Hospitals Advisory Committee Agenda

Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	10 April 2019	**Time:**	8.30am

Committee Members:	Ms S Christie (Chair) Ms C Beavis (Deputy Chair) Mr M Gallagher Mrs MA Gill Mr D Macpherson Dr K McClintock Ms C Rankin Mr R Scott (apology) Ms S Webb (apology) Dr P Malpass Mr F Mhlanga
In Attendance:	Mr R Dunham, Interim Chief Operating Officer Minute Secretary Board Records Members of the Executive Leadership Team will attend as required.

Next Meeting Date:	12 June 2019	
Contact Details:	Phone: 07 834 3622	Facsimile: 07 839 8680

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Item

1. APOLOGIES

2. INTERESTS

2.1 Schedule of Interests
2.2 Conflicts Related to Items on the Agenda

3. MINUTES & BOARD MATTERS

3.1 Hospitals Advisory Committee Minutes 12 December 2018
3.2 Lakes DHB Hospital Advisory Committee Minutes 25 February 2019
3.3 Bay of Plenty DHB Hospital Advisory Committee Minutes, 6 March 2019

Hospitals Advisory Committee Agenda

4. HOSPITAL SERVICES
4.1 Waikato Hospital Services Report
4.2 Emergency Department Model of Care
4.3 Patient Flow Manager
4.4 Health Roundtable – Bringing Data to the People

5. QUALITY & PATIENT SAFETY
5.1 Certification Update

6. PUBLIC EXCLUDED
6.1 Health Roundtable – Executive Briefings Jan – Dec 2018

7. NEXT MEETING: 12 June 2019

Hospitals Advisory Committee Agenda

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

THAT:

(1) The public is excluded from the following part of the proceedings of this meeting, namely:
Item 6.1 Health Round Table – Bringing Data to the People

(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:

(3) This resolution is made in reliance on Clause 32, Schedule 3 of the NZ Public Health and Disability Act 2000 in that the public conduct of the whole or the relevant part of the meeting would likely result in the disclosure for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	RASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER	SECTION OF THE ACT
Item 6.1: Health Roundtable Information	The documents include comparable data from other District Health Boards.	Please quote: Section 9 (2) (ba) (i) (ba) protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information— (i) would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied

6.1 HEALTH ROUNDTABLE – EXECUTIVE BRIEFINGS JAN – DEC 2018

RE-ADMITTANCE OF THE PUBLIC

THAT:
(1) The Public Is Re-Admitted.
(2) The Executive is delegated authority after the meeting to determine which items should be made publicly available for the purposes of publicity or implementation.

Apologies

Interests

SCHEDULE OF INTERESTS AS UPDATED BY HOSPITALS ADVISORY COMMITTEE MEMBERS TO APRIL 2019

Sally Christie

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Thames Coromandel District Council	TBA	TBA	
Partner, employee of Workwise	Pecuniary	Potential	

Crystal Beavis

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

Sally Webb

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

Note 1: Interests listed in every agenda.

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

Martin Gallagher

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

Mary Anne Gill

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Chief Executive Performance Review Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Life Unlimited Charitable Trust	Pecuniary	Perceived	
Member, Public Health Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Member, Disability Support Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Member, Health Strategic Committee, Bay of Plenty DHB	Pecuniary	Potential	

Dave Macpherson

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory 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, Waikato Regional Passenger Transport Committee	Non-Pecuniary	Potential	
Member, Waikato Regional Transport Committee	Non-pecuniary	Potential	
Member, Future Proof Joint Council Committee	Non-pecuniary	None	
Partner, occasional contractor to Waikato DHB in "Creating our Futures"	TBA	Potential	

Note 1: Interests listed in every agenda.

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

Dr Kahu McClintock

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

Christine Rankin

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

Ron Scott

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Member, Hospitals Advisory Committee, Waikato DHB	Pecuniary	Potential	
Deputy Chair and Board member, Bay of Plenty DHB		None	
Chair, SILC Charitable Trust		None	
Member, Bay of Plenty Region Council of AA		None	
Director, Stellaris Ltd		None	
Director, Stellaris PPE Ltd		None	

Dr Paul Malpass

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Fellow, Australasian College of Surgeons	Non-Pecuniary	None	
Fellow, New Zealand College of Public Health Medicine	Non-Pecuniary	None	
Trustee, CP and DB Malpass Family Trust	Non-Pecuniary	None	
Eldest Son employed by Bayer Pharmaceuticals	Non-Pecuniary	None	
Eldest Daughter registered nurse employed by Tuwharetoa Health	Non-Pecuniary	None	
Youngest Daughter employed by Access Community Health	Non-Pecuniary	None	

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

Fungai Mhlanga

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB **Employee, Hamilton City Council** **Member, Public Health Association** **Board member, Waikato Family Services Trust (WFST)** **Committee member, Ethnic Communities Development Fund (ECDF) Allocation**	Non-Pecuniary	None	Refer Notes 1 and 2

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

Conflicts Related to Items on the Agenda

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Hospitals Advisory Committee Meeting Held on Wednesday 12 December 2018 Commencing at 8.30am

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

In Attendance:
Dr C Wade, Board member
Ms M Wilson, Board member
Dr G Hopgood, Chief Medical Officer
Ms L Aydon, Executive Director, Public and Organisational Affairs
Ms V Aitken, Interim Executive Director, Mental Health and Addictions Service
Mr N Hablous, Executive Director, Office of the Chief Executive
Ms M Neville, Director, Quality & Patient Safety
Ms H McConnell, Director, Community and Clinical Support
Ms S Hayward, Chief Nursing and Midwifery Officer
Ms G Sewell, Executive Director, People and Performance

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

The Hospitals Advisory Committee (HAC) Chair welcomed and introduced Ms Hayley McConnell, Director, Community and Clinical Support Services and Deputy COO.

ITEM 1: APOLOGIES

Apologies were received from Ms C Rankin.

Dr K McClintock informed the meeting she would need to leave early at 10.30am.

Mr D Macpherson advised he would follow up with absent Committee member Mr F Mhlanga.

ITEM 2: INTERESTS

2.1 Schedule of Interests

2.2 Conflicts Related to Items on the Agenda

There were no conflicts of interest.

The Chair informed the Committee members that any conflicts and any changes to the Register of Interests should go to the PA to CEO, Waikato DHB.

ITEM 3: MINUTES AND COMMITTEE MATTERS

3.1 Hospitals Advisory Committee Minutes: 8 August 2018

Dr K McClintock noted that her comments regarding the Māori survey methodology referenced in the Mental Health and Addictions services "State of the Nation" presentation were omitted from the minutes. Ms V Aitken will contact Dr McClintock for her comments and ensure they are included.

Resolved
THAT
Subject to the changes to be included from Dr K McClintock the minutes on 8 August 2018 be confirmed.

3.2 Bay of Plenty DHB Hospital Advisory Committee Minutes: Wednesday 7 November 2018

Resolved
THAT
The Bay of Plenty DHB's Hospital Advisory Committee meeting minutes on 7 November 2018 were noted.

Highlights were:

- The Health Roundtable report on length of patient stay significant improvement.
- Improvement in preschool oral health.
- Mr M Chadwick's appointment to the Ministry of Health.

3.3 Lakes DHB Hospital Advisory Committee Meeting Minutes: 26 November 2018

The Lakes DHB's Hospital Advisory Committee meeting minutes on 7 November 2018 were noted.

ITEM 4: SERVICES

4.1 Health and Disability Commissioner Complaint Report Jan-June 2018

Ms M Neville presented the Health and Disability Commissioner's six monthly report which outlined trends of all complaints received by the HDC.

The Committee requested:

- Management review Health and Disability reports from other DHBs to compare data and trends.
- Information is presented to the Committee on the DHB's learnings and actions from a case where the Dunedin Hospital's Ophthalmology Service was found in breach, following a complaint from a patient whose follow up appointment was delayed by six months.

Resolved
THAT
The Committee received the report.

4.2 Learning from Adverse Events 2017/18

Ms M Neville presented a report on learnings from adverse reports (2017/18). This report will be published on the DHB's website.

It was acknowledged that this was the first time Mental Health events have been included in the report. This is in line with national direction.

Of note:

- Sixty three adverse events were reported and reviewed in line with the DHB's serious event review process, with fourteen of the cases (22%) involving Māori patients.
- Learnings are shared across the organisation as part of the review process.

Resolved
THAT
The Committee received the report.

ITEM 5: RURAL AND COMMUNITY SERVICES

5.1 Renal Services - Presentation

Mr A Gordon, Director of Ambulatory, Cancer and Regional Services, Waikato Hospital Services along with Dr A Henderson presented an overview of Waikato DHB's renal service for information and discussion.

Both nationally and regionally renal services are facing exponential demand for their services which prepare and support patients for life on dialysis. Some 60% of patients being Māori.

Challenges include:

- Insufficient capacity resulting in delays for patients.
- Current onerous travel requirements for patients.

Several options for addressing these challenges were discussed. It was noted that new facilities should be considered only once current facilities are operating at full capacity.

Resolved
THAT
The Committee received the report.

Dr K McClintock excused herself from the meeting.

5.2 Rural and Community Services update

Ms H McConnell, Director of Community and Clinical Support Services led the discussion on the rural and community setting of the DHB.

Ms McConnell shared her observations over the last six months of her time in the role; progress made and actions to commence in the next six months.

Resolved
THAT
The Committee received the report.

5.3 Thames / Te Korowai Hauora O Hauraki – Presentation

Ms R Manuel, Chief Executive, Te Korowai Hauora o Hauraki attended the meeting to support a model of care implementing joint strategies between the DHB and her organisation for sustainable long term primary / rural / secondary health care services to the Hauraki district.

The goal was to create a more sustainable service for the Hauraki region that joins all of the parts together.

Committee members supported the collaborative work.

The Committee Chair thanked Ms Manuel for her attendance.

Resolved
THAT
The Committee received the report.

5.4 Māori Access Change Project

Ms H McConnell presented this item.

The Māori Access Change Project – Thames Outpatient Clinics (a rural response) is an improvement approach specific to the region to address the Thames outpatient DNA inequities. This project had commenced 1 November 2018 and been enthusiastically received.

Committee members were supportive of the project and acknowledged the work of the "navigators" as a significant enhancement.

Resolved
THAT
The Committee received the report.

5.5 Screening Services

Ms S Duxfield, Manager, Screening Services presented the current screening coverage and initiatives to address rural and Māori inequities.

Two mobile units with fixed sites cover a large area of Midland sub-region.

Breastscreen Midland currently screens 68.4% of eligible women.

Resolved
THAT
The Committee received the report.

5.6 START – Supported transfer and accelerated transfer team

Ms H McConnell presented on behalf of Ms B Garbutt, Director, Medicine, Older Persons Rehabilitation and Allied Health.

The START service has evolved over the last eight years, near doubling the number of clients in its care, and has become the benchmark supported discharge model.

Resolved
THAT
The Committee received the report

ITEM 6: NEXT MEETING: 13 FEBRUARY 2019

The Committee Chair wished all a safe Christmas and requested that the members feedback on matters they would like to see come to the next meeting and into the future.

The meeting closed 11.30am.

Chairperson: _____

Date: _____

MINUTES OF THE MEETING OF THE HOSPITAL ADVISORY COMMITTEE HELD ON MONDAY 25th FEBRUARY 2019 AT 10.00 A.M. BOARDROOM, ROTORUA HOSPITAL, PUKEROA HILL, ROTORUA

Meeting: **[161]**

Present: L Thurston (Chair), A Morrison, D Shaw, J Morreau, J Horton, C Rankin, J Horton, M Gallagher, P Nicholl and L Rickard

In Attendance: N Saville-Wood (Acting CE), Dr S Kletchko, G Vandergoot (Acting COO), A Mountfort, H Schoeman, K Rex, M Noel, S Wilkie (from 10.10am), Presenters J Smith (Midland Cancer Network), K Beckett & C Kiernan (Lakes DHB) and B E Harris (Board Secretariat)

161.10 MEETING CONDUCT

The Chair welcomed everyone to the meeting, with special mention of new BoP DHB representative, Peter Nicholl and Acting COO Greg Vandergoot. A vote of thanks was acknowledged to M Bland who was the Acting COO in G Vandergoot's absence whilst on leave.

Introductions were made by those around the table followed by the opening karakia led by A Morrison.

161.11 Apologies: *(Agenda Item 1.1)* : Nil

161.12 Schedule of Interests Register *(Agenda Item 1.2)*
The Interest Register was circulated during the meeting. No additions/deletions were entered.

161.13 Conflict of interest relating to agenda items *(Agenda Item 1.3)*
J Morreau with item 161.75.1 Anaesthetic/ICU Department Credentialing - Public Excluded section

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

161.15 Presentations by
Jan Smith, Manager – Midland Cancer Network : Faster Cancer Treatment

J Smith acknowledged the work of Lydia Rickard as the Lakes DHB Midland Cancer Network Project Manager and congratulated Lakes DHB for its significant improvement and investment into cancer and palliative care over the last year. Congratulations were also extended to Yvonne Rogers, the consumer champions and regional team who attended the launch of the Bowel Screening Programme. Lakes DHB is helping other DHBs with the National Bowel Screening Programme. The National Bowel Screening Unit and Director-General have been approached to form an academic group. Hopefully the age range 50-60 years for Maori will be considered although there will be implications with the extension of the age range. J Smith stated that when the data becomes available, she would send this to the CEs.

The presentation covered:-

- Overview
- Lakes 2017-18 cancer work plan progress
- Lakes roll out of the NBS Programme
- Lakes support Midland DHBs
- FCT wait time indicators
- Service improvement/initiatives
- Lakes Palliative Care
- National Cancer Work Programme
- Where to for Lakes 2019-20

- Early detection of lung cancer
- Progress towards Midland pilot
- Promotional material

The Chair thanked J Smith for her informative presentation and asked that she present again in a year's time.

and Lakes DHB
Kelly Beckett, CNM Outpatients & Casey Kiernan, CNC Outpatients & Child Attendance Facilitator
on Child Attendance to Specialist Appointments

The above presentation highlighted:-

- 0-5 years non-attendance percentages
- Subsequent appointments
- Child attendance facilitator initiatives
- Local alerts
- Appointments
- System letters
- Initiatives in progress

The meeting was pleased to see the progress being made and the great achievements made by K Beckett, C Kiernan and the booking administrators. It was noted that key to families not engaging is the input from social workers.

The Chair thanked both presenters for the update and also requested that they present to HAC in a year's time.

It was requested that letters of acknowledgement from the Board Chair be written to the presenters.

161.20 SIGNIFICANT ISSUES

161.30 CHIEF OPERATING OFFICER

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

161.31.1 Chief Operating Officer monthly report : January 2019 *(Agenda Item 3.1.1)*

161.31.2 Balanced Scorecard *(Agenda Item 3.1.2)* : Noted

G Vandergoot, Acting COO, spoke to the report highlighting some of the points as follows:-

- Working on approving an architect/health planner and QS for procurement
- Presentations from the shortlisted companies to be on 8 March 2019
- Medicine Services – two physicians leaving resulting in recruitment issues
- Third general physician in place and third respiratory physician expected in March
- Cover with locums is reasonably successful
- Surgical and Elective Services – recruitment is ongoing for both the orthopaedic and general surgeon consultant vacancies. Potential orthopaedic consultant expected in March has yet to obtain registration and another full time consultant from South Africa arriving in June
- Orthopaedic College visit resulted in recommendation Lakes has a trainee in December this year – used to have two trainees per year to assist with planning and recruitment
- National Bowel Screening positive for this community
- Taupo Hospital – Sustainability initiative to plant a small orchard
- Lakes DHB Emergency Management and St John Ambulance Service ran a table top mass casualty exercise at Taupo Hospital – some areas were highlighted that needed to be improved upon
- Dermatology – key problem is the availability of clinicians to do clinics – reliant on Health Waikato for a number of clinics covering a range of specialties.

Resolution:
THAT the Chief Operating Officer's report and the Balanced Scorecard for the month of January be received.
L Thurston : J Horton

CARRIED

161.31.3 Key Performance Indicators – ESPI 1 & 2 updates *(Agenda Item 3.1.3)*
Lakes Surgical and Elective Services team continue to maintain frequent contact with the Ministry Electives team and have dispensation for ESPI 2 for orthopaedics to the end of June 2019. The Ministry's team is supportive to Lake's issues. The current industrial action is having an impact on achieving and maintaining targets and delivery to the planned elective procedures. ESPI compliance is becoming more difficult to achieve.
Resolution:
THAT the Hospital Advisory Committee accepts this report.
A Morrison : J Morreau
CARRIED

161.40 REPORTS

161.41 Performance Monitoring : 31st January 2019 *(Agenda Item 4.1)*
A Mountfort took the opportunity to introduce Matt Noel, Decision Support Unit Manager who would be attending future HAC meetings.

Matters of note were:-
- January shows a negative variance to budget ($425) due to leave and costs associated with the strike
- Bottom line still tracking well to budget $386
- Pharmaceuticals variance MTD $410k
- YTD adjustment Pharmaceutical funding : offset in costs
- Overall Personnel costs variance MTD ($182k)
- To date have experienced two strikes ($355k)
- FTE variance (vacancies net of overtime and leave) $212k
- Medical staff offset by locum costs
- Net treatment disposables – volume/demand driven $114k
- IDF revenue table needs to be relooked at

Resolution:
THAT the Financial Report for 31st January 2019 be received.
D Shaw : J Morreau
CARRIED

161.50 SECRETARIAL

161.51 Public minutes of Hospital Advisory Committee meeting held 26th November 2019 *(Agenda Item 5.1)*
Resolution:
THAT the public minutes of the previous Hospital Advisory Committee meeting held 26th November 2019 be confirmed as a true and accurate record.
J Morreau : C Rankin
CARRIED

161.52 Matters Arising *(Agenda Item 5.2)* : Nil

161.53 Schedule of Tasks *(Agenda Item 5.3)*

161.54 Copy of presentation slides on National Bowel Screening Programme : Noted

161.60 INFORMATION AND CORRESPONDENCE *(Agenda Item 6.0)*

161.61 161.61.1 Letters 23.11.18 & 18.12.18 to P Nicholl, BoP representative on Lakes DHB HAC *(Agenda Item 6.1.1)*
161.61.2 Draft BoP DHB Hospital Advisory Committee minutes 7.11.18 *(Agenda Item 6.1.2)*
Resolution:
THAT the above information be received.
L Thurston : A Morrison
CARRIED

M Gallagher expressed his disappointment that the draft Waikato DHB HAC minutes for the 12 December 2018 meeting were held back by Waikato DHB for further review. He advised that he

DRAFT

would follow this matter up.

161.61.3 Community representative reports *(Agenda Item 6.1.3)*
Held in Public Excluded section.

161.70 PUBLIC EXCLUDED

Resolution:
THAT the meeting move into Public Excluded at approximately 11.10am
L Thurston : J Horton
CARRIED

…….. 27th May 2019
Lyall Thurston QSO JP Chair

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LAKES DISTRICT HEALTH BOARD

SCHEDULE OF TASKS: Hospital Advisory Committee meeting
25th February 2019

Agenda Item	Action	Responsibility of	Timeframe
Presentations:			
1. Faster Cancer Treatment	That an updated presentation to HAC be scheduled for a year's time.	Jan Smith	February 2020
2. Child Attendance to Specialist Appointments	That an updated presentation to HAC be schedule for a year's time	Kelly Beckett & Casey Kiernan	February 2020
Tasks			
1. Faster Cancer Treatment	That letter of acknowledgement be written to Jan Smith	Board Chair	completed
2. Child Attendance to Specialist Appointments	That letters of acknowledgement be written to Kelly Beckett and Casey Kiernan	"	"

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Minutes

Bay of Plenty Hospital Advisory Committee

Venue: Tawa Room, 889 Cameron Road, Tauranga
Date and time: Wednesday 6 March 2019 at 10:30am

Committee: Geoff Esterman (Chair), Ron Scott, Peter Nicholl, Matua Parkinson, Yvonne Boyes, Clyde Wade (Waikato DHB Rep) and Lyall Thurston (Lakes DHB Rep)

Attendees: Bronwyn Anstis (Acting Chief Operating Officer), Julie Robinson (Director of Nursing), Hugh Lees (Chief Medical Advisor), Debbie Brown (Senior Advisor, Governance & Quality), Sarah Mitchell (Director Allied Health, Scientific and Technical),

Item No.	Item	Action
1	**Karakia** The meeting opened with a karakia.	
2	**Apologies** An apology was received from Sally Webb **Resolved** that the apology from S Webb be accepted. Moved: Y Boyes Seconded: C Wade	
3	**Presentations** Nil	
4	**Minutes** BOPHAC Meeting – 7.11.18 **Resolved** that the minutes of the meeting held on 7 November 2018 be confirmed as a true and correct record. Moved: R Scott Seconded: P Nicholl	
5	**Matters Arising** There were no Matters Arising outstanding	
6	**Reports requiring decision** 6.1 HDC Complaints received by the Advocacy Service about DHBs – 1 July 2017 to 30 June 2018 Query was raised regarding ethnicity reporting. SAGQ advised that the report had requested feedback. This can be relayed.	SAGQ

UNCONFIRMED

Item No.	Item	Action
	Query was also raised on DHB versus Hospital Services. It appeared to be Hospital based. Feedback will also be given on this point. SAGQ advised that BOPDHB is very proactive with its complaints and many are resolved without advocacy or being progressed to HDC. Datix does record ethnicity. Communication and its various means and what people think they have or haven't been told which can be at a time of stress, was discussed. **Resolved** that the Committee receives the report. Moved: R Scott Seconded: Y Boyes 6.2 <u>Care Companions</u> DON gave an overview of the paper as Medical Nurse Leader was unable to be present today. Care Companions is a new initiative which appears to be working well. There is much more interaction with patients and the consistency of care is good for the patient and atmosphere of the ward. The Committee requested thanks be conveyed to the Medical Nurse Leader for her very interesting report. **Resolved** that the Committee note the contents of the paper. Moved: Y Boyes Seconded: B Edlin 6.3 <u>Acting Chief Operating Officer's Report</u> Acting Chief Operating Officer highlighted the following: Overaching matter for the last month has been industrial action by doctors and midwives. *Networks* is carried out once a month with a simulation involving the whole staff. It is carried out by way of a mannequin which is programmed with a particular urgent medical condition, to educate staff how to deal with the situation and how the team responds as a whole. It is also service specific, e.g orthopaedic situations are conducted in an orthopaedic theatre. *Additional Nursing FTE/Funding.* DON advised that the CCDM matching is progressing which matches resource to acuity. Whakatane was done last year. For Tauranga a review overall, hadn't been carried out for some time. It is being carried out this year and will now be carried out annually. There are FTE shortages in Tauranga. BOPDHB's population growth has had an effect on acuity. There is a CCDM base limit to FTE level. There are areas where that base limit is too many. The additional funding was allocated on population, not acuity. BOPDHB translated the funding into 19.1 FTE. *Physiotherapy in ED* is working well, reducing referals to orthopaedics.	SAGQ DON

UNCONFIRMED

Item No.	Item	Action
	DAHST advised that these people are mainly 4s or 5s which shouldn't be at ED and intervention is excluding potential admissions. *Faster Cancer Treatment* - 95.5% being seen within timeframe *MHAS* has a lot of pressure. Recent auditor feedback was that the culture of MHAS was good. *Maternity* - ongoing national issue but is working better. *Dental* - High number of DNAs. Looking at trialling Kaiawhina to link with Maori families. Acting COO advised that there had been a number of approaches tried. Comment was made that kindergarten facilities offer a good opportunity. A Committee member advised of a recent Committee meeting at Lakes DHB which advised of good work being done in this area. Communication is an issue. BOPDHB uses email, txt and phone as well as correspondence. Messenger was also put forward as a good means of communication. It was queried whether capacity was an issue. Acting COO advised that more resource has been applied. *Before School Checks* – going very well and are over-delivering Acting COO asked the Committee if the format of the Chief Operating Officer's report produced the information they require. It was generally considered that it was. Comment was made that a Provider Arm Dashboard Report used to be reported to BOPHAC. Acting COO advised this was the Balanced Score Card and will look to reinstate. **Resolved** that the Committee receive the Acting Chief Operator's report. Moved: Y Boyes Seconded: C Wade	Acting COO
7	**Matters for Noting** 7.1 Work Plan	
7	**General Business** There was no general business	
8	**Resolution to Exclude the Public** **Resolved** that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation: Confidential Minutes of last meeting Discussion – Creating a Mechanism for Visibility of Areas Under Significant Pressure RDA Strikes and Followup	

UNCONFIRMED

Item No.	Item	Action
	Health Round Table Data Clinical Governance Board progress Update That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed: Bronwyn Anstis Debbie Brown Julie Robinson Hugh Lees Sarah Mitchell **Resolved** that the Board move into confidential. Moved: G Esterman Seconded: R Scott	
9	**Next Meeting -** Wednesday 5 June 2019	

The open section of the meeting closed at 11.15 am
The minutes will be confirmed as a true and correct record at the next meeting.

UNCONFIRMED

MEMORANDUM TO THE HOSPITALS ADVISORY COMMITTEE
APRIL 2019

AGENDA ITEM 4.1

INTERIM CHIEF OPERATING OFFICER, WAIKATO HOSPITAL SERVICES REPORT

Purpose	For information

Attached is a new Ministry of Health generated report on Waikato DHBs elective service performance.

Elective Surgical Discharges
You can see that up until December / January we were doing well and YTD over producing. You can also see the effect the strikes have had on us with only 99% and 96% of December / January 2019. I think this is still a good performance but we will still have to watch this space with the threat of additional strikes.

The average CWD are up on plan (102%) which indicates a higher complexity than expected.

When we look at individual services we need to drill deeper on Anaesthesia, Cardiothoracic, ENT and Paed Surgical.

Waiting Times
We have work to do on ESPI2 (number of clients waiting longer than 6 months for a FSA). When we dig a little deeper we see the problem is in orthopaedics, Maxfac and Plastics. These have previously been identified and notified to the Ministry of Health. Recovery plans have been written and endorsed by the Ministry.

ESPI 5 (the number of patients waiting over 4 months for treatment. You can see cardiology contributes to our red bricks. We have already commenced some changes that will contribute to recovery.

Diagnostic Access
We are not doing well here with performance with CT and MRI areas not improving. This will be a focus for our team over the coming months. Staffing has improved slightly which should provide a positive contribution but there is more we need to do.

Ophthalmology waiting times
Work to do here too to treat patients in a timely manner although the number is not high we should not have any patients overdue for treatment or follow up. Sadly we perform well here compared with national figures.

Cardiac Surgery
You can see the waiting list has grown, indicating increased demand and capacity limiting factors. This very high complex surgery was certainly affected by strikes. We are currently reviewing our processes, capacity and pathways.

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

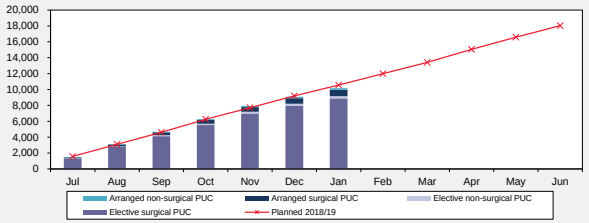
Ron Dunham
Interim Chief Operating Officer
Waikato Hospital Services

Waikato DHB Elective Service Performance for January 19

Delivery

Elective Surgical Discharges ▼ 96.4%

	2018						2019					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Planned	1,581	3,092	4,615	6,243	7,707	9,189	10,551	11,986	13,413	15,055	16,590	18,038
Actual	1,491	3,135	4,685	6,273	7,928	9,086	10,173					
Variance	-90	43	70	30	221	-103	-378					
%Achievement	94%	101%	102%	100%	103%	99%	96%					



Electives Initiative — CWD 102.7% — Discharges 98.0%

	CWD			Discharges		
	Plan	Actual	%	Plan	Actual	%
D01.01 Inpatient Dental	218.0	350.0	160.5%	488	693	142.0%
M10.01 Cardiology	588.7	970.6	164.9%	486	612	125.9%
MS02016 Skin Lesion Removal	143.8	265.4	184.6%	596	1,137	190.8%
S00.01 General Surgery	2,142.6	2,234.5	104.3%	1,545	1,596	103.3%
S05.01 Anaesthesia	67.4	44.8	66.5%	199	87	43.7%
S15.01 Cardiothoracic	973.7	814.8	83.7%	144	115	79.9%
S25.01 ENT	818.7	727.8	88.9%	1,154	985	85.4%
S30.01 Gynaecology	853.7	896.2	105.0%	899	937	104.2%
S35.01 Neurosurgery	475.6	598.4	125.8%	144	188	130.6%
S40007 Intraocular injections	44.8	0.0	0.0%	758	0	0.0%
S40.01 Ophthalmology	751.0	573.3	76.3%	1,264	1,139	90.1%
S45.01 Orthopaedics	2,850.6	2,914.8	102.3%	1,122	1,162	103.6%
S55.01 Paed Surgical	277.8	267.2	96.2%	350	255	72.9%
S60.01 Plastics	948.5	837.7	88.3%	1,176	1,177	100.1%
S70.01 Urology	642.8	591.4	92.0%	481	482	100.2%
S75.01 Vascular	673.7	726.4	107.8%	405	419	103.5%
Total	**12,471.5**	**12,813.4**	**102.7%**	**11,211**	**10,984**	**98.0%**

Ambulatory Intiative - FSA — Total 110.8% — Surgical 115.1%

Year to Date FSA Summary	Year to Date FSA Delivery	Year to Date Surgical FSA	Total Planned FSA Delivery
Base Planned FSA	19,889	12,206	34,008
Additional Planned FSA	5,175	3,951	8,837
Total Planned FSA	25,064	16,157	42,845
Actual FSA Delivery	27,763	18,597	
	110.8%	115.1%	
Base Plan to Actual Variance	7,874		
Total Plan to Actual Variance	2,699	2,440	
Base Volumes Delivered?	Yes		

Waiting Times

ESPI - DHB Level — 4 Consecutive Months Red

	2018							2019	Number of months non-compliant	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Consecutive to Jan 19	Non consecutive
ESPI 1	81.5%	70.4%	77.8%	74.1%	77.8%	81.5%	37.0%	66.7%	0	0
Level	5	8	6	7	6	5	17	9		
ESPI 2	0.2%	0.3%	0.3%	0.3%	0.7%	1.1%	3.9%	6.9%	4	0
Level	22	28	33	28	70	107	397	711		
ESPI 3	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0	0
Level	36	34	27	21	19	19	15	17		
ESPI 5	0.2%	0.4%	0.6%	0.8%	0.6%	1.0%	1.1%	4.1%	2	0
Level	8	22	29	38	26	47	58	226		
ESPI 6	0.0%	0.0%	6.5%	0.0%	0.0%	5.9%	8.8%	8.1%	0	0
Level	0	0	3	0	0	2	3	3		
ESPI 8	93.0%	69.1%	70.1%	73.2%	81.7%	94.8%	93.3%	93.3%	0	1
Level	1,512	1,120	1,073	1,076	1,226	1,885	1,274	1,192		

ESPI 2 - by Service — 8 Non Compliant Services

	2018							2019	Imp Req	3 mth Trend
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Cardiology	0.3%	0.0%	0.0%	0.0%	1.1%	0.7%	0.7%	8.4%	-34	▲
Dermatology	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	5.6%	-25	▲
Ear, Nose & Throat	0.1%	0.2%	0.5%	0.0%	0.1%	0.0%	0.0%	0.6%	-7	▲
General Medicine	0.0%	0.0%	0.0%	1.3%	1.4%	0.0%	0.0%	4.3%	-3	▲
General Surgery	0.3%	0.2%	0.1%	0.1%	0.0%	0.1%	0.4%	1.2%	-13	▲
Neurology	0.0%	0.2%	0.2%	0.0%	0.2%	0.0%	0.0%	1.0%	-5	▲
Ophthalmology	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	7.2%	8.8%	-55	▲
Oral Maxillofacial	0.0%	0.0%	0.0%	0.0%	0.0%	9.2%	23.4%	36.2%	-105	▲
Orthopaedics	0.4%	1.3%	1.4%	1.6%	3.0%	5.4%	17.7%	28.5%	-365	▲
Paediatric Medicine	0.2%	1.0%	0.4%	0.2%	0.2%	0.3%	0.5%	1.9%	-11	▲
Plastics	0.1%	0.0%	0.4%	0.2%	1.6%	0.3%	3.1%	7.2%	-87	▲
Rheumatology	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	-1	▲

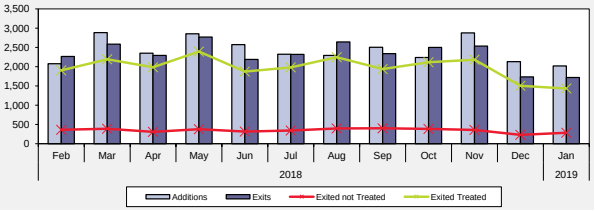
ESPI 5 by Service — 6 Non Compliant Services

	2018							2019	Imp Req	3 mth Trend
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
Cardiology	0.0%	0.0%	0.3%	0.0%	1.8%	3.4%	3.7%	12.6%	-54	▲
Cardiothoracic	0.0%	9.3%	4.0%	13.4%	4.9%	8.7%	14.3%	16.7%	-4	▲
Dental	0.0%	0.3%	0.3%	0.9%	0.3%	1.5%	0.6%	3.8%	-13	▲
Ear, Nose & Throat	0.3%	0.3%	1.3%	0.5%	0.4%	0.8%	1.2%	4.5%	-27	▲
Gastroenterology	0.3%	0.2%	0.3%	0.2%	0.5%	0.3%	0.3%	2.3%	-8	▲
General Surgery	0.6%	0.5%	0.4%	0.8%	0.1%	0.0%	0.2%	1.9%	-24	▲
Neurosurgery	0.0%	3.4%	7.0%	2.4%	1.5%	1.4%	4.8%	14.9%	-10	▲
Ophthalmology	0.0%	0.0%	0.0%	0.2%	0.3%	0.5%	0.3%	0.5%	-2	▼
Orthopaedics	0.0%	1.0%	1.3%	1.7%	0.7%	2.3%	3.6%	9.6%	-44	▲
Paediatric Surgery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	-1	▲
Plastics	0.0%	0.1%	0.5%	0.7%	0.5%	0.8%	0.8%	3.3%	-34	▲
Vascular	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.9%	4.4%	-5	▲

Patient Flow

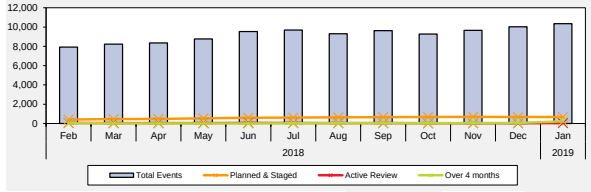
Additions and Exits from NBRS

	2018												2019
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Additions	2,076	2,885	2,350	2,853	2,572	2,325	2,293	2,503	2,237	2,877	2,132	2,019
Exits	2,265	2,583	2,291	2,771	2,189	2,321	2,642	2,340	2,500	2,535	1,735	1,719
Variance	-189	302	59	82	383	4	-349	163	-263	342	397	300
Exited not Treated	360	389	308	377	314	341	397	401	384	356	230	286
	16%	15%	13%	14%	14%	15%	15%	17%	15%	14%	13%	17%



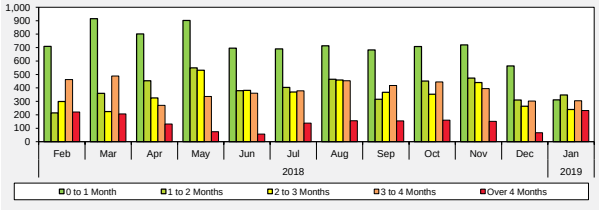
Queues

	2018												2019
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Active Review	54	46	47	48	63	55	46	38	33	34	34	37
% AR	1%	1%	1%	1%	1%	1%	0%	0%	0%	0%	0%	0%
Planned & Staged	407	460	480	531	589	612	640	660	679	689	677	668
% P & S	5%	6%	6%	6%	6%	6%	7%	7%	7%	7%	7%	6%
Over 4 months	36	15	18	9	8	22	29	38	26	47	58	226
% over 4 months	0.5%	0.2%	0.2%	0.1%	0.1%	0.2%	0.3%	0.4%	0.3%	0.5%	0.6%	2.2%



Number of days for exit (inpatient)

	2018												2019
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
0 to 1 Month	37%	42%	40%	38%	37%	35%	32%	35%	33%	33%	37%	22%
1 to 2 Months	11%	16%	23%	23%	20%	20%	21%	16%	21%	22%	21%	24%
2 to 3 Months	16%	10%	16%	22%	20%	19%	20%	19%	17%	20%	18%	17%
3 to 4 Months	24%	22%	14%	14%	19%	19%	20%	22%	21%	18%	20%	21%
Over 4 Months	12%	9%	7%	3%	3%	7%	7%	8%	8%	7%	4%	16%



Report to: Jan 19

Data Extracted on: 04/03/19

Definitions & Information

Delivery

Elective Surgical Discharges (Level One)

Data Source

This data is sourced from the DHB monthly Electives Initiative report, Elective Surgical Discharges summary page. This table and graph shows monthly YTD delivery against the planned YTD delivery.

What do the colours mean?

In the top right hand corner of this box next to the title is the % result for the latest month, the colour code below determines whether the performance meets expectations (green) or does not (red). This is the same as in the Electives Initiative report and the Elective Surgical Discharges quarterly reports.

Green	Greater than or equal to 100%	–, ▲, or ▼	Change from previous month
Red	Less than 100%		

Electives Initiative (Level Two)

Data Source

This data is sourced from the DHB monthly Electives Initiative report, YTD Discharge Summary and, the Full Year Plan and YTD Caseweight Summary and Full Year Plan.

What do the colours mean?

In the top right hand corner of this box next to the title is the % result for the latest month, the colour code below determines whether the performance meets expectations (green) or does not (red). This is the same as in the Electives Initiative report.

For both CWD and Discharges			
Green	Greater than or equal to 95%	Red	Less than 95%

Ambulatory Initiative - FSA (Level Two)

Data Source

This data is sourced from the DHB monthly Ambulatory Initiative FSA report Summary Page which includes both Total FSA Delivery and Surgical FSA delivery.

What do the colours mean?

In the top right hand corner of this box next to the title is the % result for the latest month for Total FSA and Surgical FSA. The colour code below determines whether the performance meets expectations (green) or does not (red). This is the same as in the Ambulatory Initiative report.

For both Total and Surgical FSA			
Green	Greater than or equal to 95%	Red	Less than or equal to 95%

Waiting Times

ESPI - DHB Level (Level One)

Data Source

This data is sourced from the DHB monthly Final ESPI Reports. Additional information included is the Total number of consecutive months of Red ESPI performance, and the number of non consecutive months of Red ESPI performance for an 8 month period. From January 2015 the definition of ESPI 2 is the number of patients waiting over 4 months for FSA, and the definition of ESPI 5 is the number of patients waiting over 4 months for treatment.

What do the colours mean in the title bar?

In the top right hand corner of this box next to the title is the period of Red level ESPIs non compliance.

Green	All ESPI Results at a DHB Level are either Green or Yellow
Orange	The first month of the DHB having a Red ESPI at a DHB Level
Red	The DHB has had 2 or more consecutive months with a Red ESPI at a DHB Level

What do the colours mean in the table?

The colours for each cell show whether a DHB is compliant (green) or non compliant (yellow and red) for each ESPI.

ESPI 2 - by Service (Level Two)

Data Source

This data is sourced from the DHB monthly Final ESPI Reports, including the Improvement Required, and a 3 month trend arrow. The ESPI result in this report is for an 8 month period, and only services which are currently non compliant, or have been non compliant at least once in the last 4 months will appear on this report.

What do the colours mean in the title bar?

In the top right hand corner of this box next to the title is the number of non compliant services for ESPI2 for the current month.

Green	All services are compliant
Orange	Equal to or less than 3 services non compliant
Red	Greater than 3 services are non compliant

What do the colours mean in the table?

The colours for each cell show whether a DHB is compliant (green) or non compliant (yellow or red) for each service. A warning light (box will turn orange) for the 3 Month Trend arrow when a service if the three month trend is worsening.

From July 2012 onwards	
Green	= 0%
Yellow	> 0% but < 0.4%
Red	> = 0.4%

Prior to July 2013 the definition of ESPI 2 is the number of patients waiting over 6 months for FSA. Between July 2013 and December 2014 the definition of ESPI 2 is the number of patients waiting over 5 months for FSA, and from January 2015 the definition of ESPI 2 is the number of patients waiting over 4 months for FSA.

ESPI 5 by Service (Level Two)

Data Source

This data is sourced from the DHB monthly Final ESPI Reports, including the Improvement Required, and a 3 month trend arrow. The ESPI result in this report is for an 8 month period, and only services which are currently non compliant, or have been non compliant at least once in the last 4 months will appear on this report.

What do the colours mean in the title bar?

In the top right hand corner of this box next to the title is the number of non compliant services for ESPI5 for the current month.

Green	All services are compliant
Orange	Equal to or less than 3 services non compliant
Red	Greater than 3 services are non compliant

What do the colours mean in the table?

The colours for each cell show whether a DHB is compliant (green) or non compliant (yellow or red) for each service. A warning light (box will turn orange) for the 3 Month Trend arrow when a service if the three month trend is worsening.

From July 2012 onwards	
Green	= 0 %
Yellow	> 0% but < 1%
Red	> = 1%

Prior to July 2013 the definition of ESPI 5 is the number of patients waiting over 6 months for Treatment. Between July 2013 and December 2014 the definition of ESPI 5 is the number of patients waiting over 5 months for Treatment, and from January 2015 ESPI 5 is the number of patients waiting over 4 months for Treatment.

Patient Flow

Additions and Exits from NBRS (Level Two)

Data Source

This data is sourced from the DHB 6 monthly rolling report using a 12 month data set.

What does the coloured traffic light mean?

In the top right hand corner of this box next to the title is a coloured traffic light. This is based on the latest month's data and the colour code below determines whether the performance meets expectations (green) or does not (red).

	If that month the number added to NBRS is not more than 10% greater than exited, **AND** Exited not treated is less than 10%.
	If that month the number added to NBRS is more than 10% greater than exited **OR** Exited untreated is greater than or equal 10%
	If that month the number added to NBRS is more than 10% greater than exited **AND** Exited untreated is greater than or equal 10%

What does the coloured cells mean for 'Variance' and 'Exited not treated'?

Variance		Exited not treated	
Green	The number added is less than 10% higher than the number exited	Green	Less than 10%
Red	The number added is more than 10% higher than the number exited	Red	Greater than or equal to 10%

Queues (Level Two)

Data Source

This data is sourced from the DHB 6 monthly rolling report.

What does the coloured traffic light mean?

In the top right hand corner of this box next to the title is a coloured traffic light. This is based on the latest month's data and the colour code below determines whether the performance meets expectations (green) or does not (red).

	If the % in Active review is less than 5%, the % in Planned & Staged is less than 5%, **AND** there is 0% Over 4 months
	If the % in Active review is greater than 5% **OR,** the % in Planned & Staged is greater than 5% **OR** there is more than 0% in Over 4 months
	If any two of the variable ('% in Active Review, '% in Planned & Staged', and '% Over 4 months') is red.

What does the coloured cells mean for %AR, % P&S, and % over 4 months?

% in Active Review		% in Planned & Staged		% Over 4 months	
Green	Less than 5%	Green	Less than 5%	Green	Zero %
Red	Equal to or greater than 5%	Red	Equal to or greater than 5%	Red	Greater than zero

Number of days for exit (inpatient) (Level Two)

Data Source

This data is sourced from the DHB 6 monthly rolling report using a 12 month data set.

Why is there no traffic light for this measure?

There is not a traffic light for this indicator. This information provides a guide for how long people had waited at the time of treatment. While all patients should be seen within a maximum of four months, waiting times within this for each speciality and individual patient will vary based on clinical treatment timeframes.

MEMORANDUM TO THE HOSPITALS ADVISORY COMMITTEE
APRIL 2019

AGENDA ITEM 4.2

EMERGENCY DEPARTMENT MODEL OF CARE PROJECT

Purpose	For information

Introduction

ED has recently initiated a Model of Care "MOC" project. The project is to provide fast quality service to the people of the Waikato and regional areas and in turn increase our 6hr MOH target attainment to consistently hit 90%. To achieve this, the project will focus its attention to the following initiatives:

- Developing and implementing a sustainable "Model of Care" Operating Model into the Emergency Department
- Re-building the Emergency Department's team morale and to create a positive working environment that will reduce employee churn and develop a sustainable workforce
- Develop and implement a zoning model into the Emergency Department:
    - Triage
    - Consult
    - Hot Zone
    - Specialty Zone
    - Paeds
    - Resus
- Design and implementation of a standardised "PULL" system into ED Triage.
- Building a roster that is based around a team environment. Each zone will have a team leader that will lead the co-ordination and management of their team members and oversee the patient flow through their respective zones.
- Developing a roster (medical and nursing) that is in line with the "Model of Care" operating model. This will also match the service's needs 24 hrs a day, 7 days a week (rather than the current Monday to Friday model)
- Reviewing and Re-writing the key roles and responsibilities in the Emergency Department to ensure alignment with the new "Model of Care" operating model
- Continuing the patient re-direction initiative from ED to AMU/ASU and also extend this out to other suitable locations such as Plastics Hot Clinics and Women's Assessment Unit (WAU).
- Developing closer relationships with the surgical services to provide faster care to ED patients

The Emergency Department has made significant progress towards achieving the MOH 6hr target since the middle of December. As can be seen from the graph below

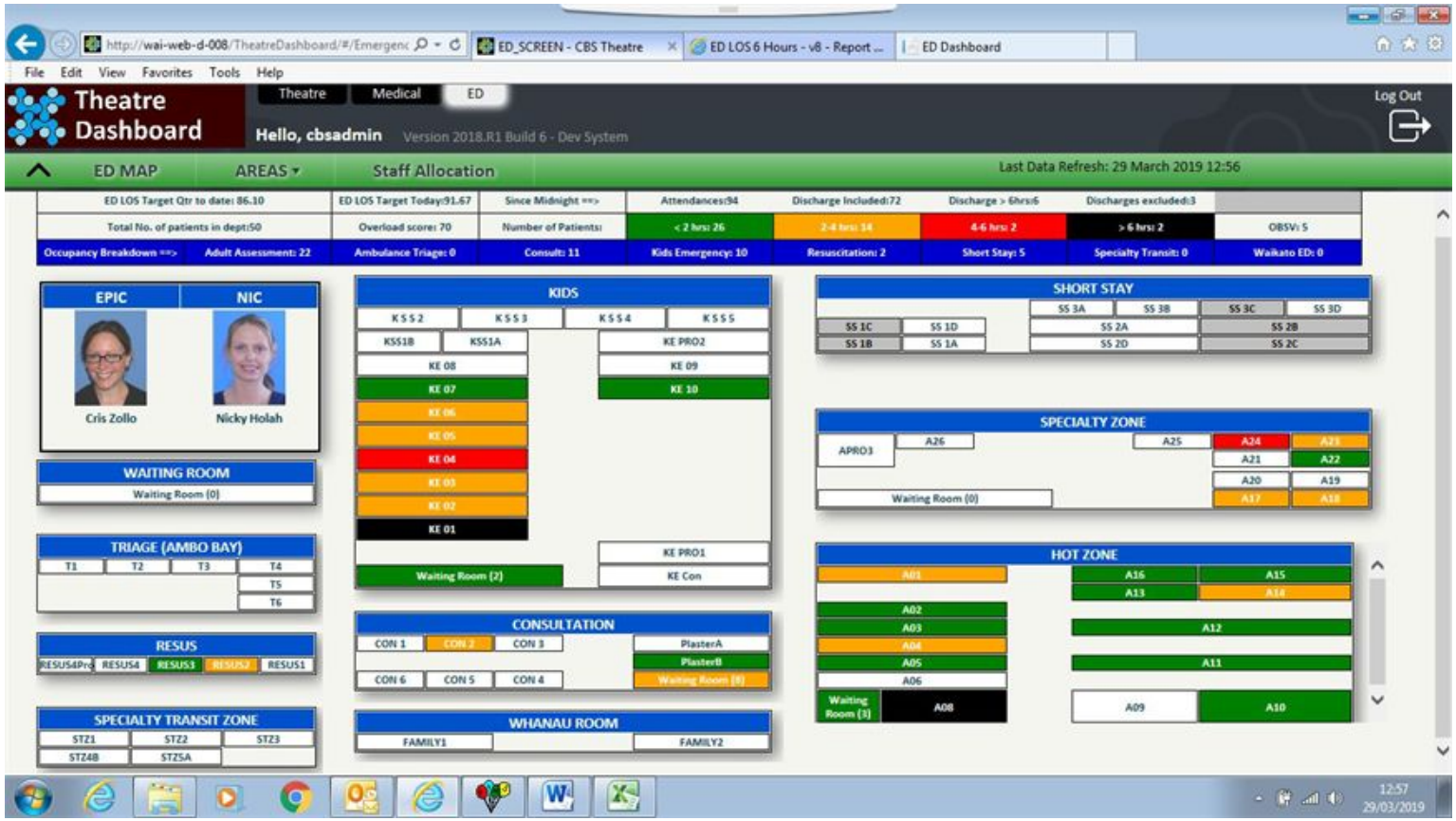
(Chart 1), we have seen a sharp up-swing in performance from what was once an underperforming service (a weekly average of 80% between Jan 2018 to Dec 2018) to now a service that has hit an average of 90% or above for 3 consecutive weeks to date (Feb). What makes this result more impressive is that, the department has achieved this whilst still seeing the same or even higher numbers of daily ED presentations as 2018.

From an IT and Data perspective, we are developing an ED Whiteboard (Screen shot 1 and 2) and ED Dashboard (Screenshot 3) that will provide the department and the Operations Centre with access to LIVE critical data/information. This will allow the management team to make on the fly decisions to pro-actively manage any current and potential constraints and blockages on patient flow as and when they occur. See below for screenshots of designs.

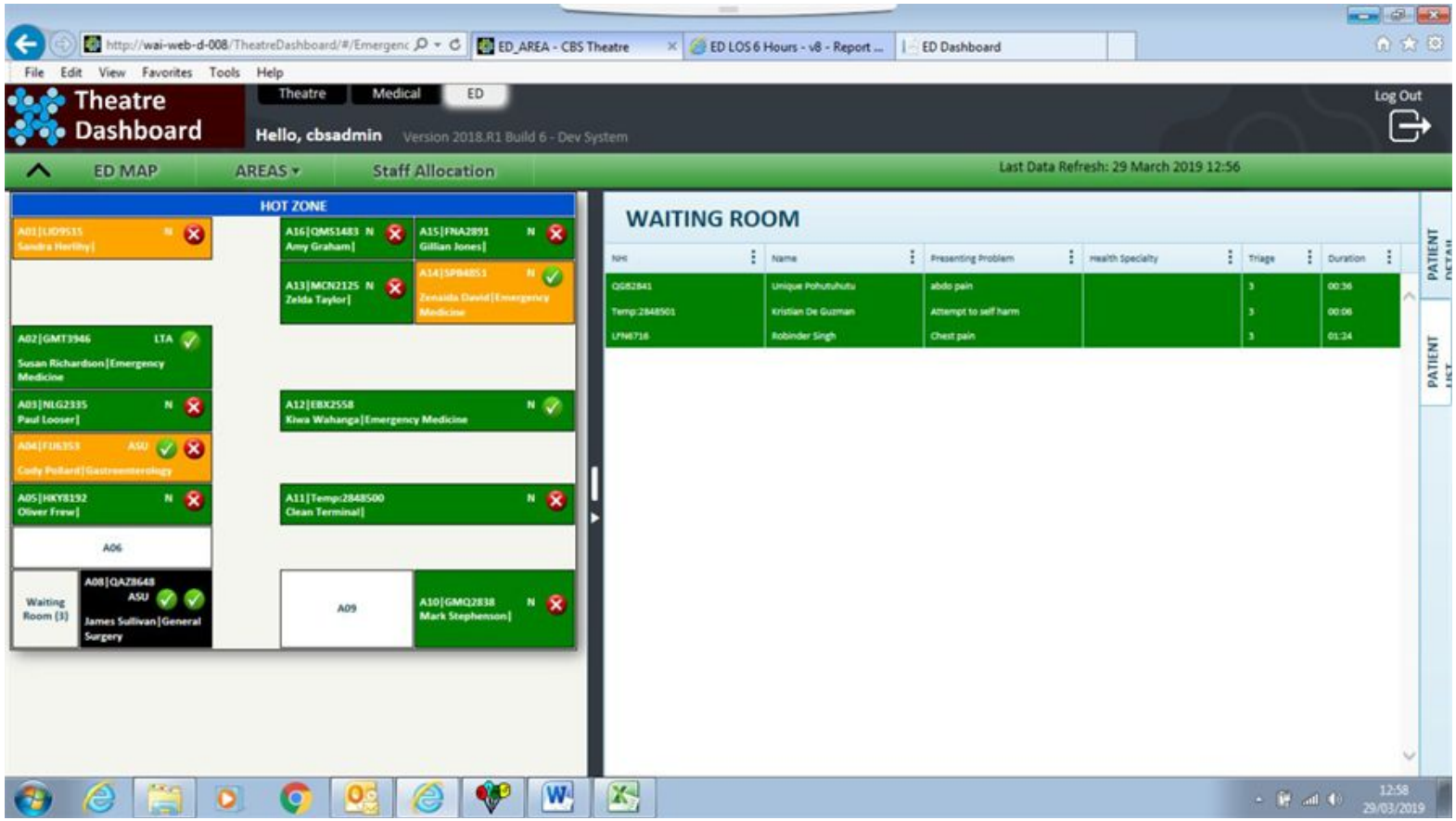
Recommendation	1) **THAT:** The Committee receives and notes the content of the report.

Ron Dunham
Interim Chief Operating Officer, Waikato Hospital Services

Screenshot 1: (ED Main Floor Overview)



Screenshot 2: (Hot Zone Detailed View)



Screenshot 3

ED DASHBOARD DESIGN

ED Presentations	
No. Of Presentations in the last hour	**15**

ED Census	
Total No. of patients in ED	**44**

ED Average LOS	
Av time to be seen by ED (180 mins)	**120**
Av time to be seen by Specialty (120 mins)	**100**
Av time to be allocated a bed (60 mins)	**40**

Bed	
TOTAL No. of Patients awaiting a bed	**10**
No. of patients awaiting a surgical bed	6
No. of patients awaiting a bed in ASU	2
No. of patients awaiting a bed in AMU	2

Resus (4)	**3**

Hot Zone (16)	**11**
No. of patients seen	2
No. of patients unseen	2
No. of patients in hotzone waitroom	7

Specialty Zone (11)	**7**
No. of patients seen	2
No. of patients unseen	2
No. of patients in Specialty waitroom	3

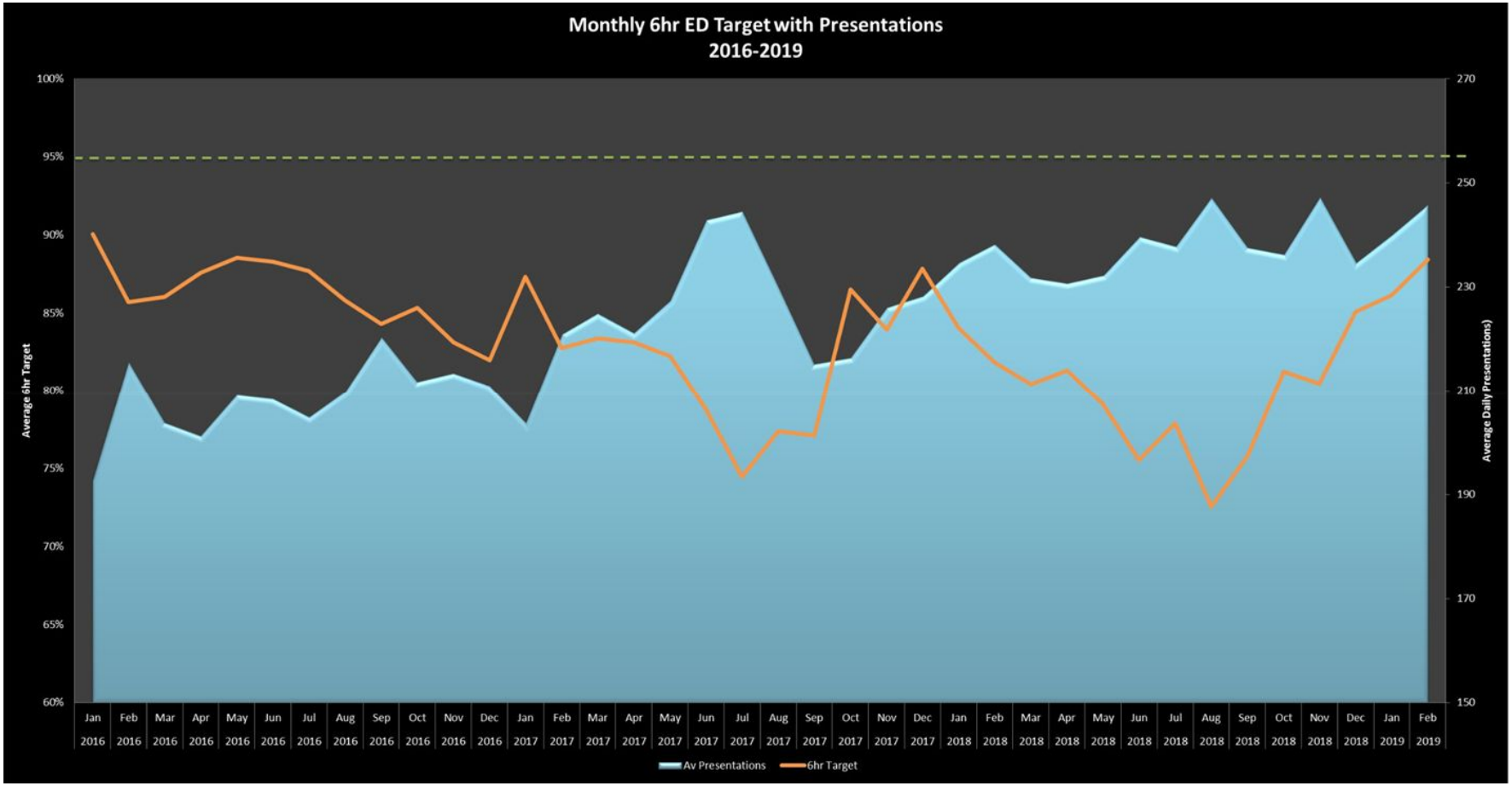
Short Stay Unit (12)	**6**

Consult (8)	**5**
No. of patients seen	2
No. of patients in consult waitroom	3

Paeds (12)	**6**
No. of patients seen	2
No. of patients unseen	2
No. of patients in kids waitroom	2

Paeds KESU (6)	**6**

Chart 1: ED MOH 6hr target



	6 hr target			Average Daily Presentation		
Year	2018	2019	Variance	2018	2019	Variance
week 1	85%	83%	-2%	239	253	6%
week 2	88%	83%	-5%	231	235	2%
week 3	81%	84%	3%	224	240	7%
week 4	84%	92%	8%	232	232	0%
week 5	79%	90%	11%	239	241	1%
week 6	83%	90%	7%	237	248	5%
week 7	80%	89%	9%	254	239	-6%

	6 hr target			Average Daily Presentation		
Year	2018	2019	Variance	2018	2019	Variance
week 1	85%	83%	-2%	239	253	6%
week 2	88%	83%	-5%	231	235	2%
week 3	81%	84%	3%	224	240	7%
week 4	84%	92%	8%	232	232	0%
week 5	79%	90%	11%	239	241	1%
week 6	83%	90%	7%	237	248	5%
week 7	80%	89%	9%	254	239	-6%

MEMORANDUM TO THE HOSPITALS ADVISORY COMMITTEE
APRIL 2019

AGENDA ITEM 4.3

PATIENT FLOW MANAGER

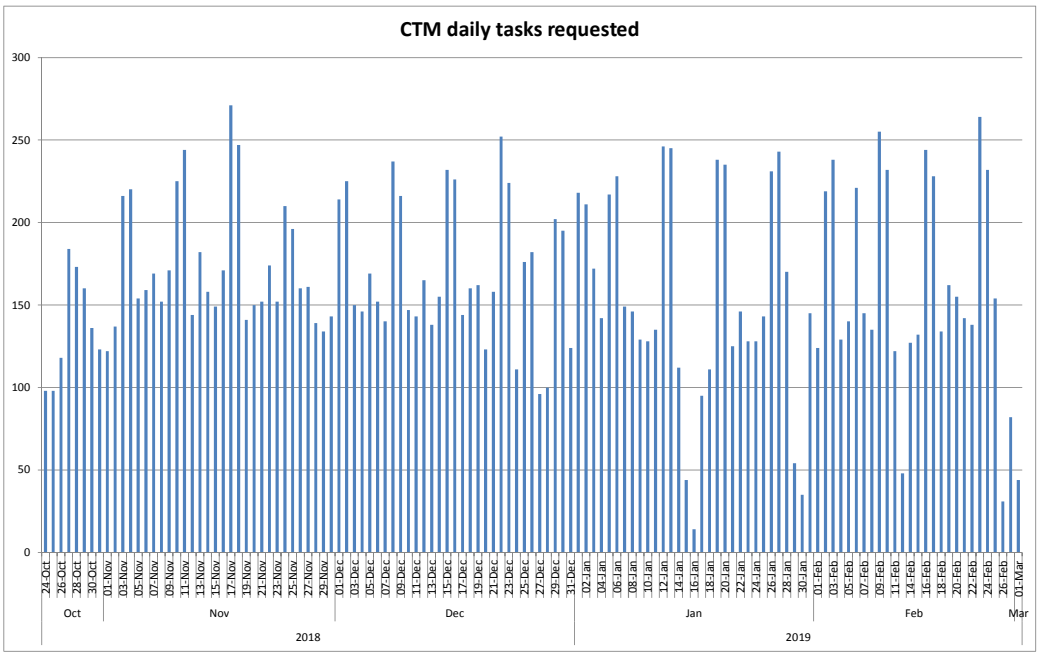
Purpose	For information

Patient Flow Manager: Clinical Task Manager

After the successful implementation of Patient Flow Manager (PFM) and its module Clinical Task Manager (CTM) on 24 October 2018, all "Out of Hours" (weekdays 4pm to 7am, weekends, public holidays) clinical tasks in Waikato Hospital are now managed electronically.

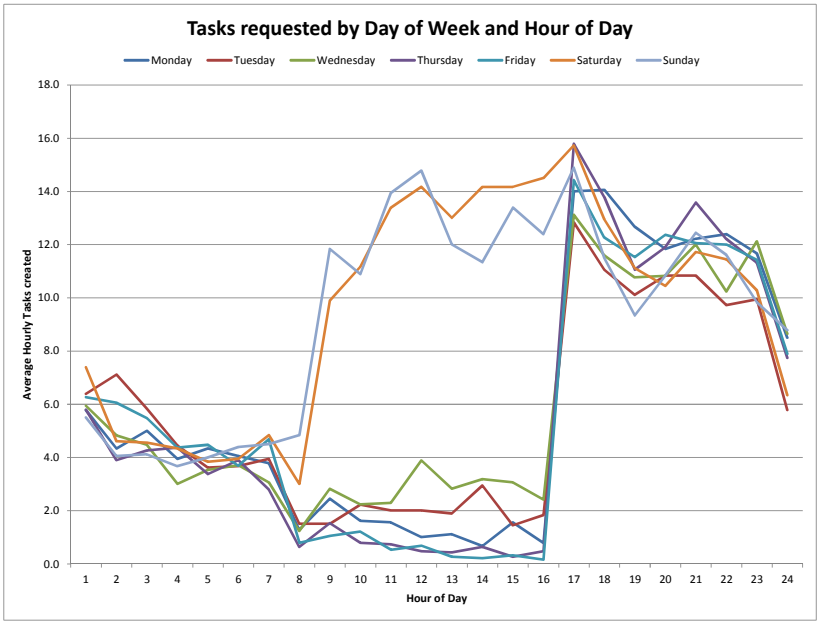
From the start, about 150 tasks were completed each night, and about 250 tasks each weekend / public holiday day.

Volume of tasks by day



- *Note volumes on weekend days vs week-days*
- *Note the four RDA strikes in January and February.*

Task creation time



- *Note peak at shift start at 4 pm and much lower volumes after mid night.*

There is now a lot more visibility of the workload at night and during the weekend, what services/wards, what time of day, and response times. The new system has made it possible for all users, and hospital management out of hours, to have visibility of doctor workload, time to respond and consequential care delays. This information is being used operationally, to escalate delays, provide additional support, and prioritise workload. It can also be used to better plan and staff junior doctors for the expected workload. The introduction of the system has also meant that business processes and responsibilities for raising urgent tasks and closing off tasks have now been clearly defined.

All in all, the feedback on the system has been positive and it has provided the DHB with functionality to better manage the workload at night, and to better match required staffing with available resource. From a recent meeting with RMOs, they report that:

- The volume of pages they receive has dropped – on some wards the nurses still persist with paging and need encouragement to use PFM/CTM (this is not a problem with the tool per se, just the nature of introducing a new process)
- It is much easier to have a view of their overall task workload without having to go to the wards
- It is very useful to be able to get an idea of clinical context via the information in the IQ Notes that is visible in CTM when triaging and prioritising tasks

- It is very useful to be able to add a comment back to the wards (though acknowledge that the nurses have to check to see if comments have been left)
- It is very useful to know who has requested the task in case you need to speak to them and to know exactly what the task is that needs to be done – never used to get this level of information with paging
- Providing smartphones for CTM use has also enabled them to access laboratory and radiology
- Being able to view a list of outstanding tasks supports the handover process from one shift to another

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

Marc ter Beek
Chief Data Officer,
Waikato District Health Board

MEMORANDUM TO THE HOSPITALS ADVISORY COMMITTEE
APRIL 2019

AGENDA ITEM 4.4

HEALTH ROUND TABLE

Purpose	For information

Health Round Table – bringing data to the people

Waikato DHB have long used performance reporting from Health Round Table (HRT), a healthcare system benchmarking organisation in Australia. Historically, these reports are provided Quarterly and include comparative performance on a range of hospital based performance measures, clinical, operational and financial. These reports are in static format and in some cases presented by HRT representatives.

Late 2018, HRT launched a new online reporting tool "HRT Insights" which allows users to view the DHB's performance relative to its peers in an interactive way. The two key features that are different from the previous reporting format are that the reports are dynamic and enable drill-down to anonymised patient level detail. As the reports are dynamic, the user can 'interrogate the data' and test hypotheses to better understand possible contributing factors to the performance and causes for performance improvement. Further, as the tool allows for drill-down to the lowest patient level detail, clinical case studies can be conducted to ensure full understanding of each patient in the sample. This is important as it also helps building confidence in the underlying data, and mitigates the risk of individual patient cases drowning out in average measures of performance. The tool is an example of modern data analytics toolsets which make large amounts of data easy to interact with for non-technical decision makers. In healthcare systems around the world, these tools are seen as a key enabler for clinical Quality Improvement activity as well as to the establishment of effective (clinical) governance. By bringing key performance data and analysis functionality to all decision makers in the organisation, we empower all people to make evidence based decisions, and to track the results of changes they make to ensure these lead to performance improvements.

Access to the new reports is available for all interested staff, with particular focus on clinicians. Presentations to clinical leadership groups are underway with interest expressed by doctors and nurses across a number of services. Our licensing

arrangement with HRT covers all DHB staff, therefore this tool truly brings ‘data to the people’.

Besides the HRT Insights toolset from Health Round Table, there are now comparable offerings from Health Quality Safety Commission and the Ministry of Health (national datasets). Waikato DHB is also progressing development of similar interactive performance reports using the same toolset (QlikSense) as used by the Ministry, HealthShare and in a number of other DHBs. Our development progress has been slow due to lack of dedicated and experienced application developers.

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

Marc ter Beek
Chief Data Officer
Waikato District Health Board

MEMORANDUM TO THE HOSPITALS ADVISORY COMMITTEE
APRIL 2019

AGENDA ITEM 5.1

Certification Audit March 2019

Purpose	• Inform the Committee about the draft outcomes from the recent certification audit (19-22 March 2019)

Key Points or Issues

- Positive feedback from auditors particularly noting that woman's health had no areas of concern or corrective action.
- Infection control team (liked that they use CIMs for outbreaks), great pharmacy service, new senior team at Thames and rural hospitals all singled out for praise
- 15 patient tracers – all consumers complimentary
- No corrective action in restraint practice, resus trolleys or infection control
- Area of highest concern was mental health services that are under enormous pressure with demand, and over occupancy. The auditors could not believe the resilience and professionalism of the staff
- The Ministry of Health require an update on action we are taking on the high risk corrective action – completed
- Corrective actions – 14 in total: 8 low risk, 4 moderate and 2 high risk

High Risk (30 days to feedback on our action)

- **Risk Management:** Although we have Datix, when reviewing the risk register, statutory committee minutes, recommendations of reviews and incidents, many of the apparent risks are not registered - examples such as fires in laundry neither having an incident form logged or ongoing risk identified on register, industrial action not on risk register. Of those registered there is inconsistency regarding risk rating, review timeframe and frequency of review, escalation process, actions being taken to reduce risk etc.
- **Service Provider Levels/Skill Mix** : There are areas where staffing does not meet current demand such as house surgeons in vascular surgery, anaesthetic technicians, ED staffing at Thames, PACU at Waikato, Tokoroa vacancies where staff reported the ongoing need to do extra duties and callback for unplanned events (ED/maternity) and of course MH&AS which is staffed for 85% occupancy and currently at 120% occupancy.

Moderate Risk (90 days to feedback on our action)

- **Privacy** – overall managed well, but there are areas which could be improved

- **Leadership** – there are several key leadership roles vacant with interim roles and BoCG in abeyance.
- **Patient transfers/Discharge Planning** – patient transfers information is not being documented consistently. Evident there are unacceptable delays for transfer of deteriorating patients to Waikato Hospital from rural hospitals. Also discharge planning was not sighted in surgical areas; some evidence was scattered through progress notes.
- **Facilities** : Kitchen not designed for the number of meals currently being prepared; lack of patient lounge/meeting space in several areas; Hazard management in one or two areas, and MH&AS facility issues well known.

Low Risk (180 days to feedback on our action)

- **Family Violence** training and screening volumes remain low and do not meet MoH screening requirements
- **Policies** – ongoing work, but compliance is still not where it should be : 10-27% of policies are out of date.
- **Education/Training** – Recording systems do not support the ability to accurately monitor that training requirements are met. Also performance appraisal rates are not where they should be (but we are reviewing the process); orientation training is not always documented, or staff aren't attending – snapshot indicates 27% may not be attending
- **MHAS Care planning** – comprehensive assessment is not being consistently completed on admission to serve as basis for service delivery planning.But good plan of care on a day to day basis.
- **Medication management** : No cold chain accreditation, no pharmacist input at Te Kuiti and Taumarunui,
- **Food Storage**: breast milk fridges not temperature monitored; no emergency food supplies at Te Kuiti & Taum; two fridges not temperature monitored at Taum; Matariki Hospital needs to review menu plans.
- **Facilities** : six of 50 Building WOFs are still out of date, including Matariki facility. Several items where bio-medical equipment was well overdue for testing.

Next steps

- Expect draft report in 3 weeks for review of factual accuracy.
- One area highlighted for possible continuous improvement (CI) – sepsis quality improvement project. This would be Waikato DHBs first CI
- Executive team to develop action plan for submission to the MoH once final report achieved although some action already underway.

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

Mo Neville
Director Quality and Patient Safety,
1 April 2019