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- 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 L Elliott, Executive Director, Māori Health
- 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: 11 October 2017



WAIKATO DISTRICT HEALTH BOARD

A g e n d a

Performance Monitoring Committee

Date: 9 August 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 9 August 2017, at 8.30am
Board Room, First Floor, Hockin Building***

AGENDA

Item

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2. **INTERESTS**
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4. **SYSTEM LEVEL MEASURES**
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5. **OPERATIONS AND PERFORMANCE**
 - 5.1 [Operations and Performance Report](#)
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6. **SERVICES**
 - 6.1 [Community and Clinical Support](#)
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 - [Older Persons Rehabilitation and Allied Health](#)
 - [InterRAI Data Presentation](#)
7. **QUALITY**
 - 7.1 [Quality Report](#)
8. **FINANCE REPORT**
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9. **PEOPLE**
 - 9.1 People and Performance Report due 11 October 2017
10. **INFRASTRUCTURE**
 - 10.1 Facilities and Business Report
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 11 October 2017

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

THAT

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

Item 14: Minutes Performance Monitoring Committee 14 June 2017 – Public Excluded

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

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

- (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

14. MINUTES – 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.



Apologies



Interests

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

Sally Christie

Interest

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

Crystal Beavis

Interest

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

Bob Simcock

Interest

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

Note 1: Interests listed in every agenda.

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

Performance Monitoring Committee - Interests

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

Pecuniary	Perceived
TBA	TBA
TBA	TBA
Pecuniary	Potential

Sally Webb

Interest

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

Non-Pecuniary	None	Refer Notes 1 and 2
Non-Pecuniary	None	
Non-Pecuniary	None	
Non-Pecuniary	None	
Non-Pecuniary	None	
Non-Pecuniary	None	
TBA	TBA	
TBA	TBA	
TBA	TBA	

Martin Gallagher

Interest

Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
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Board member, Waikato DHB
 Member, Performance Monitoring Committee, Waikato DHB
 Member, Audit & Corporate Risk Management Committee, 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 and Wintec (contracts with Waikato DHB)
 Member, Hospital Advisory Committee, Lakes DHB

Non-Pecuniary	None	Refer Notes 1 and 2
Non-Pecuniary	None	
Non-Pecuniary	None	
Pecuniary	Perceived	
Pecuniary	Potential	
Non-Pecuniary	Perceived	
Non-Pecuniary	Perceived	
Pecuniary	Potential	
Pecuniary	Potential	

Note 1: Interests listed in every agenda.

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

Performance Monitoring Committee - Interests

Mary Anne Gill

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

Dave Macpherson

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

Dr Kahu McClintock

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

Note 1: Interests listed in every agenda.

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

Performance Monitoring Committee - Interests

Ana Morrison

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

Anna Rolleston

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

Note 1: Interests listed in every agenda.

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



Minutes and Matters Arising

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Performance Monitoring Committee Meeting
held on Wednesday 14 June 2017
commencing at 8:30am

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

In Attendance: Mr B Paradine (Executive Director Waikato Hospital Services)
Mr M Spittal (Executive Director Community & Clinical Services)
Mr D Wright (Executive Director Mental Health & Addictions Service)
Ms M Chrystall (Executive Director of Corporate Services)
Mr L Wilson (Acting Director Older Persons Rehabilitation and Allied)
Mr A Gordon (Director Medicine, Oncology, Emergency and Ambulatory Services)
Ms J Farley (Acting Director, Surgery, CCTVS, Care & Theatre)
Ms W Sutherland (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)
Mrs C Atherfold (Acting Chief Nursing & Midwifery Officer)

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

ITEM 1: APOLOGIES

Apologies were received for Mr B Simcock, Ms A Morrison and Mr K Price. Mr K Price has tendered his resignation from the Committee which was formally accepted. His contribution to the Committee will be formally acknowledged. External members will be reviewed once the consumer council is established.

ITEM 2: INTERESTS

2.1 Changes to Register

Ms S Webb is no longer a member of Health Workforce New Zealand. Mr M Gallagher is an employee of WINTEC and the Selwyn Foundation (both of whom are contracted by Waikato DHB).

2.2 Conflicts Related to Any Item on the Agenda

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

ITEM 3: MINUTES AND MATTERS ARISING

3.1 Performance Monitoring Committee Meeting: 12 April 2017

Resolved THAT

The minutes of a meeting of the Performance Monitoring Committee held on 12 April 2017 are confirmed as a true and correct record.

3.2 Lakes DHB – Hospital Advisory Committee: 1 May 2017

Minutes were noted.

ITEM 4: SYSTEM LEVEL MEASURES

4.1 System Level Measures Report

Mrs J Wilson presented this agenda item.

Significant work on system level measures is ongoing with engagement across the primary, secondary and NGO sectors with the focus being on local priorities.

The draft plan will be reviewed by the Health Strategy committee.

The smoking cessation data provided by Pinnacle is not a straightforward analysis and there is a lack of information about primary care smoking cessation targets such as the percentage of patients referred for smoking cessation.

Committee members highlighted that it would be useful to see targets applied for both smoking cessation, particularly for young, pregnant Maori women and immunisation to allow for reporting at future meetings, as well as DNA rate for paediatric outpatients (primary care indicator).

Resolved THAT

The Committee received the report.

ITEM 5: OPERATIONS AND PERFORMANCE

5.1 Operations and Performance Report

Mr M ter Beek presented this agenda item.

Areas highlighted included:

- A coordinated incident management response was put in place due to high bed occupancy on the 23rd May. The CIMS response ensured that there was a focus on effective discharge planning for patients without high acuity needs with increased transfers to rural hospitals.

Learnings included improving understanding of how best to anticipate similar situations in the future, given that winter is traditionally a time of increased presentations to the Emergency Department.

- High rates of nursing sick leave were apparent at the time of the CIMS response and were a contributing factor to difficulties with high bed occupancy experienced on the 23rd May. This is closely monitored with plans put in place to source external nursing cover as required. A nursing acuity tool has also been employed particularly to review resourcing in Wards 2 and 12. Additional nursing resources may be required in these wards in the future to alleviate demand pressures.

Committee members highlighted that it would be beneficial for the acuity tool to be demonstrated and also for the Chief Nursing & Midwifery Officer to attend committee meetings on a regular basis in the future.

The Theatre Improvement Governance Group has discussed the issue of acute theatre time improvements and planning for the right capacity to ensure more timely acute theatre access, and less impact on elective surgery to reduce the flow-on effects of not meeting Ministry targets and thereby lessening financial penalties.

Resolved THAT

The Committee received the report.

5.2 Acute Flow: Analysis and insights

Since the inception of the Ministry's Shorter Stays in ED target, this has been an ongoing area of concern as Waikato has not met the target.

There are many initiatives underway to improve patient flow. A governance group is focusing on impactful changes to improve patient flow across the continuum.

Committee members highlighted that it would be beneficial to have graphical analysis of staff availability (hours) against ED presentations to assess where the staffing mix has a negative impact on patient flow and compare the pressure points on the patient journey. Ethnicity data is also a key component.

**Resolved
THAT**

The Committee received the report.

ITEM 6: SERVICES

6.1 Community and Clinical Support
Presented by Mr M Spittal.

Highlights included:

- The Ka Pai Kai community development project in the South Waikato, now run as a community NGO entity, has been a very successful part of long term strategy in the improvement food and nutrition education in the South Waikato
- Thames Hospital is experiencing a significant increase in demand for their services from the local population and one of the initiatives introduced is the Productive Operating Theatre to ensure front line continuous improvement, with safer and reliable care, improved team performance and adding value and improving efficiencies
- Financial targets for savings are forecasted to be met by the service
- The clinical leader for Quality & Patient Safety is working with the Radiology service to audit current practices and report on the outcome of this audit will be forthcoming

**Resolved
THAT**

The report be received.

6.2 Mental Health & Addictions
Presented by Mr D Wright.

Highlights included:

- The effects of methamphetamine and synthetic cannabis use in the community has seen an increased demand for services
- Work does need to be done on improving wellbeing in the community to build resilience and developing coping mechanisms, this is particularly evident amongst young people who report feeling suicidal
- The number of ED presentations has increased and there is a flow-on effect in the number of Mental Health presentations as a result. The service is working hard with NZ Police to ensure that mental health assessments are not completed in police cells, but rather at the Waikato Hospital Emergency department
- The service is aiming for all patient records to be provided electronically by the end of this year

**Resolved
THAT**

The report be received.

6.3 Waikato Hospital Services overview report

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

Older Persons, Rehabilitation and Allied Health

Mr L Wilson presented this agenda item.

- As a result of changes in bed mix in the service, it has been noted that ACC patient volumes are reducing. This is monitored and work is underway with ACC to determine if this is a local or national reduction trend
- The Committee highlighted that regular reporting on the Childhood Development Centre as part of the service overview report would be beneficial

Internal Medicine Oncology, Emergency and Ambulatory Care

Mr A Gordon presented this agenda item.

- The service is a strong national performer against the Faster Cancer Network pathway
- The Regional bowel screening programme is recruiting a nurse endoscopist to assist with predicted volumes that flow from the introduction of the national bowel screening programme. The Committee signalled their desire to ensure that the programme consider the negative impact of bowel cancer on the Maori population

Surgical and Critical Care

This item was presented by Mrs J Farley.

Womens and Children Health

Ms M Sutherland presented on this agenda item.

- The sad and sudden passing of Dr Stewart Hastie, obstetrician, was noted
- Accreditation has been regained for the colposcopy service
- Midwifery training participation will be provided to the Committee in future reporting

Resolved

THAT

The report be received.

ITEM 7: QUALITY

7.1 Quality Report

Ms M Neville presented this agenda item.

- Committee members were updated on the report with the change of reporting lines from the Audit & Risk Committee to the Performance Monitoring Committee
- Committee members signalled that these agenda items be reviewed earlier in the meeting and the agenda will be reworked to accommodate this

Resolved

THAT

The Committee received the report.

ITEM 8: FINANCE REPORT

8.1 Finance report

Noted.

Resolved

THAT

The Committee received the report.

ITEM 9: PEOPLE

9.1 People and Performance Report

Mr G Peploe attended for this item.

Resolved

THAT

The Committee received the report.

ITEM 10: INFRASTRUCTURE

10.1 Next report due 9 August 2017

ITEM 11: INFORMATION SERVICES

11.1 Information Services Plan Report

Mr G King attended for this item.

Resolved

THAT

The report be received.

ITEM 12: PERFORMANCE OF FUNDED ORGANISATIONS

12.1 Performance of Funded Organisations

Mrs J Wilson provided background to the reporting of the performance of funded organisations which will be presented at a future Committee meeting.

ITEM 13: DATE OF NEXT MEETING: 9 AUGUST 2017

Chairperson: _____

Date: _____

Meeting Closed: 12.29 pm.



Minutes

Bay of Plenty Hospital Advisory Committee

Venue: Tawa Room, 889 Cameron Road, Tauranga

Date and time: Wednesday 5 April 2017 at 10:30am

Committee: Geoff Esterman (Chair), Yvonne Boyes, Peter Nicholl, Sally Webb and Ron Scott

Attendees: Helen Mason (Chief Executive), Debbie Brown (Acting GM Governance & Quality), Pete Chandler (Chief Operating Officer), Julie Robinson (Director of Nursing), Martin Chadwick (Executive Director of Allied Health, Scientific and Technical), Stuart Ngatai (Acting GM Maori Health Planning and Funding), Bev Edlin (Board Member)

Item No.	Item	Action
1	<p>Apologies</p> <p>Noted that Yvonne Boyes will need to leave early.</p> <p>Moved: S. Webb Seconded: G. Esterman</p>	
2	<p>Interests Register</p> <p>The Committee were asked if there were any conflicts in relation to items on the agenda.</p> <p>Safety of Health Workforce NZ can be removed from Sally Webb's interests.</p>	
3	<p>Minutes</p> <p>3.1 <u>Minutes of BOPHAC Meeting</u></p> <p>Resolved that the minutes of the meeting held 2 November 2017 be confirmed as a true and correct record.</p> <p>Moved: G. Esterman Seconded: S. Webb</p> <p>3.2 <u>Minutes of Waikato DHB PMC Meeting</u></p> <p>Minutes were noted. A brief on this meeting is currently being developed.</p>	

Item No.	Item	Action
4	<p>Matters Arising</p> <p>4.1 <u>Matters Arising</u></p> <p>As per report circulated with the agenda.</p>	
5	<p>Reports requiring decision</p> <p>5.1 <u>Chief Operating Officers Report</u></p> <p>The Committee discussed the report as circulated with the agenda.</p> <p>Resolved that the Committee receive the report.</p> <p style="text-align: right;">Moved: S. Webb Seconded: R. Scott</p> <p>5.2 <u>Draft Work Plan</u></p> <p>The Committee discussed the plan as circulated with the agenda.</p>	<p>GMGQ: Add Health Strategic Committee meetings to the work plan. Once the Terms of Reference of the committee is signed off by the Board then revisit the work plan.</p>
6	<p>Reports for Noting - Nil</p>	
7	<p>Presentations</p> <p>7.1 <u>Performance Improvements in Patient Flow and Experience</u> – presented by Naila and Ed from Francis Group</p> <ul style="list-style-type: none"> • Noted the impact of hospital stays on deconditioning on older patients • 2322 days of patient time saved • Used an average of 11 fewer overnight beds in Tauranga • 3% improvement against 6hr ED target: top 4 in last quarter • 15hr reduction in hospital wide LOS • 64% more patients leave APU on the same 	

Item No.	Item	Action
	<p>day they arrive</p> <ul style="list-style-type: none"> • Overall APU LOS now 15hrs down from 22hrs <p>7.2 <u>Update by the Mental Health Service</u> – presented by Sue Mackersey and Eileen Hughes</p> <ul style="list-style-type: none"> • Noted new model • Noted reduction in complaints, reduction in overtime • Demand for crisis service has increased whilst overall demand for adult Mental Health Services has been steady rather than increasing • Noted that the Health Services Plan indicates it is timely to review Mental Health Services across the Bay of Plenty • Noted that there is a national focus on Mental Health Services, which signals there are opportunities for improvement. 	
<p>8</p>	<p>General Business</p> <p>8.1 <u>Conversations that Count</u> Helen Mason discussed and handed out Future Care Plans. Need to focus on younger people.</p>	
<p>9</p>	<p>Next Meeting – Wednesday 5 July 2017.</p>	

The open section of the meeting closed at 12:38pm.

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



**MINUTES OF THE MEETING OF THE HOSPITAL ADVISORY COMMITTEE
HELD ON MONDAY 26th JUNE 2017 AT 10.00 A.M.
BOARDROOM, ROTORUA HOSPITAL, PUKEROA HILL, ROTORUA**

- Meeting:** [154]
- Present:** L Thurston (Chair), J Morreau, J Horton, S Te Moni (in lieu of P Marks), C Rankin and M Gallagher (from 10.10am)
- In Attendance:** S Burns, D Epp, W Webber, R Dunham, N Saville-Wood, Dr S Kletchko, G Lees, A Mountfort, H Schoeman, S Wilkie, G Fannin, J Chittenden, Presenters, J Smith and L Rickard and (Board Secretariat)

154.10 MEETING CONDUCT

The Chair welcomed everyone to the meeting before following with a karakia, led by S Te Moni.

154.11 Apologies: (*Agenda Item 1.1*) D Shaw A Morrison, R Isaacs and P Tangitu

Resolution:

THAT the apologies be accepted.

L Thurston : J Horton
CARRIED

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

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

154.13 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.

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

154.15 Presentations

154.15.1 Presentation on Faster Cancer Treatment (FCT) by Jan Smith and Lydia Rickard

N Saville-Wood introduced the presenters to the meeting who covered the following areas:-

- Overview
- FCT health indicators & 2017 health target changes/results
- Delay reasons Q3 patients
- Breach report
- Midland delay code & capacity constraint reporting
- Maori equity focus
- Routes to diagnosis & treatment
- Tip of the iceberg
- Key activities since June 2016
- 8 key focus areas June 2016
- Key focus areas 2017/18
- Regional initiatives
- Final key messages

The Chair thanked the presenters for their informative presentation. The committee noted that Lakes DHB had improved in this area but needed to be better and to focus on improving community education. The meeting requested an update be given to the 30 October meeting.

154.20 SIGNIFICANT ISSUES

154.30 CHIEF OPERATING OFFICER	
154.31	Hospital & Specialist Secondary Services (<i>Agenda Item 3.1</i>)
154.31.1	Chief Operating Officer monthly report : 31 st May 2017 (<i>Agenda Item 3.1.1</i>) N Saville-Wood reported that:- <ul style="list-style-type: none"> ➤ the Provider YTD deficit in May 2017 stood at (\$5,779k) with contributions to this position being: <ul style="list-style-type: none"> • Additional locums covering vacancies, sabbaticals, sick leave etc. being (\$3,676k) • The impact of the two RMO strikes included in the above amount (\$179k) • Revenue lower than contract mainly due to Clinical Training Agency, ACC, ATR bed days and Mental Health Multidisciplinary Intensive Therapy Team funding (\$1,028k) • Nursing costs over by (\$873k) • Outsourced Clinical Services (\$1,354k) • Pharmaceuticals (\$1,245k) • Facilities (\$238k) • Hotel services, laundry and cleaning \$68k which includes the savings made on the cleaning contract of \$250k which is being offset by increased number of meals provided due to volumes of (\$182k) • Worksafe Improvement Notice was lifted on 26 May 2017 following significant work carried out by services • Reviews carried out on Clinical Services Management and Leadership Structure Review : Implementation plan has been approved and is being implemented; General Medicine Clinical Services Plan (CSP) : implementation plan completed and work has begun; Nursing Model of Care in Intensive Care/Coronary Care Unit : at implementation planning stage and meetings have been set; Social Work Services within Lakes DHB Clinical Services : review is awaiting availability of the preferred reviewer; Taupo Maternity Midwifery Review : progressing with the outcome paper due for distribution to staff in June; District Nursing Review : report has been finalised and implementation plan still to be put together. <p>Resolution: THAT the Chief Operating Officer's report be received. L Thurston : C Rankin CARRIED</p>
154.31.2	Balanced Scorecard (<i>Agenda Item 3.1.2</i>) Shorter Stays in Emergency at 94% and slightly worse than the previous month. Working to reach the 95% level.
154.31.3	Ministry of Health Acute Readmissions reports (<i>Agenda Item 3.1.3</i>) In summary, Lakes DHB is performing well with readmissions and is below the national average for all age groups, including 65 and 75 years plus. The last three quarters have shown a constant improvement from 6.7% in the June quarter to 6.9% in the December quarter in the all ages group. Resolution: THAT the MoH Acute Readmissions reports and its contents be noted. L Thurston : C Rankin CARRIED
154.31.4	Lakes DHB Elective Health Target report (<i>Agenda Item 3.1.4</i>) This report was provided for the information of members who noted the Lakes DHB Electives Health Targets to the end of April 2017. The elective and arranged non-surgical PUCs are mainly cardiology and are carried out at the Waikato DHB. Resolution: THAT the Lakes DHB Elective Health Target report be received. L Thurston : J Horton CARRIED
154.31.5	Elective Services Steering Group 3 rd Quarterly report to end March 2017 (<i>Agenda Item 3.1.5</i>) Members noted that Lakes is behind in MRIs with an increase in roster times and availability of

staff.

- 154.31.6 Patient Flow Summary for Lakes DHB (*Agenda Item 3.1.6*)
N Saville-Wood reported that Lakes was trying to move past the consistent reds. A letter had been written to MoH asking for dispensation without penalties.
- 154.31.7 Lakes DHB 2016/17 Electives Health Target report (*Agenda Item 3.1.7*)
This report was noted by the meeting.
- 154.31.8 National comparison of DHBs for April 2017 (*Agenda Item 3.1.7*)
The National comparison of DHBs was provided for the committee's information.

154.40 REPORTS

154.41 Performance Monitoring : Finance & Audit 31st May 2017 (*Agenda Item 4.1*)

A Mountfort spoke to the financials highlighting the following:-

- High deficit for (\$1.7m) compared to budget of (\$402) deficit – variance of (\$1,309)
- Most variances coming out of costs driven by locums and operating costs
- Revenue was less than budget for the month (\$159k) – YTD (\$1,028k)
- Rebate from MRI purchased last year – one off
- Pharmacy rebate higher than expected
- Overall personnel costs were less than budget for the month at \$95k – YTD \$2,053k
- Allied health staff overtime higher than expected (\$26k) – less people on leave than budgeted
- Nursing staff (\$202k) for the month which was busy with fewer staff on leave
- Outsourced services – medical locums (\$620k) – no budget for SMO/MOS/RMO locums to cover vacant roles, annual leave, special leave, sick leave and sabbatical leave (partially off-set by Medical Personnel savings)(\$28k) Medicine Service – Waikato DHB visiting specialists at new costs per contract
- Ambulatory increased demand for cardiac and complex MRIs (\$21k) – more outsourced than anticipated in budget
- Implants and prostheses (\$82k)
- Infrastructure and non-clinical costs were favourable to budget in the month \$40k with some savings in interest and capital charges
- Financing came in under budget
- Professional fees (\$25k) – re-evaluation carried out during the year
- (\$64k) doubtful debts across services – write offs related to foreign patients
- Facilities was under budget most of the year caught up with maintenance – higher building depreciation not budgeted

A Mountfort advised that Lakes is aggressively addressing cost and expenditure in the provider arm.

Resolution:

THAT the Financial Report for 31st May 2017 be received.

L Thurston : C Rankin

CARRIED

154.50 SECRETARIAL

154.51 Public minutes of Hospital Advisory Committee meeting held 1st May 2017 (*Agenda Item 5.1*)

Resolution:

THAT the public minutes of the previous Hospital Advisory Committee meeting held 1st May 2017 be confirmed as a true and accurate record.

C Rankin : J Horton

CARRIED

154.52 Schedule of Tasks (*Agenda Item 5.2*)

- Remove Patient letters

154.53 Family Violence presentation slides (*Agenda Item 5.2*) : Noted

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

154.60 INFORMATION AND CORRESPONDENCE (Agenda Item 6.0)

- 154.61 Reciprocal Committee Appointees (Agenda Item 6.1)
- 154.61.1 Lakes DHB Reciprocal Committee Appointees to BoP DHB CPHAC/DSAC and Health Strategic Committee : Letter 30th May 2017 (Agenda Item 6.1.1)
This letter was addressed at the Board meeting held 16th June 2017 and left over to L Thurston and J Horton to decide who was to be the Lakes DHB representative on the BoP combined DSAC/CPHAC committee. L Thurston was approved as the appointee to the BoP Health Strategic Committee.
- 154.61.2 Appointment of Lakes DHB appointee to Waikato DHB Performance Monitoring Committee : 2nd June 2017 (Agenda Item 6.1.2)
The members noted that Waikato DHB nominee to Lakes DHB Disability Support and Advisory Committee and Community and Public Health Advisory Committee, Pippa Mahood had been approved by the Lakes DHB at its meeting held on 16th June 2017. Also Martin Gallagher was approved by the Board as the Waikato DHB nominee to Lakes DHB Hospital Advisory Committee.
- 154.61.3 Waikato DHB confirmation of Lakes DHB appointees to Waikato DHB Performance Monitoring and Health Strategy Committees: Letters 7th June 2017 (Agenda Item 6.1.3)
The meeting also noted the confirmation of Lakes DHB appointees, A Morrison to the Waikato DHB Performance Monitoring Committee and R Vigor-Brown to the Waikato DHB Health Strategy Committee.
- 154.62 Community representative reports (Agenda Item 6.2) : Nil

154.70 PUBLIC EXCLUDED

Resolution:

THAT the meeting move into Public Excluded at approximately 11.15am

L Thurston : C Rankin

CARRIED

.....
Chair

28th August 2017



**SCHEDULE OF TASKS: Hospital Advisory Committee meeting
26th June 2017**

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

DRAFT



System Level Measures

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

AGENDA ITEM 4.1

SYSTEM LEVEL MEASURES

Purpose	1) For information
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BACKGROUND

System Level Measures were introduced in 2016/17 and are high level aspirational goals for the health system that aligns with the five strategic themes of the NZ Health Strategy and other national strategic priorities such as Better Public Service Targets. They have a focus on children, youth and vulnerable populations.

System Level Measures have become part of Waikato DHB's planning process and provide an opportunity to work across our primary, secondary, and community care providers to improve health outcomes of our local populations. The Ministry of Health worked with the sector to co-develop a suite of system level measures to support this whole-of system view of performance. Whilst the timeframes for submitting the plans align with annual planning it is seen as important that these processes be embedded into alliance processes with focus throughout the year and used as a tool to support performance improvements rather than a compliance requirement.

Waikato DHB, in consultation with its three PHO Alliance Partners submitted the first improvement (2016/17) plan in October 2016 which was then approved by the Ministry in December 2016. Initial development of the plan centred on a regional approach with a large focus on primary care. A large focus in 2016/17 was identifying data gaps and working with PHOs to set up reporting frameworks to track and quantitate contributory measures.

The process of developing the 2017/18 System level measures plan has differed from the first system level plan in 2016/17. The key changes in this approach have been:

- Clinical Leads and working groups for all 6 SLM indicators
- An increased focus on local discussions rather than a regional approach. This has enabled broader involvement of clinical staff from primary, secondary, NGOs, and other key people within the DHB
- An increased focus on local issues and contributory measures in areas with equity gaps and planned local activity to influence them
- Improved alignment between the different measures and existing forums (Demand Advisory Management Group, Waikato Child and Youth Health Network)
- More system level contributory measures whereas the original 16/17 plan had largely been focused on primary care measures only

In addition to the clinically led working groups formed around each of the measures, a technical reference group was also developed. This group, which includes representation from the three PHOs will ensure that there are consistent data definitions across all measures. A monitoring framework is also in development for the measures that have been

agreed. Monitoring of activity and achievement against the plan will be broken down by ethnicity wherever data is available.

The attached report (Appendix 1) shows performance against a number of the system level measures developed for 2016/17. As you will note from the report there were a number of areas where data is not yet available however this is not unexpected given this was an initial period and data definitions are still under development.

Recommendation

THAT

The Committee notes the content of the report.

**JULIE WILSON
EXECUTIVE DIRECTOR
STRATEGY AND FUNDING**

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

2016/17 Results

SLM 1	Measure	Ethnicity	Base	Milestone	Actual	Achieved
ASH	ASH Rates per 100,000 population for 0-4 year olds	Maori	9,088	8,724	8,015	✓
		Pacific	12,031	11,568	9,615	✓
		Other	6,612	6,447	6,422	✓
	Asthma Plans for 0-4 year olds	Total	Data not captured by PHOs			
	Early enrolment of new-borns by 6 weeks	Total	Data available via NCHiP but further work required with MHN to extract			
2 Yr Old Immunisation	Total	91%	95%	93%	✗	

The milestones for this measure were set with a 4% improvement for Maori and Pacific and a 2% improvement for other. The period measured for this target was the 12 month period through to March 2017.

We achieved the milestones set for the ASH measure in each of the ethnicities which was a very pleasing result. 2016 data at condition level (as below) shows a number of areas where there are significant equity variations across ethnicities and from national total population rates. Identifying areas for potential improvement will be a key focus on the Waikato Child Health Network.

ASH Rate (Non-Standardised) per 100,000

Condition	Maori	Other	Pacific	Total	National
Upper and ENT respiratory infections	1,747	1,680	2,538	1,746	1,451
Gastroenteritis /dehydration	1,054	1,431	1,231	1,280	1,076
Dental conditions	1,643	884	1,923	1,219	962
Asthma	1,425	877	1,615	1,118	1,308
Lower respiratory infections	665	516	1,000	595	416
Pneumonia	589	548	1,154	591	572
Cellulitis	712	286	692	466	489
Constipation	104	212	0	161	133
GORD	47	236	0	154	67
Dermatitis and eczema	218	62	154	125	178

Data for the agreed contributory measures has however proved difficult to obtain and track as some of it is not currently being captured at the PHO. These data gaps have been identified, and where possible, the technical reference group is working to implement capturing of this data for 17/18 where they remain as contributories.

SLM 2	Measure	Ethnicity	Base	Milestone	Actual	Achieved
Acute Bed Days	Number of bed days for acute hospital stays per 1000 population domiciled within a DHB per year (standardised)	Maori	642	626	654	x
		Pacific	485	466	462	✓
		Other	437	427	421	✓
	Immunisation 65+	Total	65%		68%	
	Hospitalisation rate of people with COPD conditions	Total	214		303	
	ED Presentation rates per 100,000 population	Total	7,116		7,422	
	65+ age group with 8 or more unique long term medications prescribed	Total	Data unavailable			

The milestones for this measure were based on a 2.5% improvement in all ethnicities. This measure had not applied different improvement measures across ethnicities due to initial issues with standardisation of the data which has understated the variance. The above baseline reflects the updated (correct) standardisation.

Whilst there has been improvement (reduction in bed days) for Pacific and other groups the result for this measure is concerning as the Maori rate has increased slightly above baseline (642). Improvement activities put in place by the newly created clinically led SLM working groups have not yet had an opportunity to translate into an improved quantifiable result. This group will drive activity that will impact upon the acute bed day milestone and its contributory measures with a particular emphasis on reducing this equity gap for Maori, especially in the 40-49 age group and in the first deprivation quintile, where a marked increase in bed days has driven the overall result.

The immunisation (65+) target contributory measure showed improvement with the rate of influenza vaccinations increasing from 65% to 68%.

The contributory measure around the hospital rate for people with Chronic Obstructive Pulmonary Disease (COPD) shows a significant deterioration during the year. This measure is the total number of acute admissions related to COPD for the period. Whilst this result is concerning a new approach to improved management of COPD in the community will be piloted commencing in October 2017. This approach is based on a virtual team with a respiratory specialist from Waikato hospital working with COPD nurses in Hauraki and MHN. This approach is expected to enable a significant reduction in COPD admissions.

Emergency presentations increased by 4.3% for the relevant period.

SLM 3	Measure
Patient Experience of Care	Patients experience within the health care system
	GP practices offering e-portal
	Practices using primary care experience survey to inform quality improvements

Focus for this SLM and contributories centred on patient experience at the primary care level and virtual interaction points of practices with patients. There have been delays with the Ministry’s nationwide rollout, which has impacted on this measure. Accordingly the focus for 17/18, is the rollout of the primary care surveys in line with national rollout to inform these measures. In addition, the technical advisory group will work with PHOs to implement data capture and track and monitor progress.

SLM	Measure	Ethnicity	Base	Milestone	Actual	Achieved
Amenable Mortality	Untimely, Unnecessary deaths from causes amenable to health care (per 100,000)	Maori	251	241	Unavailable	
		Pacific	190	182	Unavailable	
		Other	86	84	Unavailable	
	Diabetes HbA1c test result is 64mmol/mol or less	Total			Unavailable	
	CVD risk recorded within the last 5 years	Total	91%		Unavailable	
	Cervical screening assessment in the past three years	Total	81%		77%	
Better help for smokers to quit (Primary Care)	Total	88%		86%		

Focussing on approaches to reduce untimely, unnecessary deaths from causes amenable to health care is fully supported particularly given the significant variations across the ethnicity groups There are however significant delays in data availability and this makes the overall measure (based on data three years old) difficult to link to the contributory measures occurring only in the prior year.

The national baseline for this measure was provisional data ending 2013. The 2014 data is not yet available and when it is available will not reflect impacts of any activities put in place for 16/17. With the clinically led SLM working groups that have been established in the latter half of 16/17 to drive activity in 17/18 this measure will have more traction for improvement once the data period catches up. The technical reference group will also work towards capturing unavailable contributory measure data that was previously provided by the ministry.

**MEMORANDUM TO THE
PERFORMANCE MONITORING COMMITTEE
9 AUGUST 2017**

AGENDA ITEM 4.2

STRATEGY AND FUNDING DASHBOARD

Purpose	1) For information
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As noted at the June Performance Monitoring Committee and Health Strategy Committee meetings a suite of information would be presented at the August meeting in relation to child and youth health. This item has been included as the one the first items on the Health Strategy Committee agenda

The Strategy & Funding KPI dashboard is attached as Appendix A. Items updated are noted on the dashboard and items noted as having negative variances have a commentary provided excluding items already reported on within the health target report.

Questions in relation to smoking cessation services have been raised within the committee in relation to the health target around smoking. Smoking Cessation services are funded directly by the Ministry of Health however clearly there is a great deal of interest in the effectiveness of these services given the impact smoking has on the health of the population.

A presentation has been arranged for the October Performance Monitoring Committee however given the level of queries that have been raised in relation to the health target and actual numbers of our population supported to cease smoking it was appropriate to provide a preliminary update.

Appendix B shows the breakdown of results for Quarter 4.

Appendix C is a report from the Ministry of Health on cessation services which shows comparatively positive results for the Waikato service.

Recommendation

THAT

The report be received.

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

Appendix A

Strategy and Funding KPI Dashboard

Note	Indicator	Commentary
1	Proportion of older people waiting greater than 20 days for initial assessment or reassessment	<p>Data shows most recent quarter. This indicator continues to improve and the service is managing the issues previously identified.</p> <p>This has indicated significant improvement over the last 2 years reducing from 46% of initial assessments being outside of 20 days in the quarter ending June 2015 to 8% in the quarter ended June 2017.</p> <p>Waiting time targets are also managed at different triage levels to ensure high needs clients are prioritised</p>
3	2 year old immunisations	<p>Latest 2 year old coverage result is 92% (target 95%). The 3% point gap represents 111 children not immunised on time. For children aged 2 years, this quarter the highest coverage was for Asian children (98%) and lowest for Other (none Maori, Pacific, NZ European, Asian) (84%). Our latest results also show NZ European 3% ahead of Maori for this cohort by 2 years. This measure is a contributory measure in the 16/17 and upcoming 17/18 Service Level Measure Improvement Plan for ASH rates for 0-4 year olds.</p> <p>In line with the approach taken in under 8 month immunisations an initial focus will be on addressing enrolment status of any children not enrolled and identifying reasons for declines.</p>
4	Ambulatory sensitive hospitalisations	<p>Quarterly indicator – Information has recently been received but is yet to be analysed / discussed at the demand management forum.</p> <p>The data shows pleasing improvements in the rates for 0-4 years but have deteriorated for the 45-64 year old age group for both Maori and other ethnicities. For the total population in this age group, the increase is driven by admissions for congestive heart failure, cellulitis and stroke. For Maori ethnicity in this age group, the increase is driven by admissions for stroke, congestive heart failure, gastroenteritis/dehydration, diabetes and myocardial infarction.</p>

Strategy and Funding KPI RESULTS

Strategy and Funding - Key Performance Dashboard

June 2017

Health Targets											
Indicator	Unit	↑/↓	Data period	Updated from prior report	Recent period			Previous Quarter			Trend
					Actual	Target	Variance	Actual	Target	Variance	
CVD risk assessments	%	↑	Jul-Sep16	No	93%	90%	3%	92%	90%	2%	
8 month old immunisations	%	↑	Rolling 3 months	Yes	89%	95%	-6%	89%	95%	-6%	
Better help for smokers to quit (primary care)	%	↑	Mar-17	No	86%	90%	-4%	87%	90%	-3%	

Finance Measures											
Indicator	Unit	↑/↓	Data period	Updated from prior report	Month			YTD			Trend
					Actual	Target	Variance	Actual	Target	Variance	
IDF inflow estimate	\$		Jun YTD	Yes	10,418	10,993	-575	129,030	131,921	-2,891	
IDF outflow estimate	\$		Jun YTD	Yes	4,325	4,559	-234	56,643	54,714	1,929	

Other Performance Measures											
Indicator	Unit	↑/↓	Data period	Updated from prior report	Recent period			Previous Period			Trend
					Actual	Target	Variance	Actual	Target	Variance	
AOD waiting times - % new clients seen within 3 wks of referral (12 mth period)	%	↑	12 months to Feb 17	No	74%	80%	-6%	75%	80%	-5%	
MH waiting times - % new clients seen within 3 wks of referral (12 mth period)	%	↑	12 months to Mar 17	Yes	79%	80%	-1%	79%	80%	-1%	
AOD waiting times - % new clients seen within 8 wks of referral (12 mth period)	%	↑	12 months to Feb 17	No	94%	95%	-1%	94%	95%	-1%	
MH waiting times - % new clients seen within 8 wks of referral (12 mth period)	%	↑	12 months to Mar 17	Yes	92%	95%	-3%	92%	95%	-3%	
Proportion of Health of Older people initial needs assessments Waiting greater than 20 days	%	↓	Apr - Jun 17	Yes	8%	0%	-8%	11%	0%	-11%	
Proportion of health of older people need re-assessments Waiting greater than 20 days	%	↓	Apr - Jun 17	Yes	7%	0%	-7%	4%	0%	-4%	
Proportion of older person funding in community based services	%	↑	Jun YTD	Yes	27%	25%	2%	28%	25%	3%	
Pharmacy Items claimed	Items		May-17	Yes	580,814	N/A		477,283	N/A		
Laboratory turnaround times	%	↑	Oct-Dec16	No	100%	97%	3%	100%	97%	3%	
Primary options referrals	Referrals				These areas will be reported in the future once expected volumes are seasonalised/targets set						
Breast Screening (total eligible population)	%	↑	Mar-17	No	67%	70%	-3%	67%	70%	-3%	
Cervical screening (total eligible population)	%	↑	Mar-17	No	77%	75%	2%	77%	75%	2%	
Cervical screening (High Need)	%	↑	Mar-17	No	68%	75%	-7%	68%	75%	-7%	
2 year old immunisations (total population)	%	↑	Rolling 3 months	Yes	92%	95%	-3%	92%	95%	-3%	
2 year old immunisations (Maori)	%	↑	Rolling 3 months	Yes	90%	95%	-5%	92%	95%	-3%	
Green Prescriptions	%	↑	Apr - Jun 17	Yes	1,537	1,675	-138	1,656	1,675	-19	

Ambulatory Sensitive Admissions - Rates per 100,000 Population											
Indicator	Unit	↑/↓	Data period	Updated from prior report	YT Mar 2017			YT Dec 2016			New ASH Definitions
					Actual	Target	Variance	Actual	Target	Variance	
Ambulatory sensitive admissions 0-4	rate	↓	YT Mar 2017	Yes	7172	7298	126	7473	7298	-175	New ASH Definitions
Ambulatory sensitive admissions 0-4 (Maori)	rate	↓	YT Mar 2017	Yes	8015	7936	-79	8224	7936	-288	New ASH Definitions
Ambulatory sensitive admissions 45-64	rate	↓	YT Mar 2017	Yes	4243	3936	-307	4167	3936	-231	New ASH Definitions
Ambulatory sensitive admissions 45-64 (Maori)	rate	↓	YT Mar 2017	Yes	8303	5838	-2465	7926	5838	-2088	New ASH Definitions

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

S&F Primary Care KPIs

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

Emergency Department Presentations

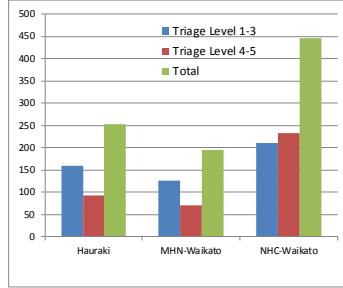
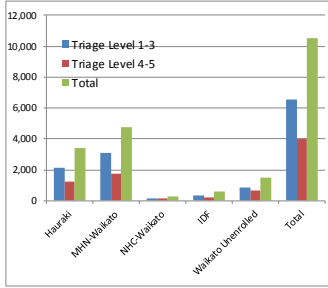
Monthly data for June-17

Total - All Ethnicities

PHO	Volumes		
	1-3	4-5	Total
Hauraki	2,156	1,251	3,407
MHN-Waikato	3,061	1,724	4,785
NHC-Waikato	124	137	261
IDF	360	222	582
Waikato Unenrolled	842	641	1,483
Total	6,543	3,975	10,518

Triage Level	Rates per 10,000 people		
	1-3	4-5	Total
1-3	160	93	253
4-5	126	71	196
Total	212	234	446

*unenrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs

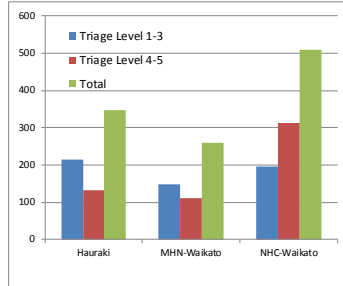
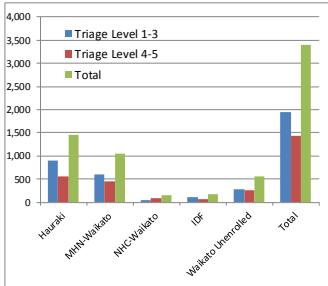


Maori

PHO	Volumes - Maori		
	1-3	4-5	Total
Hauraki	903	556	1,459
MHN-Waikato	596	446	1,042
NHC-Waikato	58	93	151
IDF	106	80	186
Waikato Unenrolled	294	257	551
Total	1,957	1,432	3,389

Triage Level	Rates per 10,000 people		
	1-3	4-5	Total
1-3	215	132	347
4-5	148	111	259
Total	195	313	509

*unenrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs



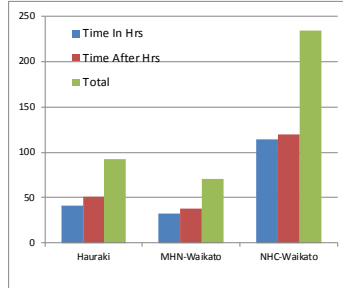
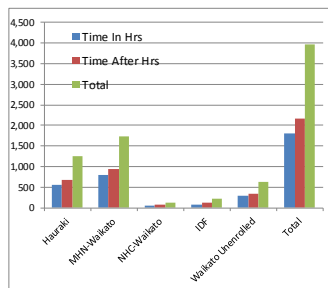
In Hours vs After Hours (Triage 4-5 only)

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

PHO	Volumes		
	In Hrs	After Hrs	Total
Hauraki	562	689	1,251
MHN-Waikato	789	935	1,724
NHC-Waikato	67	70	137
IDF	84	138	222
Waikato Unenrolled	297	344	641
Total	1,799	2,176	3,975

Time	Rates per 10,000 people		
	In Hrs	After Hrs	Total
In Hrs	42	51	93
After Hrs	32	38	71
Total	114	120	234

*unenrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs



Ambulatory Sensitive Hospitalisations (ASH) Jun-17 (Utilising the new ASH Definitions)

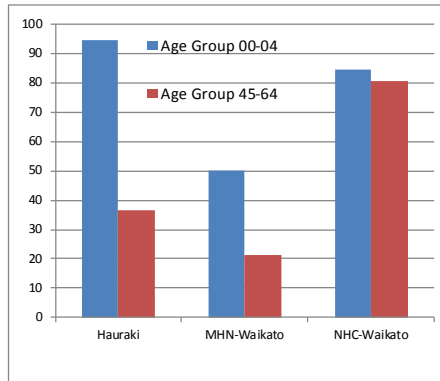
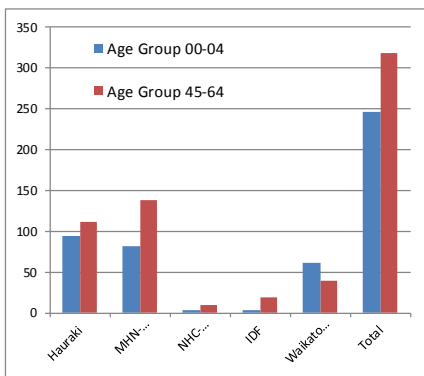
Total - All Ethnicities Monthly data for June-17

PHO	Volumes - Apr17	
	Age Group 00-04	Age Group 45-64
Hauraki	95	111
MHN-Waikato	82	138
NHC-Waikato	4	10
IDF	4	20
Waikato Unenrolled	62	40
Total	247	319

Age Group	Rates per 10,000	
	00-04	45-64
00-04	95	37
45-64	50	21
	84	80

*unenrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs

* 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)



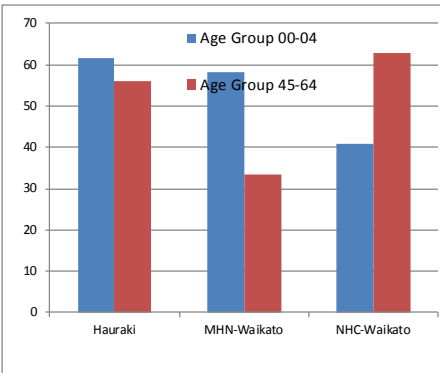
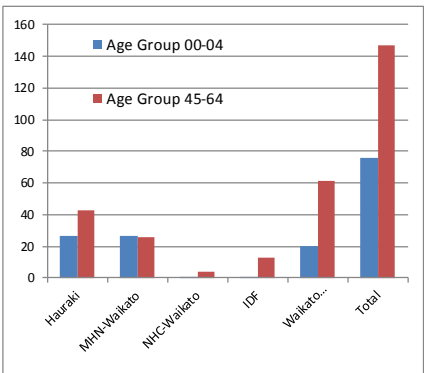
Maori Monthly data for June-17

PHO	Volumes - Maori	
	Age Group 00-04	Age Group 45-64
Hauraki	27	43
MHN-Waikato	27	26
NHC-Waikato	1	4
IDF	1	13
Waikato Unenrolled	20	61
Total	76	147

Age Group	Rates per 10,000	
	00-04	45-64
00-04	62	56
45-64	58	34
	41	63

*unenrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs

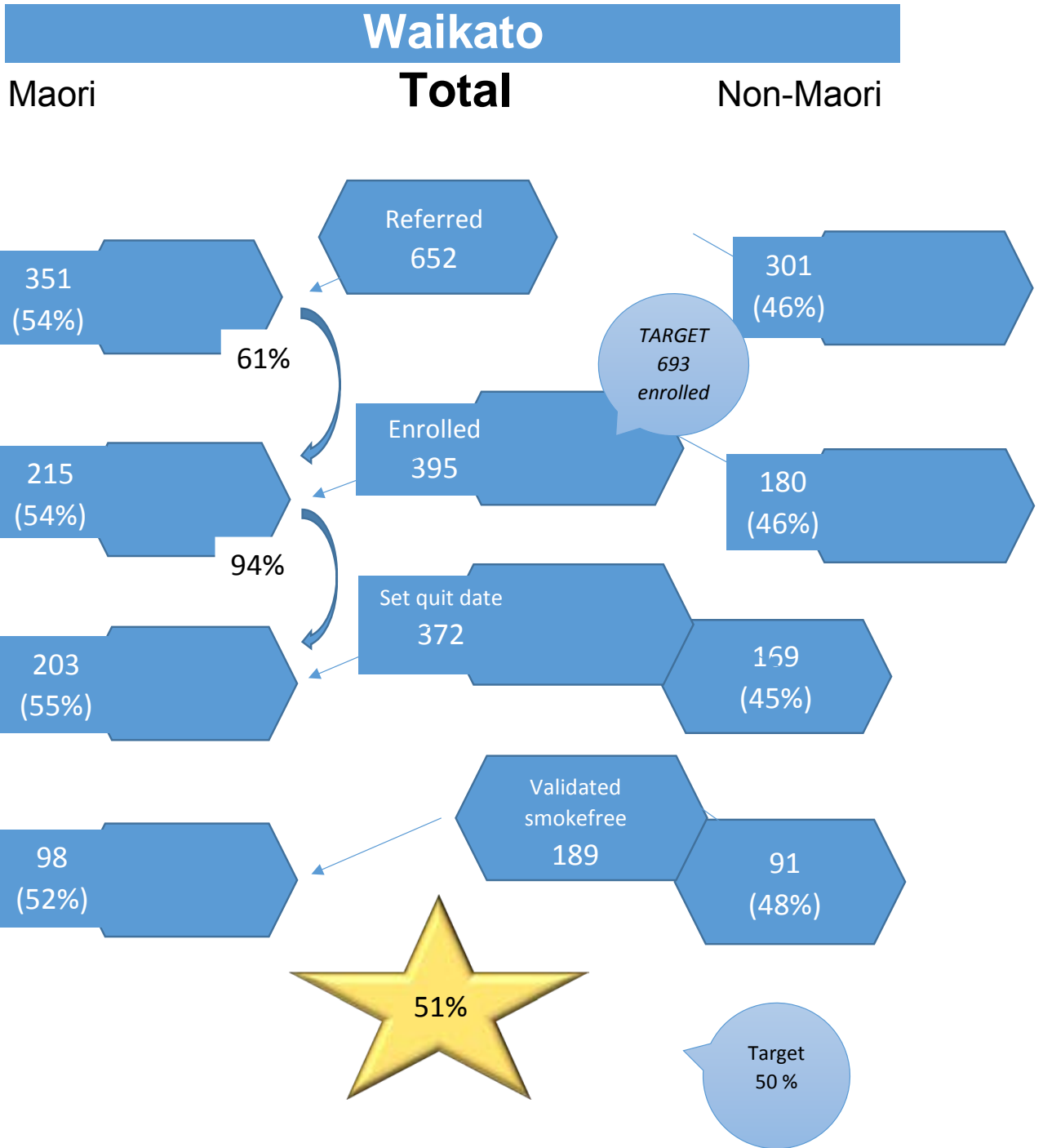
* Not Enrolled = living inside Waikato DHB area and not enrolled with one of the 3 PHOs or from outside the area (i.e. an IDF patient)





For quarter 4, to 30 June 17

How is the stop smoking service going?



Stop Smoking Service Reporting Template

Check column
(automatic)

Service name:

Pinnalce Midlands Health Network - WAIKATO

What quarter is this for?

Q4

Referrals

How many referrals were received this quarter?

652

What was the source of these referrals?

Self referral	85	13%	Correct
Primary Care	50	8%	
Secondary Care	179	27%	
LMC	2	0%	
Other Healthcare Provider	301	46%	
Other Community Services	2	0%	
Schools	0	0%	
Workplaces	1	0%	
Pharmacy	1	0%	
Referrals Quit Line	20	3%	
Referrals Other	11	2%	

Referral outcome

Could not be contacted	80	12%	Correct
Booked onto service	423	65%	
Referred to another service	109	17%	
Did not want to use service	40	6%	

Enrolments

How many enrolments this quarter?

395

61%

Of those enrolments how many were

Maori	215	54%	Correct
Pacific	20	5%	
Asian	0	0%	
MELAA	2	1%	
Other	103	26%	
European	54	14%	
Residual Categories	1	0%	

Gender

Male	180	46%	Correct
Female - not pregnant	204	52%	
Female - pregnant	11	3%	

Age

Under 19 years	25	6%	Correct
19 to 29 years	114	29%	
30 to 39 years	86	22%	
40 to 49 years	74	19%	
50 to 59 years	65	16%	
60 + years	31	8%	

	Unknown	0	0%
Quit Attempts			
How many people set a quit date this quarter?		372	94%
<u>Of those people who set a QD</u>			
How many were	Maori	203	55%
	Pacific	19	5%
	Pregnant women	8	2%
	Other	150	40%
Which stop smoking medicines were used?	NRT - single product	15	4%
	NRT - combination	33	9%
	Bupropion	0	0%
	Nortriptyline	0	0%
	Varenicline	8	2%
	None	244	66%
	Unknown	0	0%
	Other	0	0%
Other Products used?	E-cigarette (nicotine)	3	1%
	E-cigarette (non-nicotine)	4	1%
	Inhalator	1	0%
	Spray	0	0%
	Other	218	59%
How many face-to-face sessions were provided?	Less than 4	275	74%
	4 to 8	97	26%
	9 to 16	0	0%
	17 +	0	0%
	Unknown	0	0%
Smoking status at 4 weeks?	Self reported 4-week quitters*	0	0%
	CO-validated 4-week quitters**	189	51%
	Smoking	11	3%
	Unknown	0	0%
How many people in the following groups were CO-validated quitters at 4-weeks?	Maori	97	48%
	Pacific	10	53%
	Pregnant women	5	63%
	Other	82	55%

Summary of results			
Number of enrolments	395	Proportion of referrals enrolled	61%
Number of Quit Attempts	372	Proportion of enrolled clients making a quit attempt	94%
Self-reported 4-week quit rate	0%	CO-validated 4-week quit rate	51%

*Definition of a 4-week quitter is no smoking (not even a single puff) in the last 2-week at 4-week follow-up

**The client must have a CO reading of < 10 ppm



Operations and Performance

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

AGENDA ITEM 5.1

OPERATIONS AND PERFORMANCE DIRECTORATE

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

Acute Flow pressures

Patient Flow in the last two months has been challenging due to exceptionally high patient presentation volumes in Waikato Hospital ED. For June 2017, Waikato Hospital continued to struggle with performance on the 6 hour target, ending the month on 79.7% within 6 hours. Thames Hospital experienced a busy month and did not meet the 6 hr target either, with performance dropping from 93.8% to 92% within six hours. Tokoroa and Taumarunui were the only two hospitals to exceed the target. Combined for the DHB, performance was 84.2% for June.

Presentations to ED in Waikato Hospital for the month of June were an unprecedented 16% higher than the previous year, and YTD June presentations were 4.8% higher than last year. Highest daily patient presentations of 283 on Monday 26 June were exceeded by a record 297 presentations on Monday 10 July. Thames presentations in June were 12% higher than last June and have increased by 5% for the full year compared to last year. Highest annual growth occurred in Tokoroa where annual presentations increased by 12.5% since last year. Te Kuiti was the only hospital which experienced a decline in annual ED presentations, being 6.5%.

For Waikato Hospital, 'main delay' phases for patient breaches in June were most commonly ED assessment (47%), specialist assessment (35%), and bed allocation (18%). The increase in delays in ED is concerning and relates to a large extent to increased presentation numbers. Conversion rates to inpatient admission have remained stable at 36%, which means the admissions to wards from ED are also exceeding expectations.

Pressure on beds in Waikato Hospital remains a concern particularly after weekends, with the hospital having to invoke an incident management response to address the hospital being overloaded on 21 June. Interventions put in place to address the bed shortage in Internal Medicine during the day helped to address the bed shortage without significant disruption (4 elective cancellations).

The related pressure on nursing resource on the wards is a recent concern increased sick leave being experienced in early July. This caused some bed closures and high workloads for remaining staff on the wards. Key interventions to address the pressure are progressing with new nursing positions for OPR5, with nursing staff who can start before the September opening available to supplement staffing on other wards. Furthermore, short term interventions to bolster the clinical nursing staff on the floor (eg. non-clinical nurses temporarily adopting clinical roles) have been implemented and are being monitored through the weekly demand and capacity forum. Longer term solutions to

access a larger flexible nursing resource pool are being explored as well, to address the persistent gaps on the nursing roster.

Service development work

With the new project manager for the Business Intelligence work now on-board, this programme of work is now gaining momentum. A productive workshop with key vendors was held to develop the design for a much more comprehensive 'data lake' to underpin improved reporting. The pilot for the new reporting tool (QlikSense) in Mental Health has been facing delays due to temporary staffing illness. Other pilots will commence in due course, to increase the utility of the reporting tool.

National Patient Flow project has undergone a revamp to progress the work at a higher rate. This is still contingent on obtaining approval for a temporary project resource and there is further risk that this project could face delays.

The patient flow programme has made good progress in particular the activity in the lead-up to the launch of SAFER on 6 September has increased markedly. Rural transfer project has implemented a number of changes and improvements are now being monitored. The iMPACT business case for electronic whiteboards in all wards and selected community settings was finally approved by the Ministry and project work for the project has now commenced in earnest and the contract with the vendor was signed.

Production planning work for FY18 delivery planning has nearly concluded and activity has been refocusing on developing the tools and processes for a rolling volume forecast. The production planning team is also supporting the theatre and interventional governance group (TIGG) strategically with the definition of a long-term theatre model, and operationally with the management of the theatre schedule.

Operations & Performance report

Part 1. DHB wide performance – Operations & Performance scorecard period ending June 2017

Key Performance Dashboard

Operations & Performance

June 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	84.2	95.0	(10.8)	87.8	95.0	(7)		1
Emergency Department (3/2/1 performance)									
Under development									
Number of long wait patients on outpatient waiting lists	# > 4 mths	37	0	(37)	2,784	0	(2784)		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	39	0	(39)	1,018	0	(1018)		3
CTs reported within 6 weeks of referral	%	89.7	90.0	(0.3)	92.1	90.0	2.1		
MRIs reported within 6 weeks of referral	%	83.9	85.0	(1.1)	88.0	85.0	3.0		

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	%	74.6	80	(5.4)	73.2	80.0	(6.8)		4
Waiting Time for acute theatre < 48 hrs	%	88.4	100	(11.6)	87.3	100.0	(12.7)		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	%	96.0	90.0	6.0	94.6	90.0	4.6		
All inpatients scanned within 24 hours	%	89.0	90.0	(1.0)	88.6	90.0	(1.4)		
All inpatients scanned within 48 hours	%	96.0	95.0	1.0	95.8	95.0	0.8		
Emergency Department patients Ultrasound and CT scanned within 6 hours	%	100.0	100.0	-	99.7	100.0	(0.3)		
Emergency Department patients General X-Ray scanned within 30 minutes	%	74.3	100.0	(25.7)	75.7	100.0	(24.3)		6
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	94.6	100.0	(5.4)	98.3	100.0	(1.7)		
Output Delivery Against Plan - Inpatient Number of Episodes	%	108.4	100.0	8.4	99.7	100.0	(0.3)		
Output Delivery Against Plan - Inpatient CWD Volumes	%	104.2	100.0	4.2	99.8	100.0	(0.2)		

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	53	61	8	767	678	(89)		7
Number of long stay patient bed days (>20 days los)	Bed Days	1,586	1,832	246	25,618	22,402	(3216)		8
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			5.14	4.80	(0.35)		9
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			0.93	1.05	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	

Operations & Performance KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	Shorter Stays in ED	<p>Waikato Hospital continues to struggle with performance of the 6 hour target. In addition, Thames hospital experienced a difficult month and did not meet the 6 hr target. Overall DHB performance still declining on this measure.</p> <p>For Waikato Hospital, main (longest) delay phases in June were most commonly ED assessment (47%), Specialist assessment (35%), and bed allocation (18%). Patient flow programme projects underway to address root cause issues.</p>
2/3	ESPI 2 and 5	<p>ESPI 2 compliance was achieved in April and May but red in June. The total number waiting for an FSA (the denominator in the ESPI calculation) in our internal reporting included Urology volumes. However, Urology is not yet reporting data to the ministry via the monthly MoH ESPI 1 and 2 file and so is not being included in the official calculation of the ESPIs by MoH. Due to our wait lists still being relatively long, a minor difference in calculation can have these material consequences.</p> <p>We projected ESPI 5 amber compliance for June although this is at risk for July and onto August / September.</p>
4/5	Waiting time for acute theatre	<p>Due to improved access to acute theatre time by way of escalation on the weekend, the waiting times for acute surgical patients have decreased. Further work is being implemented to 'rightsize' the acute theatre time on the master schedule.</p>
6	ED Patients General X-ray within 30 minutes	<p>After a few months of improving performance, June performance was down. Particularly 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>
7/8	Number of long stay patients	<p>Long stay patients discharged in June were well below target, however year total has been higher than the target.</p> <p>SAFER implementation (part of patient flow programme), which includes weekly doctor review of all patients in hospital with LOS>10 days, is scheduled to be launched on 6 September.</p>
9	Inpatient length of stay (Acute)	<p>12 month rolling average has remained the same since last month.</p> <p>The work underway as part of SAFER bundle implementation is expected to improve acute length of stay, and further targeted work will be defined as part of the Patient Flow Programme – including a focus on DRGs with a high relative stay index compared to peer hospitals in HRT.</p> <p>General Medicine has seen a 0.6 day decrease in their ALOS from last winter compared to this winter. This has been a great team effort from all those involved.</p>

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

Team: Operational Performance and Support

1. **Initiatives and Highlights**

- Production Planning project moving into development of the process and reporting database for ongoing rolling forecasts.
- Business Intelligence work progressing with vendor workshop resulting in agreed data architecture.
- Production Planning Manager appointed and interviews for Director position have concluded, with appointment expected to be made soon.

2. **Emerging issues and risks**

- Continued delays to KPI reporting and other reporting service development work are expected due to key vacancies in the team.
- Options to strengthen the production planning function within the constraint of existing budget are being explored.
- Additional project resourcing to accelerate the National Patient Flow project not approved causing delays to project.
- Mental Health pilot for Qlik delayed due to sick leave of key staff.

3. **Next period focus areas**

- Progress to new structure.
- Design of integrated Performance Dashboards with services.

Team: Clinical Records

1. **Initiatives and Highlights**

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

2. **Emerging issues and risks**

- A number of staff are sick and will be away from work for lengthy periods. This is placing a strain on maintaining our 24/7 roster. This issue continues with new staff still in training and with the retirement of a senior staff member.
- Kofax platform continues to give problems. Backlogs quickly develop when it is unavailable. An improved support process with IS should mitigate the impact of these issues going forward.
- Pay relativity an issue with other areas of the hospital able to offer staff more than we currently can which means we have difficulty retaining good staff. We have had 2 staff leave this year for higher paid clerical positions and another is imminent.

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**

- Mortality audit initiatives with Cardiothoracic Department have resulted in a positive Health Round Table report "as not being significantly different than expected". This is the first time we have achieved this in many years.
- NMDS (National Minimal Data Set) full compliance for the DHB gained on sending first report on 5th July 2017. Well done to IS as well as Coding Department for a successful implementation of the annual NCAMP reporting changes - the best result in 11 years.

- Achieved 93.5 % quality data reporting of monthly NMDS data to the Ministry (KPI Achieved 75% or above).
- IDF audits of all charts with B or C DRG has resulted in less need for ad hoc audits and charts are being coded and sent to MOH without resends which should reflect in no unexpected surprises for other DHBs in the wash up period.
- HRT reporting Waikato Maternity LOS for Caesarean section patients is longer than the exemplars. Liaised with Women's Health Service to highlight specific information to be recorded in the notes and the codes assigned which would truly reflect the expected length of stay.

2. Emerging issues and risks

- 4,800 more discharge episodes coded during 2016/2017 financial year than the previous one has resulted in a partial achieved rather than achieved result from the MOH deadlines for all charts to be coded by 20th following month. The timeframe is also impacted by admissions not being entered into iPM in the relevant month of treatment to be coded - 174 admissions were retrospectively entered in July spanning the whole financial year.
- Physical separation of Clinical Coding from Clinical Records - time lost in searching for and transporting records between the two and meeting KPI for month end coding. A number of charts missing at month end which have to be completed and the information resent after the charts are located.
- Lack of availability of La Trobe Auditing course causing delays in training auditors to replace Manager as an auditor. This impacts on the number and the complexity of charts that can be audited.

3. Next period focus areas

- Communicate with Business Managers to develop a process to check all episodes to be coded have been entered onto iPM by the 10th of the following month to meet MOH KPI for 20th of the month and reduce the impact on year end coding and wash up.
- Co-develop with the Manager Clinical records a strategy and improve the processes for managing the flow of charts between Clinical Records and Coding until a solution is found to relocate Clinical Coder closer to Clinical Records Department
- Develop a Trainee Coder PD and an in house programme for auditor training.

Team: Integrated Operations Centre

1. Initiatives and Highlights

- McKesson upgrades underway OneStaff is being completed in late July.
- Pager switch over occurred with only one issue in Thames as staff did not change over their pages, the software update now needs to occur and a vendor is currently being confirmed for this.
- Cleaning RFP underway with supplier presentations late July, good understanding by both companies on effect on patient flow if cleaning is not completed in a timely manner.
- Patient Transport Service RFP ongoing a visit to both suppliers is occurring early August.
- Interviews for Nurse Manger operations and Clinical whiteboard systems analyst occurring late July.
- Team leader for rostering commenced.

2. Emerging issues and risks

- Nursing staff deficit shift by shift has been increasingly difficult to manage.

- Final day of facility coordinator has occurred last Friday there will be a gap in service until the NM can start from the 14/08.
- Rural Hospital Transfer Project has made little further progress due to workload although winter has meant that the occupancy has been good within the rural hospitals, and transfers back to rural hospitals have increased since start of the project.

3. Next period focus areas

- OPR 5 to open first week of September.
- CapPlan upgrade to version 7. This will allow for staffing integration and theatre cap plan to be used.
- Completing RFP for Interhospital transfers.
- Bed management policy with improved escalation plans to be completed.
- Detailed requirements work on Clinical Whiteboard (iMPACT project), super user members chosen.
- Nursing resource team review to commence when appointment of Nurse Manager is in place, this will include increasing NRT pool.
- RMO rostering process to be reviewed with plan to place function within IOC.

Recommendation

THAT

The report be received

MARC TER BEEK

EXECUTIVE DIRECTOR, OPERATIONS AND PERFORMANCE

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

AGENDA ITEM 5.2

ASSIGNMENT AND WORKLOAD MANAGER (AWM) ACUITY TOOL

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

Overview of tool and use in daily operations

Assignment & Workload Manager (AWM) is an intranet accessed patient acuity tool that forms part of the Care Capacity Demand Management Programme (CCDM) developed by the Safe Staffing Healthy Workplaces Unit in partnership with the DHBs, NZNO and PSA.

The programme requires an evidence based method for setting the staffing resource, based on validated patient acuity data, and is used both operationally as well as in budgeting process. Assignment and Workload Manager is used to capture the amount of nursing resource required and the skill mix required to provide the care required to patients based on patient acuity. The acuity categories within the tool define the number of nursing minutes required per shift. The patient assessments then generate a 'target' staffing figure by skill for the current shift. The assessments are made at least twice per shift to ensure changes in acuity during each shift are reliably captured and reported. This target can then be compared with the 'actual' staffing assigned to the ward. Any variance is monitored by the Duty Nurse Managers and dealt with via the standard daily variance process within the Integrated Operations Centre.

This forms a part of any daily variance response required for nursing staff, staff are assigned as required from the Nursing resource team using the tool.

Use in annual budgeting process

The HPPD is initially derived from the budgeted HPPD process and is validated as required by CCDM through the procedure Assignment and Workload Manager – (HPPD validation). The validation process generates a provisional HPPD, based on historical data which is then implemented in the acuity tool to generate a revised target staffing level. The target is re-calculated for the previous 3-6 months to identify the impact of the new HPPD on staffing levels, producing a calculation of staffing resource variance by shift and skill. The result of this is then considered by the Chief of Nursing and Midwifery, the Director of the IOC and the specialty Clinical Nurse Director to identify if any changes are required to staffing levels/mix and to submit this information as part of the budget/resource process as part of the medium and longer term variance management process.

During the 17/18 budgeting process this was used to Change HPPD in a number of wards that had been validated. This is will an ongoing process during further budgeting and planning rounds.

Attached are the budget changes made after reviewing AWM data during the 17/18 budgeting process.



AWM budget changes 17 18.docx

The flowchart below shows the validation process that now takes place; this process has been refined at the recommendation of the Safe staffing unit and now meets the validated patient acuity standard set out by the safe staffing unit.

The yellow steps denote the allocated minutes before the validation process and the purple steps involve the changed allocated minutes, following validation (blue steps).

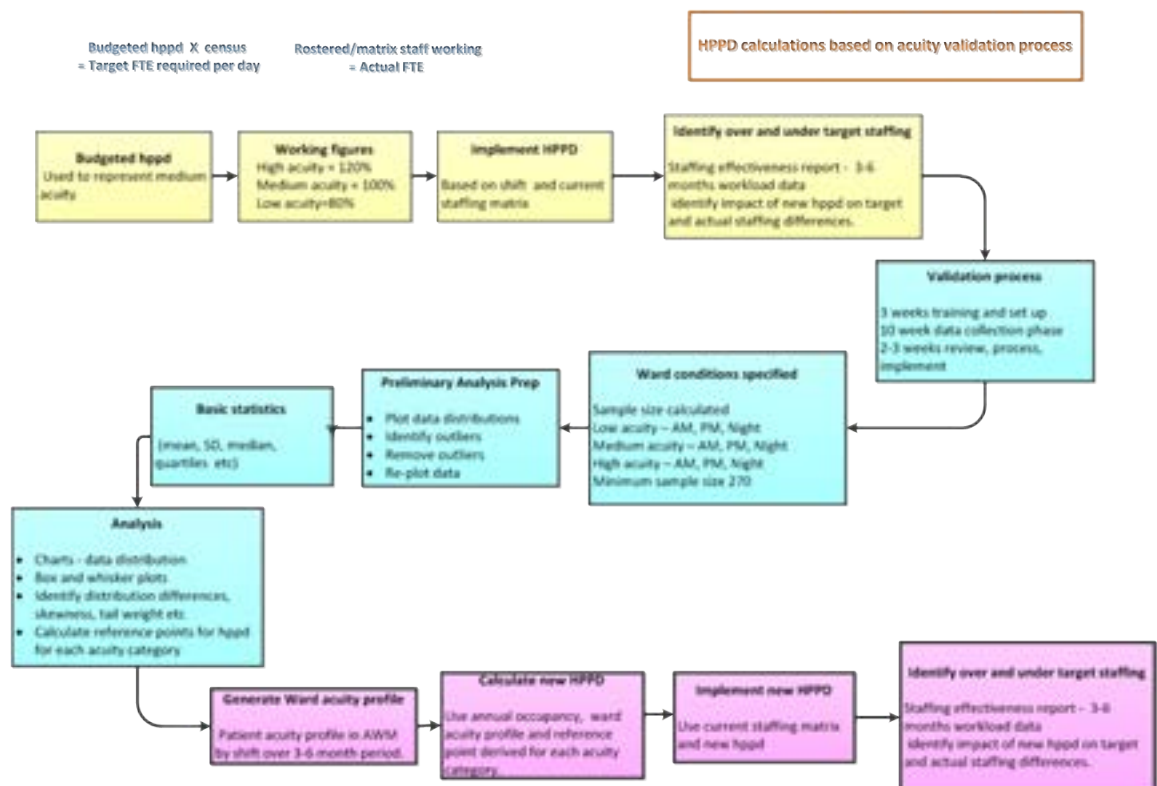


Figure 1: process for AWM data validation and use

Roll-out plan for AWM

Attached is the current roll-out and validation status. All wards in Waikato Hospital have been implemented, apart from a few specialist wards. Rural hospitals and specialist units are on the roll-out plan for this year. Those areas that are to be revalidated are because the original validation did not comply with the safe staffing units criteria.



AWM roll out and validity.pdf

Once all wards and units have had a full validation process completed there will be a yearly snap shot done on each ward/unit. If there is a variance from expectation a full revalidation will occur.

Waikato DHB continues to work with the vendor and the next step in AWM is to incorporate a predictor of acuity with demand within planner (CapPlan).

Key Points or Issues

<ul style="list-style-type: none"> • Waikato DHB uses AWM as the acuity tool alongside a predictor of patient demand tool (CapPlan) this ensures we have use of a number of tools to manage daily variance response.
<ul style="list-style-type: none"> • All wards have been rolled out in Waikato Hospital; there is a plan for specialist units and rural Hospitals going forward.
<ul style="list-style-type: none"> • There is dedicated FTE for managing CCDM at Waikato.
<ul style="list-style-type: none"> • Roster Governance groups are running within wards and AWM is discussed at these as well as quarterly governance meeting which NZNO have been invited to.
<ul style="list-style-type: none"> • Budgets have been changed due to changes in validated HPPD using the tool.
<ul style="list-style-type: none"> • The vendor intends to include a predictor on acuity in their tools moving forward.

Recommendation

THAT

The report be received

**DEBORAH NELSON
DIRECTOR IOC**

Cardiovascular Medicine & Surgery

Cluster Beds Required		BEDs	FTE change	
Physical Beds		80		
WKM14		27		1 1 HCA
WKERU2		5		
WKCC1		6		
WKCC2		16	NOT MET	1 RN nights indicated
WKCC3		26		
Budgeted Beds				
<i>Variance Budget vs Required</i>				

Internal Medicine

Cluster Beds Required		BEDs	FTE change	
Physical Beds		106		
WKAMU		19		1 1 HCA
WKA2		25	NOT MET	1 1 RN on nights indicated
WKA3		25		1 1 HCA
WKA4		25	NOT MET	1 1 RN on AM indicated
WKM03		12		
Budgeted Beds				
<i>Variance Budget vs Required</i>				

Oncology

Cluster Beds Required		BEDs
Physical Beds		30
WKM05		30
Budgeted Beds		
<i>Variance Budget vs Required</i>		

Orthopaedics

Cluster Beds Required		BEDs
Physical Beds		54
WKM06		27
WKM16		27
Budgeted Beds		
<i>Variance Budget vs Required</i>		

Surgery

Cluster Beds Required		BEDs	FTE change	
Physical Beds		121		
WKM02		27		3 1
WKM04		14		
WKM07		25		

WKM08	12		
WKM12	27	3	1
WKM17	16		
Budgeted Beds			
<i>Variance Budget vs Required</i>			
<hr/>			
Surgery + Orthopaedics			
Cluster Beds Required			
Physical Beds	175		
Surgery + Orthopaedics	175		
Budgeted Beds			
<i>Variance Budget vs Required</i>			
<hr/>			
Medihotel	10		
Cluster Beds Required			
Physical Beds	10		
WK Medihotel	10		
Budgeted Beds			
<i>Variance Budget vs Required</i>			
<hr/>			
SUBTOTAL ACUTE CLUSTERS (Includes Medihotel)			
Cluster Beds Required			
Physical Beds	401		
SUBTOTAL ACUTE CLUSTERS	401		
Budgeted Beds		6	7
<i>Variance Budget vs Required</i>			

Performance Monitoring Committee - Operations and Performance

AWM Validation status	2016	2017 Jan-June	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June
Validation comprises data collection, data analysis, implementation													
Area													
Internal Medicine (A2,A3,A4)	completed												
A2						Review							
M02 and M12		completed											
M14		completed											
M17			Data collection in progress				Analysis	Implementation					
E2 - stage 1 neonatal babies			Data collection in progress				Analysis	Implementation					
M07			Analysis	Implementation									
M08			Analysis	Implementation									
MO6 and M16			Analysis	Implementation									
OPR			Analysis	Implementation									
CCU			Implementation										
E4			Data collection starting				Analysis	Implementation					
E5			Data collection starting				Analysis	Implementation					
M03				Data collection starting				Analysis	Implementation				
M05				Data collection starting				Analysis	Implementation				
M4				Data collection starting				Analysis	Implementation				
E1				TBA									
E2 Stage 2- Mothers				TBA									
E2- stage 3 - Non-neonatal babies				TBA									
Critical Care				TBA									

AWM -Acuity tool used on wards

A2,A3,A4	using AWM												
M03	using AWM												
M05	using AWM												
M2, M12, M4, M7, M8, M17	using AWM												
M06, M16	using AWM												
CCU, M14	using AWM												
E1,E2	using AWM												
E4,E5	using AWM												
Medihotel	using AWM												
OPR5				using AWM									
Transit Lounge	TBA												
Critical Care				using AWM									
Delivery Suite	TBA												
Women's Assessment Unit	TBA												
Rural & Community Inpatient Wards	TBA												
START Thames and Hamilton	TBA												
Mental Health Inpatient (Forensics and Acute)	TBA												
Waikato Emergency Department	TBA												
AMU	TBA												
Thames Emergency Department	TBA												



Services

**MEMORANDUM TO THE
PERFORMANCE MONITORING COMMITTEE
9 AUGUST 2017**

AGENDA ITEM 6.1

COMMUNITY AND CLINICAL SUPPORT

Purpose

1) For assessment by the Committee

Content of Report

Each of the eight services that make up the Community & Clinical Support division have generally performed well during the 2016/17 year across service delivery, service quality, formal performance targets, workforce and financial metrics.

Consequently I have taken the opportunity to table the high level service priorities for the 2017/18 financial year to the Committee this month rather than recap on the prior year's activity which has previously been reported. Progress against these priorities will be reported throughout the year ahead. In light of that only a brief summary of the key performance issues that services are currently facing and new the initiatives they have either launched or completed since the Committee last met is listed below.

The key pressures within the division at present continue to be:

- radiology staffing (vacancies)
- emergency department demand at Tokoroa and Thames
- emergency department staffing at Tokoroa
- the lack of a reliable and timely acute retrieval service

Activity is underway to address each one of these concerns.

The newly initiated or newly completed activity includes:

- the launch of the Productive Operating Theatre (TPOT) initiative at Thames,
- the active exploration of a single point of entry (SPOE) for all unplanned care at Taumarunui Hospital (in conjunction with the on-site general practice)
- the commencement of a grass-roots community development project with Hamilton's Solomon Island community
- the initial promotion of the Medication Safety Programme (MSP) to clinical specialties
- the successful installation of the new haematology analysers in the Waiora laboratory
- the completion of a very successful tender for new CT capability
- the completion of the Pacific Health profile, (refer to the Health Strategy Committee agenda "for information" section)

Recommendation

THAT

The Committee notes the content of the report

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

Community & Clinical Support Services Service Level Priorities: 2017/18

The Community & Clinical Support services division provides a broad range of rural services and non-hospital based services in Hamilton, delivers the core components of the national screening programmes in the region, provides all Public Health services in the district, and delivers all of the Laboratory, Radiology and Pharmacy services across the Waikato DHB provider arm.

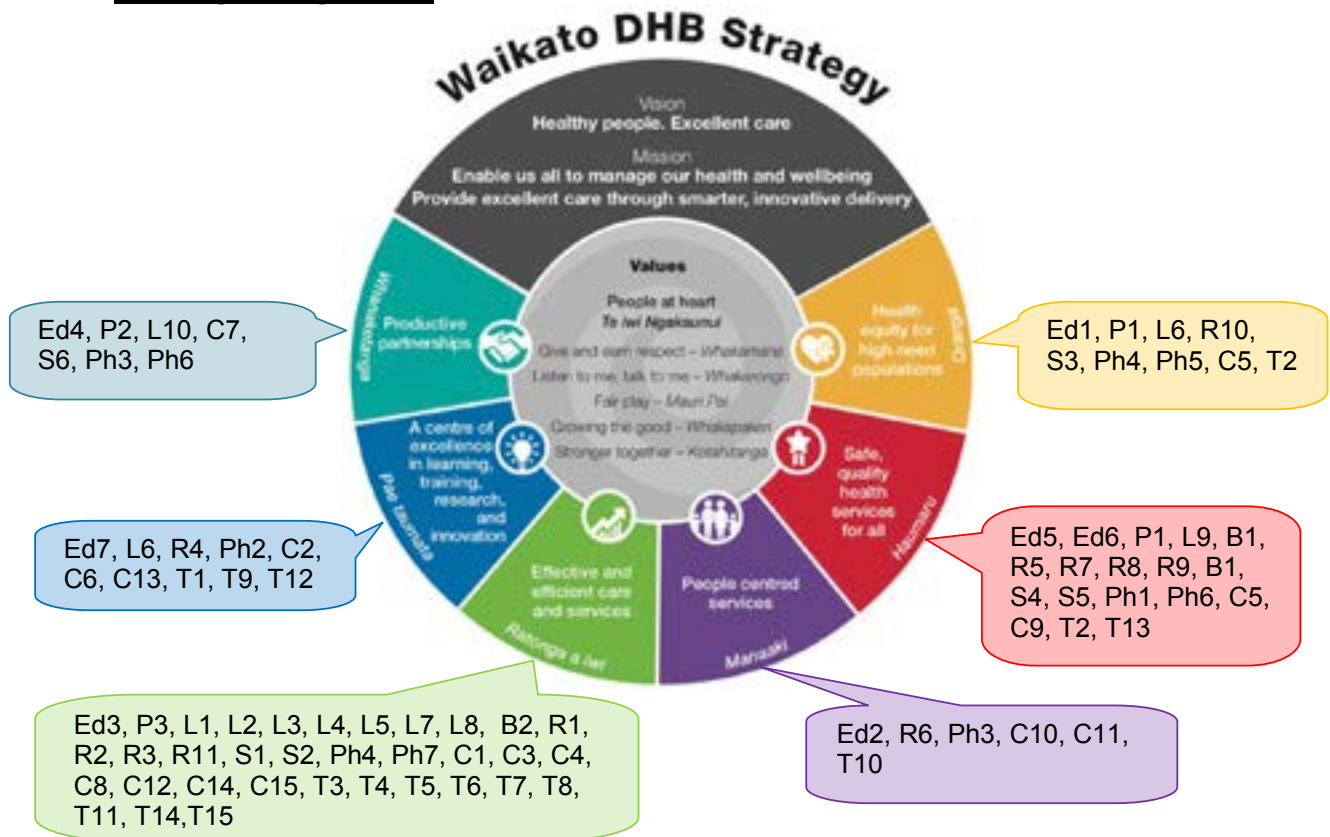
The division employs 1,025 fte staff and has an annual expenditure budget of \$179M. These comprise 17 % of the provider arm's total fte and 19 % of expenditure respectively. The division is structured into eight core areas of business activity.

The diversity of its scope, the focus on supporting clinical decision making, the community orientation and the district wide focus on population issues are the defining characteristics of the division.

There is a pressing need to undertake a wide range of tactical changes within the various service units if the long term imperatives of the DHB are to be achieved. These are particularly driven by the obsolescence of rural facilities, rapidly changing population and workforce projections, rapidly changing population demography and disease states, and rapidly changing technologies. If these tactical transitions are successfully achieved then the division will make a significant contribution to the DHB's overall ability to deliver sustainable, population centric, services well into the future.

The service priorities for the Community & Clinical Support services division for 2017/18, and their alignment to the Waikato DHB's strategic imperatives, are outlined across the following pages. These priorities will unashamedly proscribe the focus of the division and its leadership team across the 2017/18 year.

Strategic Alignment



2017/18 Service Level Priorities

Divisional

The core focus for the Executive Director in 2017/18 is on significantly increasing the rate of change to achieve the group's medium term objectives. These include ensuring that service model, workforce, facility and capacity issues are addressed for rural, laboratory, pharmacy and radiology services. The divisional priorities are:

- Ed1** Reducing health inequalities for our rural population / achieving a radical reduction in Māori health inequality
- Ed2** Rural service redesign from a whole of system / social services perspective
- Ed3** Strategic service planning for laboratory and radiology services
- Ed4** Utilising community development approaches to enhance health improvement
- Ed5** Reducing waste by Choosing Wisely
- Ed6** Reducing harm through improved medication safety, health screening uptake and smoking reduction
- Ed7** Virtualisation of delivery to improve access to services

Clinical Support

District Pharmacy Service

The core foci of the District Pharmacy Service in 2017/18 will be to motivate the all areas of the provider arm to actively participate in a medication improvement programme, and to increase the clinical pharmacy capacity of the overall team. The service level priorities are:

- P1** Implement the Medication Safety Programme (MSP) across the provider arm
- P2** Actively participate in the regional E-pharmacy project
- P3** Focus on workforce development; developing sustainable leadership capacity, enhancing how the pharmacy functions as an overall team, and implementing advanced clinical (prescribing pharmacist) roles

District Laboratory Service

The core foci of the District Laboratory Service in 2017/18 will be to motivate all areas of the provider arm to actively participate in the Choosing Wisely programme, and to complete the foundation steps of the ten year strategic plan for lab services. The service level priorities are:

- L1** Implement the haematology analysers in the rural labs
- L2** Implement the biochemistry mass spectrometer
- L3** Implement the histology digital x-ray scanner
- L4** Undertake a pilot of bed-side labelling
- L5** Implement an e-ordering link between Pathlab and Waikato
- L6** Enhance Point Of Care Testing (POCT) and rural transportation for samples
- L7** Plan and design the business model underpinning the Waiora facility development that is planned for 2018/19
- L8** Develop the ten year laboratory services plan including an SMO and scientist workforce plan
- L9** Significantly expand the range and impact of Choosing Wisely campaigns
- L10** Secure the consortium bid for the Coronial Mortuary & post mortem services tender

Radiology

The core foci of the District Radiology Service in 2017/18 will be to increase the capacity of the Radiologist resource, implement a major CT upgrade and redesign the flow of patients between facilities, and to implement a robust quality framework. The service level priorities are:

- R1** Implement two CT upgrades at Waikato
- R2** Implement a CT upgrade at Thames and redirect patients to Thames
- R3** Ensure sufficient radiologist are recruited and develop a robust radiology workforce plan
- R4** Create leadership team capacity (time to lead)
- R5** Define and implement a robust quality framework across the entire service
- R6** Achieve national MRI & CT targets (both performance metrics increase)
- R7** Undertake comprehensive capacity and service planning for interventional radiology
- R8** Implement Choosing Wisely, initially focussing on MRI and CT
- R9** Implement a robust clinical photo archival and storage system
- R10** Significantly reduce DNA rates for Māori
- R11** Actively participate in whole of provider arm production planning

Blood service

The core focus of the Patient Blood Management Service is to consolidate and maintain the significant gains already made in improving the safe use of blood products and reducing their overall cost. The service level priorities are:

- B1** Focus on Intravenous Immunoglobulin (IVIG) usage and clinical reviews
 - B2** Assess work plan, team capacity, and structure required from 2018/19 onwards
-
-

Community

Screening

The core foci of the District Screening Service in 2017/18 will be to improve the enrolment and coverage of Māori and Pacific Island women in all screening programmes, reinvigorate the implementation of the Smoke-Free across all areas of the provider arm, and influencing the national screening programme to ensure that regional services are appropriately funded. The service level priorities are:

- S1** Investigate and secure sustainable capacity for business as usual and probable changes in screening service configuration (age range, etc)
- S2** Prepare for funding and contracting reform in Breast Screening
- S3** Improve Māori enrolment and coverage in screening (breast and cervical)
- S4** Reinvigorate smoke-free approaches across the provider arm
- S5** Improve immunisation enrolment and coverage
- S6** Confirm and prepare for a future role in bowel screening

Public Health

The core foci of the Population Health Service in 2017/18 will be to increase the capacity and capability of the Health improvement and drinking water assurance teams, to increase the community development work with Māori and Pacific Island constituents, and to actively support a radical reduction in Māori health inequality. The service level priorities are:

- Ph1** Build sustainable water quality assurance
- Ph2** Build health improvement capacity
- Ph3** Strengthen health improvement activity across the whanau, workplace and education settings
- Ph4** Strengthen the community development activity within Māori and Pacific Island communities of interest
- Ph5** Assist the DHB to achieve a step change in Māori in-equality reduction
- Ph6** Develop and leverage networks to enhance effectiveness and influence within the DHB and across local and central government agencies
- Ph7** Implement Healthscape (IT System) to better manage and report service activity

Community & Southern Rural Health Services

The core foci of the Community & Southern Rural Health Services in 2017/18 will be to consolidate the relocation of the Hamilton based teams, to increase the ratio of virtual and clinic based work, to design and implement a single point of entry for all unplanned care in Taumarunui, to implement the primary maternity care reforms, and to support an improved rural retrieval service. The service level priorities are:

- C1** Shift all Hamilton community services to Gallagher drive
- C2** Implement significant virtualisation / changes to service delivery in lieu of visiting
- C3** Develop clinic based services in lieu of home visiting
- C4** Implement the single point of entry (ED) model in Taumarunui
- C5** Implement the rural retrieval service
- C6** Enhance the leadership structure for rural services
- C7** Exit the provision of surgical TOPs at Tokoroa
- C8** Plan the future sustainability of the community oral health general anaesthetic service
- C9** Improve community oral health enrolment and coverage
- C10** Extend the nitrous oxide service delivery model (reduce general anaesthetic cases)
- C11** Implement the Southern Rural Maternity model of care
- C12** Review the current continence service, succession planning and sustainability
- C13** Implement the recommendations from the Nursing Innovation initiative with the PDU (workforce pipeline)
- C14** Transfer the wound service and refine the overall service delivery model
- C15** Actively participate in whole of provider arm production planning

Thames & Coromandel Rural Health Services

The core foci of the Thames & Coromandel Rural Health Service in 2017/18 will be to increase CT capacity and support the redesigned flow of Radiology patients between facilities, to implement the Productive Operating Theatres Programme (TPOT), to actively investigate and support the development of an on-site general practice and single point of entry model for unplanned care. The service level priorities are:

- T1** Enhance the leadership structure for rural services
- T2** Re-assess and formalise required medical capacity
- T3** Implement the single point of entry (ED) model in Thames
- T4** Implement an on-site GP practice
- T5** Upgrade the Thames CT and redirect patients to Thames
- T6** Confirm the future surgical service direction and quality/capacity
- T7** Implement the productive operating theatres programme (TPOT)
- T8** Improve the overall efficiency of community delivered services
- T9** Implement significant virtualisation / changes to service delivery in community
- T10** Develop clinic based services in lieu of home visiting
- T11** Design and implement improvements to the chemotherapy, respiratory and cardiology service options available at Thames
- T12** Implement the recommendations from the Nursing Innovation initiative with the PDU (workforce pipeline)
- T13** Implement the rural retrieval service
- T14** Actively participate in whole of provider arm production planning
- T15** Pilot the IMPACT inpatient flow tool at Thames prior to rollout at Waikato hospital

Appendices

1. Sequencing of activity
2. DAP targets and reporting requirements
3. Divisional structure and key personnel

Appendix One: Sequencing of Activity

Unless indicated below the service priorities will expand the 17/18 year (and in some cases multiple years). Those that get a greater intensity of attention during particular quarters of the 17/18 year are indicated below.

Quarter One	Quarter Two	Quarter Three	Quarter Four
L1 Rural haematology analysers	L2 mass spectrometer		
	L3 histology x-ray scanner		
		L4 bed side labelling pilot	
L8 ten year laboratory plan		L7 planning centralised lab (Waiora site development) for 18/19	
L10 Mortuary Consortium RFP			
R2/T5 CT (Thames)			
	R1 CT x 2 at Waikato		
R4 Leadership capacity			
	R5 Implement radiology quality framework		
		R7 Interventional planning	
			R9 Clinical photo archive
S1 screening capacity review			
	S4 reinvigorate smoke free (provider arm)		
Ph1 Enhance water assurance			
Ph2 Build health improvement capacity			
Ph7 implement Healthscape			
	C1 Shift to Gallagher Drive		
		C2 & C3 Virtualisation and clinic development	
		C5 & T13 implement rural retrieval	
		C7 Exit TOPs at Tokoroa	
C12 Continence service review			
	C14 Wound service transfer		
		T3 Single point of entry	
			T4 Onsite GP practice

Appendix Two: DAP targets and reporting requirements

Measure		Target			Reporting Lead
PP10	Oral health: Mean DMFT score at year 8		Maori	0.92	Manager COHS
			Other		
			Total		
		Year 2	Maori		
			Other		
			Total		
PP11	Children caries free at 5 years of age	Year 1	Maori	64%	Manager COHS
			Other		
			Total		
		Year 2	Maori		
			Other		
			Total		
PP12	Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years	Year 1	Maori	85%	Manager COHS
			Other		
			Total		
		Year 2	Maori		
			Other		
			Total		
PP13	Improving the number of children enrolled in DHB funded dental services (0-4 years)	Year 1	Maori	90%	Manager COHS
			Other		
			Total		
		Year 2	Maori	95%	
			Other		
			Total		
PP13	Improving the number of children enrolled in DHB funded dental services (0-4 years)	Year 1	Maori	≤10%	Manager COHS
			Other		
			Total		
		Year 2	Maori		
			Other		
			Total		
PP21	Immunisation coverage at 2 years of age (IPIF Healthy Start) and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza at age 65 years	At least 95% of two year olds fully immunised and coverage maintained At least 95% of four year olds fully immunised by five years and coverage is maintained 75% of girls fully immunised – HPV vaccine 75% of 65+ year olds immunised – flu vaccine			Manager Screening Services
PP28	Reducing Rheumatic fever	On-going implementation of plan to ensure meeting target: 1.2/100,000 acute rheumatic fever hospitalisation rates			Manager Population Health
PP29	Improving waiting times for diagnostic services	90% of accepted referrals for CT scans, and 90% of accepted referrals for MRI scans will receive their scan within 6 weeks (42 days).			District Service Manager - Radiology
PP31	Better help for smokers to quit in public hospitals (previous health target)	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.			Manager Screening Services
S110	Improving cervical Screening coverage	80% coverage for all ethnic groups and overall.			Manager Screening Services
S111	Improving breast screening rates	70% coverage for all ethnic groups and overall.			Manager Screening Services

Appendix Three: Divisional Structure and Key Personnel



Note

(*) - these two roles report and work directly to the Chief Executive on aspects of the portfolio. On those aspects these roles have a non-hierarchical partnership relationship with the Executive Director.

KPIs

Commentary on the current KPI report (Year to June 30th 2017):

Note	Indicator	Commentary
1	Elective and Arranged Day Surgery Percentage	Phenomenally good performance in Australasian terms. The mix of same day vs overnight surgery is changing. The kpi target requires resetting.
2	Elective and Arranged Day of Surgery Admissions	Phenomenally good performance in Australasian terms. The kpi target requires resetting.
3	Laboratory – Histology specimens reported within 7 days of receipt	Actual specimens are triaged on the basis of clinical risk. Significant work has been done to successfully improve histology turnaround times. No concerns of significance are noted. The kpi target requires resetting to measure time critical histology only.
4	Outpatient DNA rate	No concerns of note.
5	Output delivery against plan – inpatient episodes	Seasonal demand is now evident.
6	Output delivery against plan – inpatient cwd	Refer above.
7	Breast Screening – Māori volumes	As was forecast this target was not met for the year. The change in Support to Screening providers effectively reduced activity for 5-6 months. All of the new Support to Screening providers are now fully operational and the rate of Maori women now being referred to be booked is showing improvement.
8	Complaints	Complaint numbers have been brought into line with expectations.
9	Sick leave	No concerns of note.
10	Overtime \$'s	No particular concerns are evident that have not been reported in prior periods.
11	Annual leave taken	No particular concerns are evident that have not been reported in prior periods.

Key Performance Dashboard

Community & Clinical Support

June 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	94.5	95.0	(0.5) 🟡	95.3	95.0	0		
Number of long wait patients on outpatient waiting lists	# > 4 mths	0	0	0	0	0	0		
Number of long wait patients on inpatient waiting lists	# > 4 mths	0	0	0	0	0	0		
CTs reported within 6 weeks of referral	%	89.7	90.0	(0.3) 🟡	92.1	90.0	2.1		
MRIs reported within 6 weeks of referral	%	83.9	85.0	(1.1) 🟡	88.0	85.0	3.0		

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			34,481	34,170	(311) 🟡		
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			79.6	85.5	(5.8) 🟡		1
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			94.2	99.4	(5.1) 🟡		2
Laboratory – Histology specimens reported within 7 days of receipt	% for May YTD	75.0	80.0	(5.0) 🟡	50.3	80.0	(29.7) 🟡		3
Pharmacy - Chart turnaround times, % within 2.5 hours	%	92.0	80.0	12.0	91.8	80.0	11.8		
Pharmacy on Meade script turnaround time in minutes	minutes	8.7	10.0	1.3	7.5	10.0	2.5		
Outpatient DNA Rate	%	9.5	10.0	0.5	10.7	10.0	(0.7) 🟡		4
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	97.2	100.0	(2.8) 🟡	96.2	100.0	(3.8) 🟡		
Output Delivery Against Plan - Inpatient Number of Episodes	%	98.9	100.0	(1.1) 🟡	93.6	100.0	(6.4) 🟡		5
Output Delivery Against Plan - Inpatient CWD Volumes	%	98.7	100.0	(1.3) 🟡	93.2	100.0	(6.8) 🟡		6
District Nurse Contacts (DHB Purchased)	Numbers	10,411	-		118,858				
District Nurse Contacts (ACC Purchased)	Numbers	1,885	-		26,007				

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			3.34	3.80	0.46		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.09	0.96	(0.12) 🟡		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.32	0.41	0.09		

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		

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	3,602	3,500	102	41,718	41,000	718		
Breast screening Maori volumes - Waikato DHB	Numbers	209	331	(122) 🟡	2,542	3,465	(923) 🟡		7
Hospital Acquired MRSA (Department)	Numbers	0	0.0	0	0.0	0.0	0		

Performance Monitoring Committee - Services

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers (All)	9	8	(1)	163	94	(69)		8
Complaints resolved within 20 wd (1 month lag)	% for May-17	82	70	12	68	70	(2)		
Falls Resulting in Harm	Numbers	0			22				
Pressure Injuries - Total	Numbers	0	2	2	22	49	27		
Patient Feedback	<i>Not yet collected - in Development</i>								

Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Revenue vs Budget (\$000s)	\$000s	2,794	2,532	263	32,179	29,542	2,637		
Actual Expenditure vs Budget (\$000s)	\$000s	12,588	12,687	99	151,249	147,608	(3,641)		
Actual Contribution vs Budget (\$000s)	\$000s	(9,794)	(10,156)	362	(119,070)	(118,067)	(1,004)		
Actual FTEs vs Budget	FTEs	1,000.6	1,003.6	3.1	999.5	997.9	(1.6)		
Sick Leave	% of paid hours	4.0	2.8	(1.2)	3.0	2.9	(0.2)		9
Overtime \$'s	\$000s	198	141	(58)	2,144	1,682	(463)		10
Annual Leave Taken	% of Budget	Rolling 12 month measure			87.9	100.0	(12.1)		11

Key - MTD Measures

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

Key - YTD Measures

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

Key - Trend Measure

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

**MEMORANDUM TO THE
PERFORMANCE MONITORING COMMITTEE
9 AUGUST 2017**

AGENDA ITEM 6.2

**MENTAL HEALTH & ADDICTIONS SERVICE - JUNE/JULY 2017
REPORT**

Purpose	To provide the Board with an overview of Mental Health and Addictions Service activity for June/July 2017.
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Service Overview

June and July continued the current trend and were very busy months with the sustained pressure across services now becoming the norm. This is concerning given the impact that this is having on staff morale, recruitment and retention.

While the transformational change programme offers real hope for a more integrated model focussed on earlier intervention, strategies are also in place to address the problems currently being faced with recruiting nursing staff in particular.

The service has a short to medium term strategy to attract and recruit nurses into the inpatient setting. It is important to recruit a critical mass of experienced staff to ensure a sustainable approach to supporting new graduate or less experienced staff in the inpatient setting.

Despite the pressure, there is a level of excitement and commitment to building relationships across the mental health sector and other health and social sector environments as a core component to transforming our model of care. We have had significant engagement across a range of stakeholders and strong endorsement of the model and approach we are moving to implementing.

Initiatives and highlights

1. Creating our Futures: Making it Happen

The work stream development phase is now complete. A recent workshop occurred with the advisory group, to share the work achieved and get feedback and input prior to the Programme Board meeting on 7 August 2017. The model of care has also now been finalised.

One hundred and sixty-three people have been involved in Creating our Futures to date. Approximately 30 percent of those who have had input are from outside of DHB services.

In addition to the Making it Happen work streams, there has also been considerable activity around the Programme Business Case. The strategic assessment was submitted in June and has been well received by the Ministry of Health.

Working with key stakeholders we have refined our investment objectives to be:

- a) Transforming service delivery in order to improve safety, effectiveness and efficiency.
- b) Creating safe and therapeutic environments that support holistic quality care at all times.
- c) Building sustainable capacity and capability of services to meet future demand, values and need.

The focus of the programme business case is on the development of a new Model of Care that will inform what it is the service delivers; the acute environment/s and capital infrastructure needed, as well as the impacts of the Corrections Department forecasted increase in Waikeria prison capacity by 2021, and the Substance Addiction (Compulsory Assessment and Treatment) Act]; and the resources required to support that delivery of care across the spectrum.

The second tranche of the business case will see the long list and initial options assessment completed. This information, alongside the recommended way forward from the Creating our Futures consultation, will inform the finalised Programme Business Case to be submitted to cabinet December 2017.

2. Acute Care Pathway

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

- 1) The changes to the place of assessment work led by NZ Police;
- 2) Increasing number and complexity of mental health presentations in the Emergency Department.

To assist our thinking in this area, a small group visited Counties Manukau DHB to understand their model for acute care and intake that they have implemented over the past three years. This group was accompanied by the Waikato DHB Emergency Department (ED) Nurse Director and the Senior Sergeant who holds the Mental Health liaison portfolio for Waikato.

The next step will be a workshop between MH&AS, ED and Police to map out the preferred options for service delivery and a work plan for implementation. Exploring the placement of mental health staff alongside ED staff is a key consideration for the discussion.

3. “Let’s talk wellbeing”

As part of the ‘Let’s Talk Wellbeing’ initiative MH&AS was an even stronger presence at Fieldays this year,. Mental Health and Addictions are also part of the planning and will be present at the Hauora event that is planned for November for hard to engage families, particularly those who are strongly gang affiliated.

4. Integrated Safety Response (ISR)

We have been part of ISR now since the launch late last year. We now have three clinicians working fulltime having daily input into the urban and rural Safety Assessment Meetings (SAM) and the weekly Intensive Case Management meetings (ICM).

The ISR pilot is a joint Government initiative that is led by a Ministerial group overseeing family violence and sexual violence.

This group is currently co-chaired by Ministers Adams and Tolley and includes Ministers from MoJ, MSD, MoH, MoE, ACC, Police, Corrections, Pacific Peoples, Ethnic Communities, Senior Citizens, Disability issues, Women, Maori Development and Whanau Ora.

The purpose of the ISR is to provide safe, effective and efficient services for victims, perpetrator and whanau immediately after a reported family violence incident or receipt of a referral from Corrections. New Zealand has the highest rate of family violence in the OECD which includes the United States, Australia, Canada and the United Kingdom. New Zealand has twice the rate of family violence than that of Australia.

The pilot sites will build a sustainable and effective response to family violence in order to reduce the incidence and effects of family violence in our communities.

The principles of the ISR model are putting families at the centre of the system; addressing the risk and full range of needs of a family through early identification, and collective impact using evidence based assessments to inform responses

The operations group are currently finalising a draft practice framework for all partner agencies to ensure a sustainable approach for family safety beyond the scope of the pilot.

I have agreed to chair the operations group in the interim while ISR goes through the current transition phase with new staff having recently been recruited into the senior roles.

5. Methamphetamine Strategy

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

A plan is currently being developed to put in a bid for a range of service initiatives under the Proceeds of Crime funding. The initiative will be multi-sectorial, and cover the domains of prevention, education, treatment, supply reduction, enforcement, treatment and demand reduction.

Work is about to commence within the group to flesh out the key work streams across the four pillars of prevention; treatment; enforcement, and harm reduction. There is commitment within the group to work collaboratively to ensure an integrated approach to reducing methamphetamine harm regardless of the success of the bid. We will be leading the treatment work stream in partnership with Waikato DHB's Strategy and Funding.

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

A workshop is occurring in Hamilton in August to look at planning implementation for the introduction of the new Substance Addiction (Compulsory Assessment and Treatment) legislation which will go live in February 2018.

As part of this planning, an Area Director nomination will be put forward and consideration given to who might be approved specialists and Responsible Clinicians. It has been determined that inpatient capacity will initially be provided nationally. It is not certain where that will yet occur.

7. HRBC occupancy and Hard to Place individuals

Work is occurring at present to capture the number of people in the HRBC for extended admissions over one month. This data will be captured and reported on monthly. In addition narrative will be provided on the number of very difficult to place individuals in the community, the number, their length of stay and what the care needs are.

At the present time there are 16 clients who have been in the HRBC for longer than one month. There are 10 patients in the acute wards who have high and complex needs, and a further four clients in the high and complex needs beds in HRBC.

To address the issue of flow into supported residential beds, social housing and independent living, we are about to request attendance by key NGO partners, our own staff and the RCS team to meet weekly to ensure movement out of HRBC and flow through community beds.

8. Seclusion

Seclusion reduction remains a key priority for our service. Significant effort, commitment and work by many, has gone into leading improvement in this area. Despite a robust strategy and a sustained focus in this area, our results continue to be concerning. To assist the steering group in identifying additional strategies, interventions and approaches, I have invited the Nurse Director from Counties Manukau DHB and the Clinical Director from Waitemata DHB to peer review our work to date.

They are coming to Waikato this week to meet with a range of staff and consumers to provide reflection and any advice on further options for improvement. We will present them with the initiatives trialled to date, current strategies we are implementing, and focus groups for staff to meet and discuss the barriers, and their ideas for improvement.

9. Addiction Comprehensive Health Enhancement Support System (ACHESS)

The project to pilot the ACHESS tool within the Alcohol and Drug Service in Waikato has commenced with the involvement of IS. Planning will now commence on the implementation of this innovative addition to how care and treatment is provided for people experiencing alcohol and other drug problems.

Having a smartphone app-based support system for people experiencing alcohol and other drug problems has the potential to add real benefits. This application will interface with the clinical team and ensure the person has access to support 24/7. The application can be programmed with key family and other support people. There is also the ability for the person to access help in an emergency and avoid high risk situations and locations that are likely to result in relapse.

10. Better Public Services (BPS)

A group of senior staff from a number of government agencies within the Waikato region have been meeting over the last two years to look at how to improve collaboration and work more seamlessly together; defined as Better Public Service (BPS) targets.

Initially the agencies were Police, Corrections, Probation, CYFS and Courts. Last year mental health joined the group and this year the Ministry of Education has also been invited to join.

BPS has also created a learning network which brings together up and coming staff from each of the agencies to be involved in a learning development programme. As part of the programme the members undertake a group project; this year the project is to create awareness in each organisation on the effects and impacts of methamphetamine.

Through the learning network members get the opportunity to visit each of the other participants' services and participate jointly in workshops and seminars on a range of leadership topics. One of the major gains from the learning network, besides increasing a person's knowledge of the various organisations, is the development of strong cross-agency networks.

In this programme we are also looking to build in some action learning sets as well as match the participants with a mentor from outside their organisation. Even though this is only the second learning network as part of BPS, the feedback from last year's group and this year's group has been very positive.

Recommendation THAT

The report be received.

**DEREK WRIGHT
EXECUTIVE DIRECTOR, MENTAL HEALTH AND ADDICTIONS SERVICE**

Key Performance Dashboard

Mental Health

June 2017

Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	86.7	95.0	(8.3) ❌	87.8	95.0	(7) ❌		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	478	371	(108) ❌	11,039	4,449	(6590) ❌		2
Mental health treatment plans	% Cases	82.6	95.0	(12.4) ❌	89.2	95.0	(5.8) ❌		3
Mental health HoNos matched pairs	% Cases	95.0	95.0	(0.0) ⚠️	98.3	95.0	3.3 ⚠️		4
Mental health inpatient bed occupancy	%	94.2	87.1	(7.1) ❌	93.6	87.1	(6.5) ❌		4
Mental health GP methadone cases	Cases	92.0	76.0	16.0 ⚠️	93.5	76.0	17.5 ⚠️		4

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	%	89.2	90.0	(0.8) ⚠️	91.0	90.0	1.0 ⚠️		2
Mental health follow up - numbers seen in 7 days	Number of Cases	66	66.6	(0.6) ⚠️	735	727.2	7.8 ⚠️		2
Mental health community contract positions filled	% FTEs	98.6	95.0	3.6 ⚠️	96.9	95.0	1.9 ⚠️		2
Mental health 28 day readmission rate	%	11.7	15.0	3.3 ⚠️	11.8	15.0	3.2 ⚠️		2

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	98.3	95.0	3.3 ⚠️	98.1	95.0	3.1 ⚠️		2

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers (All)	6	7	1 ⚠️	89	86	(4) ⚠️		2
Complaints resolved within 20 wd (1 month lag)	% for May-17	13	70	(58) ❌	35	70	(35) ❌		5
Falls Resulting in Harm	Numbers	4			18				2

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	249	202	47 ⚠️	2,544	2,573	(29) ⚠️		2
Actual Expenditure vs Budget (\$000s)	\$000s	6,431	6,094	(337) ❌	73,789	72,257	(1,531) ❌		2
Actual Contribution vs Budget (\$000s)	\$000s	(6,182)	(5,892)	(290) ⚠️	(71,245)	(69,685)	(1,560) ⚠️		2
Actual FTEs vs Budget	FTEs	743.3	734.1	(9.3) ⚠️	739.8	732.5	(7.3) ⚠️		2
Sick Leave	% of paid hours	4.2	3.0	(1.3) ❌	3.4	3.0	(0.4) ❌		6
Overtime \$'s	\$000s	118	76	(41) ❌	1,054	910	(143) ❌		7
Annual Leave Taken	% of Budget	Rolling 12 month measure			89.4	100.0	(10.6) ❌		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	❌

**MEMORANDUM TO THE
PERFORMANCE MONITORING COMMITTEE
9 AUGUST 2017**

AGENDA ITEM 6.3

WAIKATO HOSPITAL SERVICES OVERVIEW REPORTS

Purpose	For information.
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Introduction

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

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

Each section addresses:

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

Recommendation

THAT

The reports be received.

**BRETT PARADINE
EXECUTIVE DIRECTOR WAIKATO HOSPITAL SERVICES**

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

MEDICINE, ONCOLOGY, EMERGENCY AND AMBULATORY SERVICES

Service overview report

All acute services have experienced significant demand in the period being reported on, whilst FCT performance continues to be amongst the strongest in the country. This report provides an update on these areas, as well as the actions being taken.

It also provides information on the cancer 31 day target and on ophthalmology, as requested at the last committee meeting.

Emergency Department

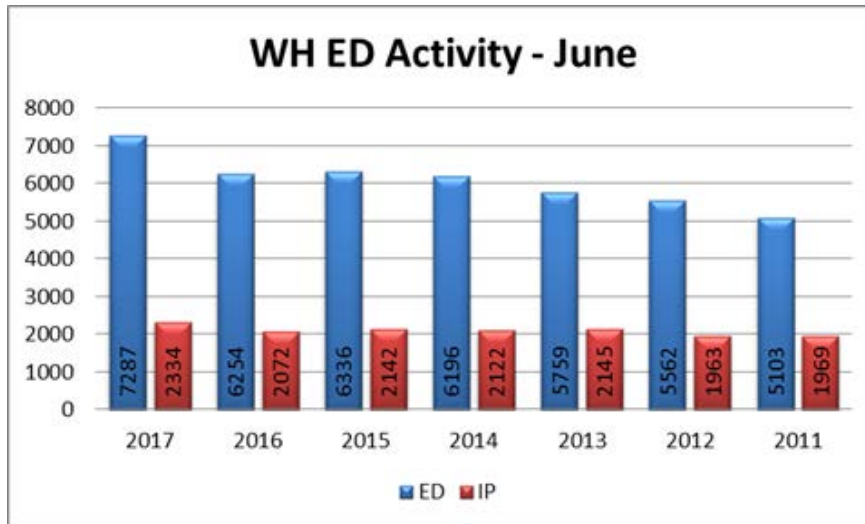
Members of this committee will be well aware of the pressure a number of DHBs have been under over the winter period and the media interest this has generated.

The month being reported on has seen a 16% increase in attendances compared to June 2016, which equates to >1,000 additional attendances in the month. This is clearly a significant increase and beyond any previous predictions and staffing assumptions.

Historical Waikato Hospital Emergency Department (ED) activity – based on arrival information:

Key: ED – Emergency Department, IP – Inpatients admitted from ED, CONV – ED to IP conversion rate.

June				
	ED	IP	CONV	TARGET
2017	7287	2334	32%	79%
2016	6254	2072	33%	88%
2015	6336	2142	34%	93%
2014	6196	2122	34%	89%
2013	5759	2145	37%	83%
2012	5562	1963	35%	90%
2011	5103	1969	39%	86%

Waikato Hospital Emergency Department (WH ED) Activity - June

The increased demand has been experienced across every part of the urgent and emergency care system, with primary care reporting record levels of pressure. The St John ambulance service has also indicated that many primary care practices have been turning away ambulances with patients who have conditions that do not require ED attendance due to the high demand in the practices, full clinics and consequent long waiting times they have been experiencing.

St John report a 7% increase nationally, but with Auckland and the Waikato experiencing even greater increases, of +14% in May and + 12.8% in June for the Waikato region. St John has managed to mitigate the impact in Auckland to a certain degree, due to being able to convey patients to three centres to make the most of any available capacity. Unfortunately this is not an opportunity that is available for Waikato, which has the added complexity of being the busiest trauma centre in the country.

Consequently a process has been developed in partnership with St John to cover times when the ED is unable to accept further patients being brought in by ambulance. Over the past month the hospital has had to “ramp” ambulances, which has had a significant flow on impact on the St John service. This process aims to mitigate the risks and is intended as a temporary measure until we can improve patient flow within the hospital.

General and Speciality Medicine

The SAFER bundle is a set of internationally tested rules for a planned, coordinated, timely and safe discharge process which is being rolled out across the hospital from September. SAFER has progressed in General and Speciality Medicine this month in anticipation of this roll-out. Patient Expected Dates of Discharge (EDDs) are now being entered in iPM and onto ward whiteboards 100% of the time. Processes have been developed in each inpatient ward to ensure sustainability of this initiative. Criteria Based Discharge processes (CBD) are being developed with one Respiratory CBD (Asthma) ready to be trialled in Ward A2. There are another 4 CBD’s under development that will be ready to trial by 31st July in Wards A3 and A4.

Internal Medicine Charge Nurse Managers have a new process in place for daily reviews of long stay patients (over 10 days) and potential delayed discharges. These patients are

discussed on a daily basis with action plans formed by the multi-disciplinary team to ensure that every day there is progress made towards discharge.

There is a daily operational meeting in the Emergency Department which creates a forum for the department and the Charge Nurse Managers across the Medical, Renal and Oncology wards to work together with the Integrated Operations Centre to pull admitted patients out of the Emergency Department in a proactive fashion. This is a benefit of the new hospital leadership structure, which is helping to reduce some of the silos that have traditionally existed in the hospital.

The acute pressure on beds has caused services to review how effective they are in managing their beds. A review of the historical benchmarking data produced by Health Round Table has demonstrated that the Respiratory service is an exemplar site for its length of stay, with a Relative Stay Index (RSI) of 84%.¹

General Medicine is also better than average, with an RSI of 93%.

These figures are based on historical information, but indicate strong performance across the most pressurised wards in winter.

A rough analysis of June 2017's data shows that it was the busiest month on record, with sicker patients than in the previous year and one of the "sickest" months ever, as well having the highest daily average admission rate of any month ever.

Even with all of this, a nearly **full day** reduction has been achieved in the average length of stay in General Medicine (3.2 days from 4.1).

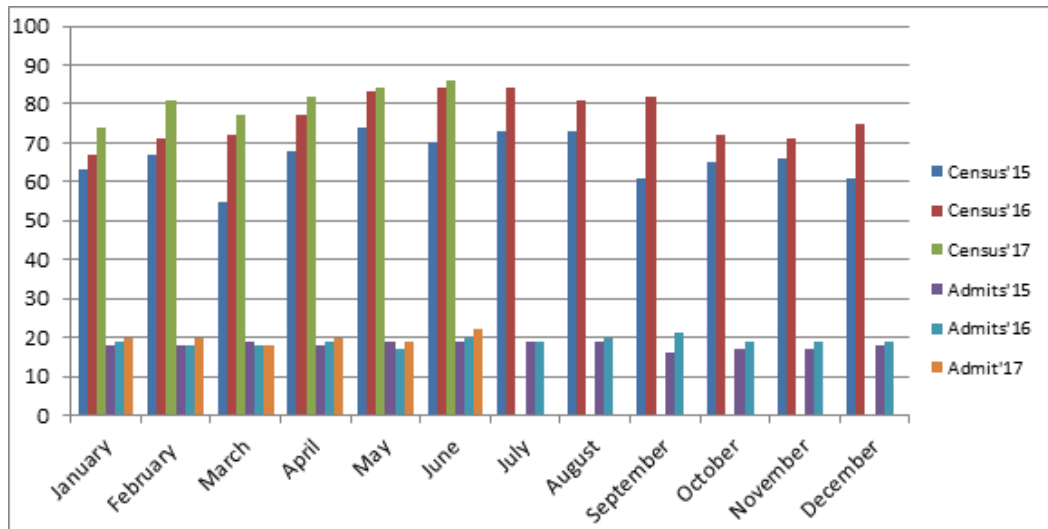
As always the reasons for this are due to a combination of factors, including:

- Faster DSL evaluations and quicker discharges for our older persons, which indicates that the additional investment in DSL made by the DHB is producing positive outcomes;
- New 8 team General Medicine roster with continued focus on discharge, which has been facilitated by investment in additional RMOs since December 2016;
- Committed work from across the system - allied health, nursing, clerical, laboratory, radiology and cleaning staff focused efforts;
- Daily emphasis on discharging;
- Integrated Operations Centre active involvement, and
- Increased utilisation of, and liaison with, community and rural hospitals

Without this significant improvement, the impact of increasing attendances and acuity would have had an even greater impact.

¹ Actual Length of Stay (LoS) by DRG/ Expected LoS by DRG. 100% is set as the level that the service would be expected to achieve. This means that the Waikato Respiratory service is 16% more efficient in terms of LoS compared to what it would be expected to achieve

Historical average daily General Medicine monthly census and average daily admissions:



An additional positive has been the draft accreditation report from the Royal Australian College of Physicians on the Acute and General Medicine services. We were very pleased that this reported that the service fulfilled all the requirements, with accreditation awarded for the next 5 years.

Staff escalation

The Internal Medicine wards have implemented the DHB's staff safety escalation plan this month. Staff education has been provided along with flip charts made available to staff outlining the escalation process. Staff have been provided the resources that will support embedding a "safety culture" into Internal Medicine, which includes: on-line learning packages, ward champion development of a key "workplace support person" in each ward, and aligning the DHB values with every day practice.

Ophthalmology

Waikato DHB is making good progress on reducing the number of outpatient follow up patients that have exceeded the recommended time to be seen. Since February we have delivered a 38% reduction in the backlog of patients overdue for treatment and a 61% reduction in those waiting >1.5 times the recommended time for treatment. The number of patients waiting 1.5 times beyond their clinically requested follow-up appointment is currently sitting at 96 (9%). Some of the long waiting patients have been offered appointments so the focus is now to document how many of these patients have actually been offered appointments, declined the appointment and cannot be removed from the list. Additional clinics have continued through June 2017, which will assist in reducing the backlog further. The DHB has received some additional Ministry of Health funding to assist with managing the backlog of follow up patients and the ophthalmology plan requested by the Ministry of Health will be ready for submission by the end of July.

ESPI1

ESPI1 requires that all services appropriately acknowledge and process at least 90% of referrals within 15 days.

To achieve this elective services performance indicator, there are three internal sub-targets:

1. The referral coordination centre “loads” referral within two working days for the clinician to then triage;
2. The clinician has six working days to “triage” (accept referral or, if applicable, provide advice on alternative care options); and
3. The referral coordination centre “modifies” the referral within two working days to complete the referral process.

In June, the ESPI 1 performance was well below expectations at 31%. Improvements were put in place by the new management team during the month aiming to address the first and third sub-targets. These initiatives included:

- Recruiting staff to existing vacancies;
- Improving staff morale and reducing staff turnover;
- Introducing daily loading and modifying activity “actual versus expected” graphs;
- Developing a team culture, and
- Introducing ESPI1 monitoring at the weekly business and service manager elective services monitoring meeting that previously focused solely on ESPI2 and ESPI5.

The plan for the next month is to:

- Provide a monitor on the referral centre wall so the all team has visibility of the overall daily ESPI1 progress and can work together to troubleshoot any issues.
- Work with services to define clearer roles and responsibilities in the way we work together to manage outpatient referrals and clinics across the DHB.

We are pleased to be able to report that these initiatives are delivering a positive impact in July. The referral coordination centre is meeting the first and third key performance indicators and the focus is on working with services for whom triaging of referrals is not occurring in a timely way. These services are cardiology, ENT, orthopaedics and respiratory. The respective service managers are aware of the issues and are working to resolve them.

The current July ESPI forecast worst case scenario is 85% and best case 93%.

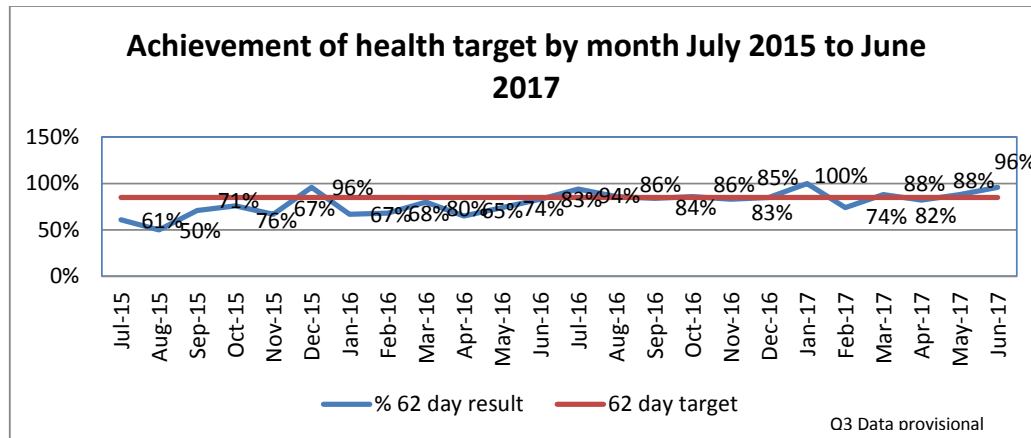
Faster Cancer Treatment Health Target

The 2016/17 provisional quarter 4 result for the 62 day target was 86.7% for the six months of January to June 2017. This showed that Waikato DHB has sustained achievement against the 85% health target for both Q3 and Q4, building on being one of the first DHBs to deliver the waiting time target in Q2.

The number of patients reported in the 62 day cohort has varied between 14 and 24% in the last three months thus maintaining a quarterly percentage above 15%. This indicates that referrers are using the high suspicion of cancer referral pathway appropriately.

All breaches of the 62 day health target are analysed and the majority are due to patient choice or complex pathways, due to clinical considerations. These are reviewed at the Waikato FCT monthly Governance Group meetings.

Historical achievement against the Faster Cancer Treatment health target by month



The DHB also met the 31 day target which measures the length of time it takes for a patient with confirmed cancer to receive their first treatment (or other management) for cancer from date of decision-to-treatment. The 31 day indicator includes all patients who receive their first cancer treatment, irrespective of how they were initially referred.

The DHB has traditionally performed strongly against this treatment indicator, with 93.5% performance over the last 6 months.

Changes to the Faster Cancer Treatment health target in 2017-18

The Minister has confirmed that the Faster Cancer Treatment health target will increase to 90% from 1 July 2017.

From this date all Faster Cancer Treatment breaches of the health target including patient reason or clinical consideration will continue to be reported to the Ministry, but not included in DHBs FCT result.

Emerging risks and issues

Acute Flow

The continued risk around increasing Emergency Department attendances, access to acute beds and restricted access to primary care continues. The plan to open the additional OPR5 ward in early September will assist with the pressures on the acute pathway, with acute demand last year spiking well beyond winter. More encouragingly initial indicators are that we are over the worst of the influenza period, though this will need to be closely monitored. In some previous seasons we have seen a “double peak”.

ALEX GORDON
DIRECTOR MEDICINE, ONCOLOGY, EMERGENCY AND AMBULATORY CARE

Key Performance Dashboard

Internal Medicine

June 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	65.1	95.0	(29.9) ❌	72.1	95.0	(23) ❌		❌ 1
Number of long wait patients on outpatient waiting lists	# > 4 mths	5	0	(5) 🟡	225	0	(225) ❌		❌ 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	%	11.5	10.0	(1.5) ❌	11.0	10.0	(1.0) ❌		❌ 3
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	101.0	100.0	1.0 🟢	108.4	100.0	8.4 🟢		🟢
Output Delivery Against Plan - Inpatient Number of Episodes	%	117.2	100.0	17.2 🟢	106.5	100.0	6.5 🟢		🟢
Output Delivery Against Plan - Inpatient CWD Volumes	%	118.0	100.0	18.0 🟢	111.0	100.0	11.0 🟢		🟢

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			3.72	3.84	0.13 🟢		🟢
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			0.43	0.41	(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	93.0	95.0	(2.0) 🟡	95.5	95.0	0.5 🟢		🟡

Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	4,614	4,549	(65) 🟡	56,544	52,677	(3,867) ❌		❌ 4
Actual FTEs vs Budget	FTEs	375.7	360.1	(15.6) 🟡	379.7	360.3	(19.3) ❌		❌ 5
Sick Leave	% of paid hours	3.3	2.6	(0.7) ❌	2.9	2.8	(0.0) 🟡		❌
Overtime \$'s	\$000s	22	14	(7) ❌	328	146	(182) ❌		❌ 6
Annual Leave Taken	% of Budget	Rolling 12 month measure			86.8	100.0	(13.2) ❌		❌ 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	❌

Internal Medicine KPI Dashboard – Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	Increased presentations particularly in respiratory due to declared flu season is impacting on targets with acute wards overflowing into other specialties and also impacting on ED flow.
2	Number of long wait patients on outpatient waiting list	With acute services under pressure some clinics are being postponed to be able to meet demand.
3	Outpatient DNA rate	Patients are being sent text reminders.
4 & 5	Actual expenditure vs budget	<p>Further work on understanding the variances has been undertaken with the Directorate finance manager and we are pleased to note an in-month improving trend.</p> <p>Further work is required in terms of IDF coding, expenditure on clinical supplies and the high leave balances.</p> <p>We note there is unbudgeted expenditure for “other radiology procedures” within endocrinology and rheumatology that needs further investigation.</p>
6	Overtime \$'s	Nursing overtime has been approved after hours from the Duty Nurse Manager to support the increased acuity of patients, and decreased staffing resource due to sickness. Work is underway with the CNMs to provide safe rostering to ensure overtime will be minimised even with roster deficits. Available shifts are being offered first to staff that work part-time to ensure that their hours stay below 80 per fortnight. 8% overtime was approved for June over the 3 inpatient wards with a focus in July of decreasing this.
7	Annual Leave Taken	Nursing annual leave taken has been low this month due to staffing sickness and roster deficits. CNMs are developing annual leave plans for all staff as balances remain high.

Key Performance Dashboard

Oncology

June 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	61.9	95.0	(33.1) ❌	75.9	95.0	(19) ❌		❌ 1
Faster Cancer Treatment - Referral received to first treatment <= 62 days	% of patients	95.7	85.0	10.7 ✅	86.2	85.0	1.2 ✅		✅
Faster Cancer Treatment - DTT to first treatment <= 31 days	% of patients	85.4	85.0	0.4 ✅	92.2	85.0	7.2 ✅		✅
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	%	5.5	10.0	4.5 ✅	5.6	10.0	4.4 ✅		⚠️
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	97.5	100.0	(2.5) ⚠️	101.5	100.0	1.5 ✅		✅
Output Delivery Against Plan - Inpatient Number of Episodes	%	157.6	100.0	57.6 ✅	105.5	100.0	5.5 ✅		✅
Output Delivery Against Plan - Inpatient CWD Volumes	%	133.8	100.0	33.8 ✅	110.4	100.0	10.4 ✅		✅

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			5.88	5.14	(0.74) ❌		❌ 2
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			1.88	1.42	(0.47) ❌		❌ 3
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			4.82	2.72	(2.09) ❌		❌ 4

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 ✅	94.8	95.0	(0.2) ⚠️		❌

Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	3,224	2,890	(334) ❌	37,137	34,274	(2,863) ❌		❌ 5
Actual FTEs vs Budget	FTEs	188.6	186.9	(1.7) ⚠️	185.8	188.4	2.6 ✅		⚠️
Sick Leave	% of paid hours	4.3	2.6	(1.6) ❌	2.7	2.8	0.0 ✅		⚠️
Overtime \$'s	\$000s	17	10	(7) ❌	272	134	(138) ❌		❌ 6
Annual Leave Taken	% of Budget	Rolling 12 month measure			90.5	100.0	(9.5) ❌		❌ 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 < 6 Hours	<p>This month has seen a reduction in Oncology's performance surrounding the 6 hour target. This is, in part, due to increased Oncology inpatient volumes which has impacted on ability to get through workload and a flow on effect of inability to admit due to inpatient capacity constraints. A work group has been set up to look at capacity demand with a key area of focus of demand flow through.</p> <p>We have met with the CUL and CD's of Haematology and Oncology to look at processes in the ward that will support better patient flow into Oncology and from ED. We are trialling a new form that will enable the CNM to have some structure around the delay of elective patients when the hospital is experiencing high demand.</p>
2, 3 & 4	Inpatient length of stay – acute, as arranged and elective	<p>Recent increased acuity of patients has seen this trend increase. We report, on a weekly basis, our greater than 10 day number of patients and look at any blocks within this patient cohort.</p> <p>The SAFER project will be formally launched in September; however Oncology has now developed criteria for some patient groups surrounding nurse led discharge as part of this project.</p>
5	Actual Expenditure vs Budget	The month end position was positive but offset by the overall negative year end position, principally due to high drug costs.
6	Overtime \$\$	The over spend can be attributed to registrar overtime, but has decreased in month.
7	Annual leave taken	Staff resignations have seen a reduction in our ability to give out as much leave as anticipated. Reviewing of annual leave balances occurs on a monthly basis with people who have high balances prioritised higher to take leave.

Key Performance Dashboard

ED & Ambulatory Care

June 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	79.7	95.0	(15.3) ❌	84.3	95.0	(11) ❌		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			75,567	75,313	(254) 🟡		❌
Outpatient DNA Rate	%	9.5	10.0	0.5 ✅	9.9	10.0	0.1 ✅		🟡

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	87.5	95.0	(7.5) ❌	88.8	95.0	(6.2) ❌		2

Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	3,198	3,206	9 ✅	36,596	36,478	(118) 🟡		❌
Actual FTEs vs Budget	FTEs	348.0	348.0	0.0 ✅	346.0	349.9	3.9 ✅		🟡
Sick Leave	% of paid hours	3.5	2.9	(0.6) ❌	3.1	2.9	(0.2) ❌		3
Overtime \$'s	\$000s	44	16	(28) ❌	315	161	(154) ❌		4
Annual Leave Taken	% of Budget	Rolling 12 month measure			87.5	100.0	(12.5) ❌		5

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	❌

Emergency Department & Ambulatory Care - KPI Dashboard - Commentary by Exception

Note	Indicator	Commentary
1	Emergency Department < 6 Hours	The ED team has offered posts to the additional positions in the approved business case. Increase in presentations, acuity and declaration of Flu season has seen a decrease in monthly achievement. Streaming in ED project in association with the Change team continues to help maximise internal processes.
2	Better help for smokers to quit	This has only recently been has flagged as an issue. The new Service Manager will review performance against this metric.
3	Sick leave	Staff sick leave has increased again due to Flu season but also due to increased operational pressures, with not all sick leave able to be backfilled.
4	Overtime \$'s	Any overtime is associated with additional planned ophthalmology clinics. This measure is also higher this month due to the significant increases in ED attendances.
5	Annual leave taken	It is unsurprising to note that this has increased, due to the current sustained level of operational pressure.

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

SURGICAL AND CRITICAL CARE

Service overview report

In June the 'busyness' of all acute and emergency services impacted on the elective patient and delivery plan targets. Elective patient flow was disrupted 5.4% which was higher than the target 2.5% with YE 678 cancelled theatre events.

The directorate continues to be slightly ahead of delivery plan acute volumes year to date (579) but below the planned elective volume year end (1,223 events); the main contributions to the elective volume result are spread in Orthopaedics, General Surgery, Urology and Cardiothoracic Surgery. The YE net position across elective and acute is 644 events behind delivery plan scheduled volumes.

Acute responsiveness improves from mid-July with the new theatre schedule commencing 14 July that supports six acute theatres each week day and three each weekend day plus one other each weekend day as an 'escalation' list.

The key areas of focus till December 2017 are:

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

Stabilising our elective patient flow processes

The pre-hospital project concludes in July. A summary of the achievements that have been made is listed below. There are some proposed changes that have not been adopted within a few specialties and each has a recommendation to progress to conclusion after July.

- Creating a pre-anaesthetic phase (Anaesthetic Assessment Clinic – AAC) and a pre-procedure preparation phase (Pre Hospital Care – PHC).
- Additional anaesthetist, nursing and administrative resource was outlined in subsequent business case for the additional resourcing that was submitted to and approved by BRRG in March 2016.
- All elective procedure patients receive consistent pre hospital assessment, based upon defined criteria was achieved by Urology, Endoscopy, Gynaecology, Maxillo Facial, Dental, Ear, Nose & Throat, Orthopaedics, Obstetrics, General Surgery, Vascular, Specialist Paediatrics, Plastic Surgery.

A report evaluating the programme will be completed by the end of July.

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

- With initiatives in managing inflows, recruitment and implementation of the orthopaedic action plan we achieved ESPI 2 compliance in April and May although not in June – refer to note 2.
- We achieved ESPI 5 compliance for June at a DHB level. Work is continuing on orthopaedics inflow/outflow management which remains the greatest challenge within this indicator.

Improving acute theatre responsiveness

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

Improving plastics and cardiology speciality response to ED

Plastics have identified the six referral conditions they are working on to localise the clinical pathway from primary care to specialist services; Fingertip injuries, burns, tendon injuries, hand infections, metacarpal fractures, and bites. They have undertaken to complete by 30 September ready to upload onto map of medicine.

The delivery of regional service to meet the targets for acute coronary syndrome intervention are challenging the hospital as we move to increased bed occupancies over the winter months although the real 'pinch point' is the entry for admission through ED. The regional ACS patient flow requires a process map to avoid regional ACS patients waiting at the hospital bottlenecks and admission to a bed could be coordinated at the service level to ensure quicker access to treatment and turn around.

Addressing the eligible bypass cardiac surgery waitlist levels

Last period it was reported that the eligible bypass cardiac surgery waitlist required attention. The position has not altered with circa 90 patients 'waiting assured treatment' against the maximum under the ministry guidelines is 67. We have commenced regular teleconferences with the Ministry to provide regular updates on our recovery plan.

In the regular teleconference with MOH it has been recommended to Waikato DHB that we tap into the good work completed by Auckland DHB in this same situation in respect of cardiac intervention to inform the plan to address the current backlog and develop a sustainable inflow path moving forward.

A draft service development plan has been prepared by the service team and there will be several action points to address the immediate need and to establish a stable effective service into the mid-term. It will require a project approach to ensure timely progress and achievement of agreed goals.

**CHRISTINE NOLAN
DIRECTOR SURGICAL & CRITICAL CARE**

Key Performance Dashboard

Surgical & CCTVS

June 2017

Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	72.8	95.0	(22.2) ❌	74.3	95.0	(21) ❌		❌ 1
Number of long wait patients on outpatient waiting lists	# > 4 mths	30	0	(30) ❌	2,041	0	(2041) ❌		✅ 2
Number of long wait patients on inpatient waiting lists	# > 4 mths	39	0	(39) ❌	960	0	(960) ❌		❌ 3

Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	87.6	85	2.6 ✅	77.3	85.0	(7.7) ❌		✅ 4
Hospital initiated elective theatre cancellations	%	6.0	2.5	(3.5) ❌	5.4	2.5	(2.9) ❌		✅ 5
Waiting Time for acute theatre < 24 hrs	%	73.2	80	(6.8) ❌	71.4	80.0	(8.6) ❌		✅ 6
Waiting Time for acute theatre < 48 hrs	%	87.9	100	(12.1) ❌	86.4	100.0	(13.6) ❌		✅ 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			74.7	80.6	(5.9) ❌		❌ 8
Outpatient DNA Rate	%	9.1	10.0	0.9 ✅	9.6	10.0	0.4 ✅		⚠️
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	91.2	100.0	(8.8) ❌	93.5	100.0	(6.5) ❌		✅ 9
Output Delivery Against Plan - Inpatient Number of Episodes	%	107.9	100.0	7.9 ✅	97.8	100.0	(2.2) ⚠️		✅
Output Delivery Against Plan - Inpatient CWD Volumes	%	101.3	100.0	1.3 ✅	97.5	100.0	(2.5) ⚠️		✅

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	30	30	0 ✅	466	416	(50) ❌		❌ 10
Number of long stay patient bed days (>20 days los)	Bed Days	882	871	(11) ⚠️	15,405	13,734	(1671) ❌		✅ 11
Inpatient Length of Stay - Acute (excludes patients discharged from ED)	Days	Rolling 12 month measure			4.78	4.58	(0.20) ⚠️		❌
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			4.29	4.06	(0.22) ⚠️		❌
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			1.14	1.30	0.16 ✅		✅

Quality and Patient Safety KPI measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	96.6	95.0	1.6 ✅	96.6	95.0	1.6 ✅		✅

Performance Monitoring Committee - Services

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	10,161	9,092	(1,069) ❌	110,135	106,286	(3,849) ⚠️		❌
Actual FTEs vs Budget	FTEs	696.8	689.6	(7.2) ⚠️	689.5	693.0	3.5 ✅		⚠️
Sick Leave	% of paid hours	3.4	2.5	(0.9) ❌	2.7	2.8	0.1 ✅		⚠️
Overtime \$'s	\$000s	243	178	(65) ❌	2,718	1,867	(851) ❌		❌
Annual Leave Taken	% of Budget	Rolling 12 month measure			76.9	100.0	(23.1) ❌		❌
									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 – KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	ED < 6 hours	<p>Surgical and C4TVS 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.</p> <p>Note: Cardiology</p> <ul style="list-style-type: none"> • The Clinical Director presented to the Waikato Hospital Leadership group and a follow up meeting to understand the business case intended to address the responsiveness issues is booked. • The impact of the acute coronary syndrome pathway has added to the challenge of improving our performance in this area and is the subject of ongoing discussion. <p>Plastics</p> <ul style="list-style-type: none"> • Six care pathways which are being developed with plastics and orthopaedics will help.
2	Long wait patients on outpatient waiting lists	<p>ESPI 2 compliance was achieved in April and May but red in June because the total number waiting for an FSA (the denominator in the ESPI calculation) in the Breach report for ESPI 2 includes Urology.</p> <p>This service is not yet reporting data to the ministry via the monthly MoH ESPI 1 and 2 file and so is not being included in the official calculation of the ESPIs.</p> <p>ESPI2 result is heavily influenced by the prioritisation practices of each specialty including the use of prioritisation tools and the consistency of approach that informs the level of FSA activity that a specialty can commit to meet each month. There is variability of practice at this time and this is driving variability in the conversion to the number of patients committed to treat.</p>
3	Long wait patients on inpatient waiting lists	<p>Achieved at a DHB level. Work continues on orthopaedics inflow/outflow management.</p>
4	Theatre Utilisation	<p>YE result was 74.3% against the target of 85% inclusive of MCC theatres.</p> <p>This remains an area of attention. The deficit in budgeted anaesthetic resource will continue to adversely affect this marker in the short term. We are planning for the budgeted anaesthetic resource to be in place by early Q3 2017/18.</p>

5	Hospital initiated elective theatre cancellations	<p>The recommended action for PHP project was to agree a standardised process with agreed definitions for theatre cancellation for both GA and local lists. This was agreed and applied across <u>all</u> specialties with one small exception of specialty burns.</p> <p>The team is checking if the paper based audit of reasons for cancellations is still being analysed and the results will be included in the project evaluation of the pre hospital preparedness project due for completion by July.</p>
6	Waiting time for acute theatre (24hrs)	<p>YE 73.3% against the target 80% June 73.7% YE 87.6% against the target 100% June 88.1%</p>
7	Waiting time for acute theatre (48hrs)	<p>This KPI is monitored via our Theatre and Interventional Governance Group (TIGG). Issues within the data mean that our performance is understated by an estimated 4%. The piece of work to develop a business case with some options to address this is within the work plan of this group; currently under development is a plan to right size acute theatre capacity was signed off by TIGG in June.</p> <p>Additional MRT staff are in 2017/18 budget and at this time any extra MRT staff are also on an as-available basis. The weekend MRT FTE will commence recruitment in July and the interventional MRT justification will be included in the increased anaesthetist hours business case.</p> <p>The planned caesarean section business case has been reviewed by S & CC directorate and currently displaces three half day acute lists. The three planned caesareans per list usually take to early afternoon and we backfill with other acute procedures (usually gynaecology).</p> <p>Acute performance in improving – as of June has risen to 78% and 91% for 24 and 48 hours respectively.</p>
8	Elective and day of surgery admissions	<p>Although our day stay rates compare favourably there is room for improvement in both day stay and DOSA. TIGG has initiated investigation to address this and identified clinical leads to initiate process change across services starting with those procedures identified as being suitable for day stay but where those procedures have incurred an overnight stay. This will be monitored via our Theatre and Interventional Governance Group (TIGG)</p> <p>Day surgery cancellation in June was 10.4% and YE 8.9%.</p>
9	Outpatient delivery against plan volumes for FSA Fups NC	<p>YE is 'orange' at net (6.1%) under-delivery although OP Nurse events were 699 ahead of plan.</p>
10	Acute Readmissions to hospital	<p>This KPI is increasing and will require investigation. New Ambulatory Sensitive Hospitalisation measure introduced for all DHBs in 2017/18.</p>

11	Long stay patient bed days (> 20 day patients)	A DHB wide discharge initiative includes emphasis on long stay patients, which has been enhanced with weekly reporting to the capacity and demand management forum and higher scrutiny of long stay reasons. There has been an improvement in June. The OPR5 bed business case will assist in the ortho-geriatric patient stay.
11	Number of long stay patients (> 20 days length of stay)	A snapshot over two weeks of reasons for delay to discharge is being undertaken as part of the follow up to our discharge and transfer rapid improvement with a focus cardiology and orthopaedic according HRT report.
12	Overtime	This has remained steady as a result of regular levels of escalation lists required to support acute service delivery particularly at weekends and early week days particularly in June which experienced earlier than usual winter pressures.
13	Annual leave	The year end and month results indicate that annual leave taken as a % of budget remains a challenge. This subject is not a planned area for improvement and as such will remain variable according to the natural leave taking practices of the staff.

Key Performance Dashboard

Critical Care & Theatre

June 2017

Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	87.3	85	2.3	77.0	85.0	(8.0)		1
Hospital initiated elective theatre cancellations	%	6.4	2.5	(3.9)	5.8	2.5	(3.3)		2
Waiting Time for acute theatre < 24 hrs	%	74.5	80	(5.5)	73.1	80.0	(6.9)		3
Waiting Time for acute theatre < 48 hrs	%	88.4	100	(11.6)	87.3	100.0	(12.7)		4

General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			75.7	81.2	(5.5)		5

Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	7,733	9,003	1,270	99,522	100,188	666		
Actual FTEs vs Budget	FTEs	581.1	586.7	5.6	571.1	592.0	20.9		
Sick Leave	% of paid hours	3.5	2.8	(0.7)	3.3	2.9	(0.3)		6
Overtime \$'s	\$000s	110	23	(86)	904	226	(678)		7
Annual Leave Taken	% of Budget	Rolling 12 month measure			93.2	100.0	(6.8)		8

Key - MTD Measures

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

Key - YTD Measures

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

Key - Trend Measure

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

Critical Care & Theatre – KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	Theatre utilisation	This remains an area of attention. The deficit in budgeted anaesthetic resource will continue to adversely affect this marker in the short term. There is robust weekly management of utilisation against this resource. Trend is positive across these ORs
2	Hospital initiated elective theatre cancellations	The paper based audit of reasons for cancellations is still being analysed and the results will be included in the project evaluation of the pre hospital preparedness project due for completion by July.
3	Waiting time for acute theatre (24hrs)	As per Surgical and CCTVS
4	Waiting time for acute theatre (48hrs)	
5	Elective and arranged day of surgery rate	As per Surgical and CCTVS
6	Sick leave	The continued downward trend is pleasing.
7	Overtime	This has remained steady as a result of regular levels of escalation lists required to support acute service delivery particularly at weekends. This links to # 3.
8	Annual leave	The juxtaposition of the public holidays in April supports continuation of our annual leave planning to improve levels of annual leave taken.

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

WOMENS AND CHILDRENS

Service overview

The Women's Health Service has been successful in recruiting to all of our current midwifery vacancies at Waikato Hospital. This is fantastic news as it has been many years since we have had this level of midwifery staffing (at the beginning of the year there were 18 FTE vacancies). We are continuing to recruit midwives as we are anticipating leave and changes in hours over the coming months and we don't want to be caught short with the shortage of LMC midwives over the Christmas period. Work is also underway to assess whether we have the right number of midwives to meet the needs of women and new-borns.

Women's Health

The Day Assessment Unit that was opened in April has been a great success. This is a midwifery led service with women being seen, assessed, and discharged without the need for medical intervention or the need to be seen in the Women's Assessment Unit. It has improved the service for women who require ongoing monitoring and care during the antenatal period with fewer delays to be seen.

The criteria for women to be seen in the Early Pregnancy Assessment Clinic (EPAC) for fetal demise has been reviewed and now women up to 20 weeks gestation in pregnancy will be seen in EPAC (previously only women up to 16 weeks gestation were seen in EPAC). This will result in a better patient experience for this group of women as they will no longer have to wait in the ED to be seen.

Child Health

Negative pressure rooms are used to reduce the likelihood of spread for patients with droplet-spread infectious diseases like measles, chicken pox and tuberculosis. The two new negative pressure rooms and additional six inpatient paediatric beds in E7 opened on 19 June. The addition of these rooms allows for children with infectious diseases to be adequately isolated from others. The paediatric service has been very busy with all inpatient beds being fully utilised on a regular basis.

Criteria based nurse led discharge is occurring for children suffering from asthma, gastroenteritis and bronchiolitis. The criteria have been agreed to beforehand with the paediatricians and a checklist is used by the nurse to determine if a child meets the criteria and is suitable for discharge. This will improve the timeliness of discharge for children and their families.

Initiatives and highlights

The first outpatient hysteroscopy clinic was held on 19 June. This has taken some time in the planning and implementation (the business case was approved in April 2014). For women this means that they do not require a general anaesthetic (which reduces clinical

risk) with the procedure undertaken in the outpatient clinic setting. In terms of health benefits there is less time required to recover from the procedure.

Emerging issues

A survey is being undertaken of the Lead Maternity Carers (LMCs) to ascertain the numbers of midwives in the community who intend to take a break over the Christmas period or are intending on leaving the LMC workforce. The Women's Health Service will then develop a plan to manage the increase in workload on the DHB maternity facilities that would eventuate over the summer months.

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

Key Performance Dashboard

Child Health

June 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	82.1	95.0	(12.9) ❌	88.6	95.0	(6) ❌		1
Number of long wait patients on outpatient waiting lists	# > 4 mths	2	0	(2) ⚠️	153	0	(153) ❌		2
Number of long wait patients on inpatient waiting lists	# > 4 mths	0	0	0 ✅	4	0	(4) ⚠️		

Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	83.0	85	(2.0) ⚠️	73.8	85.0	(11.2) ❌		3
Hospital initiated elective theatre cancellations	%	4.2	2.5	(1.7) ❌	1.1	2.5	1.4 ✅		

General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			63.9	66.6	(2.7) ⚠️		
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			83.3	84.5	(1.3) ⚠️		
Outpatient DNA Rate	%	15.4	10.0	(5.4) ❌	16.7	10.0	(6.7) ❌		4
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	95.5	100.0	(4.5) ⚠️	93.4	100.0	(6.6) ❌		5
Output Delivery Against Plan - Inpatient Number of Episodes	%	97.9	100.0	(2.1) ⚠️	94.0	100.0	(6.0) ❌		6
Output Delivery Against Plan - Inpatient CWD Volumes	%	97.2	100.0	(2.8) ⚠️	95.5	100.0	(4.5) ⚠️		

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			2.62	2.50	(0.12) ⚠️		
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			3.27	3.13	(0.14) ⚠️		
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.95	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	2,836	2,549	(287) ❌	31,708	30,560	(1,148) ⚠️		
Actual FTEs vs Budget	FTEs	256.2	229.0	(27.2) ❌	250.1	233.6	(16.5) ❌		7
Sick Leave	% of paid hours	4.5	2.8	(1.7) ❌	3.2	3.0	(0.2) ❌		8
Overtime \$'s	\$000s	53	39	(14) ❌	572	406	(166) ❌		9
Annual Leave Taken	% of Budget	Rolling 12 month measure			91.3	100.0	(8.7) ❌		10

Key - MTD Measures

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

Key - YTD Measures

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

Key - Trend Measure

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

Child Health KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	Emergency Department <6	82.1% achieved, which is a decrease on last month. The number of patients through ED has been significant for Paediatrics which has resulted in these breaches.
2	Number of long wait outpatients	2 breaches reported – We continue to work very closely to this waitlist to minimise breaches.
3	Theatre utilisation elective sessions	Adjusted utilisation (taking into account setup/clean up times) 83% utilisation was achieved.
4	Outpatient DNA rate	DNA rate continues to be higher than would be desired – it is anticipated the administration review following the service management restructure will address the resource constraints.
5	Output against Plan – FSA/F-up and nurse consults	95.5% achieved this month, This is an improvement on last month as predicted due to the increased study leave prior to registrar exams at end of May and the winter staffing model now in place.
6	Output delivery against plan – Inpatient number of episodes	97.9% achieved. This is a reduction on last month and still due to winter volumes being felt earlier than anticipated.
7	Actual FTE v Budget	BRRG approved business cases to increase paediatric medical clinical staff, as well as the externally funded increase in HPS staffing levels
8	Sick Leave	An increase of sick leave this month has coincided with very busy acute work. This will need to be monitored closely.
9	Overtime	The service continues with a busy acute month resulting in additional staff being rostered after hours/weekends to provide safe staffing to meet winter demand.
10	Annual Leave Taken	Trending positively, however does require monitoring as tracking lower than expected.

Key Performance Dashboard

Womens Health

June 2017

Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	76.2	95.0	(18.8) ❌	77.6	95.0	(17) ❌		❌ 1
Number of long wait patients on outpatient waiting lists	# > 4 mths	0	0	0 ✅	364	0	(364) ❌		❌ 2
Number of long wait patients on inpatient waiting lists	# > 4 mths	0	0	0 ✅	51	0	(51) ❌		✅

Theatre Productivity

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Theatre Utilisation - Elective Sessions	%	85.8	85	0.8 ✅	74.7	85.0	(10.3) ❌		✅ 3
Hospital initiated elective theatre cancellations	%	8.6	2.5	(6.1) ❌	5.8	2.5	(3.3) ❌		❌ 4
Waiting Time for acute theatre < 24 hrs	%	71.4	80	(8.6) ❌	77.3	80.0	(2.7) ❌		❌
Waiting Time for acute theatre < 48 hrs	%	83.3	100	(16.7) ❌	88.8	100.0	(11.2) ❌		✅ 5

General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Elective and Arranged Day Surgery Percentage	%	Rolling 12 month measure			52.3	57.5	(5.2) ❌		❌ 6
Elective and Arranged Day of Surgery Admissions	%	Rolling 12 month measure			98.1	100.0	(1.9) ❌		✅
Outpatient DNA Rate	%	3.7	10.0	6.3 ✅	9.7	10.0	0.3 ✅		✅
Output Delivery Against Plan - Volumes for FSA, F/Up and Nurse Consults	%	87.5	100.0	(12.5) ❌	108.5	100.0	8.5 ✅		✅
Output Delivery Against Plan - Inpatient Number of Episodes	%	99.7	100.0	(0.3) ❌	102.0	100.0	2.0 ✅		✅
Output Delivery Against Plan - Inpatient CWD Volumes	%	99.1	100.0	(0.9) ❌	101.4	100.0	1.4 ✅		✅

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			1.81	1.75	(0.06) ❌		✅
Inpatient Length of Stay - As Arranged	Days	Rolling 12 month measure			0.57	0.35	(0.22) ❌		❌
Inpatient Length of Stay - Elective	Days	Rolling 12 month measure			0.84	1.17	0.34 ✅		✅

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	97.2	95.0	2.2 ✅	97.4	95.0	2.4 ✅		✅

Performance Monitoring Committee - Services

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	1,999	2,007	8	24,519	23,861	(657)		
Actual FTEs vs Budget	FTEs	185.7	189.8	4.0	181.2	190.2	9.0		
Sick Leave	% of paid hours	2.7	2.7	0.0	3.2	2.9	(0.3)		7
Overtime \$'s	\$000s	25	24	(1)	355	280	(75)		8
Annual Leave Taken	% of Budget	Rolling 12 month measure			78.3	100.0	(21.7)		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 Health KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	Emergency Department <6 hours Gynaecology	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 patients on outpatient waiting list	Women's Health remains compliant, outsourcing continues due to medical staffing difficulties.
3	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. The termination of pregnancy lists are included in the utilisation report and they are difficult to predict.
4	Hospital initiated elective theatre cancellations	All available lists used. 10 patients cancelled on day of surgery – 3 patients unwell, 3 list over run, 1 DNA, 2 patients requiring further work up and 1 no beds available.
5	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 gynaecology list. This is expected to improve with the acute theatre right-sizing that is underway.
6	Elective and Arranged Day Surgery Percentage	All patients booked as clinically indicated.
7	Sick leave	Medical staff sick leave not significant. Trending positively.
8	Overtime	Ongoing high vacancies have resulted in the requirements for increased overtime throughout the service.
9	Annual Leave Taken	Difficult with current vacancies across workforces.

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

OLDER PERSONS, REHABILITATION AND ALLIED HEALTH

Month End Financial Report

The June financials for WK05 - Rehab and Allied Health report a full year result of \$700k unfavourable against budget, the budget includes a \$2m savings plan that has been partially delivered. Total expenses were \$85k under budget for the year, but revenue was \$800k under budget due to a patient mix change resulting in a decrease in ACC revenue from the prior year. This ACC volume decrease has been offset by an over-delivery of under 65 volumes by 361 bed days, this equates to \$600k of lost revenue as the contract is bulk funded.

Virtual Health

- REACH, the partnership programme between Waikato DHB and Ministry of Social Development, are using virtual health technology to enable staff to work from any setting. The service sees and works with the client at their home, in the community, library, gym, etc. As a result, the technology has enabled REACH to be completely paperless. REACH are also encouraging clients to sign up for SmartHealth and are looking to set up virtual consults. This means the team can connect with clients throughout the Waikato district effectively and equitably.
- START, the supported discharge programme, is planning to trial a similar approach using Thames/Coromandel as a test area.
- Disability Support Link is also working with the Virtual Health team on potential approaches that this service can consider.
- The geriatrician ward rounds for older patients in Thames hospital are now delivered virtually.
- The neurologists within the combined stroke service are trialling telestroke with Thames and Rotorua Hospitals.
- Speech Language Therapy and Occupational Therapy are commencing planning to deliver services using SmartHealth.

Additional beds and the opening of OPR5

- The service is facilitating the process to open OPR5, following the recent business case approval. This ward will initially open for almost four months to contribute to the planned bed demands over the high seasonal demand period. Recruitment for nursing, registered medical and allied staff is underway, and initial meetings with relevant hospital services have taken place to discuss their plans, contribution and recruitment requirements. A provisional opening date of 4 September 2017 has been targeted.

- A cross - hospital clinical advisory group has been formed and is overseeing the implementation plan in general, with specific focus on the production of admission guidelines, doctor coverage and models of care.

Audiology Performance Update

- Outpatient volumes in audiology will start to show an improvement on prior months as a result of the engagement of a contracted service to deliver some clinics until the end of this financial year. The issue of recruiting to vacancies is also being progressed with a contracted audiologist for a fixed period commenced. The services will deliver additional clinics from Monday to Friday and weekends as required.

Child Development Centre Update

The Child Development Centre is a disability service for children and young people aged 0-15 years, living in the Waikato District Health Board area, on behalf of the Ministry of Health.

- The service specification describes the model of Child Development Centre as a child-centred and family-focused service for children who have, or are suspected of having, developmental problems such as:
 - Developmental delay or intellectual disability
 - Autism spectrum disorder
 - Neurological conditions, e.g. cerebral palsy, developmental co-ordination disorders, dyspraxia
 - Syndromes and/or behaviour problems associated with developmental delay
 - Neurodegenerative disorders
 - Motor skill delay
- Disabilities may include physical, intellectual or sensory disabilities or Autism Spectrum Disorder (ASD) or a combination of these. Services may be provided in outpatient clinics, the home or community settings.
- This service is currently 'under review' by the Ministry of Health. For some clinics there are large waiting lists and insufficient specificity from the Ministry of Health around the service requirements for this programme.
- This lack of direction for the service has led to a lack of clear understanding around the roles and responsibilities for DHBs and the types of service required by the Ministry of Health for this programme. Due to this broad service description, this service is operated differently across the country making it difficult for Waikato DHB to benchmark with like services.

Activity planned for June/July

The directorate is developing a proposal for the initiation of an independent review of the Child Development Centre. This review will be conducted to better understand the viability (both financial and operational) of this service going forward, along with recommendations as to which services and clinics should continue to be offered. In addition, the review will recommend an appropriate clinical governance structure for implementation which will maintain oversight of activities, practise and outcomes within the service.

Quality Improvement

- Disability Support Limited (DSL) had its three yearly audit from the Ministry of Health. The outcome was very successful. The last audit in 2014 resulted in 28 different requirements needing to be completed. This audit resulted in just four requirements; all were graded as low and will be easy for the service to adopt.
- The START service remains busy throughout the year. The START service works closely with hospital staff to triage all referrals, ensuring that patients entering the service will genuinely benefit from the intervention. The START service continues to demonstrate its effectiveness despite these high volumes:
 - Decreasing length of stay on average by four days
 - Improving outcomes for patients and delivering a service on their terms
 - Halving readmission rates over 90 days for clients utilising START versus control
- 'Referral Criteria' have been developed by Allied Health. These criteria were approved at the Board of Clinical Governance in July following a three month trial. Plans are under development to implement these criteria as business as usual and include the education of referrers. It is expected the criteria will:
 - Increase appropriate and timely referrals received by services
 - Increase ability to match demand for allied health services
 - Improve patient experience
 - Improve patient flow
 - Improve referrer's knowledge

BARBARA GARBUTT
DIRECTOR OF OLDER PERSONS, REHABILITATION AND ALLIED HEALTH

Key Performance Dashboard

Older Persons & Rehabilitation

June 2017

Waiting Times

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

General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
START - bed day volumes	Days	2,209			2,027				✗
Nursing hours per patient day - OPRS	Hours	3.94	4.00	0.1	3.94	4.00	0.1		✓
Ward Utilisation - OPRS	%	99.3	90.0	9.3	98.9	90.0	8.9		✓
OPRS - Outpatient DNA Rate	%	7	8	1	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			0.4	6.0	5.6		⚠
Average length of stay - OPRS	Days	15.3	16.5	1.2	17.0	16.5	(0.5)		⚠

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	96.4	95.0	1.4		⚠

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	0.0	0	0.0	0.5	1		✓
Hand Hygiene Rate (Cluster)	Period to date %	81	80.0	1	77.0	80.0	(3)		⚠
C-Diff (Department)	Numbers	1	1.1	0	5.0	13.5	9		✓
Medication Incidents - Wrong Patient (Department)	Event Numbers	0	0.0	0.0	0.0	0.0	0.0		✓

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 May-17	98.6	90.0	8.6	99.7	90.0	9.70		⚠
Patients assessed as being at risk have an individualised care plan which addresses their falls risk.	% for May-17	89.0	90.0	(1.0)	98.5	90.0	8.5		⚠

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 May-17	87.76	80.00	7.8	81.29	80.00	1.29		⚠
Ischaemic stroke patients thrombolysed	% for May-17	13.6	6.0	7.6	8.3	6.0	2.3		⚠
<i>Other Patient Outcome Indicators Under Development</i>									

Performance Monitoring Committee - Services

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers (All)	2	2	0 ✓	25	27	2 ✓		✓
Complaints resolved within 20 wd (1 month lag)	% for May-17	100	70	30 ✓	91	70	21 ✓		✓
Falls Resulting in Harm	Numbers	6			70				✗
Pressure Injuries - Total	Numbers	6	5	(1) ✗	70	51	(19) ✗		✗ 1
Patient Feedback	<i>Not yet collected - in Development</i>								

Finance and Human Resource Measures

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Actual Expenditure vs Budget (\$000s)	\$000s	2,076	1,910	(166) ✗	22,613	22,411	(202) ⚠		✗
Actual FTEs vs Budget	FTEs	273.4	251.4	(22.1) ✗	260.7	264.8	4.1 ✓		⚠
Sick Leave	% of paid hours	4.0	3.1	(0.9) ✗	3.5	3.0	(0.5) ✗		✗ 2
Overtime \$'s	\$000s	7	2	(4) ✗	56	23	(33) ✗		✗ 3
Annual Leave Taken	% of Budget	Rolling 12 month measure			91.0	100.0	(9.0) ✗		✗ 4

Key - MTD Measures

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

Key - YTD Measures

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

Key - Trend Measure

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

Older Persons and Rehabilitation - KPI dashboard – Commentary by exception

Note	Indicator	Commentary
1	Pressure Injuries	Higher than KPI target by one case this month. Staff in the inpatient setting report they are documenting into DATIX pressure injuries noted on admission or transfer and these numbers are being reported against Older Persons and Rehabilitation rather than source.
2	Sick Leave	Sick leave is above budgeted plan this month due to a higher incidence of ACC and viral illness amongst staff. Immunisation for influenza encouraged.
3	Overtime \$	Overtime increase reflects need to cover absenteeism due to sick leave.
4	Annual Leave	Annual leave plans in place for high leave balances.

Key Performance Dashboard

Allied health

June 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	%	1%	5%	-4%	0%	5%	-5%		
Long wait patients of > 4 mnths on Occup Therapy OP waitlists	%	9%	5%	4%	3%	5%	-2%		
Long wait patients of > 4 mnths on SLT OP waitlists	%	0%	5%	-5%	0%	5%	-5%		
Long wait patients of > 4 mnths on Audiology OP waitlists	%	67%	5%	62%	53%	5%	48%		1
Long wait patients of > 4 mnths on SW OP waitlists	%	0%	1%	-1%	0%	1%	-1%		
Long wait patients of > 4 mnths on Dietician OP waitlists	%	2%	5%	-3%	1%	5%	-4%		

*Long wait = Waiting more than 4 months

General Throughput indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Outpatient DNA rates									
Physiotherapy	%	14%	10%	4%	11%	10%	1%		
Occupational therapy	%	9%	10%	-1%	11%	10%	1%		
Speech therapy	%	13%	10%	3%	12%	10%	2%		
Psychology	%					10%			
Audiology	%	10%	10%	0%	13%	10%	3%		2
Social work	%	N/A	10%		-	10%			
Dietician	%	9%	10%	-1%	10%	10%	0%		
Time from OPAL referral to first assessment	Under development								
PVS vs Actual									
Physiotherapy	Volume	1,930	1,909	21	22,145	22,276	(131)		
Occupational therapy	Volume	1,001	829	172	10,443	9,944	499		
Speech therapy	Volume	168	146	22	1,581	1,709	(128)		3
Psychology	Volume	31	-	-	572	-	-		
Audiology	Volume	221	363	(142)	2,583	4,500	(1917)		4
Social work	Volume	412	418	(6)	5,137	4,872	265		
Dietician	Volume	501	644	(143)	7,460	7,513	(53)		

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	-	1	0	(1)		
Complaints resolved with 20 wd (1 month lag)	(% for May-17)	100	70	30	94	70	24		
Falls resulting in harm	Numbers	0	0	-	5	0	(5)		
Falls with no harm	Numbers	1		(1)	4		(4)		

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	1,582	1,501	(80)	1,393	1,498	105		
Actual FTEs vs Budget	FTEs	240	245	5	233	264	32		
Sick Leave	% of paid hours	3	3	(0)	2.9	2.8	(0.0)		
Overtime \$'s	\$000s	22.8	4.8	(17.9)	109.1	65.2	(44)		5
Annual Leave Taken	%	Rolling 12 month measure			95.5	100.0	(4.5)		

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

Comments:

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

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
1/2	Long wait patients of > 4 months on Audiology OP waitlists	There is a 50% staff vacancy in-service. An action plan has been developed to outsource specific volumes and the contractor has commenced delivery of weekend clinics.
3/4	PVS versus Actual: <ul style="list-style-type: none"> • Speech therapy • Audiology 	<u>Speech Therapy</u> The month is on track for the PVS target. For the year-to-date this is under target, but has improved considerably from mid-way through the year when the service was carrying a 50% vacancy rate. <u>Audiology</u> There is a 50% vacancy in-service. An action plan has been developed to outsource specific volumes and to employ a contractor to deliver on site. Draft contracts have been developed and are awaiting legal input.
5	Overtime	The small unfavourable variance for the year-to-date is a result of strike action and long weekends where Allied Health delivered an additional service to meet demand.

**MEMORANDUM TO THE
PERFORMANCE MONITORING COMMITTEE
9 AUGUST 2017**

InterRAI DATA - PRESENTATION

Purpose:	Disability Support Link and Institute of Health Ageing - Using interRAI data to target admission avoidance
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Introduction

Over the last four years the Disability Support Link team have carried out 12,000 complex geriatric assessments using the evidence based interRAI assessment tool. The assessment contains over 600 reference data items, 28 CAPs (Client Assessment Protocols), and 10 different outcomes scores. The tool supports the clinician's decision making. The data collected starts to move us from having a conceptual idea of what our older population needs, to having real evidence that informs where we are getting things right and where there might be gaps in service.

Through the Institute of Health Ageing, Disability Support Link have been reviewing all of the data collected and matching this with emergency department attendances and hospital admissions. This allows us to explore whether Waikato DHB older persons service can identify mechanisms to better predict risk of entry to Hospital.

**Recommendation
THAT**

The outcome scores and the action plans arising allow us to take a more targeted approach to supporting clients. Certain outcome scores will inform what services our population may benefit from:

- This approach does not replace clinical decision making, it supports the assessors judgement. The data gathered gives us an indication that we are hopefully getting it right.
- It also means that we can target clients for early reviews to ensure support packages are being effective and as a result prevent admissions.
- It proposes a streamlined approach to identify the right mechanisms and services that will support the client and reduce the risk of hospitalisation.

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



Quality

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

AGENDA ITEM 7.1

QUALITY AND PATIENT SAFETY

Purpose	For discussion and feedback.
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Quality indicator report

The DHB quality indicator report for June (attached) shows wide variation in performance across the indicators for the month but gives a more positive picture over the 12 month trend. The Board of Clinical Governance receives this indicator report monthly.

A particular highlight is the reduction in patients who have had inpatient fall and sustained a fractured hip which has reduced from 17 patients last year to 12 this year, with no falls with fracture reported for the last four months. There is ongoing work in the DHB to reduce falls in hospital, community and ARRC.

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

Complaints response times for DHB complaints remain concerning with a YTD 58% of people responded to within 20 days against a 70% target. The improvement in response times for Health and Disability Commissioner (HDC) complaints is very encouraging and will be included in future reports to maintain visibility. There have been no overdue HDC responses in the last month.

The hand hygiene compliance deterioration has been discussed at the Waikato hospital leadership meeting and remedial action agreed. Of note nationally, Waikato is in the top third of all DHBs and best performer across the region.

The global trigger tool data highlights harm from a patient perspective (includes pain management, vomiting, constipation from opioids etc.) – themes are identified over the years data and work streams put in place e.g. Work on reducing constipation from opioids / other drugs.

There are a number of statistical process charts at the end of this report that give a clearer indication of trends, areas of concerns or improvement. There is a program of work now in place to reduce the staph aureus bacteraemia (SA Bacteraemia) rate following the spike in July 2016 which appears to be having some affect.

National quality and safety marker (QSM) report January – March 2017

This latest report was published by the Health Quality Safety Commission (HQSC) at the end of June

The QSMs are sets of related indicators concentrating on four areas of harm:

- Falls, healthcare associated infections, surgical site infection (orthopaedics and cardiac surgery), perioperative harm, medication safety.

Indicator	Target	Q2 compliance	Current compliance
Percentage of older patients assessed for risk of falling	90%	97%	98%
Percentage of older patients assessed for risk of falling who received an individualised care plan	95%	99%	99%
Percentage of opportunities for hand hygiene taken	80%	87%	84%
Percentage of hip and knee arthroplasty primary procedures where antibiotic given 0-60 minutes before 'skin to knife'	100%	99%	96%
Percentage of hip and knee arthroplasty primary procedures where 2g or more cefazolin or 1.5g or more of cefuroxime given	95%	95%	94%
Percentage of cardiac procedures where antibiotic given 0-60 minutes before 'skin to knife'	100%	94%	95%
Percentage of cardiac procedures where 2g or more cefazolin or 1.5g or more of cefuroxime given	95%	97%	98%
Surgical safety checklist compliance - Sign in	100%	n/a	77%
Surgical safety checklist compliance – Time out	100%	n/a	61%
Surgical safety checklist compliance – Sign out *	100%	n/a	Insufficient data
Surgical safety checklist compliance – Engagement	95%	n/a	86-98%
Implementation of an electronic medicine reconciliation		Not implemented	Not implemented

**there are difficulties nationally getting sufficient observations of the sign out with only 8 DHBs achieving this*

Quality and Patient Safety achievements, challenges and future focus

- Patient safety video developed for paediatrics based on the national adult video <https://vimeo.com/223724645/bda9a2ff01> and available on the DHB website, as well as a link in patient letters
- Baseline / stocktake across the DHB services around governance structures, best practice and gaps in quality systems has commenced
- A 'capability and capacity framework for continuous quality improvement' proposal will be discussed at the executive group meeting 28 July 2017

Future focus

- Quality account currently under development
- Recruitment to commence for the DHB consumer council
- Surveillance for HDSS certification due in November 2017 – preparations underway, particularly in areas where we have had previous corrective actions or perceived risks (eg. policy compliance, do not attempt resuscitation record keeping)

Recommendation THAT

The report be received.

MO NEVILLE
DIRECTOR, QUALITY AND PATIENT SAFETY

Quality Indicator Report - Waikato DHB

June 2017

Patient Safety

Indicator	Unit of Measure	Month				YTD			Last 12 Mths Trend
		Actual	Benchmark	Variance		Actual	Benchmark	Variance	
Hospital Acquired MRSA Rate	%	22.2	11.4	(10.9)	⊗	6.2	11.4	5.2	
C-Diff	Numbers	3	4	1.1	⊙	65.0	48.6	(16.4)	
Health care associated SA bacteraemia	Per 1000 Bed days	0.1	0.1	(0.0)	⊗	0.19	0.1	(0.09)	
NOFs as a result of an in Hospital Fall	Numbers	0	1	0.6	⊙	12	7	(5.4)	
Global Trigger Tools - Harms	All events per 1000 Beddays (Mar)	171	80	(91)	⊗	102.9	80	(23)	
Global Trigger Tools - Harms	All events per 100 Admissions (Mar)	88	80	(8)	⊗	51.6	80	28	
Global Trigger Tools - ADE Harms	All events per 1000 Beddays (Mar)	70	40	(30)	⊗	47.4	40	(7)	
Medication Incidents	Numbers (wrong patient)	1	0	(1)	⊗	10	0	(10)	
Never Events (SSE)	Event Numbers	0	0	0	⊙	1	0	(1)	
Unacknowledged Results < 5 days	Numbers	3,965	0	(3965)	⊗				
Unacknowledged Results 5 - 10 days	Numbers	3,955	0	(3955)	⊗				
Unacknowledged Results > 10 days	Numbers	84,515	0	(84515)	⊗				

Quality Safety Markers

Indicator	Unit of Measure	Month			YTD			Trend	
		Actual	Target	Variance	Actual	Target	Variance		
Patients aged >75 (Maori and Pacific Islanders >55) given a falls risk assessment	% for May-17	97.4	90	7.4	⊙	98.1	90.0	8.1	
Patients assessed as being at risk have an individualised care plan which addresses their falls risk	% for May-17	81.5	90	(8.5)	⊗	95.8	90.0	5.79	
Hand Hygiene Rate (WDHB)	%	84.7	85	(0.3)	⊙	85.2	85.0	0.2	

Patient Outcomes

Indicator	Unit of Measure	Month			YTD			Trend	
		Actual	Target	Variance	Actual	Target	Variance		
Waiting Time for acute theatre - 24 hrs	%	74.4	80	(5.63)	⊗	72.9	80.0	(7.1)	
Waiting Time for acute theatre - 48 hrs	%	88.3	100	(11.7)	⊗	87.2	100.0	(12.8)	
Stroke patients admitted to a stroke unit	% for May-17	87.8	80	7.8	⊙	81.3	80.0	1.3	
Ischaemic stroke patients thrombolysed	% for May-17	13.6	6	7.6	⊙	8.3	6.0	2.3	

Patient Experiences

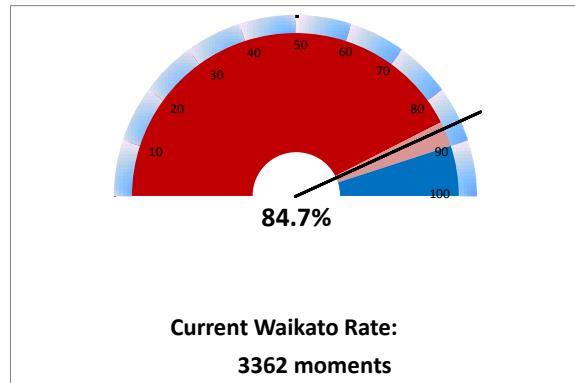
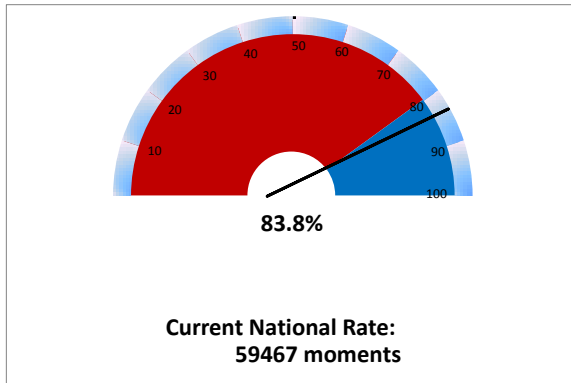
Indicator	Unit of Measure	Month			YTD			Trend	
		Actual	Target	Variance	Actual	Target	Variance		
Complaint Numbers	Numbers (Staff attitude)	25	27	2	⊙	300	326	26	
Complaints resolved within 20 wd	% for May-17	65	70	(5)	⊗	58	70	(12)	
Falls Resulting in Harm	Numbers	27	17	(10)	⊗	251	207	(44)	
Falls Resulting in Harm (65 years and above)	Per 1000 beddays	17	14	(3)	⊗	251	144	(107)	
Pressure Injuries - Total	Numbers	55	52	(3)	⊗	571	620	49	

Quality indicators - External sources

Mortality	HRT HDxSMR (Mar)	106.0	90.0	(16.0)	⊗	103.3	90.0	(13.3)	
Patient Feedback (Category)	National IP Survey (Q3)	Average	National Avg	Variance		Average	National Avg	Variance	
Communication	Rating out of 10	8.0	8.3	(0.3)	⊙	8.2	8.3	(0.1)	
Partnership	Rating out of 10	7.9	8.4	(0.5)	⊗	8.4	8.4	(0.1)	
Coordination	Rating out of 10	8.0	8.3	(0.3)	⊙	8.3	8.3	(0.1)	
Physical & Emotional Needs	Rating out of 10	8.4	8.6	(0.2)	⊙	8.7	8.6	0.1	

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

Waikato DHB Hand Hygiene as at 03/07/17



Period = April/May/June - 2017

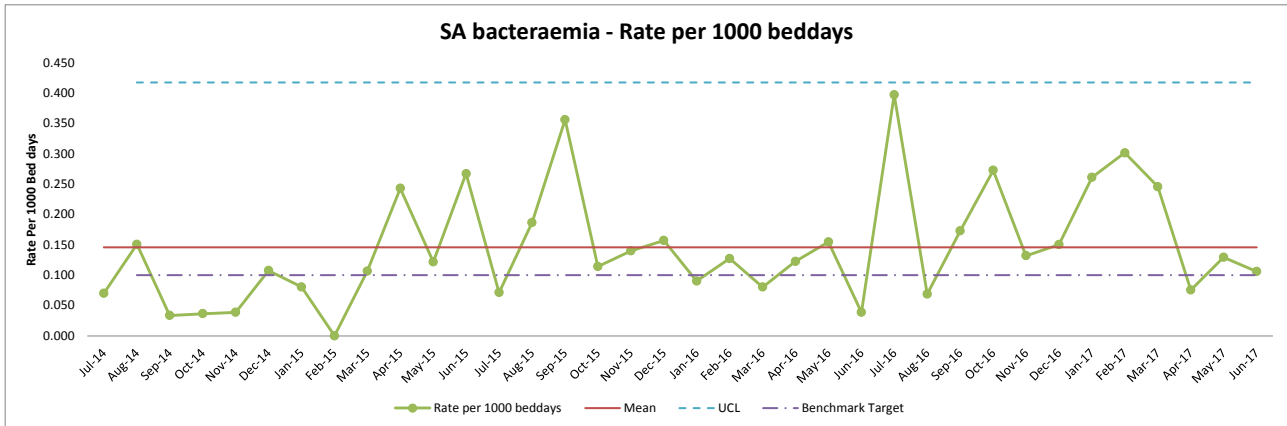
WDHB Target = 85%

Ward Name	Department	Compliance Rate
M5	Oncology/Haematology	96%
NICU	Neonatal Care	91%
M3	Renal	91%
Oncol OPD	Oncology/Haematology	91%
PACU (Lvl 3)	Other	90%
Regional Dialysis Unit	Renal	90%
ICU	Critical Care Unit	89%
M14	Surgical	89%
NICU Nurseries 6&7	Neonatal Care	89%
M4	Surgical	88%
M12	Surgical	87%
HDU	Critical Care Unit	87%
OPR4	Other	86%
M17	Surgical	85%
PACU (Lvl 2)	Other	84%
E5	Paediatrics	84%
E4	Paediatrics	83%
M8	Surgical	82%
OPR3	Other	81%
M2	Surgical	77%
CCU	Surgical	76%
AMU	Medical	74%
E2	Maternity	73%
OPR2	Other	73%
OPR2	Other	73%
Emergency Dept	Emergency Department	72%
Cath Lab	Other	70%
Total		84.4%

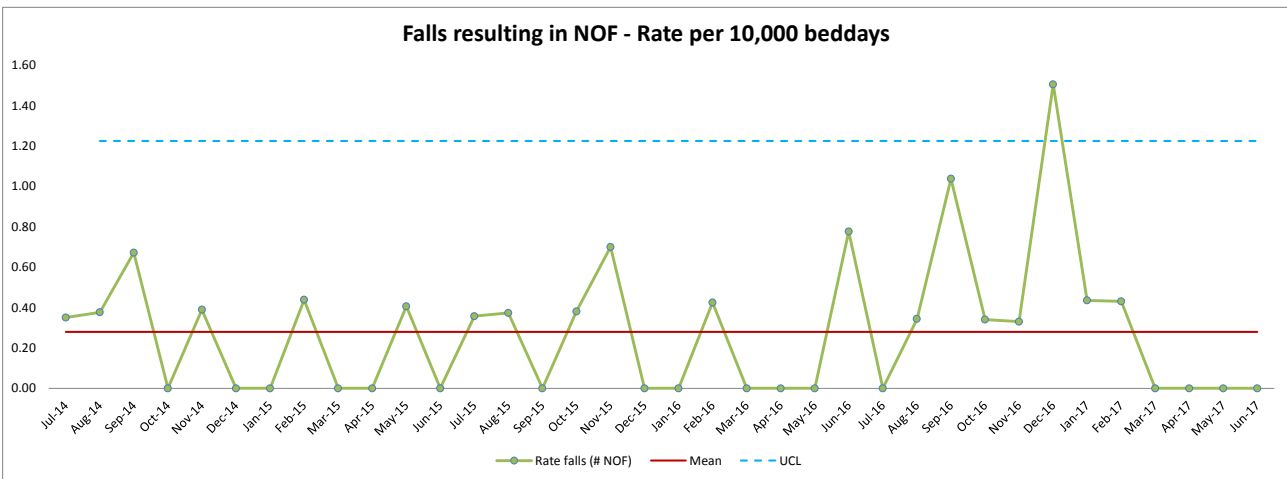
Period = April/May/June - 2017

Department	Compliance Rate
Oncology/Haematology	95%
Renal	90%
Neonatal Care	90%
Critical Care Unit	88%
Surgical	83%
Paediatrics	83%
Other	80%
Medical	74%
Emergency Department	72%
Maternity	71%
Grand Total	84.4%

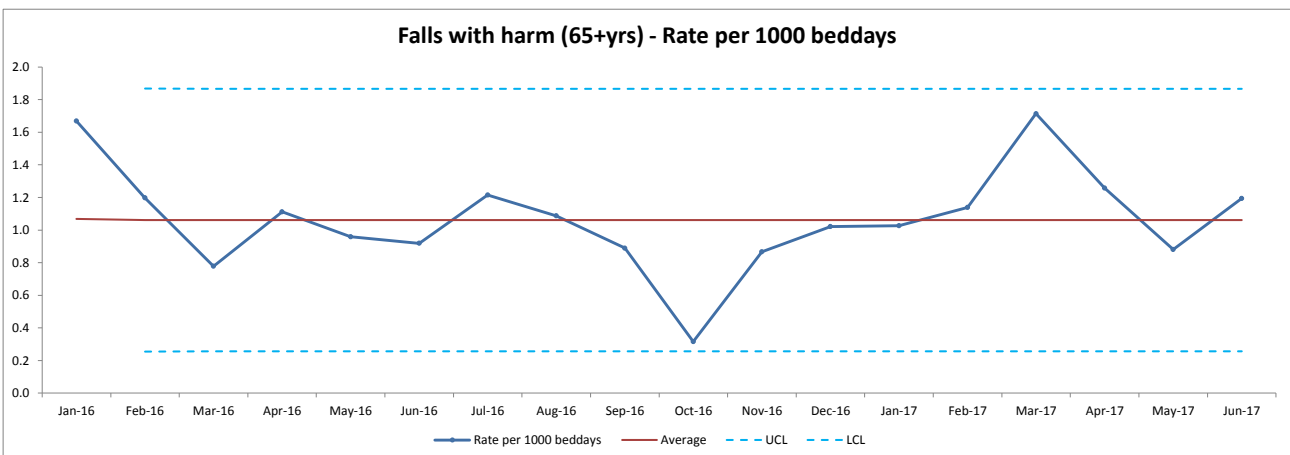
Further Analysis



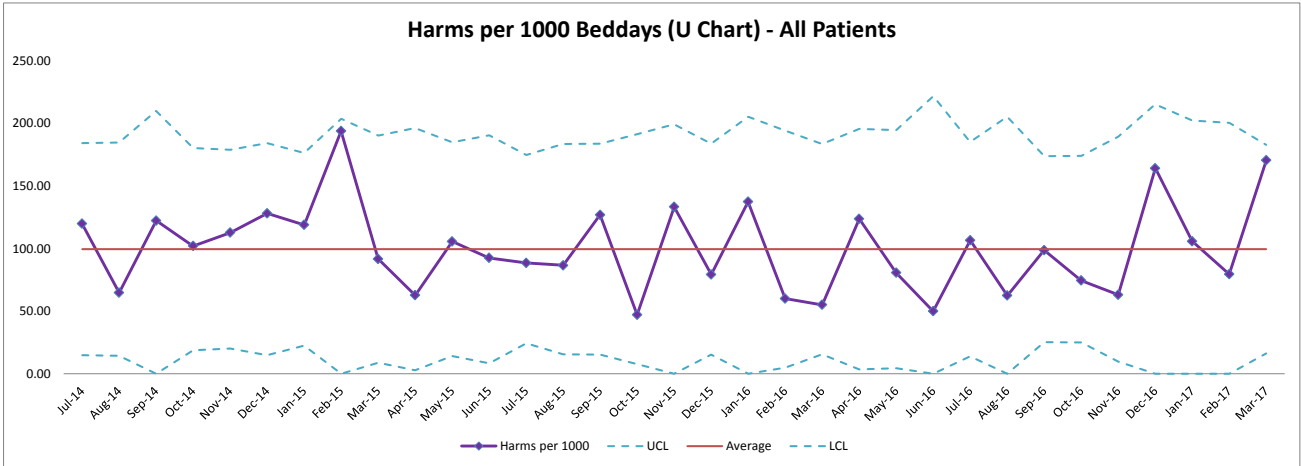
The above graph shows spikes in September 2015 and in July 2016, these are significant events. The lower control limit for this graph has been removed as it is below zero



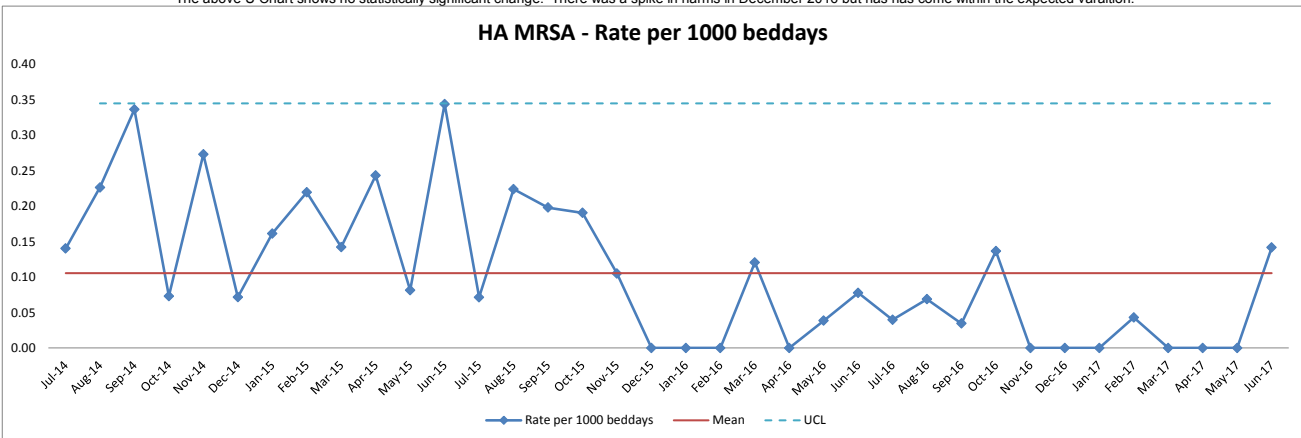
The above graph shows spikes in #NOFs in August and November 2016, these were significant events. The lower control limit for this has been removed as it was below zero.



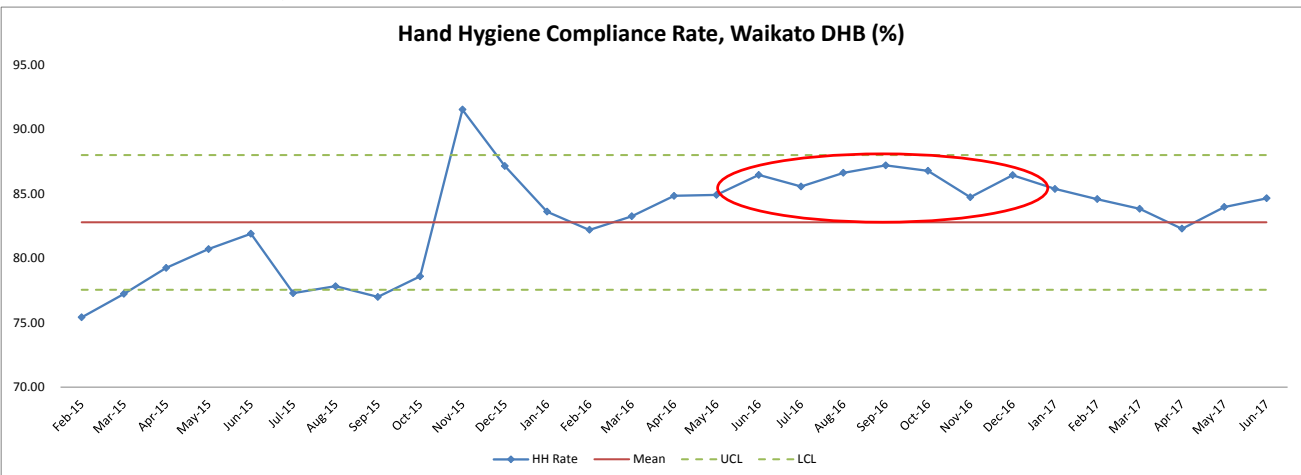
The above chart shows no statistically significant change.



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



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



The above graph shows there was a significant improvement early in the fiscal year, indicated by the circled area. The graph also shows there hand hygiene compliance rate has been declining in the past 5 months, it is not yet significant and inside the expected variations.



Finance Report

**MEMORANDUM TO THE
PERFORMANCE MONITORING COMMITTEE
9 AUGUST 2017**

AGENDA ITEM 8.1

FINANCE REPORT

Purpose	For information.
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Introduction

Attached is the current Finance report as at June 2017.

Recommendation

THAT

The reports be received.

**ANDREW McCURDIE
CHIEF FINANCIAL OFFICER**

WAIKATO DISTRICT HEALTH BOARD
YEAR TO DATE FINANCIAL COMMENTARY

FINANCIAL PERFORMANCE MONTHLY COMMENT:

Funder and Governance:

For June 2017 the Funder and Governance are unfavourable to budget by \$7.6m

The result for the Funder is unfavourable to budget mainly due to unfavourable revenue variances arising from reduction in funding for reduced capital charge, debt/equity swap and IDF in. Governance is close to budget.

Provider and Waikato Health Trust:

For June 2017 the Provider Arm and Waikato Health Trust is favourable to budget by \$3.0m

It should be noted that this in the context of:

- Acute cases, excluding ED : episodes 3.8% above plan; case-weights 8.3% above plan
- Elective cases: episodes 11.0% below plan; case-weights 18.5% below plan
- Overall 0.3% below plan for cases and 0.2% below plan for case-weights.
- ED attends: YTD ED attends are 4.1% higher than the same period last year.

Also the Waikato Health Trust had a small favourable variance

RECOMMENDATION(S):

That this report be received

ANDREW McCURDIE
CHIEF FINANCIAL OFFICER

Performance Monitoring Committee - Finance Report

Waikato DHB Result for June 2017	Year to Date			Group Budget
	Actual \$m	Group Budget \$m	Variance \$m	Jun-17 \$m
Funder	35.4	42.9	(7.5) U	42.9
Governance	(0.4)	(0.3)	(0.1) U	(0.3)
Provider	(35.7)	(38.1)	2.4 F	(38.1)
Waikato Health Trust	0.7	0.1	0.6 F	0.1
DHB Surplus/(Deficit)	(0.0)	4.6	(4.6) U	4.6

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

YTD Actuals Jun-16 \$'000	Funder & Governance Result for June 2017	Month			Year to Date			Budget Jun-17 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000	
1,094,220	Crown Funding Agreement	95,847	95,602	245 F	1,145,021	1,147,384	(2,363) U	1,147,384
126,013	Inter-district Inflows	10,418	10,993	(575) U	129,030	131,921	(2,891) U	131,921
1,220,233	Total Revenue	106,265	106,595	(330) U	1,274,051	1,279,305	(5,254) U	1,279,305
613,307	Personal Health and Maori	59,766	54,964	(4,802) U	665,402	655,274	(10,128) U	655,274
77,967	Mental Health	6,978	7,008	30 F	81,476	84,091	2,615 F	84,091
19,264	Disability Support Services	1,739	1,824	85 F	20,450	21,839	1,389 F	21,839
710,538	Payments to Internal Provider	68,483	63,796	(4,687) U	767,328	761,204	(6,124) U	761,204
250,413	Personal Health and Maori	25,597	22,379	(3,218) U	254,243	256,938	2,695 F	256,938
44,476	Mental Health	3,773	3,905	132 F	45,360	47,192	1,832 F	47,192
103,901	Disability Support Services	9,409	9,257	(152) U	109,762	111,080	1,318 F	111,080
58,284	Inter-district Outflows	4,326	4,559	233 F	56,643	54,714	(1,929) U	54,714
457,075	Payments to NGO's	43,105	40,100	(3,005) U	466,008	469,924	3,916 F	469,924
4,868	Cost of Governance	507	426	(81) U	5,681	5,606	(75) U	5,606
1,172,482	Operating Expenditure	112,095	104,323	(7,773) U	1,239,017	1,236,734	(2,283) U	1,236,734
47,752	Funder & Governance Surplus/(Deficit)	(5,830)	2,273	(8,103) U	35,034	42,571	(7,537) U	42,571

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

YTD Actuals Jun-16 \$'000	Provider and Waikato Health Trust (WHT) Result for June 2017	Month			Year to Date			Budget Jun-17 \$'000
		Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000	
769,051	Government and Crown Agency	73,801	68,484	5,317 F	827,795	816,163	11,632 F	816,163
24,390	Other Revenue	2,928	2,032	896 F	24,728	22,879	1,849 F	22,879
793,441	Total Revenue	76,729	70,516	6,213 F	852,523	839,042	13,481 F	839,042
514,112	Personnel	42,329	46,283	3,954 F	535,122	533,413	(1,709) U	533,413
14,569	Outsourced Personnel	(10)	966	976 F	23,188	10,843	(12,345) U	10,843
46,931	Outsourced Services	5,026	4,094	(932) U	54,847	48,751	(6,096) U	48,751
128,994	Clinical Supplies and Patient Related	10,901	12,045	1,144 F	135,538	136,527	989 F	136,527
69,594	Infrastructure and Non-Clinical Supplies	9,343	7,014	(2,329) U	81,691	79,836	(1,855) U	79,836
(2,322)	Internal Recharges	(193)	(193)	(0) U	(2,324)	(2,320)	4 F	(2,320)
771,877	Operating Expenditure before IDCC	67,396	70,209	2,813 F	828,063	807,051	(21,012) U	807,051
65,768	Total IDCC	4,871	6,376	1,505 F	59,410	69,933	10,523 F	69,933
115	Extraordinary Costs	31	0	(31) U	35	0	(35) U	0
(44,319)	Provider & WHT Surplus/(Deficit)	4,431	(6,069)	10,500 F	(34,985)	(37,942)	2,957 F	(37,942)

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

Please note when reading the commentary regarding revenue

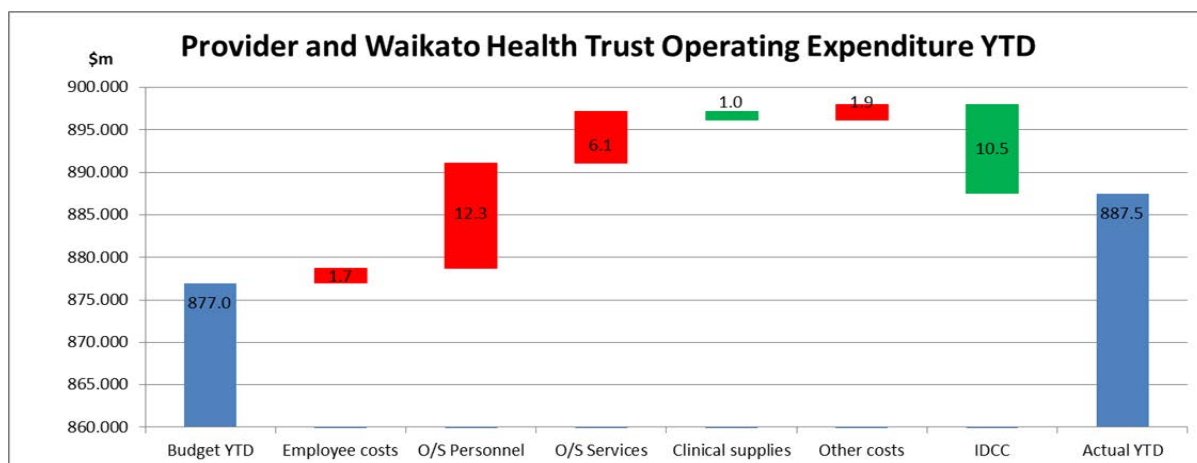
Provider	CFA Revenue variance	(\$3.3m)
	IDF Inflows variance	\$6.1m Separated in the Provider accounting
	Sector Services variance	\$3.3m Separated in the Provider accounting
		\$6.1m
Funder	Provider Payments variance	(\$6.1m) is combined in the Funder view of internal payments
		(\$6.1m)

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

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

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

WAIKATO DISTRICT HEALTH BOARD YEAR TO DATE FINANCIAL COMMENTARY



FINANCIAL PERFORMANCE MONTHLY COMMENT:

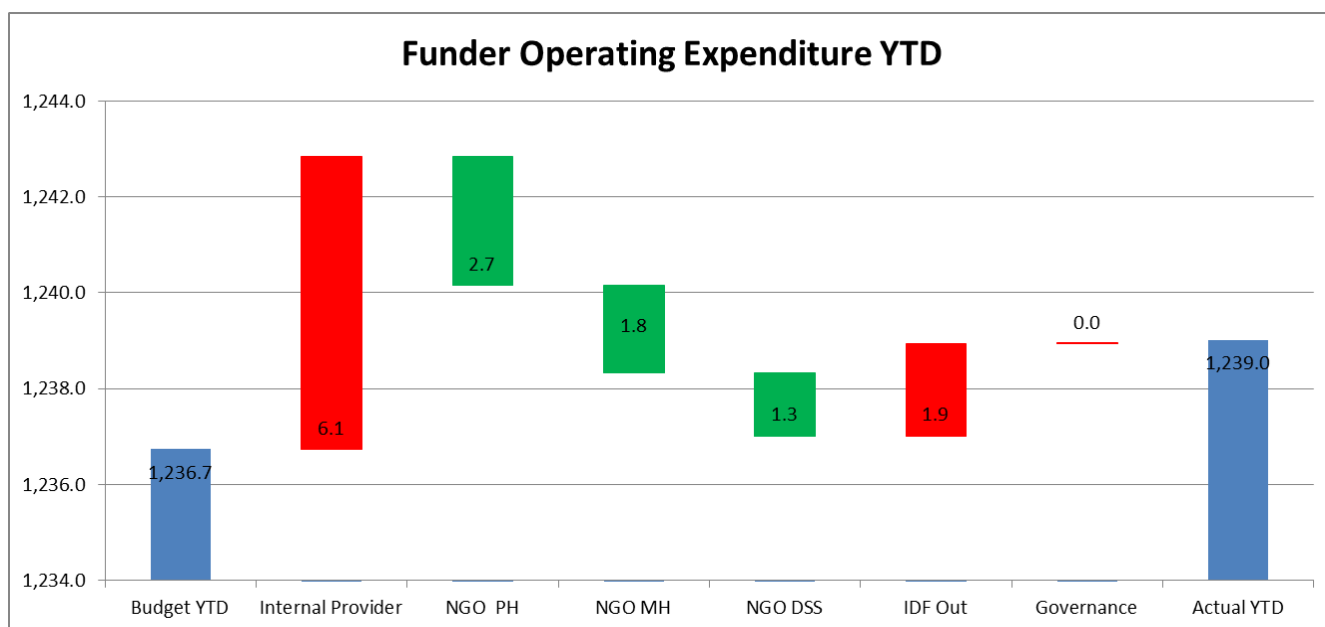
The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
Revenue	\$13.4 F		
CFA Revenue			
Revenue from the Funder is unfavourable to budget due to underdelivery of volumes across most inpatient services but primarily Orthopaedics	(\$3.3) U	N/A	N/A
Crown Side-Arm Revenue			
Side-arm contracts revenue favourable due mainly to: <ul style="list-style-type: none"> • Funds received for the 2015/16 Colonoscopy project \$0.3m • A contract variation on the main Public health contract \$0.1m (offset by costs) • Breast screening running ahead of contract volumes \$0.2m • Gynae colps catch up on contract volumes \$0.2m (offset by costs) 	\$0.8 F	N/A	N/A

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
Other Government and Crown Agencies Revenue			
<p>Other Government and Crown revenue is \$1.9m favourable mainly due to:</p> <ul style="list-style-type: none"> ● Reimbursement of costs associated with the implementation of NOS \$3.8m favourable (offset in Outsourced Personnel), ● Catch up invoicing for outreach clinics at Bay of Plenty and Lakes DHBs \$0.4m, ● Catch up invoicing to HWNZ \$0.6m. ● Other favourable variances including haemophilia \$0.9m. <p>Offset by:</p> <ul style="list-style-type: none"> ● ACC unfavourable \$0.9m 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. 	\$4.7 F	N/A	N/A
IDF in and Sector Services			
<p>Sector Services is \$3.3m favourable mostly due to higher than budgeted sales in the Retail Pharmacy of \$1.7m and higher than budgeted reimbursement of Oncology drug costs \$1.3m.</p> <p>IDF in is \$6.1m favourable primarily due to high acute volumes across Oncology, CCTVS, General medicine and Plastic Surgery.</p>	\$9.4 F	N/A	N/A
Other Revenue			
<p>Other revenue is favourable primarily due to:</p> <ul style="list-style-type: none"> ● Higher sales in the Café than expected \$0.8m ● Favourable revenue washup from Urology Services Limited relating to 2015/16 of \$0.2m ● Higher than budgeted interest received of \$0.4m as funds held with NZHPL throughout the year were higher than budgeted ● Waikato Health Trust revenue favourable to budget \$0.5m as the Trust budget is based on conservative estimates. 	\$1.8 F	N/A	N/A

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast													
Operating expenditure including IDCC	(\$10.6) U														
Personnel (employees and outsourced personnel total)	(\$14.1) U														
<p>Employed personnel are unfavourable to budget mainly due to:</p> <ul style="list-style-type: none"> Medical costs are favourable by \$3.9m. <u>Senior Medical Officers (SMO's):</u> SMO costs are \$4.4m favourable mainly due to: <ul style="list-style-type: none"> - paid FTE costs favourable \$5.6m arising from vacancies, favourable course and conference costs which is as a result of reduced accrual for CME costs following SMO resignations \$0.8m and CME rate revaluation \$2m, - annual leave movement \$1.0m unfavourable due to less leave earned offset by less leave taken, - professional membership fees \$0.2m unfavourable. <u>Resident Medical Officers (RMO's)</u> RMO costs are \$0.5m unfavourable due to vacancies offset by annual leave taken running lower than budgeted. <p>The net direct financial YTD impact of the RMO strikes on personnel costs is currently:</p> <table border="0" data-bbox="319 929 917 1025"> <thead> <tr> <th></th> <th style="text-align: center;"><u>October 2016</u></th> <th style="text-align: center;"><u>January 2017</u></th> </tr> </thead> <tbody> <tr> <td>SMO claims cover RMO shifts</td> <td style="text-align: center;">\$0.3m</td> <td style="text-align: center;">\$0.5m</td> </tr> <tr> <td>Savings on payments to RMO's</td> <td style="text-align: center;">\$0.1m</td> <td style="text-align: center;">\$0.2m</td> </tr> <tr> <td>Net impact</td> <td style="text-align: center;">\$0.2m</td> <td style="text-align: center;">\$0.3m</td> </tr> </tbody> </table> <p>The far greater cost of the strikes is the impact on volume delivery.</p> <ul style="list-style-type: none"> Nursing costs are unfavourable to budget by \$5.7m. Paid FTE cost is \$0.8m unfavourable due to budgeted vacancy savings not being achieved. In addition to this the annual leave movement is running \$5.5m unfavourable. Course conference fees and payment on return from maternity leave are running favourable by \$0.6m. Allied Health costs are \$0.5m unfavourable to budget mainly due to: <ul style="list-style-type: none"> - base costs are \$1.0m favourable due to vacancies - this is offset by unfavourable overtime \$0.5m, penalties \$0.2m and allowances \$0.2m. - In addition annual leave taken unfavourable to budget \$0.5m. Other favourable variances, largely in Management, Administration and Support \$0.5m. 		<u>October 2016</u>	<u>January 2017</u>	SMO claims cover RMO shifts	\$0.3m	\$0.5m	Savings on payments to RMO's	\$0.1m	\$0.2m	Net impact	\$0.2m	\$0.3m	(\$1.7) U	N/A	N/A
	<u>October 2016</u>	<u>January 2017</u>													
SMO claims cover RMO shifts	\$0.3m	\$0.5m													
Savings on payments to RMO's	\$0.1m	\$0.2m													
Net impact	\$0.2m	\$0.3m													
Outsourced personnel are unfavourable mainly due to:															
<ul style="list-style-type: none"> Higher than planned use of locums within medical personnel to cover vacancies \$6.5m, Nursing is \$1.4m unfavourable due to external agency costs to fill roster gaps and watches. 	(\$7.9) U	N/A	N/A												
<ul style="list-style-type: none"> Higher than planned use of contractors in management/admin \$4.5m primarily due to contractors working on the NOS implementation. Costs recovered in Other Government Revenue - \$3.8m. The remaining \$0.7m unfavourable variance is spread over a number of areas. 	(\$4.5) U	N/A	N/A												

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
Outsourced services	(\$6.1) U		
Outsourced services are unfavourable primarily due to: <ul style="list-style-type: none"> • Outsourced clinical service costs are unfavourable to budget \$9.2m due to higher than planned outsourcing of electives and unmet savings. • Off set by outsourced corporate services \$1.9m 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. • Smart Health outsourced services are favourable \$1.2m as costs have been charged to Infrastructure (offset in infrastructure and non-clinical supplies) 	(\$6.1) U	N/A	N/A
Clinical Supplies	\$1.0 F		
Instruments & equipment are \$0.4m favourable primarily due to favourable service contract costs.	\$0.4 F	N/A	N/A
Implants & prosthesis are \$2.9m favourable due to underspends on spinal plates and screws and implants and prosthesis due to a combination of outsourcing to private providers and lower than planned orthopaedic volumes.	\$2.9 F	N/A	N/A
Treatment disposables unfavourable due to savings allocation of \$4.5m offset by favourable variances across a range of areas such as dressings, staples, tubes/drainage/suction, IV fluids and rebates.	(\$2.1) U	N/A	N/A
Pharmaceuticals \$0.1m favourable primarily due to: <ul style="list-style-type: none"> • The favourable Hospital Pharmacy rebate \$2.6m Offset by: <ul style="list-style-type: none"> • Drug costs running higher than budgeted \$2.5m - this mainly being cytotoxic drugs in part due to the newly approved melanoma treatment. 	\$0.1 F	N/A	N/A
Diagnostic Supplies & Other Clinical Supplies - close to budget.	(\$0.3) U	N/A	N/A

The Waikato DHB YTD Variance resulted from:	Variance \$m	Impact on forecast	
Infrastructure and non-clinical supplies	(\$1.9) U		
<p>Infrastructure and non-clinical supplies are \$1.9m unfavourable primarily due to:</p> <ul style="list-style-type: none"> IT costs \$1.0m favourable due to favourable variances for mobile phones and software maintenance charges. The movement from an unfavourable April YTD variance to favourable in June is as a result of capitalisation of pooled assets largely in the virtual health area. Facilities favourable variance of \$1.8m due to deferred start of maintenance programme and Hilda Ross House demolition. Hotel services costs are \$0.8m favourable due to cleaning and laundry costs running lower than budgeted. <p>Offset by:</p> <ul style="list-style-type: none"> Savings allocation unfavourable by \$1.8m, IT costs associated with Smart Health programme unfavourable \$1.2m - the budget for this spend is in outsourced services (offset in Outsourced Services) Cost of Goods Sold (COGS) is \$2.4m 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 (\$2.4m). 	(\$1.9) U	N/A	N/A
Interest, depreciation and capital charge	\$10.5 F		
Interest charge favourable mainly due to interest costs on the Ministry of Health loan ceasing after the debt equity swap in February. Largely offset in CFA Revenue.	\$3.3 F	N/A	N/A
Capital charge is favourable to budget as a result of the reduction in the rate from 8% to 6%. Offset in CFA revenue	\$3.3 F	N/A	N/A
Non Cash Depreciation favourable due to: <ul style="list-style-type: none"> Timing of capitalisation of IS projects and slower than expected spend on Clinical Equipment. 	\$3.9 F	N/A	N/A



The Funder Arm YTD variance resulted from:	Variance \$m	Impact on forecast
Revenue	(\$5.3) U	
Crown funding		
Unfavourable to budget mainly due to: <ul style="list-style-type: none"> Reduction in revenue received relating to the change in rate for the capital charge \$3.4m. This reduction is offset by a reduction in capital charge paid. In between travel wash up relating to 2016/17 \$1.2m (offset by reduced cost in External Provider payments) and to 2015/16 \$0.4m. Reduction in revenue as a result of debt to equity conversion \$3.0m (offset in reduction of interest payable). Offset by favourable variances relating to: <ul style="list-style-type: none"> 15/16 elective surgery wash-up \$1.5m received, Additional funding received which is offset by cost in External Provider Payments: <ul style="list-style-type: none"> -Palliative Care \$0.8m -Rheumatic fever \$0.2m PHO Care Plus wash-up & VLCA \$1.1m, Non exchange revenue year end accrual \$1.2m higher than prior year due mainly to new Healthy Homes contract Other favourable variances \$0.8m. 	(\$2.4) U	N/A
Interdistrict inflows		
When compared with the Ministry of Health budget file there is unfavourable flow predominately from BoP \$2.8m	(\$2.9) U	N/A
Operating expenditure excluding IDCC	(\$2.2) U	
Payments to the Internal Provider	(\$6.1) U	
Payments paid to the internal provider are unfavourable due to increased delivery of volumes across Personal Health mostly in medical inpatients. This will be offset by favourable variances in the Provider.	(\$6.1) U	N/A

The Funder Arm YTD variance resulted from:	Variance \$m	Impact on forecast
Payments to NGO's	\$3.9 F	
Personal Health:	\$2.7 F	
Personal Health favourable to budget mainly due to: - Pharmaceuticals \$1.4m F due to revised PHARMAC forecast, offset with internal provider unfavourable \$3m and the Year End rebate advice. Drug cost forecast not available at Year End. - LY variances (Primary Practice \$0.5m, Well child \$0.3m and maternity wash-ups \$0.3m) - PHO Quality Indicators pool \$1.6m fav due to contracts not yet in place. - Urology wash-up relating to 15/16 \$0.3m - Post acute convalescent costs being incurred in the internal Provider \$0.7m - Dental Fee for Service (FFS) volumes lower than planned \$1.0m, partly offset in provider. - Chronic disease budget transferred to the provider \$0.5m Offset by unfavourable variances relating to: - Palliative care \$0.8m costs (offset by revenue) - Non-exchange transaction accounting adjustment of \$1.9m - Primary practice costs offset by revenue \$1.0m	\$2.7 F	N/A
Disability Support:	\$1.3 F	
Favourable variance arises mainly from: - A reduction in cost of In Between Travel (offset by reduced revenue) \$1.2m	\$1.3 F	N/A
Mental Health:	\$1.8 F	
Mental Health favourable to budget mainly due to Adult Alcohol & drug and home based care.	\$1.8 F	N/A
Interdistrict outflows:	(\$1.9) U	
IDF out unfavourable by \$1.9m 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 and Lakes Orthopaedic service changes	(\$1.9) U	N/A



People



Infrastructure

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

AGENDA ITEM 10.1

FACILITIES AND BUSINESS

Purpose	For information
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Content of Report

The services updates consolidated in this report include:

- Business Support: Nutrition and Food, Attendants, Biomedical Engineering, Hospitality Support (Patient enquiries, Volunteers, Chaplains, Bryant Education Centre/Meeting Rooms), Cleaning, Laundry and office support services contracts management.
- Property and Infrastructure: Property management, lease management, asset management and maintenance, security and parking.
- Property Projects: Campus and other major development projects.

Business Support

Financial Performance

June 2017				June 2017 YTD		
Actual \$'s	Budget \$'s	Variance \$'s		Actual \$'s	Budget \$'s	Variance \$'s
(141,272)	(179,639)	38,368	BP10 C&C Support Admin	(1,684,480)	(2,132,494)	448,014
(781,368)	(723,375)	(57,994)	BP30 Accommodation	(7,935,545)	(8,638,884)	703,339
(538,527)	(573,250)	34,723	BP35 Nutrition & Food	(6,216,003)	(6,689,509)	473,506
(113,920)	(229,113)	115,193	BP40 Biomedical Engineering	(2,316,422)	(2,537,589)	221,167
(577,258)	(507,060)	(70,199)	BP45 Attendants	(5,592,306)	(5,419,367)	(172,940)
(2,152,346)	(2,212,437)	60,091	Net Contribution	(23,744,757)	(25,417,843)	1,673,086

Financial year 16/17 ended better than forecasted with a surplus of \$1.6M. The main contributors to the large surplus were:

- Revenue \$500k higher than budgeted due to Org2Go Coffee kiosk.
- Unfilled vacancies.
- Lower staffing costs due to better overtime and leave management.
- Reduction in outsourced contract costs, namely Ricoh, Fingermark and OCM bed maintenance due to contract renegotiations.
- Pooling of minor clinical equipment purchases.

Key Achievements

- **Laundry** - key terms and conditions for a new 5 year agreement with Spotless Services (Taylors) giving a savings of over \$1.2M is now agreed. The new reduced pricing will start 1 July 2017.
- **Better Impact**, a cloud based volunteer management system has been signed off by CEO for implementation. Implementation processes in progress with go-live in July. The system will revolutionise the management of the 220 volunteers programme from a manual paper based system to an electronic paperless system.
- Waikato DHB rehabilitation (OPRS) services **music volunteers** won a commendation at the recent annual Waikato Regional Volunteer Awards organised by Volunteering Waikato.
- A new volunteer service, **Pet Therapy**, started in HRBC and is very well received. There is existing Pet therapy service to OPRS.

- Due diligence was completed for 2 shortlisted companies for a **Nutrition and Food patient management system**. A preferred supplier has been selected, negotiations in progress. The business case is being developed to be submitted to BRRG in September.
- COG approved the current attendant location for the development of a **24/7 Support Services hub**. This will bring together and streamline support services management, improve 24/7 service coverage and reduce duplication.
- A **Sushi concession** opened in Meade Clinical Centre Level 1 in mid-July, enhancing the retail food offer.
- **Waste management** contracts have been awarded to a new provider, Enviro Waste. Transition from current provider, Waste Management, started this month with changeover in August. The new provider will bring more efficient management and operating systems to waste management and recycling. Once the innovations are implemented there will be substantial cost savings and positive impact for the environment.
- RFP for **cleaning** in clinical facilities closed with 4 respondents and the evaluation and selection will happen in late July. There are a couple of innovative proposals and potential opportunities which could attract significant savings. The contract has a value in the order of \$8M p.a.

Emerging Issues

- Demand on support services is extremely high. Services are constantly rationalising non-direct patient care services to focus on direct patient services which will lead to gaps.
- Due to increased bed numbers, the pending opening of OPR5 will push any spare marginal indirect fixed resources namely kitchen, CEP and storerooms spaces to its limits. Nutrition and Food is exploring new ways to produce more meals from fixed kitchen resources, there is physically no room in the kitchen to add an additional tray-lines unless the kitchen is expanded.
- High levels of staff sickness impacting on service provision.
- Implementation of Equitrac software is delayed due to the recent inclusion of out of scope ios/remote printing into the scope of work. There will be unbudgeted ongoing opex to support the system. The current project will not return the savings in the business case as it only partially tracks costs and the impact of remote printing is unknown.
- User damage of equipment remains an issue across the DHB, causing a large labour resource drain and associated parts costs. BME Manager is presenting at multiple clinical forums in an effort to change this culture.

Property and Infrastructure

Financial Performance

June 2017				June 2017 YTD		
Actual \$'s	Budget \$'s	Variance \$'s		Actual \$'s	Budget \$'s	Variance \$'s
2,537	11,464	(8,928)	BP60 P & I Parking & Security	267,634	233,242	34,392
(2,481,341)	(1,768,266)	(713,074)	BP65 P & I Building Main & En	(13,536,406)	(14,931,822)	1,395,416
(69,262)	(100,884)	31,622	BP70 P & I Administration	(756,528)	(1,217,505)	460,976
(1,967,552)	(2,012,287)	44,735	BP75 P & I Property	(22,416,915)	(23,065,678)	648,763
(19,856)	(23,856)	4,000	BP80 P & I Projects	(200,700)	(237,021)	36,321
(4,535,474)	(3,893,829)	(641,646)	Net Contribution	(36,642,916)	(39,218,784)	2,575,868

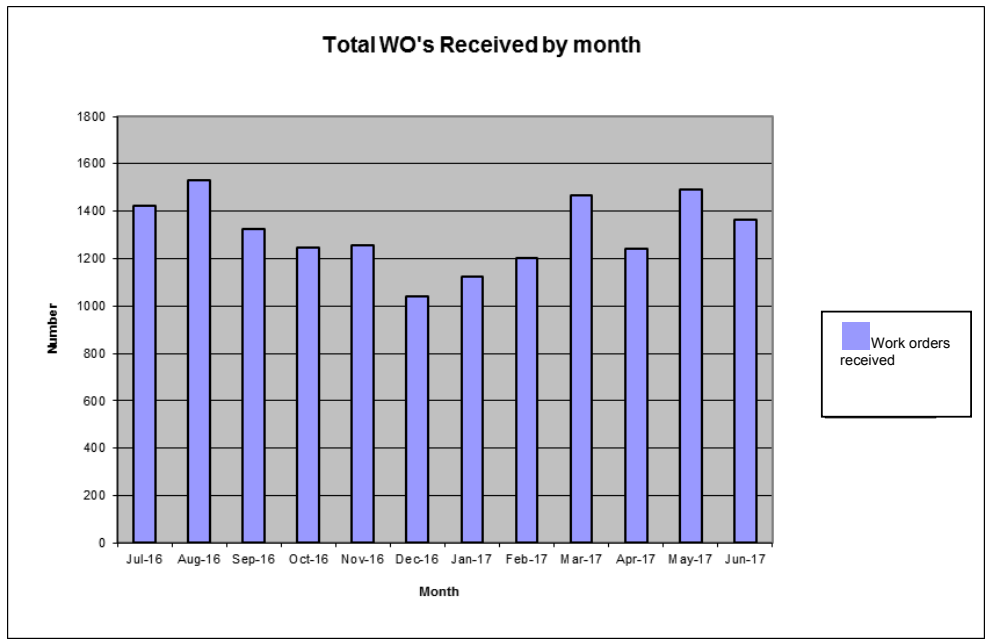
- Positive year to date variance to budget.
- Unexpended budget, primarily in Energy savings and underspends in Minor Works (client demand driven) and Major Maintenance projects (timing).
- \$339K of Building Maintenance Programme budget is earmarked for corporate budget savings which will mean cancellation of some lower priority planned maintenance works this year.

Key Achievements

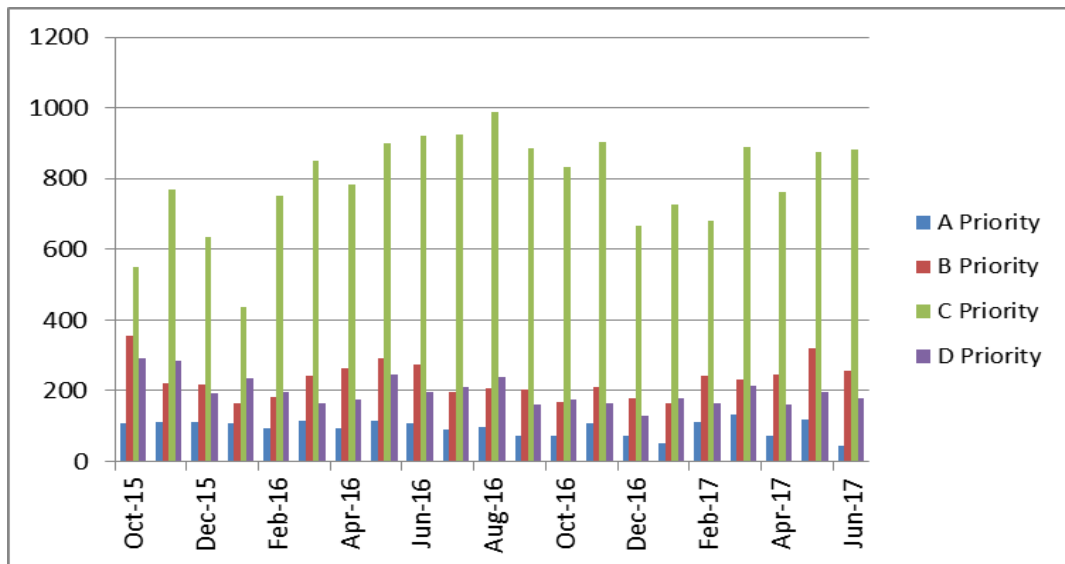
- Health & Safety - No reportable events.
- Demand for air-conditioning from numerous locations has prompted a review of how these are best dealt with. A process has been developed whereby all requests are tested against clear and unambiguous criteria to gauge the true need to enable us to respond accordingly. Clinical will always take priority.
- A new lease for the Taylors Laundry site has been agreed.
- Significant opex savings are being crystallised via aggressive procurement activity across: Pest control, Washroom services and Grounds maintenance categories. New contracts are in negotiation and indicate significant cost reductions are achievable.

Asset Management / Maintenance Performance

Number of Work Requests received (June 2017) = 1,363

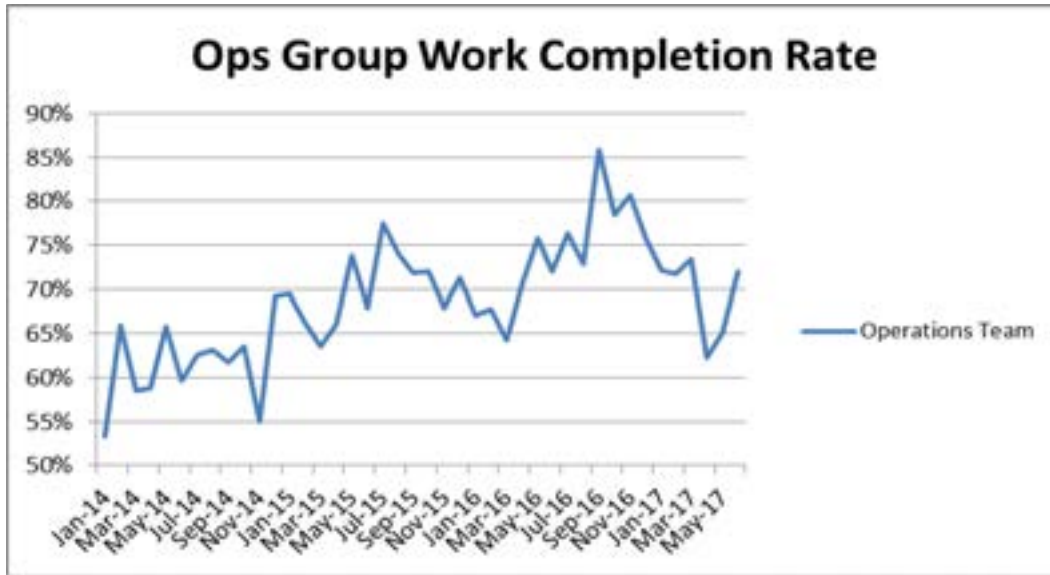


Work prioritisation distribution



- 'A' priority (immediate response) - 46
- 'B' priority (24 hour response) - 256
- 'C' priority request - 883
- 'D' priority requests – 178
- 'A' & 'B' priority work percentage of total Work Orders = 22%

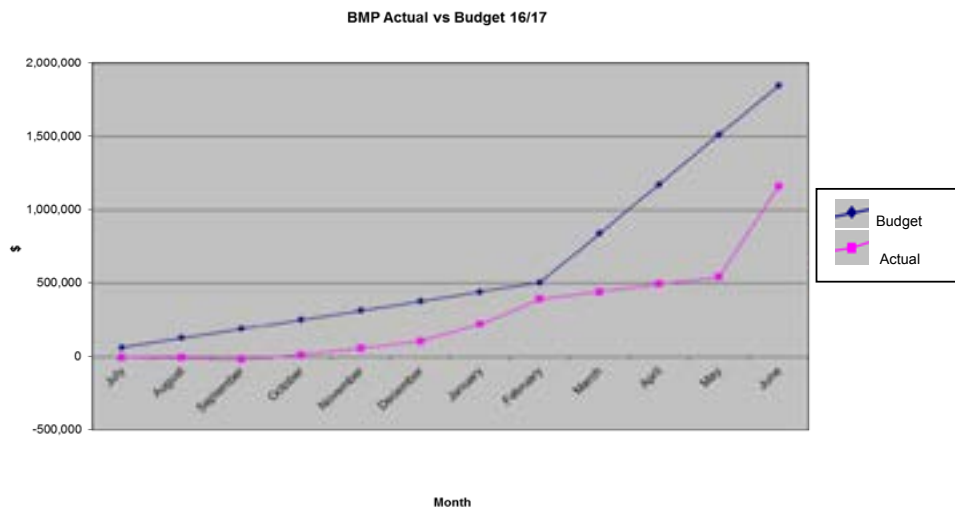
Monthly Work Completion Rate (measured via EAM System)



Overall work completion rate, i.e. total jobs raised in June versus total jobs closed in June, is 72%. Staff turnover and inherent recruitment delays contributed to lower completion rates at the beginning of the last quarter.

Building Maintenance Programme

- \$1,163k (Act) vs \$1,849k (Budget)
- 37% Favourable **\$686k**
- Committed Savings \$339k
- Variance due to:
 - Uncertainty of requirement for second round of savings. Projects put on hold.
 - Availability of contractors.
 - Project Manager availability.
 - Inability to accrue costs for projects not completed and invoiced by 30 June 2017.



Lease renewals and Rent Reviews

As at 30 June 2017:

30 June 2017 – 36 tenancies – rental total \$2,244,662 – this includes 5 car park tenancies, some month-month basis tenancies and the Pembroke St Air bridge (HCC \$0.00 rent), but excludes 3 signed but yet to commence high rental tenancies and Gallagher Dr commencing 1/9/2017. These are a part of the 8 new contracts entered into YTD below.

30 June 2016 - 33 tenancies – rental total \$1,941,751 – this includes 4 car park tenancies and the Pembroke St Air bridge (HCC).

Over the year the major increases in rental are (due to L9 KPMG Tower) and (DSL increased floor area of 200m2 in Rostrevor St).

36	Tenancies leased throughout the district [where DHB is the Lessee]
8	New contracts entered into YTD
3	Rent reviews YTD [instigated by the Lessor]
15.6%	Portfolio rent change YTD (primarily due to new leases entered into)

Emerging Issues

- Staff retention in trade areas – ongoing market vulnerability in carpentry, electrical and plumbing due to low 'award rates'.
- Security cost uplift – this continues to be significant over the year driven by escalating demand from various services requesting patient watches. Mitigation measures were looked at with limited effect, particularly regarding Mental Health. The year-end actual number was \$295k over budget.

Procurement Pipeline and Savings

- RFP for Grounds Maintenance currently out in the market. RFP closes 25 July 2017.
- Washroom Services – Following formal Waikato DHB RFP process, change of supplier from Rentokil to AlSCO NZ. From 1 May 2017, new 3 year term.
- Pest Management Services - Following formal Waikato DHB RFP process, change of supplier from Rentokil to Genus. 1 May 2017, new 3 year term.

Property ProjectsCBD Office Consolidation Project

- The subject of a detailed update to the Board on 26 July 2017, which approved additional CAPEX.

Gallagher Drive Warehouse

- Procurement activity for remainder of project delivery is underway. Target sectional delivery scheduled for September/October 2017.

Future Additional Car Park

- Location, cost and scope under investigation to develop an additional 300+ bay facility in response to consent / regulatory parking shortfalls should the Adult Mental Health and Medical School initiatives move forward, and to address current and project parking pressures.

Oncology and Rheumatology Space Constraints

- Both services are under space pressure while the latter may be impacted by demolition requirements should the new AMH facility be located on Campus. Low

cost alternative new build facilities are being investigated.

- Costings for a flexible 1,200sqm solution for day stay Oncology on the Portacom site at the rear of Menzies indicate this solution would cost \$8.5m.
- The Ground Floor of a future additional Car Park would also yield 1,000sqm of clinical/work space and provide a potential solution should the current Rheumatology building be demolished. Car park costings are currently being worked on by our QS.

Regional Renal Space Constraints

- Options are being considered to either increase the footprint of the Regional Renal facility to accommodate additional clinical staff and provide more renal dialysis 'chair' spaces to meet current and medium term demand in the current facility, or fit out of undeveloped Menzies space.

Recommendation

THAT

The report be received.

CHRIS CARDWELL
EXECUTIVE DIRECTOR, FACILITIES & BUSINESS



Information Services

**MEMORANDUM TO THE
PERFORMANCE MONITORING COMMITTEE
9 AUGUST 2017**

AGENDA ITEM 11.1

IS PERFORMANCE MONITORING COMMITTEE REPORT

Purpose	For information
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The IS Plan report is submitted for Performance Monitoring Committee for information.

Recommendation

THAT

The report is received

**GEOFF KING
DIRECTOR, INFORMATION SERVICES**

IS Plan Report



Period Ending	30 June 2017
Prepared By	Geoff King

KPI's	Status	Metric Change	Comment
Overall	A		<p>Report Covers operational and performance and financial reporting 31/5/2017 thru 30/6/2017 (M12).</p> <p>The IS team is favourable to budget, adjusting for unprocessed capitalisation, and continues to drive improvements to levels of service quality and risk reduction.</p> <p>The multi-year DevOps transformation, along with the underpinning Service Improvements Plans, continues to be focus for the IS Leadership Team. This initiative, as discussed in previous reports, continues to deliver demonstrable and measurable improvements in service quality.</p> <p>Cyber security, particularly the increasing volume and targeting of attacks continues to be a concern. Over the reporting period the worldwide “WannaCry” and “Petya” ransomware attacks occurred however the DHB’s threat management and operational response resulted in no significant impacts experienced. The IS team continue to focus on the ongoing & evolving Security In-depth programme to ensure an appropriate level of protection is delivered within operational & financial constraints.</p> <p>Work is well underway with the transition to the AoG IaaS environment. As noted within the business case this is a significant complex multi-year initiative.</p> <p>An added complexity, which will put pressure on both delivery teams & budgets, is the recent notice received that although Windows 7 does not go End of Life until Jan-2020, under the AoG contracts we will cease to be able to purchase Windows 7 devices from Oct-17. We were given 4 months’ notice of this. This triggers another significant & complex upgrade project affecting all DHB staff.</p> <p>The volume and complexity of IS work continues at a level requiring active focus to ensure a balance is maintained between risk, delivery of initiatives, budgetary constraints, and capacity constraints (technology & people), and in doing so</p>

Performance Monitoring Committee - Information Services

				balance activity across national, regional, & local operational, tactical and strategic initiatives.
Key Result Area – Financials M12 (30 June 2017)	Status	Metric Change		Comment
Annual Operating Budget - Before IDCC and Extraordinary YTD Budget Actual Variance Including IDCC Variance	G	23,097k		Information Services have operated within Budget. The result includes revenue as favourable; FTE/personnel cost favourable, outsourced costs unfavourable, Labour Recoveries unfavourable, Annual leave unfavourable. Infrastructure costs are favourable which includes a \$680 k favourable for \$2k desktop replacements which have been capitalised. Information Services are \$ 3.0 mil favourable to budget at M12.
		23,097k		
		22,569k		
		528k		
		\$ 3,017k		
Key Result Area – Capital Budget M12 (over 50k)	Status	Metric Change		Comment
Capital Budget (over 50k) Board Approved (carry forwards) Board Approved (2016/17 Capex) Transfers Pooled Assets / Capitalised Items [New] Board Approved (TOTAL) DHB funding of Regional Initiatives IS Projects yet to commence IS Projects Open or Completed TOTAL Approved Expenditure Forecast Spend for approved projects Underspend / (Overspend)	G	\$30,660		As at 31-June-17. 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);
		\$38,198		
		-244		<ul style="list-style-type: none"> • No major items
		\$7,031		
		\$71,012		Note: <ul style="list-style-type: none"> • The IS Budget has increased from \$68m to \$71m due to the addition of Pooled Assets / Capitalised items – this is an accounting / administrative change. Of the \$68m board approved budget, \$37m is for projects currently in flight or already completed. \$14m of approved budget is for WDHB funding to HSL for regional initiatives. • The IS budget for funding of regional activities was reduced from \$13m to \$10m due revised cash flow forecasts.
		\$ 9,744		
		\$36,749		
		\$34,263		
		\$71,012		
		\$71,012		
		\$69,432		
		\$1,580		
Key Result Area – Labour Recoveries M12	Status	Metric Change		Comment

Performance Monitoring Committee - Information Services

	YTD Budget Actual	R	5,518k 5,080k	Although a significant level of delivery work is in progress labour recoveries remain unfavourable YTD. This is impacted by vacant positions and regional work being completed as 'local opportunity cost'. The ISLT are actively working on rebalancing initiatives to address budget shortfalls moving forward, this may result in some structure changes.
	Variance		(437k)	
Key Result Area - IS Service Delivery		Status	Metric Change	Comment
- Yearly review of Service Level Agreements with Waikato District Health Board Executive Management and Clinical Information Governance Board		A	No	This item remains under IS review and development as at June 2017. It is being revised as part of the Waikato as Service Provider (WaSP) initiative. The existing SLA remains underpinning standard until the new release is finalised.
- Service level Agreement reporting on a quarterly cycle		G	Yes	Report developed and published monthly.
- 75% of Information Services customers satisfied or very satisfied.		G	100% (satisfied/ Very Satisfied)	Of those customers responding to the April survey 75% indicated they were satisfied and 25% very satisfied.
- 75% of Information Services users satisfied or very satisfied.		G	93% (satisfied/ Very Satisfied)	Service Desk satisfaction survey that surveys one 1 in 5 service desk calls logged to validate service delivery has increased by 4 points over the reporting period and remains above target.
- No more than 2 Priority 1 issues occurring per month. This means we have no more than 2 site wide or critical system issues in a calendar month.		G	1 Occurrences Average per month	1 x P1 Incidents experienced.
- No more than 4 Priority 2 issues occurring per month. This means we have no more than 4 single system or single department issues in a calendar month.		G	3 Occurrences Average per month	3 x P2 Incidents experienced.
- All category 1 & 2 services with an agreed Service level Agreement and business owner Identified.		G		

Performance Monitoring Committee - Information Services

- 100% Service level Agreement	G	100%	All systems now covered by SLA approved through BRRG. SLA under review and targets expected to change.
- 100% Business Owner	G	100%	All (cat 1 and 2) systems in IS systems register have business owner identified.
- 100% Business Owner Charter	A	90%	New approach currently being deployed and will be of increasing focus as year progresses and new ISM on boarded. Process Currently under review.
- 100% Criticality assessments	A	90%	The Initial Criticality and Risk Assessment (ICRA) is being run over all new and significant change deliveries. Current ICRA status across IS supported solutions is: Cat 1 Solutions 89% Cat 2 Solutions 51% Cat 3 Solutions 56% Implementation of regularised cat1 / 2 annual refresh reviews scheduled for 2017/18 FY.
- 100% Systems with risk scorecard	A	90%	Now included in ICR process and risk acceptance process is under development including, where required, DIA and MOH Cloud Risk Assessment and Privacy Impact Assessments. Where required residual risks subject to Risk Acceptance process requiring business owner sign-off. Implementation of regularised cat1 / 2 annual refresh reviews scheduled for 2017/18 FY.
- 100% Risks with mitigations agreed	A	90%	The IS risk Register is implemented and IS risks are reported in DATIX (Organisation Risk System). Actively monthly reporting in place. Monthly IS Risk review forum is established and risks have mitigation and assurance activities identified.
- Small projects/Non Standard Service Requests	A		NSWRs are delivered utilising a constrained resource model, with the funding for resource below that which would be required to deliver everything requested within the timeframe requested. This is an intentional and conscious decision by the executive due to economic constraints, with the intention being that those NSWRs that deliver the most benefit to the DHB progress through the prioritization process. A prioritisation process is in place to ensure those initiatives which deliver the most value to the DHB are delivered in a timely manner.
Resource allocation	A	51,466	\$75k p/month of resource assigned to the delivery of NSWRs. Current resource assigned is below budget with \$51,466 allocated in June. A key challenge is the reprioritisation of resource to work on regional activities. The ISLT are

Performance Monitoring Committee - Information Services

			implementing initiatives to re-accelerate delivery, which may result in organisational changes.
Number Delivered or Closed Target is 35 per month / 420 per year	A	19	19 NSWRS were completed over reporting period (2 delivered / 17 closed)
Older than 6 months	G	11%	Target is <20% of the total number outstanding.
Older than 9 months	A	12%	Target is <10% of the total number outstanding
Older than 12 months	R	41%	Target is 0
Number Open	A	228	The number of NSWRS exceeding KPIs is increasingly a concern and the ISLT are implementing initiatives to reaccelerate delivery.

Key Result Area - IS People	Status	Metric Change	Comment
- Skills maps for all staff incorporated into year performance management that maps to Waikato District Health Board Information Services needs	G	Yes	
- 90% of staff with appropriate professional qualifications	G	No	Training plans agreed on annual basis as part of the annual performance review process. Due to the constant changing nature of technology and the below market recruitment, staff training is a key & ongoing area of investment.
- Staff retention rate greater than 90% per annum	A	79%	YTD retention rate exceeds target being driven by increasing skillset shortages, sector pay level rises & increased local recruitment activity. IS & HR are working on a resizing / benchmarking process to identify key at risk skillsets from a remuneration perspective.
- Staff satisfaction (75% satisfied or very satisfied)	A	70%	The April survey indicates a rise in overall staff satisfaction by 3 points to 70% however remains 5 points below target. Whilst staff satisfaction is a key focus, both the financial challenges faced by the DHB & the transformational changes being made across IS are both expected to generate a level of discomfort amongst staff, which is being managed.

Key Result Area - IS Process	Status	Metric Change	Comment
<ul style="list-style-type: none"> - Alignment of Waikato IS processes and frameworks 	G	Yes	<p>The integrated IS Project Delivery Governance Framework is embedded across the IS PMO, with supporting materials and training. The framework is subject to continual process improvement and is further evolving to better serve departmental needs and reduce process overhead. A key initiative currently underway is the development of an Agile variant, aligned with the DIA Accelerate & Prince2 Agile frameworks.</p>
<ul style="list-style-type: none"> - Project Assurance regime in place to ensure all projects are compliant with process 	G	Yes	<p>Individual project assurance responsibilities are agreed through project governance plans, created for each new project. All projects are completing GCIO risk potential assessments to inform possible Assurance Plans. This is in line with GCIO requirements. The format of assurance reviews is aligned to the IS project delivery framework and regular reviews are underway. Further work is ongoing to enhance the assurance strategy.</p> <p>Initial Criticality assessments performed over all IS Lead significant change initiatives and where required Cloud Risk and Privacy impact assessments completed in addition to more in-depth security reviews as required. Any risks identified are managed as part of delivery and where applicable residual position requires business owner risk acceptance prior to go live.</p> <p>Audit program agreed with Internal Audit and primary audits will cover Security and Privacy, ICT Controls and Service Delivery commencing 2017/18 FY.</p>
<ul style="list-style-type: none"> - Security Audit Performed 	G	Yes	<p>Security Maturity Assessment, Microsoft security RAP and the annual Network Penetration test are completed. Resulting actions are managed as part of the ICT teams audit program and have monthly ISLT oversight. GCIO HISF assessment completed and submitted (DHB shift upwards from 3 to 4).</p>
<ul style="list-style-type: none"> - Critical Issues recorded 	G	Yes	<p>GCIO were updated with issues and status June 2016, Quarterly ISLT internal update and reporting of outstanding audit items has been moved to monthly to better cover audit and risk management accountabilities. IS Security and IS Risk registers maintained and high level risks reported through the IS Leadership Team (ISLT), Board and IS Security Governance Group.</p>
<ul style="list-style-type: none"> - Service Delivery assurance regime in place to ensure Service level Agreement attainment 	G	Yes	<p>Service Delivery follow up audit completed and identified recommendations under ISLT review. Operational assurance review completed and submitted to the GCIO in June.</p>

Performance Monitoring Committee - Information Services

- Information Technology Infrastructure Library (ITIL) Review Undertaken	A	Yes	The change in IS structure and focus on the “DevOps” based delivery approach is driving improved synergy throughput and quality across ICT delivery and improved collaboration between stakeholders. Work is continually reviewing and improving key processes including Change and Release Management and Incident Management. Work is underway developing an ITIL based IS Services Catalogue that will further define and support the delivery of best practice process and approach in relation to ICT service delivery. IS are working with internal audit to develop a controls audit that will assess maturity and set goals.
- Processes at agreed level	A	No	Further development of key processes as part of “DevOps” approach and ongoing process maturity efforts continue.
- Control Objectives for Information and Related Technology (COBIT) Review Undertaken	A	No	Current focus is implementing the identified improvement changes for the IS e-2-e process which will assist delivery of improved process maturity and COBIT alignment. The framework is now being used as the baseline for developing the department’s internal assurance strategy which will support assurance across the complete delivery stream and inform our overall risk position. IS are working with internal audit to develop a controls audit that will assess maturity and set goals. A meeting with Internal Audit and CTAS has been completed and an improved ICT Audit Program has been proposed.
- 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. The IS Architecture team are actively working on the development of Architecture Roadmaps and Standards, however this work is being balanced against the delivery priorities & staff turnover.
- Processes at agreed level	A	No	Will be assessed as part of the 2017/18 ICT controls review in the interim Architects team continues to build standards and approaches aligned to TOGAF framework.

Key Result Area - IS product	Status	Metric Change	Comment
- Execution of plan to move to current or current-1 release of software products with reporting on project timelines	G	Yes	IS continues to progress software lifecycle plans, balanced against the constraint of available funding (which is less than required). Lifecycle refresh plans agreed by the Lifecycle Prioritisation Executive Group.
- Execution of plan to maintain hardware products with reporting on project timelines	A	Yes	IS continues to progress hardware lifecycle plans to address capacity, support and performance challenges. The delays in delivery of the national IaaS solution have increased DHB risk and the KPI was moved to amber to reflect this position and will be maintained until IaaS transition completed and the Windows 10 upgrade implications are fully developed and agreed.
- On-going decrease of number of projects not aligned with roadmaps (and associated cost)	G	Yes	2017/18 Roadmaps for Lifecycle (End User Devices, Network, Infrastructure, & Applications) under development in consultation with the Lifecycle Prioritisation Executive Group. 2017/18 Roadmap for Functionality & Capability enhancements under development in consultation with the Clinical representatives (via CIRG). Process in place for Executive engagement and approval of Roadmaps.

Key Result Area - IS Strategy	Status	Metric Change	Comment
- 100% of Information Services projects prioritised via the business group (BRRG).	G	100%	All projects prioritised and approved by BRRG.
- Awareness of the regional portfolio in local Waikato District Health Board decision making	G	Yes	The DHB is contributing to the funding of Projects delivering regional portfolio solutions. Of particular note is the Midlands Clinical Portal Foundation Project.
- Business resource review group goals delivered to Waikato DHB	A		Delivery of projects has slowed and the ISLT are actively working on a plan to reaccelerate delivery.
- 25% On Time	G	31%	<ul style="list-style-type: none"> - 4/13 projects were delivered on time. The 9 projects that weren't delivered on time included; <ul style="list-style-type: none"> • Infrastructure 15/16 (IS1506-006) – due to technical challenges and complexity. • Citrix Sharefile (IS1409-006) - due to integration issues • Infrastructure Lifecycle 14/15 (IS1411-009) - due to resource availability • Trend Upgrade (IS1610-011) - due to technical complexity • LIS Drop 6 (IS1602-009) - due to technical complexity, testing and a

	G		<ul style="list-style-type: none"> • change in Project Manager. • Application Lifecycle Management 14-15 (IS1411-006) - due to resource availability • ITSM (IS1409-005) - due to resource availability and system access • NSW 69639 ProVation Host Tairawhiti - due to consultation process in design • Retail Pharmacy in Mead - IS Systems Implementation - due to delay in building work
- 100% On Budget	G	100%	13/13 projects were delivered on budget.
- 100% With Deliverables achieved	G	100%	13/13 projects achieved deliverables
- 100% With PIR's completed	A	25%	<p>1/4 projects requiring a PIR have completed one</p> <ul style="list-style-type: none"> - Perimeter Redesign 14-15 External Firewalls - Backend Security – ISE - Data Centre Enhancement and Reconfiguration <p>IS assurance team have completed PIR's which have been provided to Project exec's for sign-off.</p> <ul style="list-style-type: none"> - Telehealth (Change Team to complete).

Delivery Status

Completed in Period

- Trend Upgrade - Security in Depth
- Decommission Galen 15/16
- Level 3 Hockin Install
- Matariki Old Maternity Building
- Citrix Sharefile
- Infrastructure Lifecycle Programme
- Infrastructure Lifecycle Programme

Planned for next Period

- Network Remediation 16-17
- iSL Reporting Tool
- eReferrals Integrate BPAC with IPM 2016
- NetScaler Infrastructure
- TQUAL Reporting

- PACS Upgrade 2015
- Oral Health Implementation
- Portfolio Resource Management Upgrade
- Wireless Enablement
- Perimeter Redesign 15_16
- Hub room Room Remediation lifecycle 15-16
- Gallagher Command Centre Cardax Upgrade 2017
- PeopleSoft Remediation (OPEX)
- SSOPR_Inpatient Electronic Whiteboard
- SEEMail
- eData Workflow Phase 2
- Printer Architecture Upgrade - Equitrac

Potential/actual changes to key dates

Potential/actual changes to costs/benefits

Top Issues	
Issue	Impact
IS Structure – IS reorganisation and associated structure and process changes	High – Impact to staff morale, retention and throughput
Work program – Constrained resource model impacting IS ability to meet all user expectations now heightened with forecasted effort related to IaaS delivery, regional service provision and espace program.	High – Impact to business and potential for increased failures.
Resourcing – Staff turnover and market pressures including competition from other health sector agencies is continuing to increase resource risks	High – Loss of key staff will impact delivery of IS services both operational and project.
Capacity - Delays in the delivery and up-take of the National Infrastructure Programme (NIP's) Infrastructure as a Service (IAAS) offering may lead to capacity impacts that present potential to delay project delivery and/or impact operational ICT services.	High – Impact to business and potential for increased failures
Security – Increased cyber security threat risk due to current level of global phishing and malware activity.	High - Impact to business if service delivery impacted by malware/virus attack.
Legend	Status
R	Area of focus not on target with risk to service delivery. Area requires remediation plan to be in place and executing.
A	An area of focus close to target or has improvement to target and has low risk to service delivery. Area requires direct management oversight and engagement.
G	Area of focus on target with no risk to service delivery.



Performance of Funded Organisations

MEMORANDUM TO THE PERFORMANCE MONITORING COMMITTEE 9 AUGUST 2017

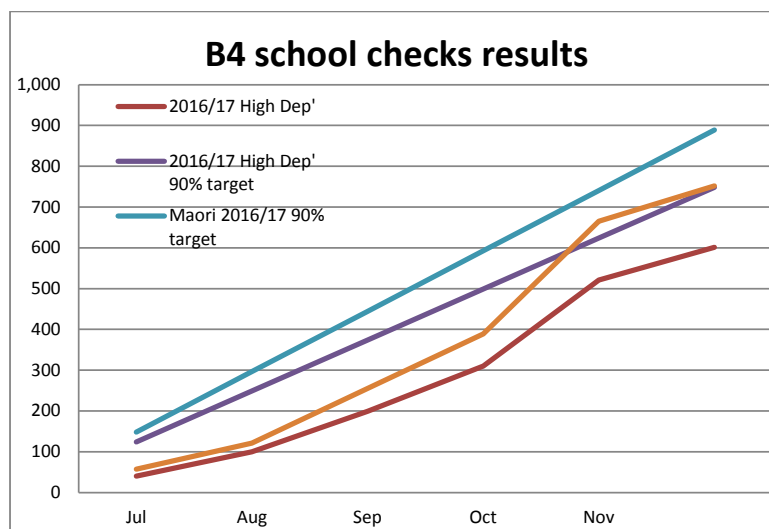
AGENDA ITEM 12.1

PERFORMANCE OF FUNDED ORGANISATIONS

Purpose	1) For information
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Update on B4 School Checks Target

Delivery during 2016/17 for B4 School Checks (the 8th Well Child check) had declined and concern was noted that the coverage target of 90% would not be achieved. This was initially thought by Midlands Health Network who are contracted provider for co-ordinating this service to be data quality issues however it was clarified in March that the issue related to actual completion of checks rather than data collections. At the end of Quarter 2 performance against the targets showed



In March 2017 meetings occurred with Midland Network (in role as provider and B4 School Co-ordinator), Hauraki PHO and Rural and Community service representative. A remedial action plan was developed to enable the target to be met however this was challenging given the backlog of checks to be undertaken.

Engagement with the Ministry of Health occurred throughout this period as understandably they were concerned in relation to the deterioration in results.

We are now very pleased to report Waikato DHB have met the coverage target. Confirmation of achieving target was received from the Senior Advisor at the Ministry of Health who noted:

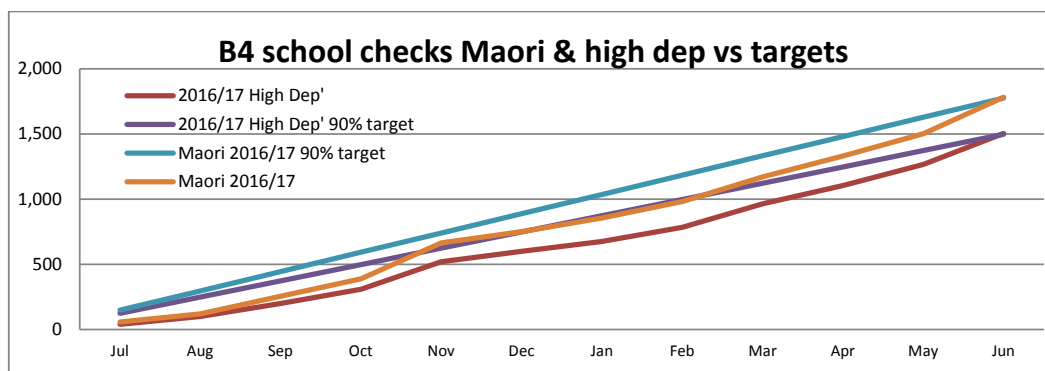
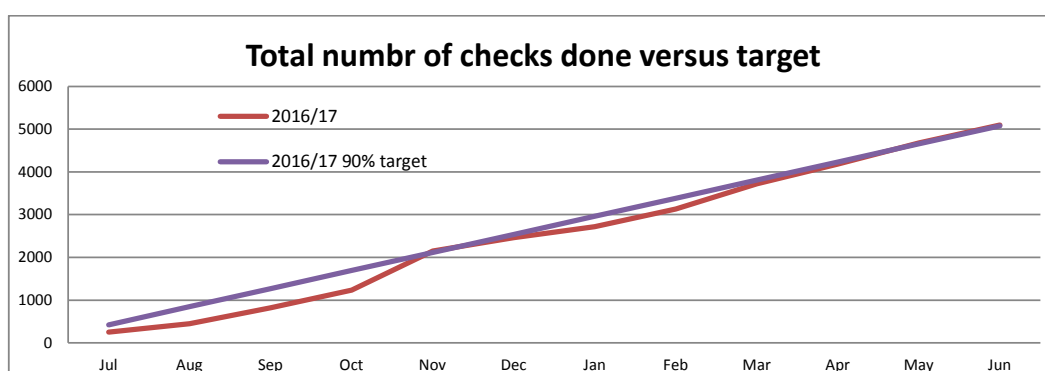
"I really appreciate your openness when this issue was first raised. Your swift actions really helped turned things around. I hope MHN continue the good work".

As at the end of Quarter 4, 100% of the target population (90%) of four year olds were checked. This includes the high deprivation child population and Māori. There is no equity gap.

The graph below reflects the performance increase.

Our actions to address coverage included:

- Extensive engagement with Midlands Health Network the organisation which holds the agreement on behalf of other PHOs to address performance and access issues;
- Weekly performance monitoring and reporting to the relevant Senior Advisor MoH;
- A focus within MHN from the CEO and GM down of the importance of the target and resourcing the service to meet the target; and



Performance against this target will be formally discussed at the next inter-Alliance forum to ensure that lessons learnt through this process are fully embedded.

Recommendation

THAT

The Committee notes the content of the report.

JULIE WILSON
EXECUTIVE DIRECTOR, STRATEGY AND FUNDING



**Date of next
meeting
11 October 2017**