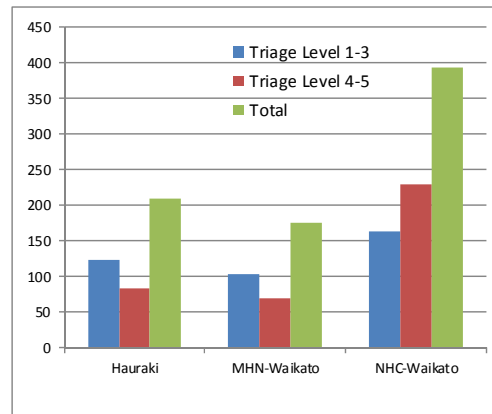
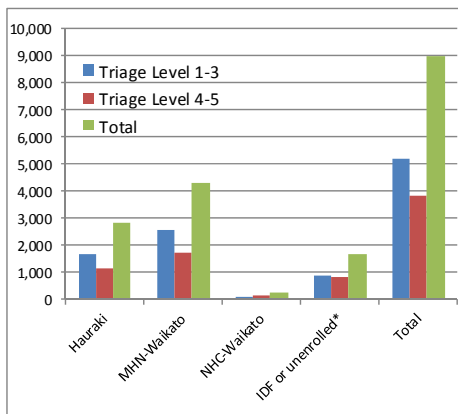
Monthly data for Feb-17

#### Total - All Ethnicities

PHO	Volumes		Total
	Triage Level		
	1-3	4-5	
Hauraki	1,679	1,142	2,821
MHN-Waikato	2,555	1,727	4,282
NHC-Waikato	96	135	231
IDF or unenrolled*	862	818	1,680
<b>Total</b>	<b>5,192</b>	<b>3,822</b>	<b>9,014</b>

Rates per 10,000 people		
Triage Level		
1-3	4-5	Total
125	85	209
105	71	176
164	231	395

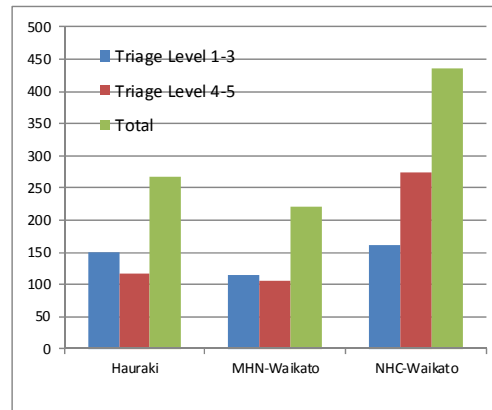
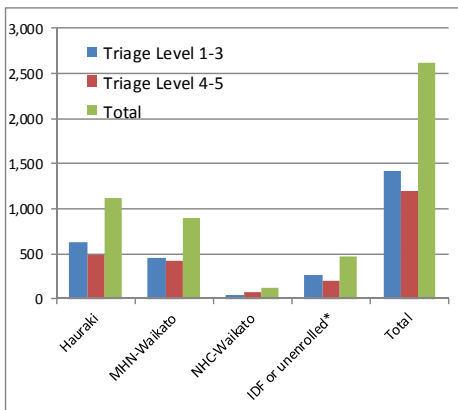
\* IDF or unenrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs or from outside the area (i.e. an IDF patient)



#### Maori

PHO	Volumes - Maori		Total
	Triage Level		
	1-3	4-5	
Hauraki	635	489	1,124
MHN-Waikato	462	429	891
NHC-Waikato	48	81	129
IDF or unenrolled*	270	201	471
<b>Total</b>	<b>1,415</b>	<b>1,200</b>	<b>2,615</b>

Rates per 10,000 people		
Triage Level		
1-3	4-5	Total
151	116	268
115	106	221
162	273	435



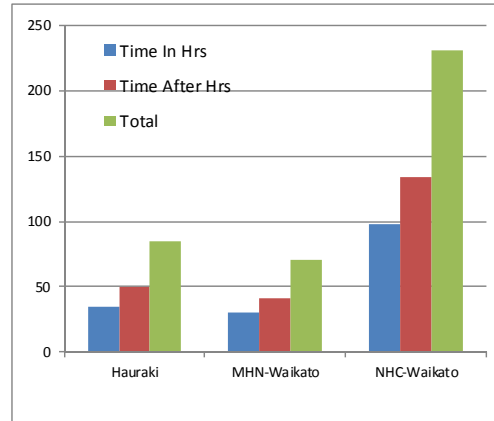
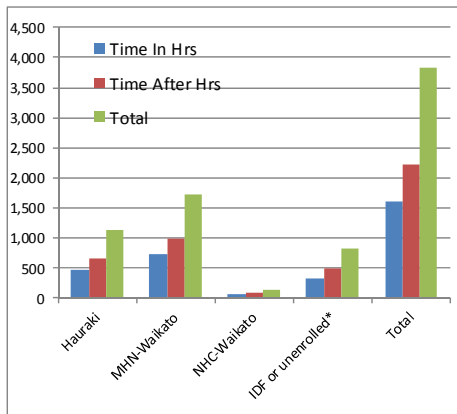
### In Hours vs After Hours (Triage 4-5 only)

In Hours = 8am to 5pm Mon-Fri exc public holidays

PHO	Volumes		Total
	Time		
	In Hrs	After Hrs	
Hauraki	474	668	1,142
MHN-Waikato	733	994	1,727
NHC-Waikato	57	78	135
IDF or unenrolled*	337	481	818
<b>Total</b>	<b>1,601</b>	<b>2,221</b>	<b>3,822</b>

Time	Rates per 10,000 people		Total
	In Hrs	After Hrs	
	35	50	85
	30	41	71
	97	133	231

\* Not Enrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs or from outside the area (i.e. an IDF patient)



### Ambulatory Sensitive Hospitalisations (ASH)

Feb-17

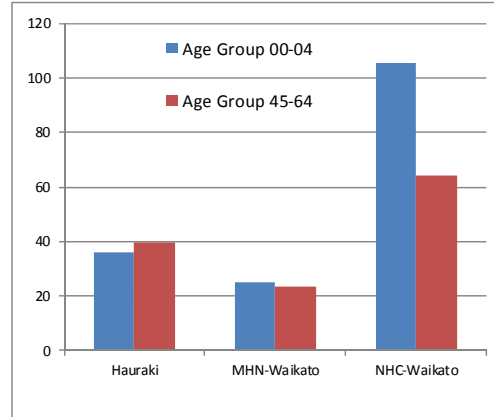
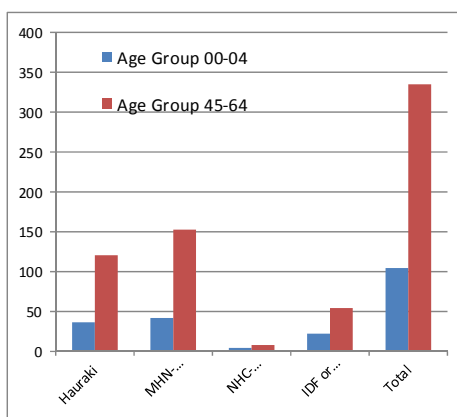
(Utilising the new ASH Definitions)

#### Total - All Ethnicities Monthly data for Feb-17

PHO	Volumes - Feb17	
	Age Group	
	00-04	45-64
Hauraki	36	120
MHN-Waikato	41	152
NHC-Waikato	5	8
IDF or unenrolled*	22	55
<b>Total</b>	<b>104</b>	<b>335</b>

Age Group	Rates per 10,000	
	00-04	45-64
	36	39
	25	23
	105	64

\* Not Enrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs or from outside the area (i.e. an IDF patient)

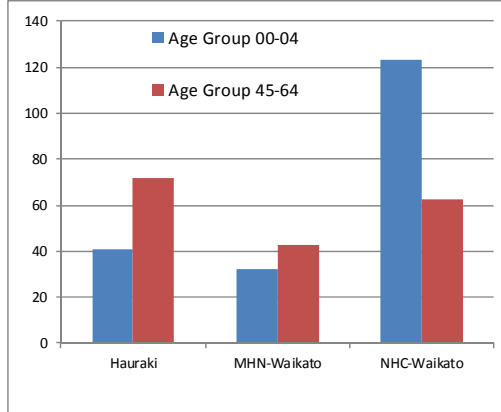
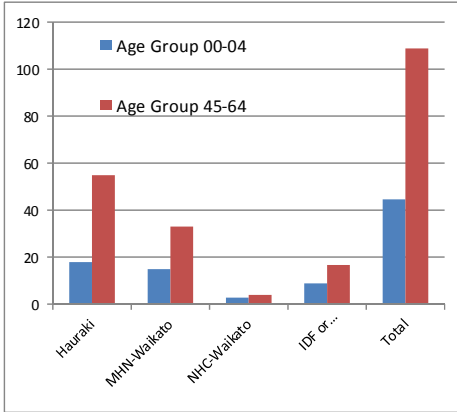


**Maori Monthly data for Feb-17**

PHO	Volumes - Maori	
	Age Group	
	00-04	45-64
Hauraki	18	55
MHN-Waikato	15	33
NHC-Waikato	3	4
IDF or unenrolled*	9	17
<b>Total</b>	<b>45</b>	<b>109</b>

Age Group	Rates per 10,000	
	00-04	45-64
00-04	41	72
45-64	32	43
	123	63

\* Not Enrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs or from outside the area (i.e. an IDF patient)





# MEMORANDUM TO THE BOARD

## 22 MARCH 2017

### STRATEGY AND FUNDING SECTION OF HEALTH TARGETS REPORT

<b>Purpose</b>	For information.
----------------	------------------

#### Most recent results

Table 1 shows a summary of performance for Waikato DHB's health target results including 2016/17 quarter two results. DHB comparison rankings for 2016/17 quarter two performance are now available and have been included. The most recent results in the last column give the most up to date picture of performance.

Table 1- Health targets performance summary

HEALTH TARGETS		2014/15 Q4 results & ranking	15/16 Target	2015/16 Q1 results & ranking	2015/16 Q2 results & ranking	2015/16 Q3 results & ranking	2015/16 Q4 results & ranking	16/17 Target	2016/17 Q1 results & ranking	2016/17 Q2 results	Target achieved	2016/17 Most recent result
Better Help for Smokers to quit	Primary Care	84% 10 <sup>th</sup> ●	90%	84% 12 <sup>th</sup> ●	88% 7 <sup>th</sup> ★	89% 8 <sup>th</sup>	88% 6 <sup>th</sup> ★	90%	87.0% 7 <sup>th</sup> ★	87% 12 <sup>th</sup> ●	X	87% 16/17 Q2 result
	Maternity	91% 14 <sup>th</sup> = ✘	90%	91% 16 <sup>th</sup> ✘	89% 15 <sup>th</sup> ✘	95% 13 <sup>th</sup>	97% 8 <sup>th</sup> ●	90%	93% 12 <sup>th</sup> ●	98% 4 <sup>th</sup> ★	✓	98% 16/17 Q2 result
Increased immunisation (8 months)		91% 15 <sup>th</sup> ✘	95%	90% 17 <sup>th</sup> ✘	92% 13 <sup>th</sup> ●	91% 15 <sup>th</sup> ✘	90% 17 <sup>th</sup> ✘	95%	92.3% 13 <sup>th</sup> ●	92% 15 <sup>th</sup> ●	X	90.4% Feb 17 3 mth rolling
Raising Healthy Kids <sup>1</sup>				9%	18%	19%	31%	95% <sup>1</sup>	47% 11 <sup>th</sup> ●	79% 6 <sup>th</sup> ★	X	79% 16/17 Q2 result (Jun-Nov16 data)

Key: DHB rating		
★ Good	● Average	✘ Below average
Top third of DHBs	Middle group of DHBs	Bottom third of DHBs

#### Target: Increased immunisations for 8 months

DHB Q4 result 13/14	DHB Q4 result 14/15	DHB Q4 result 15/16	DHB Target 16/17	DHB Q2 result 15/16	DHB Q3 result 15/16	DHB Q4 result 15/16	DHB Q1 result 16/17	DHB Q2 Result 16/17	Most recent 3 monthly result
89% 17 <sup>th</sup> ranking	91% 15 <sup>th</sup> ranking	89% 17 <sup>th</sup> ranking	95%	92% 13 <sup>th</sup> ranking	91% 15 <sup>th</sup> ranking	89% 17 <sup>th</sup> ranking	92% 13 <sup>th</sup> ranking	92% 15 <sup>th</sup> ranking	90% Feb 17

<sup>1</sup> Target by Dec 2017

Data for this target is reported on a three month rolling basis. Graph 5 shows our most recent result of 90% for the three month period from 1 December 2016 to 28 February 2017. This is a slight decrease from quarter 2, however delivery against this target over the Christmas break is often low.

We still have not yet met the target of 95%. An Immunisation Resolution Plan was developed prior to Christmas in conjunction with the Immunisation Steering Group members capturing all current and planned activity. The Ministry has agreed the detailed actions outlined to improve immunisation performance. This resolution plan is led by the Immunisation Steering group which has delegated representative's from PHOs, Strategy and Funding, Population Health and the NIR.

High level activities being implemented under the Waikato Immunisation Resolution Plan include:

- Leadership – clear roles and leads across Waikato DHB and PHOs;
- Early enrolment of newborns primary care – newborn enrolment champions in each PHO (unenrolled babies have an imms rate of 65%);
- Service reconfiguration - NIR service team relocated back from MHN to Waikato DHB;
- Outreach Immunisation Services - reviewing opportunities for shared efficiencies and amalgamation;
- Missing events coordination – weekly teleconferences between PHOs, NIR and Outreach Immunisation Service using a traffic light system to immunise babies at risk of missing their immunisation milestones;
- Reduced declines - annual training for health professionals with best practice embedded; and
- Waikato Child Health Co-ordination Service - a key change that has been agreed is to move the Child Co-ordination Service managed by Midlands Health Network to a formal contract with KPIs and outputs to be agreed between the DHB and all PHOs to be jointly monitored.

Graph 5 - Waikato DHB's fully immunised rates for 8 month olds (rolling three month result)

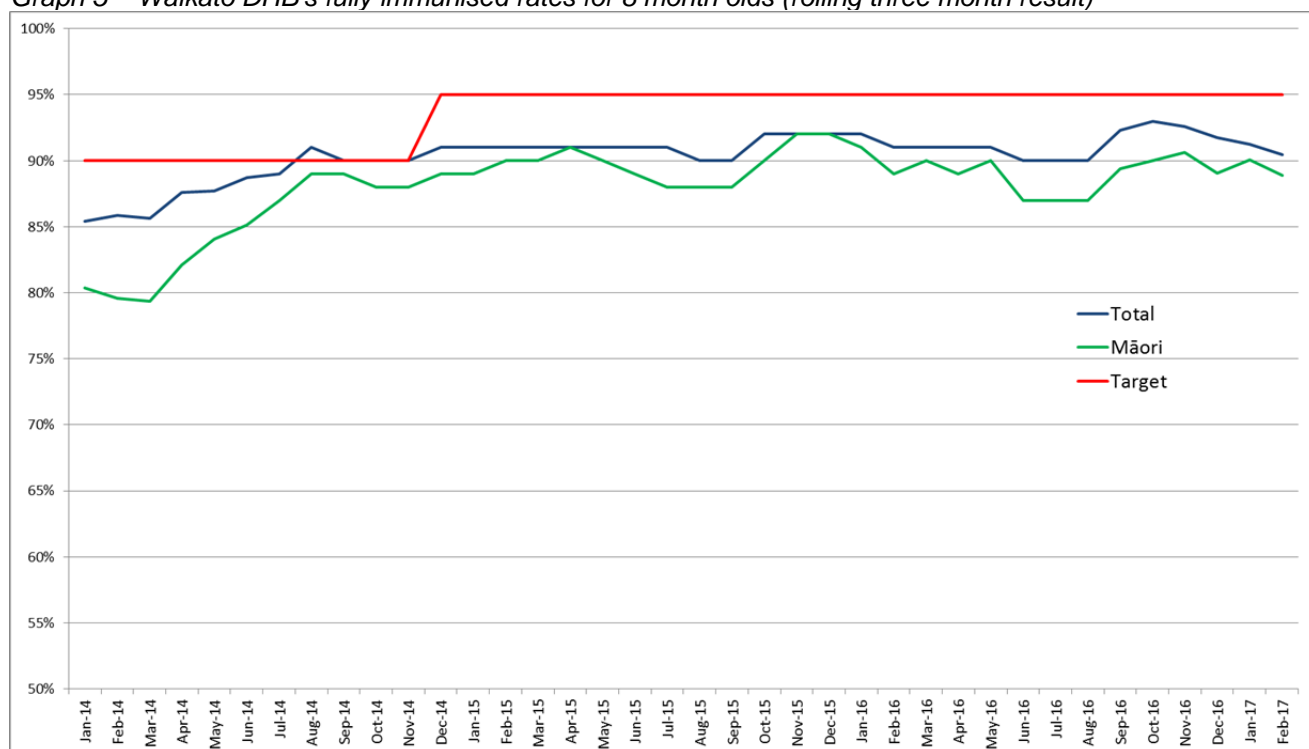


Table 6 (below) shows a breakdown of eight month immunisation by ethnicity including the number of additional children needing to be immunised to meet our 95% target across all

ethnicities. Based on these results, 52 additional children need to be immunised to meet the 95% target.

Table 6 - Waikato DHB 8 month old immunisations ethnicity breakdown from December 2016 to February 2017

Ethnicity	Number Eligible	Fully immunised	Result	Increase needed to meet the target (95%)
Asian	153	146	95%	
Māori	539	479	89%	34
NZ European	507	459	91%	23
Other	124	109	88%	9
Pacific	48	47	98%	
Total across ethnicities				64
<b>Total</b>	<b>1,381</b>	<b>1,260</b>	<b>91%</b>	<b>63</b>
Opt off			6	
Declined			75 (5.5%)	

Table 7 below shows the latest immunisation rates for the eight month population for Waikato DHB by PHO and the population not fully enrolled with a Waikato based PHO.

Table 7 - Waikato DHB's PHO level results for 8 month old immunisation from December 2016 to February 2017

PHO	Total population			Maori population		
	No eligible population	No fully immunised population	Percent immunised	No eligible population	No fully immunised population	Percent immunised
Hauraki PHO	502	467	93%	248	228	92%
Midlands Health Network – Waikato	780	711	91%	252	226	90%
National Hauora Coalition	23	21	91%	8	7	88%
Not Enrolled with a Waikato DHB based PHO *	66	41	62%	31	18	58%
<b>DHB Total</b>	<b>1,371</b>	<b>1,240</b>	<b>90%</b>	<b>539</b>	<b>479</b>	<b>89%</b>

\* Indicative splits based on prior quarters data of the children not enrolled with a Waikato based PHO are:

Enrolled with a PHO outside of Waikato = 33% (with immunisation rate of 88%)

No GP = 42% (with immunisation rate of 14%)

Has a nominated GP on the NIR but are not enrolled with a PHO = 25% (with an immunisation rate of 42%)

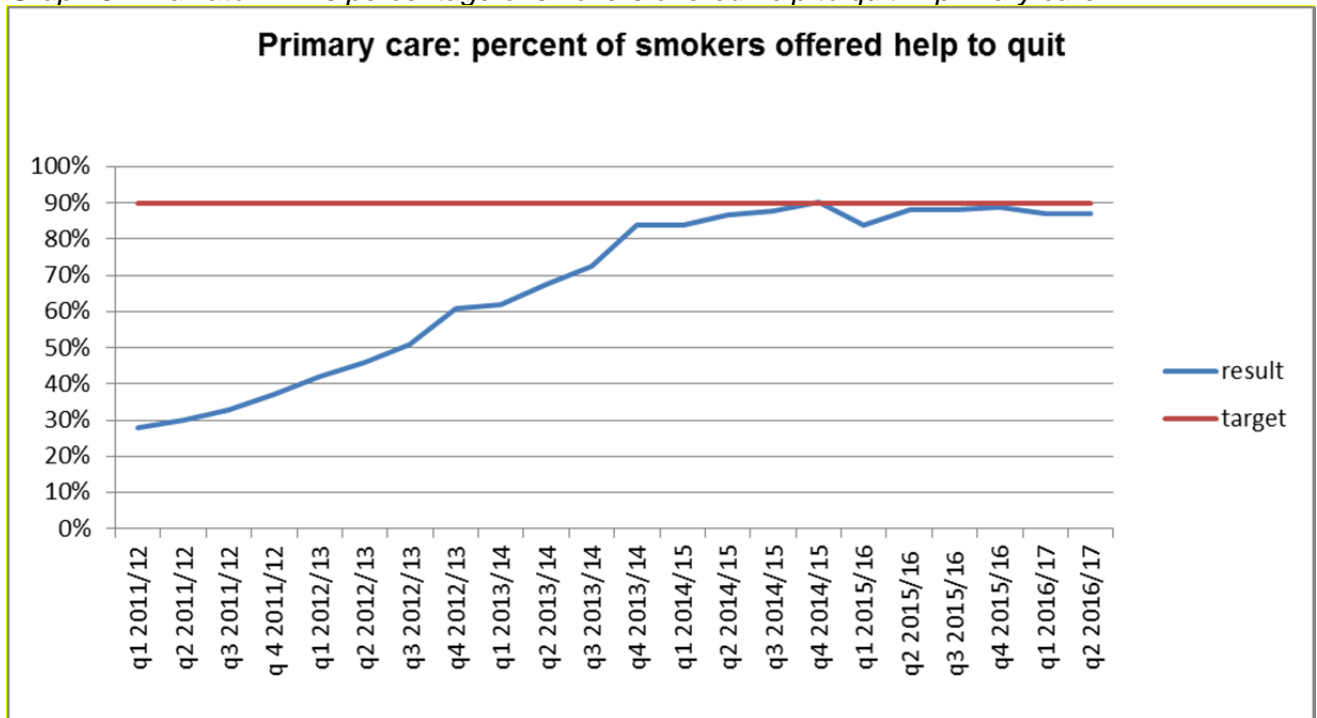
A further breakdown of these splits will be provided in the Q3 results.

**Target: Better help for smokers to quit - primary care**

DHB Q4 result 13/14	DHB Q4 result 14/15	DHB Q4 result 15/16	<b>DHB Target 16/17</b>	DHB Q2 result 15/16	DHB Q3 result 15/16	DHB Q4 result 15/16	DHB Q1 result 16/17	<b>Most recent result Q2 16/17</b>
84% 10th ranking	90.4% 10th ranking	89% 8 <sup>th</sup> ranking	<b>90%</b>	88% 7 <sup>th</sup> ranking	88% 6 <sup>th</sup> ranking	89% 8 <sup>th</sup> ranking	87% 7 <sup>th</sup> ranking	<b>87% 12<sup>th</sup> ranking</b>

Graph 6 of the quarter two final result of 87.0% shows Waikato DHB has remained steady from the previous quarter.

Graph 6 - Waikato DHB's percentage of smokers offered help to quit in primary care



Communications are occurring with all PHOs in relation to this measure and actions needed to enable the target to be achieved by the end of 2016/17.

Table 8 shows a breakdown of primary care smoking results by PHOs for 2016/17 quarter two.

Table 8 – 2016/17 Q2 primary care smoking results by PHOs (target 90%)

PHOs	Tobacco Numerator	Tobacco Denominator	2016/17 Q2 result	2016/17 Q1 result	2015/16 Q4 result	2015/16 Q3 result	2015/16 Q2 result
Midlands Health Network	26,716	29,858	88%	88%	88%	87%	87%
Hauraki PHO	19,490	22,617	86%	86%	86%	90%	89%
National Hauora Coalition	1,168	1,365	86%	87%	92%	84%	84%
<b>Total</b>	<b>47,050</b>	<b>54,283</b>	<b>87%</b>	<b>87%</b>	<b>89%</b>	<b>88%</b>	<b>88%</b>

**Target: Better help for smokers to quit - maternity**

DHB Q4 result 13/14	DHB Q4 result 14/15	DHB Q4 result 15/16	DHB Q2 result 15/16	DHB Q3 result 15/16	DHB Q4 result 15/16	DHB Q1 result 16/17	Most recent result Q2 16/17
95.3% 10th ranking	91.2% 14th= ranking	95% 13 <sup>th</sup> ranking	89% 15 <sup>th</sup> ranking	97% 8 <sup>th</sup> ranking	95% 13 <sup>th</sup> ranking	93% 12 <sup>th</sup> Ranking	<b>98% Q1 result 4<sup>th</sup> Ranking</b>

Graph 7 quarter one result of 98% shows we continue to meet this target and Waikato has improved significantly up the rankings from the previous quarter.

Graph 7 - Waikato DHB's percentage of smokers offered help to quit in maternity

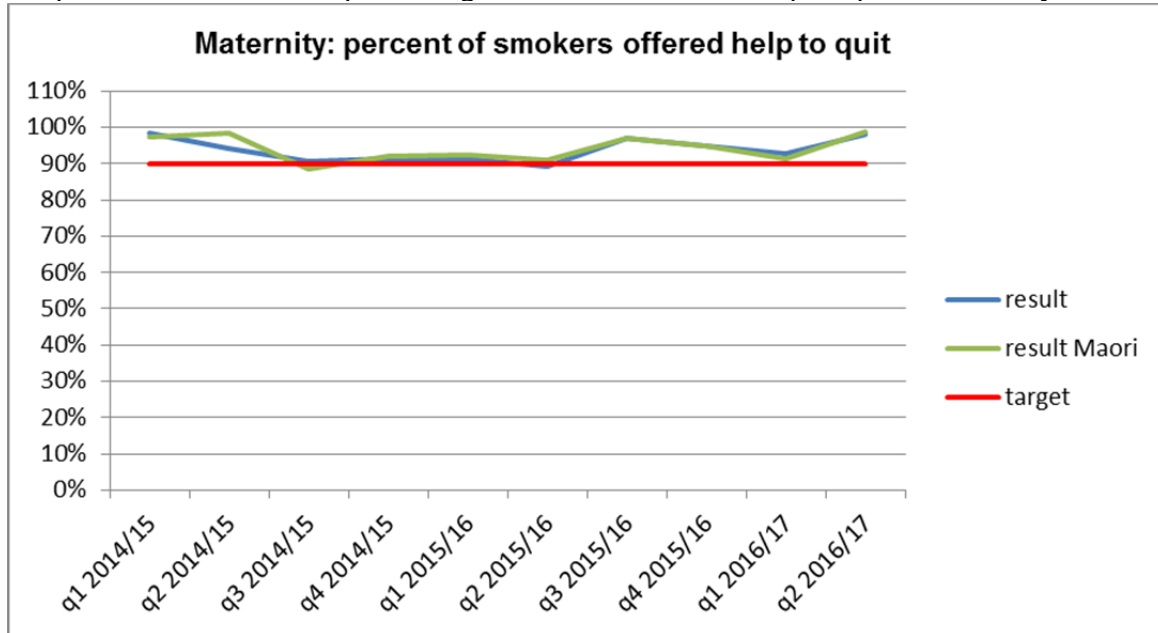


Table 9 shows our quarter two results provided by the Ministry for our total and Maori population.

Table 9 – 2016/17 Q2 maternity smoking status and advice results (target 90%)

	No. women registered *	No. of women identified as smokers	No. people given advice	Smoking prevalence	Percent of smokers offered advice
<b>Maori</b>	164	73	72	39.4%	98.6%
<b>Total</b>	607	108	106	17.8%	98.1%

\*Data comes from three sources: Midwifery and Maternity Providers Organisations (MMPOs), Lead Maternity Carers Services (LMCs) and from DHB employed midwives (if available)<sup>2</sup>

### Target: Raising healthy kids

On 30 June 2016 the Ministry launched the new Raising healthy kids health target. The target reads that by December 2017, 95% of obese children identified in the B4 School Check (B4SC) programme will be offered a referral to a health professional for clinical

<sup>2</sup> Note, Waikato DHB has reported to the Ministry that the data shows significantly less first registrations with a midwife than expected in Waikato. The Ministry has informed us full activity is not reflected in the data for other DHBs also and they are working through the accuracy of information but have yet to resolve the problem.

assessment and family based nutrition, activity and lifestyle interventions. Target results only capture children age four to five who have had a B4SC.

The health target is one of two targeted interventions in the Ministry’s Childhood Obesity Plan. The Obesity Plan has three focus areas made up of 22 initiatives across three areas; (1) targeted interventions, (2) increased support and (3) broad population approaches. The two targeted intervention initiatives are Raising healthy kids target and Access to nutrition and physical activity programmes for families.

Our quarter one feedback from the Ministry stated that ‘*Waikato DHB has demonstrated strong leadership in addressing childhood obesity and are to be congratulated on their development of tools to assist healthcare workers to help whānau adopt healthy lifestyle change*’.

The latest quarterly result is now 79% putting the DHB above the national average of 72%.

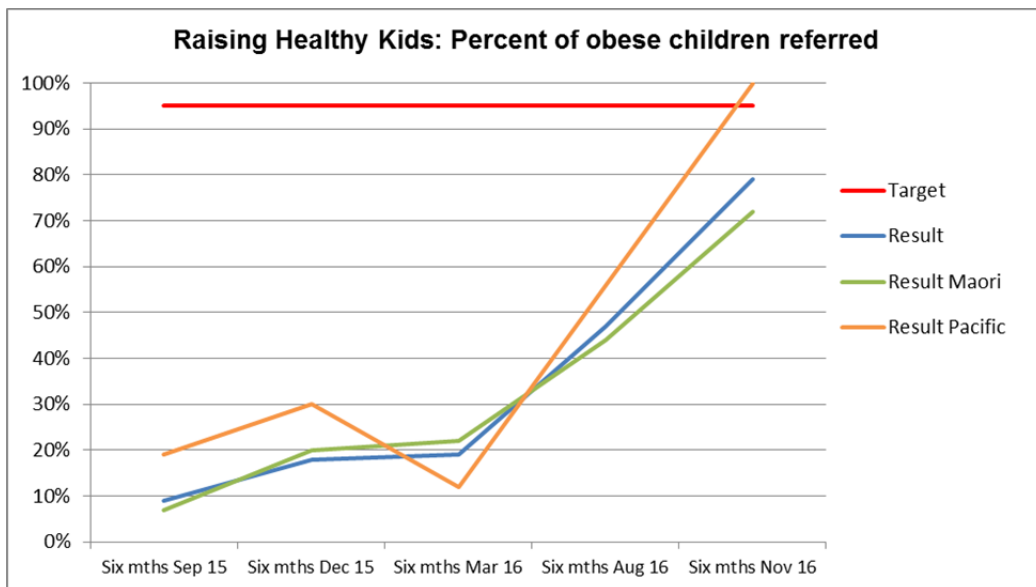
Locally the introduction of the target is led out by the Waikato Child Health Network chaired by our primary care clinical lead and GP Child health liaison doctor. The health target is just one part of both a national and district wide multifaceted approach to tackle child hood obesity including amongst others health promotion, Green Prescription, Project Energize, Under-fives Energize and Bodywise. The key aim of the target is that health professionals will manage clinical risks associated with obesity, encourage and support family and whanau to take actions around nutrition, lifestyle and physical activity and importantly regularly monitor children’s growth.

Our GP Liaison is working on the referral pathways for children identified as very overweight (BMI> 98 centile). Our scope has been broadened to include BMI >91% centile. As our B4SC checks are done in general practice by the child’s usual practice nurse referrals will be made to the family general practitioner within 30 days of the check, recorded formally and reported to the national B4SC system. We are also ensuring that our referral pathways include a missing events service as we anticipate almost all children will be referred but not all will return for and appointment

*Table 10 – 2016/17 Q2 Raising Healthy Kids Results (target 95%)*

		Waikato DHB					National
		2015/16 Q2	2015/16 Q3	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q2
		Six mths Sep 15	Six mths Dec 15	Six mths Mar 16	Six mths Aug 16	Six mths Nov 16	Six mths Nov 16
Total	Referral Sent	13%	18%	23%	50%	82%	78%
	<b>Referral Sent and Acknowledged</b>	<b>9%</b>	<b>18%</b>	<b>19%</b>	<b>47%</b>	<b>79%</b>	<b>72%</b>
Maori	Referral Sent	12%	21%	30%	49%	76%	75%
	<b>Referral Sent and Acknowledged</b>	<b>7%</b>	<b>20%</b>	<b>22%</b>	<b>44%</b>	<b>72%</b>	<b>70%</b>
Pacific	Referral Sent	26%	30%	12%	56%	100%	86%
	<b>Referral Sent and Acknowledged</b>	<b>19%</b>	<b>30%</b>	<b>12%</b>	<b>56%</b>	<b>100%</b>	<b>77%</b>

*Graph 8 - results for new ‘raising healthy kids’ health target*



Data for a 6 month rolling period up to Nov 2016

**Recommendation  
THAT**

The Board receives this report.

**BRETT PARADINE  
EXECUTIVE DIRECTOR  
WAIKATO HOSPITAL SERVICES**

**JULIE WILSON  
EXECUTIVE DIRECTOR  
STRATEGY & FUNDING**

**SUE HAYWARD  
DIRECTOR  
NURSING AND MIDWIFERY  
SUPPORT**

**MARK SPITTAL  
EXECUTIVE DIRECTOR  
COMMUNITY AND CLINICAL**