Waitematā
District Health Board

Best Care for Everyone

HOSPITAL ADVISORY COMMITTEE (HAC) MEETING

Wednesday 21 October 2020
1.30pm

AGENDA

VENUE:
Boardroom, Level 1, 15 Shea Tce
Takapuna

Waitematā District Health Board
Best Care for Everyone

HOSPITAL ADVISORY COMMITTEE (HAC) MEETING
21 October 2020

Venue: Boardroom, Level 1, 15 Shea Tce Takapuna **Time: 1.30pm**

Committee Members	WDHB Management
Sandra Coney –Committee Chair Edward Benson-Cooper – Deputy Committee Chair Judy McGregor – WDHB Board Chair John Bottomley – WDHB Board Member Chris Carter - WDHB Board Member Warren Flaunty – WDHB Board Member Allison Roe – WDHB Board Member Renata Watene - WDHB Board Member	Dale Bramley – Chief Executive Officer Robert Paine – Chief Financial Officer and Head of Corporate Services Mark Shepherd – Director, Provider Healthcare Services

APOLOGIES:

AGENDA

DISCLOSURE OF INTERESTS

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

PART I – Items to be considered in public meeting

All recommendations/resolutions are subject to approval of the Board.

	1.	**AGENDA ORDER AND TIMING**
	2.	**CONFIRMATION OF MINUTES**
1.30pm	2.1	Confirmation of Minutes of Hospital Advisory Committee Meeting (09/09/20) Actions Arising from previous meetings
	3.	**PROVIDER REPORTS**
1.35pm	3.1	Provider Arm Performance Report – August
	3.1.1	Executive Summary
	3.1.2	Human Resources
	3.1.3	Acute and Emergency Medicine Division
	3.1.4	Specialty Medicine and Health of Older People Services
	3.1.5	Child, Women and Family Services
	3.1.6	Specialist Mental Health and Addiction Services
	3.1.7	Surgical and Ambulatory Services/Elective Surgery Centre
	3.1.8	Diagnostic Services
	3.1.9	Clinical Support Services
	4.	**CORPORATE REPORTS**
2.10pm	4.1	Clinical Leaders' Report
2.25pm	4.2	Quality Report - August
	5.	**GENERAL BUSINESS**
2.40pm	**6.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Waitematā District Health Board

Hospital Advisory Committee Member Attendance Schedule 2020

NAME	FEB	MAR	MAY	JUN	JUL	SEP	OCT	DEC
Sandra Coney (Committee Chair)	✓	Meetings Cancelled due to Covid-19		✓	✓	✓		
Edward Benson Cooper (Deputy Committee Chair)	✓			✓	✓	✓		
Judy McGregor	✓			✓	✓	✓		
John Bottomley	✓			✓	✓	✓		
Chris Carter	*x*			✓	✓	✓		
Warren Flaunty	✓			✓	✓	✓		
Allison Roe	✓			✓	*x*	✓		
Renata Watene	✓			✓	✓	✓		

✓ ***Attended the meeting***
x ***Apologies***
******* ***Attended part of the meeting only***
# ***Absent on Board business***
^ ***Leave of absence***

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Sandra Coney (Committee Chair)	Member – Waitakere Ranges Local Board, Auckland Council Patron – Women's Health Action Trust	18/12/19
Edward Benson-Cooper (Deputy Committee Chair)	Chiropractor - Milford, Auckland (with private practice commitments) Edward has three (different) family members who hold the following positions: Family member - FRANZCR. Specialist at Mercy Radiology. Chairman for Intra Limited. Director of Mercy Radiology Group. Director of Mercy Breast Clinic Family member - Radiology registrar in Auckland Radiology Regional Training Scheme Family member - FANZCA FCICM. Intensive Care specialist at the Department of Critical Care Medicine and Anaesthetist at Mercy Hospital	25/03/19
John Bottomley	Consultant Interventional Radiologist - Waitematā District Health Board	17/12/19
Chris Carter	Chairperson – Henderson-Massey Local Board, Auckland Council Trustee – Lazarus Trust	18/12/19
Warren Flaunty	Chair – Trust Community Foundation Trustee (Vice President) – Waitakere Licensing Trust Shareholder – EBOS Group Shareholder – Green Cross Health Director – Life Pharmacy Northwest Chair – Three Harbours Health Foundation Trustee – Hospice West Auckland (past role)	05/02/20
Judy McGregor (Board Chair)	Chair – Health Workforce Advisory Board Associate Dean Post Graduate - Faculty of Culture and Society, AUT Member - AUT's Academic Board New Zealand Law Foundation Fund Recipient Consultant - Asia Pacific Forum of National Human Rights Institutions Media Commentator - NZ Herald Patron - Auckland Women's Centre Life Member - Hauturu Little Barrier Island Supporters' Trust	11/09/19
Allison Roe	Chairperson – Matakana Coast Trail Trust Member – Rodney Local Board, Auckland Council Member – Wilson Home Committee of Management (past role)	22/08/18
Renata Watene	Owner – Occhiali Optometrist Board Member – OCANZ Strategic Indigenous Task Force Council Member - NZAO	17/12/19

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

2.1 Minutes of the Hospital Advisory Committee meeting held on 9 September 2020

Recommendation:

That the draft Minutes of the Hospital Advisory Committee meeting held on 9 September 2020 be approved.

Draft Minutes of the Meeting of the Waitematā District Health Board

Hospital Advisory Committee

Wednesday, 9 September 2020

held via video conferencing
commencing at 1.31pm.

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

Sandra Coney (Committee Chair) – *present by video conference*
Judy McGregor (Board Chair)
Edward Benson-Cooper– *present by video conference*
John Bottomley– *present by video conference*
Chris Carter– *present by video conference*
Warren Flaunty
Allison Roe– *present by video conference*
Renata Watene– *present by video conference*

ALSO PRESENT

Andrew Brant (Acting Chief Executive Officer)
Robert Paine (Chief Financial Officer and Head of Corporate Services)
Jonathan Christiansen (Chief Medical Officer)
Jocelyn Peach (Director of Nursing and Midwifery) - *present by video conference*
Sharon Russell (Associate Director, Allied Health) – *present by video conference until 2.45pm*
Mark Shepherd (Director, Provider Healthcare Services)
Peta Molloy (Board Secretary)
Deanne Manuel (Committee Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public and media representatives present during the meeting.

WELCOME

The Committee Chair welcomed those present.

APOLOGIES

Apologies were received and accepted from Dr Dale Bramley and Tamzin Brott.

DISCLOSURE OF INTERESTS

There were no additions to the Interest Register.
There were no interests declared that might give conflict with a matter on the open agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Hospital Advisory Committee Meeting held on 29 July 2020 (agenda pages 6-15)

Resolution (Moved Sandra /Seconded Warren)

That the Draft Minutes of the Hospital Advisory Committee meeting held on 29 July 2020 be approved.

Carried

Actions Arising (agenda pages 16-18)

The updates on the matters arising were noted. No issues were raised.

3. PROVIDER ARM PERFORMANCE REPORT

In view of the rotational format for the discussion of the HAC Provider Arm report, sections 3.1.3, 3.1.4, 3.1.6 and 3.1.7 of the report were taken as read.

3.1 Provider Arm Performance Report – June 2020 (agenda pages 19-79)

Executive Summary/Overview

Mark Shepherd (Director Provider Healthcare Services) summarised this section of the report.

Matters covered in the discussion and response to questions included:

- The increase in elective work and planned care volumes from 27% to 94% in June. Efforts to reduce cancellation rates and optimise theatre capacity and the redesign of theatre schedule in coordination with the Institute for Innovation and Improvement that allowed achievement of 85% of annual planned care volumes were highlighted.
- Improvement plans were submitted to the Ministry of Health (MOH). Work required to 'catch-up' on deferred volumes is planned in three tranches with uplifts of cases in the production volume schedule. Plans are subject to funding. The MOH does not specify targets for the catch-up but plans were developed with equity based principles. More information on the equity based principles will be provided in the next report.
- Noting the rate of outpatient did-not-attend (DNA) rate for Māori and Pacific as a key issue, the Provider Arm is looking into messaging and communication to reduce DNA rates. Other strategies being considered are

place-based care, co-design of clinic environments with multiple types of care to set-up in locations that would suit priority populations as well as provision of care in a mobile bus setting.

- A prior study on DNA cases provided some recommendations to address a DNA strategy. This was not progressed at the time as it required significant resources. The service will review the strategies to incorporate into planned care with updates on learnings as a result of COVID-19. An update will be provided to the Committee.
- A suggestion for the Community and Public Health Advisory Committee (CPHAC) to look into impact of COVID-19 on catch up and immunisation was made.
- Robert Paine (Chief Finance Officer and Head of Corporate Services) noted the overall financial year end results, which was breakeven without COVID-19 related costs.
- The updates on the DHB priorities variance report will be reviewed.
- The drop in the faster cancer treatment performance was during the COVID-19 lockdown period. All 23 patients have a treatment programme in place.

This section of the report was received.

Human Resources
Fiona McCarthy (Director HR) was present for the report.
This section of the report was noted.

Acute and Emergency Medicine Division
This section of the report was noted.

Specialty Medicine and Health of Older People Division
This section of the report was noted.

Child Women and Family (CWF) Division
Stephanie Doe (General Manager, CWF) joined by video conference for this item. She highlighted the change in the model of care to improve access and outcomes, for women with small for gestational age baby or hypertension in pregnancy, and the work with non-government organisations to support child development services in particular, psychological support and therapy.

Matters covered in the discussion and response to questions included:

- The current focus on children with highest need for oral health services. This is being impacted by high non-attendance rates for some schools and the pre-screening requirement. The pre-screening requirement is consistent with broader DHB framework for outpatients. Screening is conducted by phone, a day before the appointment, and epidemiological link will be established through the questionnaires.
- To support attendance, the service has adjusted its service hours and developed Facebook videos to communicate messages to patients and whānau noting that email and text communication is not always an ideal form of communication.
- The impact of the screening requirement was raised with the Dental Council New Zealand and an update will be provided to the Committee in a future report once a response is received.

This section of the report was received.

Specialist Mental Health and Addiction Services

Matters covered in the discussion and response to questions included:

- In recognition of the achievements of the DHB nurses who have received recognition, a congratulatory letter will be sent from the Board.
- Noting the lack of specialist staff as a national issue, the DHB has a number of pipelines to address workforce planning and development. There are vacancies that are currently facing challenges such as social work and psychology roles. In allied health, work is underway to bring occupational therapist roles into mental health.

This section of the report was noted.

Surgical and Ambulatory Services/Elective Surgical Centre
This section of the report was noted.

Diagnostic Services
Brad Healey (General Manager) joined by video conference for this item. Matters he highlighted in the report included:

- The price increase on medicines as a result of global supply chain issues brought about by COVID-19.
- Acknowledging the work of laboratory staff in the COVID-19 testing and noting the space and capacity challenges which was realised during the response. The service will work on these challenges to look into what a 'laboratory of the future' might look like.
- Significant reduction on radiology waiting list which was a result of industrial action.

No issues were raised and this section of the report was received.

Clinical Support Services

Brad Healey (General Manager) provided an update on the issue related to the thermometers noting that the units in Waitakere Hospital have all been replaced while units at North Shore Hospital are scheduled to be replaced within the next two weeks. Work is focussing on maintenance of high-risk clinical equipment to ensure productivity.

No issues were raised and this section of the report was received.

Resolution (Moved Sandra Coney/Seconded Chris Carter)

That the report be received.

Carried

3.2 Provider Arm Summary Report – July 2020 (agenda pages 80-94)
Executive Summary/Overview

Mark Shepherd (Director Provider Healthcare Services) summarised this section of the report, highlighting the improvement of elective volumes and outpatient DNA rates for the month of July. It was noted that faster cancer treatment performance also stabilised during this month.

No issues were raised and the report was received.

Resolution (Moved Sandra Coney/Seconded Warren Flaunty)

That the report be received.

Carried

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 95-102)
Jonathan Christiansen (Chief Medical Officer) was present for the item. Jocelyn Peach (Director, Nursing) and Sharon Russell (Associate Director, Allied Health) joined by video conference.

Allied Health, Scientific and Technical Professions
Sharon Russell took the report as read.

Matters covered in the discussion and response to questions included:

- Work plans are in place to address pipeline specifically for Māori and Pacific workforce.
- The DHB has a good uptake of students in its scholarship programme.

This section of the report was received.

Nursing and Midwifery and Emergency Planning Systems

Jocelyn Peach summarised the report highlighting:

- The DHB has achieved 74% to national target related to Care Capacity Demand Management (CCDM).
- On-going recruitment and retention to support Maōri nurses into nursing programmes.
- The provision of pastoral support and link to nurse practitioners roles has been well received and the intake of nurse practitioners has grown.
- The work underway to update the emergency planning systems.
- On-going provision of welfare support for those in managed isolation facilities as part of the COVID-19 response.

This section of report was received.

Medical Staff

Jonathan Christiansen highlighted the shift in the annual training schedule and employment rotation of Registered Medical Officers (RMOs) noting that that the DHB is well placed in terms of implementation. There are potential costs to be incurred but the benefits will be substantial.

Matters covered in the discussion and response to questions included:

- It was noted that the DHB is not likely to experience RMO staff shortages although it is unable to recruit from overseas due to COVID-19.
- Noting the work of the 'informed consent steering group' on the electronic dashboard and how this provided visibility on surgical competencies and supervision needs.

This section of report was received.

Resolution (Moved Sandra Coney/Seconded John Bottomley)

That the report be received.

Carried

4.2 Quality Report – March/April 2020 (agenda pages 85-167)

Jacky Bush (Quality and Risk Manager) and Penny Andrew (Director, i3 and Clinical Lead) were present for this section of the report. David Price (Director, Patient Experience) joined by video conference.

Matters covered in the discussion and response to questions included:

- The performance against Quality Safety Markers (QSM) in particular the low Hospital Diagnosis Standardised Mortality Ratio and hand hygiene compliance.
- That there were no fractured neck of femurs and reported confirmed stage 3, 4 or unstageable pressure injuries for the June and July reporting period.
- The timely response to complaints versus the national target.
- Significant reduction of seasonal influenza cases compared to the same period last year.
- Westlake volunteer programme was paused due to COVID-19 alert level restrictions in place.
- The Consumer Council has re-elected David Lui to continue his role as Chair and appointed DJ Adams as Deputy Chair.

Resolution (Moved Sandra Coney / Second Allison Roe)

That the report be received.

Carried

5. GENERAL BUSINESS

There were no items of general business.

6. RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 198-199)

Resolution (Moved Warren Flaunty/Seconded Sandra Coney)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 29/07/20	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
4. End of Life Choice Act 2019	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the	**Conduct of Public Affairs** The disclosure of information would not be in the public interest because of the greater need

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
	disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.	to maintain the effective conduct of public affairs through the protection of members, officers and employees from improper pressure or harassment. [Official Information Act 1982 S.9 (2) (g)(ii)]

Carried

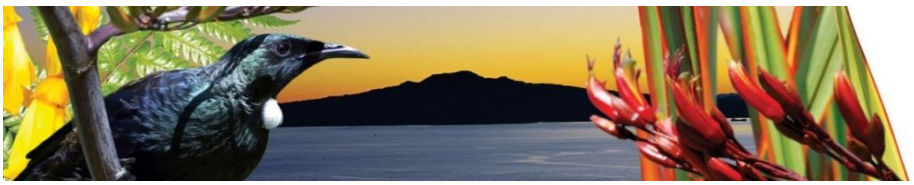
The open session of the meeting concluded at 2.55p.m.

SIGNED AS A CORRECT RECORD OF THE WAITEMATĀ DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 9 SEPTEMBER 2020.

_____CHAIR

Actions Arising and Carried Forward from Meetings of the Hospital Advisory Committee as at 15 October 2020

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back/Comment
17/06/20	3.1	Provider Arm Performance Report - The Committee requested a report on the experience of women who delivered babies during the lockdown period. The Committee also requested a focus on mental health and noting that some chose at home birth (meeting dated 20/07/20).	Stephanie Doe	See attached update
29/07/20	3.1	Provider Arm Performance Report - Committee to be provided with results of the survey conducted for staff RE: COVID-19 response - The Committee requested an update on initiatives to engage with Māori patients and whānau in a future report.	David Price	Completed. Presented to the Board on 30/09/20 Verbal update to be provided at the meeting
09/09/20	3.1	Provider Arm Performance Report - Committee to be provided with equity based principles to be applied in relation to the catch-up improvement plan submitted to the MoH	Mark Shepherd	Completed. Presented to the Board on 30/09/20



Waitematā District Health Board
Best Care for Everyone

How was your care during COVID-19 restrictions – Maternity Survey Summary

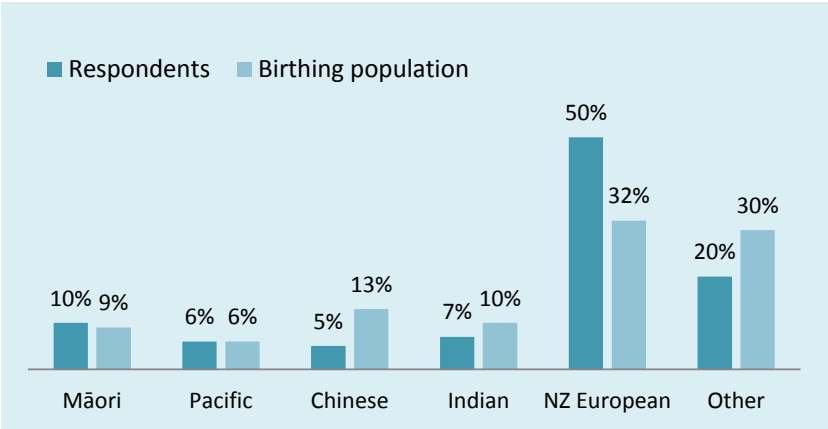
Method

The survey aimed to capture the experience of women who gave birth during the first NZ alert level 4 and 3 restrictions[1]. During this period around 890 women gave birth. A survey link was emailed to 653 women who had authorised emails and the other women were contacted via their LMC. 190 surveys were returned giving a 21% response rate.

Respondents

The respondents were evenly split between first time mums and mums who had other children. 63% were aged between 30 and 39. Māori and Pacific Island women were proportionately represented, but NZ European women were over represented with Chinese and Indian women and women of other ethnicities under represented, this may have been due to language barriers.

Figure 1 Respondents by ethnicity



Survey

The survey was divided in to sections and covered the following areas: access to midwifery care in pregnancy; access to hospital specialists; access to other services; support in hospital; breastfeeding support; hospital experience; length of stay; maternity readmission and midwifery care at home.

[1] **COVID-19 Alert level 4 – 26th of March – 27th of April ; Alert level 3 –28th of April – 13th of May**

Results Summary

Midwife appointments

87% of women continued to have face to face appointments with their midwife. Although some women would have preferred longer visits.

"It felt amazing. My partner and I feel that we would not have got through Level 4 lockdown if we could not have seen our midwife face-to-face. She was our lifeline. Without her we would have been completely isolated."

Midwife phone consultations

69% of women had phone consultations with their midwife. Most were OK with this for some of the time, but in general people wanted to see their midwife

"Good, but it would have been better to have had this in person, as a phone call is not the same in terms of how supported you feel"

Specialist phone consultations

18% of women had a telephone or video consultation with a hospital specialist. Most women said they preferred to stay in their bubble away from the hospital.

"The phone appointment with the hospital doctor was great, all my questions were answered and I finished the call feeling relieved"

Access to other health Services

24% of women expressed an issue with accessing other services. These services included ultrasound, GP, lactation advice, hearing screening etc. Access to mental health care did not feature significantly.

"Needed to see the GP for my newborn as he had one eye that wouldn't open, but could only have a virtual consult. Felt uneasy that the GP couldn't see my child to diagnose the problem with thorough investigation."

Place of birth

Only **3** women had a homebirth all of these were planned before the level 3 and 4 restrictions were in place. One woman planned a homebirth because of covid but transferred in labour.

"We planned a homebirth because of Covid 19 but I wasn't against homebirth before so it was an easy decision. Unfortunately the labour did not progress well so we needed to go to hospital. Still the care was extrememly good."

Support in Hospital

67% of women felt supported for birth and afterwards in hospital. Most found that the ward staff were helpful but many commented about visiting restrictions.

"Yes, despite everything that was happening the staff were very supportive. My baby was in SCBU and they assisted me to see him. Provided support with expressing and were kind and compassionate when it was hard having no family able to visit."

Visitor restrictions

53% said their stay would have been better if a support person could have stayed with them

"I had planned c section and everything was well organised and supported, but afterwards I had no family support. I felt alienated. Depressed and stressed. I cried the whole night. Alone in the ward. Felt like I was a prisoner. No support at all. This whole experience of giving birth was traumatic."

Breastfeeding support

23% of mums felt they needed more support with breastfeeding. Mums were very complimentary about the breastfeeding support they received at Warkworth birthing unit.

"Yes, the team at the Warkworth birthing unit were great. I wish I would have had the same support at the North Shore hospital with my second child. It would be useful to have someone to ensure the latch is correct at birth, to avoid further complications"

Length of stay

46% of women said they left hospital sooner than they wanted. With over half of these saying that they left early to get support at home. **9%** left early due to fear of COVID -19 in the hospital

"The recovery in hospital without visitors was quite lonely, I missed my family and wanted my partner and older children to also bond with baby"

Better or worse

36% of women said their experience was better than last time, **28%** said it was worse. The key reason for being worse was the visiting restrictions.

"Better. I was in a shared postpartum ward previously and struggled due to the lack of privacy and other mum's family being loud. I had a private room so could recover with baby better."

Readmission to hospital with complications

7% of mothers and or babies were readmitted to the hospital with complications. Most of the mothers believed that this could have been avoided.

"Both of us were readmitted. Me due to pain from the C-section and baby due to being 8% below her birth weight at 2 weeks old. If we both had received checks like we would normally have or support with feeding I firmly believe baby wouldn't have had any issues with weight gain."

Midwife care at home

80% of women received face to face home visits with their midwife when they went home.

"Having my midwife come visit me even though it was for a short visit was very reassuring and we could text her whenever we wanted"

Summary and consideration for future outbreaks

The survey results were rich with detailed responses, which indicate the importance of this episode in women's lives and how they wanted to share their experiences, both positive and negative.

Overall women reported they received adequate antenatal care and, although they would have preferred more face to face appointments, they were able to adapt to what was offered. Some of the primary health care services and community based tests were harder to access. Most women did not appear to change their place of birth plan.

Most women were happy with the care they received in hospital from our staff. There were some amazing accolades for our staff and the lengths they went to support women and their families despite COVID 19 restrictions.

> *"The attitude and kindness of the staff, despite everything going on they always took the time to listen to you and provide support. I could hear them talking in the corridor or workstation sometimes and they were positive and supportive to each other as well."*

Some women were even able to find positive aspects of the restrictions

> *"I actually enjoyed the restrictions as I didn't feel pressured to have people at the birth or coming and going when the baby and I are settling."*

There was also clear evidence that some women found the restrictions incredibly difficult, and this resulted in heart breaking comments about feeling abandoned, alone and devastated. Some of these women commented that this has had a lasting effect on their or their partners' mental health.

> *"So so disappointed with our experience and as a result seeking psychologist help to manage the trauma of it."*

> *"My husband missed out this critical experience also meaning his mental health was not the best as a result"*

The lack of support people on the postnatal ward was a key factor in early discharge decisions made by women which also resulted in an increased readmission rate.

Any future restrictions on support people should be considered in the light of the harms this causes for postnatal recovery and maternal mental health.

3.1 Provider Arm Performance Report – August 2020

Recommendation:

That the report be received.

Prepared by: Robert Paine (Chief Financial Officer and Head of Corporate Services) and Mark Shepherd, (Director Hospital Services)

This report summarises the Provider Arm performance of Waitematā DHB for August 2020.

Table of Contents

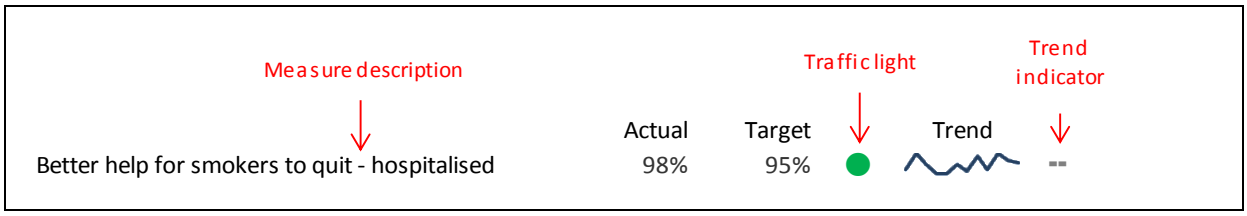
GLOSSARY

ACC	-	Accident Compensation Commission
ADU	-	Assessment and Diagnostic Unit
ALOS	-	Average Length of Stay
ARDS	-	Auckland Regional Dental Service
AT&R	-	Assessment Treatment and Rehab
ASA	-	American Society of Anaesthesiologists
CADS	-	Community Alcohol, Drug and Addictions Service
CAMHS	-	Child, Adolescent Mental Health Service
CT	-	Computerised Tomography
CWF	-	Child, Women and Family service
DCNZ	-	Dental Council of New Zealand
DHB	-	District Health Board
DNA	-	Did Not Attend
ED	-	Emergency Department
ECHO	-	Echocardiogram
ESC	-	Elective Surgery Centre
ESPI	-	Elective Services Performance Indicators
FTE	-	Full Time Equivalent
GP	-	General Practitioner
HCA	-	Health Care Assistant
HT	-	Hypertensive Disorders
ICU	-	Intensive Care Unit
KMU	-	Kingsley Mortimer Unit
LMC	-	Lead Maternity Carer
LOS	-	Length of Stay
SMHOPS	-	Specialty Medicine and Health of Older People Services
MRI	-	Magnetic Resonance Imaging
MoH	-	Ministry of Health
NGO	-	Non Government Organisation
NSH	-	North Shore Hospital
NZNO	-	New Zealand Nurses Organisation
ORL	-	Otorhinolaryngology (ear, nose, and throat)
RMO	-	Registered Medical Officer
S&A	-	Surgical and Ambulatory Services
SCBU	-	Special Care Baby Unit
SGA	-	Small for Gestational Age Baby
SMHA	-	Specialist Mental Health & Addiction Services
SMO	-	Senior Medical Officer
WIES	-	Weighted Inlier Equivalent Separations

How to interpret the scorecards

Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target or not for the reporting period (or previous reporting period if data are not available as indicated by the *grey bold italic* font).



The colour of the traffic lights aligns with the Annual Plan:

Traffic light	Criteria: Relative variance actual vs. target		Interpretation
●	On target or better		Achieved
●	95-99.9% achieved	0.1–5% away from target	Substantially Achieved
●	90-94.9%*achieved	5.1–10% away from target AND improvement from last month	Not achieved, but progress made
●	<94.9% achieved	5.1–10% away from target, AND no improvement, OR >10% away from target	Not Achieved

Trend indicators

A trend line and a trend indicator are reported against each measure. Trend lines represent the actual data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. The small data range may result in small variations appearing to be large.

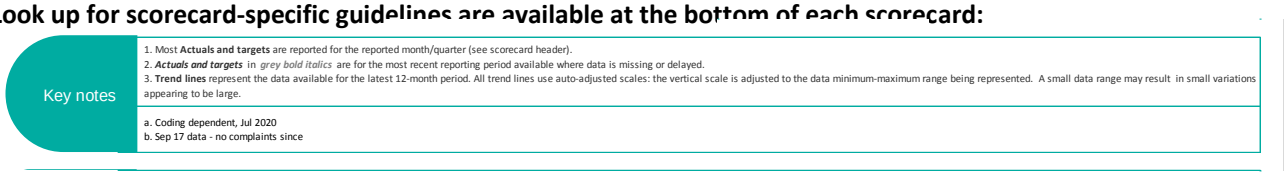
Note that YTD measures (e.g., WIES volumes, revenue) are cumulative by definition. As a result their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance trend, use the trend indicator as described below.

The trend indicator criteria and interpretation rules:

Trend indicator	Rules	Interpretation
▲	**Current > Previous** month (or reporting period) **performance**	Improvement
▼	**Current < Previous** month (or reporting period) **performance**	Decline
--	**Current = Previous** month (or reporting period) **performance**	Stable

By default, the performance criteria is the actual:target ratio. However, in some exceptions (e.g., when target is 0 and when performance can be negative (e.g., net result) the performance reflects the actual.

Look up for scorecard-specific guidelines are available at the bottom of each scorecard:



Provider Arm Performance Report

Executive Summary/Overview

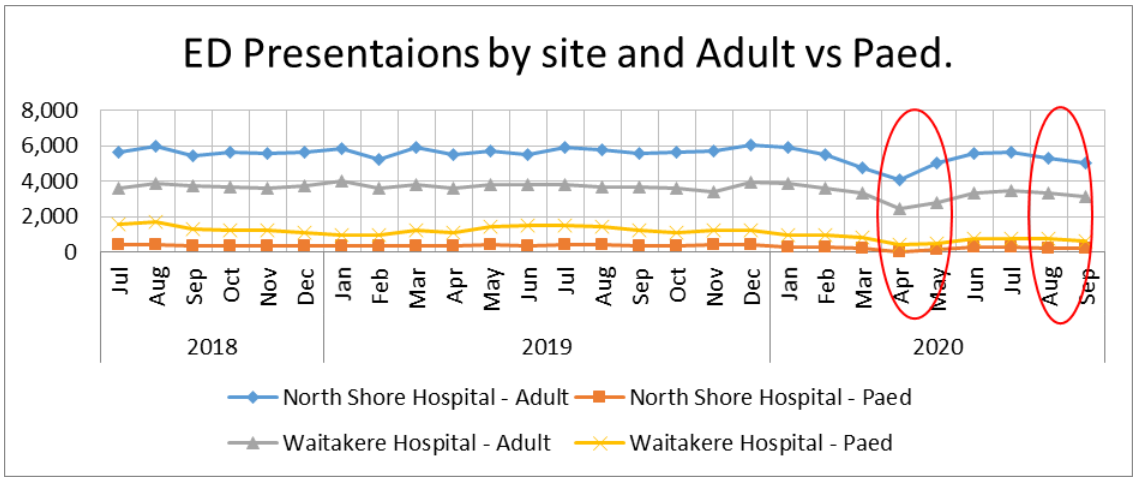
The month of August was interrupted with a second wave of COVID-19 in Auckland, which saw the Provider health services move to alert level yellow. At this level, precautions were taken to prevent spread of COVID-19 into the organisation, through screening of all patients at the front of house, screening and limiting of visitors and symptom checking of staff in COVID-19 ready units. In total, approximately ten COVID-19 patients were seen and admitted in August. Despite the significant systems changes during this period, the hospital services functioned well within business as usual, with limited reduction in planned elective care. This meant previously deferred cases in wave one of COVID-19 had access to care. Subsequently, there has been an 80% reduction in the number of non-compliant ESPI 2 assessment times and 53% reduction in non-compliant ESPI 5 treatment times.

Highlight of the month

Delivering 104.7% of the Planned Care Surgical Elective Discharges year to date August, and reducing the number of both ESPI 2 and 5 non-compliant patients with an 80% reduction in patients whose assessment times were outside appropriate waiting times for first specialist assessment (ESPI 2) and a 53% reduction in patients whose treatment times were outside appropriate waiting times (ESPI 5).

Improvement plans and trajectories of improvement for ESPI 2 and 5 non-compliance are in place, with compliance in surgical sub-specialties progressively coming on line over the coming months.

Key Issue of the Month



Emergency Department; urgent activity at both North Shore and Waitakere Hospitals was significantly impacted in the first wave of COVID-19 in April-May, however expected activity resumed in June and maintained normally expected presentations in the second wave of COVID-19 in August-September. Paediatric presentations however have remained low at both hospitals throughout the last six months. There has been a 40% reduction (292 less cases) in Paediatric presentations when comparing August-September 2019 to August-September 2020.

Scorecard – All services

Waitematā DHB Monthly Performance Scorecard

ALL Services
August 2020
2020/21

Priority Health Outcomes

	Actual	Target		Trend	
Shorter Waits in ED	95%	95%	●		▲
Faster cancer treatment (62 days)	89%	90%	●		▲

Best Care

Patient Experience	Actual	Target		Trend	
Complaint Average Response Time	9 days	≤14 days	●		▼
Net Promoter Score FFT	81	65	●		▼
Improving Outcomes					
Better help for smokers to quit - hospitalised	99%	95%	●		--
Quality & Safety					
Older patients assessed for falling risk	100%	90%	●		▲
Rate of falls with major harm	0.03	≤2	●		▲
Good hand hygiene practice	90%	80%	●		--
S. aureus infection rate	0.09	≤0.13	●		▲
Occasions insertion bundle used	97%	95%	●		▼
Pressure injuries grade 3&4	0	0	●		--
HR/Staff Experience					
Sick leave rate	3.3%	≤3.4%	●		--
Turnover rate - external	10%	≤14%	●		▲
Vacancies - %	4%	≤8%	●		▼

Service Delivery

Elective Volumes	Actual	Target		Trend	
Provider Arm - Overall	101%	100%	●		▼
Waiting Times					
ESPI 2 - % patients waiting > 4 months for FSA		Non-Compliant			
ESPI 5 - % patients not treated w/n 4 months		Non-Compliant			
ESPI 1 - OP Referrals processed w/n 10 days		Compliant			
Patient Flow					
Outpatient DNA rate (FSA + FUs) - Total	7%	≤10%	●		▲
Outpatient DNA rate (FSA + FUs) - Māori	14%	≤10%	●		▲
Outpatient DNA rate (FSA + FUs) - Pacific	15%	≤10%	●		▲

Value for Money

Financial Result (YTD)	Actual	Target		Trend	
Revenue excl. extraordinary items	173,443 k	172,647 k	●		▼
Expenses excl. extraordinary items	182,154 k	180,774 k	●		▲
Net surplus/(deficit) excl. extraordinary items	-8,711 k	-8,127 k	●		▼
COVID-19 net benefit/(cost)	-1,437 k				
Holiday Pay provision	-4,000 k				
Net surplus/(deficit) incl. extraordinary items	-14,148 k	-8,127 k			
Contracts (YTD)					
Elective WIES Volumes	3,183	3,425	●		▲
Acute WIES Volumes	11,533	11,636	●		▼

How to read

Performance indicators:
- ● Achieved/ On track
- ● Substantially Achieved but off target
- ● Not Achieved but progress made
- ● Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in ***grey bold italics*** are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitematā DHB

Scorecard Variance Report

Service Delivery

Waiting Times

Non-compliant volumes for both ESPI 2 and 5 have reduced significantly from their highs in May / June 2020. The ESPI 2 May non-complaint volume was 1,620 across all specialties with the August result at 328 across all specialties. ESPI 5 has seen a reduction in non-compliant volumes from the June high of 2,112 to the August result of 1,164. All services are focused on their long wait volumes while balancing the P1/ high priority patients within clinical timeframes and managing patient flow with the return to COVID-19 Alert Level 3 lockdown in August.

Outpatient DNA rate

The DNA rate continues to be impacted by COVID-19 with a percentage of patients reluctant to come into hospital for appointments at this time. Further lockdown in August has excerbated this situation. Our DNA rate for Māori remains at similar levels as the same period last year with Pacific rates in August, down slightly from June / July volumes.

Value for Money

Waitematā DHB Statement of Financial Performance

Provider - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	83,738	84,387	(649)	168,664	168,726	(62)	1,008,037
Other Income	2,564	2,241	323	4,779	3,922	858	41,825
Total Revenue (excl. extraordinary items)	86,302	86,628	(326)	173,443	172,647	796	1,049,862
EXPENDITURE							
Personnel							
Medical	17,463	17,708	245	34,957	33,597	(1,360)	221,100
Nursing	24,267	25,011	744	48,783	50,053	1,269	296,150
Allied Health	11,198	11,409	211	22,504	22,714	209	134,634
Support	1,920	2,115	196	3,967	4,650	684	27,550
Management / Administration	6,591	7,082	491	13,261	14,563	1,302	88,151
Outsourced Personnel	2,251	1,468	(784)	4,266	2,453	(1,813)	15,503
	63,690	64,793	1,103	127,739	128,030	291	783,088
Other Expenditure							
Outsourced Services	5,948	5,531	(417)	12,030	11,278	(752)	66,234
Clinical Supplies	11,440	11,657	216	23,241	24,140	898	138,622
Infrastructure & Non-Clinical Supplies	9,662	8,652	(1,010)	19,144	17,326	(1,818)	98,719
	27,050	25,840	(1,210)	54,416	52,744	(1,672)	303,575
Total Expenditure (excl. extraordinary items)	90,740	90,632	(108)	182,154	180,774	(1,381)	1,086,662
Surplus/(Deficit) excl. extraordinary items	**(4,438)**	**(4,004)**	**(434)**	**(8,711)**	**(8,127)**	**(585)**	**(36,800)**
Extraordinary items							
COVID-19 Net benefit/(cost)	(1,556)	0	(1,556)	(1,437)	0	(1,437)	0
Holiday Pay provision	(2,000)	0	(2,000)	(4,000)	0	(4,000)	0
Surplus/(Deficit) incl. extraordinary items	**(7,994)**	**(4,004)**	**(3,989)**	**(14,148)**	**(8,127)**	**(6,021)**	**(36,800)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

The Provider Arm business as usual (BAU) result for YTD August 2020 was a deficit of $8.712m against a budget of $8.127m and therefore $0.585m unfavourable. The extraordinary costs of COVID-19 was $1.437m and further provisions required in relation to the Holidays Act for the 2019/20 year to date ($4.0m) have however deteriorated this result to show $6.021m variance to plan.

Contracts – Planned Care Elective Volume

While it is normal to compare WIES (caseweight) delivery against target as well as discharges, the lag in clinical coding during the first few months of the year often gives an incorrect view of the true situation – sometimes by as much as 100 WIES ($555k). At present, and only for a point of reference, the Acute actual WIES volume YTD is 11,533 against a contract of 11,636; and the elective actual volume is 3,183 against a budget of 3,425. However, the thing that is easily visible and robust, is the number of discharges compared to the Price Volume Schedule (PVS), being 2,265 discharges against a target of 2,267. Both show that capacity is being used well, even throughout the second Auckland COVID-19 wave and Alert Level 3 in August.

		2021 PVS			YTD PVS			2021 YTD Actuals			YTD Variance		
Discharges		NON IDF	IDF in	Total	NON IDF	IDF in	Total	NON IDF	IDF in	Total	NON IDF	IDF in	Total
PUC	PUC Description												
M10001	Cardiology Inpatient services	963	1	964	174	0	174	165	3	168	-9	3	-6
S00001	General Surgery Inpatient services	4037	125	4162	729	23	751	691	21	712	-38	-2	-39
S25001	ENT Inpatient Services	1509	32	1541	272	6	278	247	4	251	-25	-2	-27
S30001	Gynaecology	1900	25	1925	343	5	347	360	2	362	17	-3	15
S45001	Orthopaedics Inpatient Services	2772	30	2802	500	5	505	564	7	571	64	2	65
S70001	Urology Inpatient Services	1156	9	1165	209	2	210	195	6	201	-14	4	-9
Total Discharges		12337	222	12559	2227	40	2267	2222	43	2265	-5	3	-2

Waitematā DHB Priorities Variance Report

DHB activity	Milestone	On Track
Improving Quality Actions to improve equity in outcomes and patient experience		
Patient experience With Auckland DHB: • establish a gold standard approach to improve medication communication and patient empowerment for acute and primary care pharmacy staff and the broader multi-disciplinary team • develop a medication communication improvement plan to empower patients, including Māori and Pacific, to ask questions regarding their medications to support safety (EOA) • Improve our results for the national inpatient experience survey for the question 'did a member of staff tell you about medication side effects to watch for when you went home' from 44.8% (CY2018 baseline) to 47.0% (this is the lowest scoring question for both Waitematā and Auckland DHBs)	Mar 2020 Sep 2019 June2020	✓ ✓ ✓
With our Māori and Pacific health teams (EOA), develop: • a Māori Health action plan and seek endorsement by the Māori Equity committee • Māori patient guidance (Tikanga Māori) – how to provide best care to Māori patients and whānau • evidence-based patient feedback methods for specific populations (including Māori and Pacific) to enable patients to safely comment on their experience	Sep 2019 Mar 2020 Mar 2020	✓ ✓ ✓
Workforce Actions to support and improve the skills of our staff members, and improve our organisational health literacy		
Health Literacy • Launch the joint Waitematā-Auckland DHB Health Literacy Policy and e-learning module • Monitor and evaluate uptake of the e-learning module • Hold a joint DHB health literacy symposium as part of health literacy/patient experience month • Develop and deliver face-to-face training for all telephonist and patient centre staff	Sep 2019 Ongoing Oct 2019 Dec 2019	✓ ✓ ✓ ✓

DHB activity	Milestone	On Track
Cancer Services Actions to reduce inequalities between Māori and non-Māori patients with cancer		
Equity of access Commence a pilot programme of early contact by Māori and Pacific Cancer Nurse Specialists for all Māori and Pacific patients triaged as P1 and HSC (EOA)	Jul 2019	✓
Bowel cancer quality improvement • Review and analyse data for patients with unplanned return to surgery within 30 days • Review patient-specific data to confirm reasons why some rectal patients do not receive preoperative radiation	Sep 2019 Dec 2019	✓ ✓

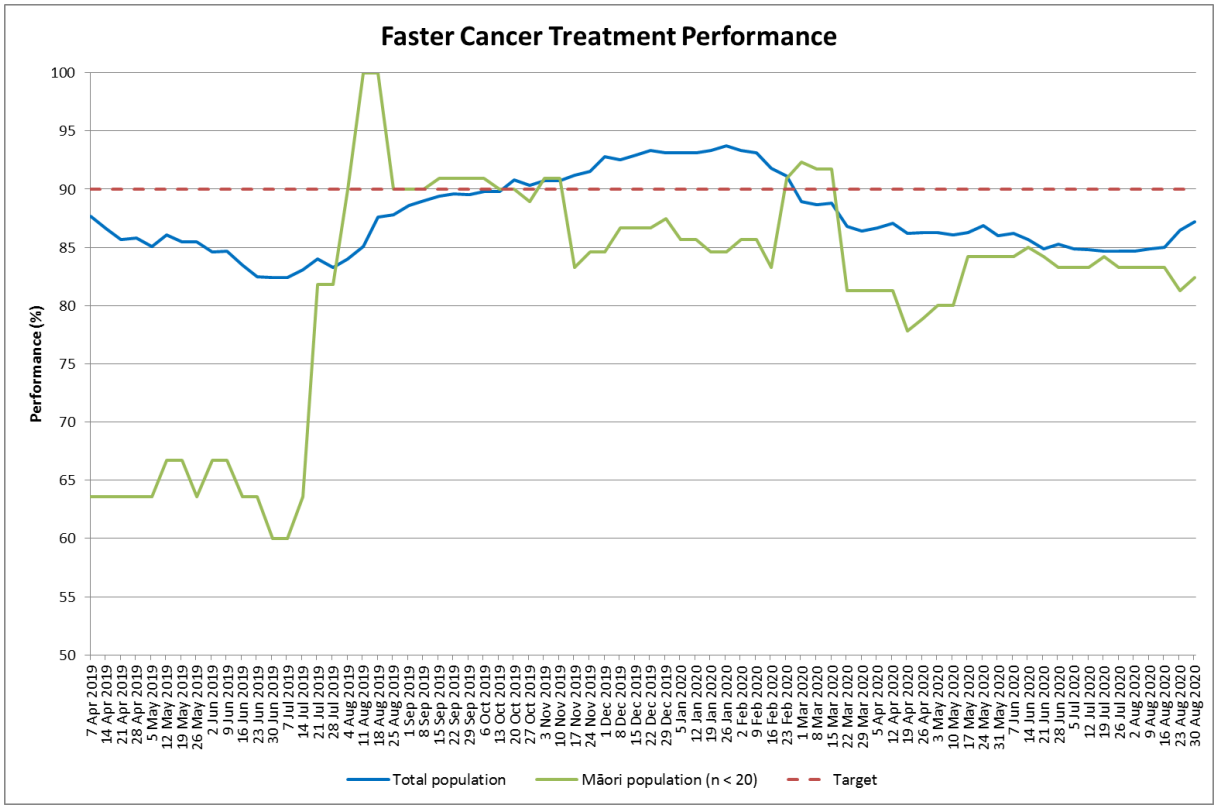
Cancer plan development • Work with the Ministry to develop a Cancer plan • Implement and deliver local actions from the plan	 Ongoing Jun 2020	 ✓ ✓
90% compliance for Māori and Pacific patients on the 62-day FCT pathway (SS11 measure) At least 85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat (SS01 measure)		

DHB activity	**Milestone**	**On Track**
Planned Care Actions to ensure that our population receives equitable and timely access to services in the most appropriate setting to support improved health outcomes		
Elective Services • Implement and oversee a process of optimising booking of elective patients as identified in the elective surgery production plan to ensure delivery of 100% of the target volumes • Prioritise high risk cancer patients and clinical priority one patients (with other patients being treated in turn) for treatment within 4 months • Ensure equity of access for Māori patients by continuing interaction with Cancer Clinical Nurse Specialist Māori, Faster Cancer Tracking (EOA) • Ensure equity of access for Pacific patients by continuing patient-focused booking (PFB; EOA) - implement PFB in three additional specialty areas • Work towards enabling patients to self-book appointments online: - email validation and digital post as BAU - clinic profile review completed - vendor workshops completed • Incorporate self-referral on symptoms (SOS) process into business as usual for Orthopaedics, General Surgery and ORL and introduce to other specialities *Deliver 32,119 Planned Care interventions* *SS07 measures: ESPI 1 100% - ESPI 2 0% - ESPI 3 0% - ESPI 5 0% - ESPI 8 100%* *Demonstrate equity of access for Pacific patients with 90% being seen within ESPI 2 timeframe* *90% of referral and outpatient letters sent via digital post*	 Ongoing Ongoing Ongoing Ongoing June 2020 Dec 2019 Dec 2019 Jan 2020 From Oct 2019	 ✓ ✓ ✓ ✓ ✗ ✓Completed ✓ Completed ✓ Completed ✓ Completed
Three-year plan • Outline of engagement, analysis and development activities • Consultation and analysis to understand local needs • Develop plan • Update on progress against plan	 Sep 2019 Dec 2019 Mar 2020 Jun 2020	 ✓ ✓ ✓ ✓

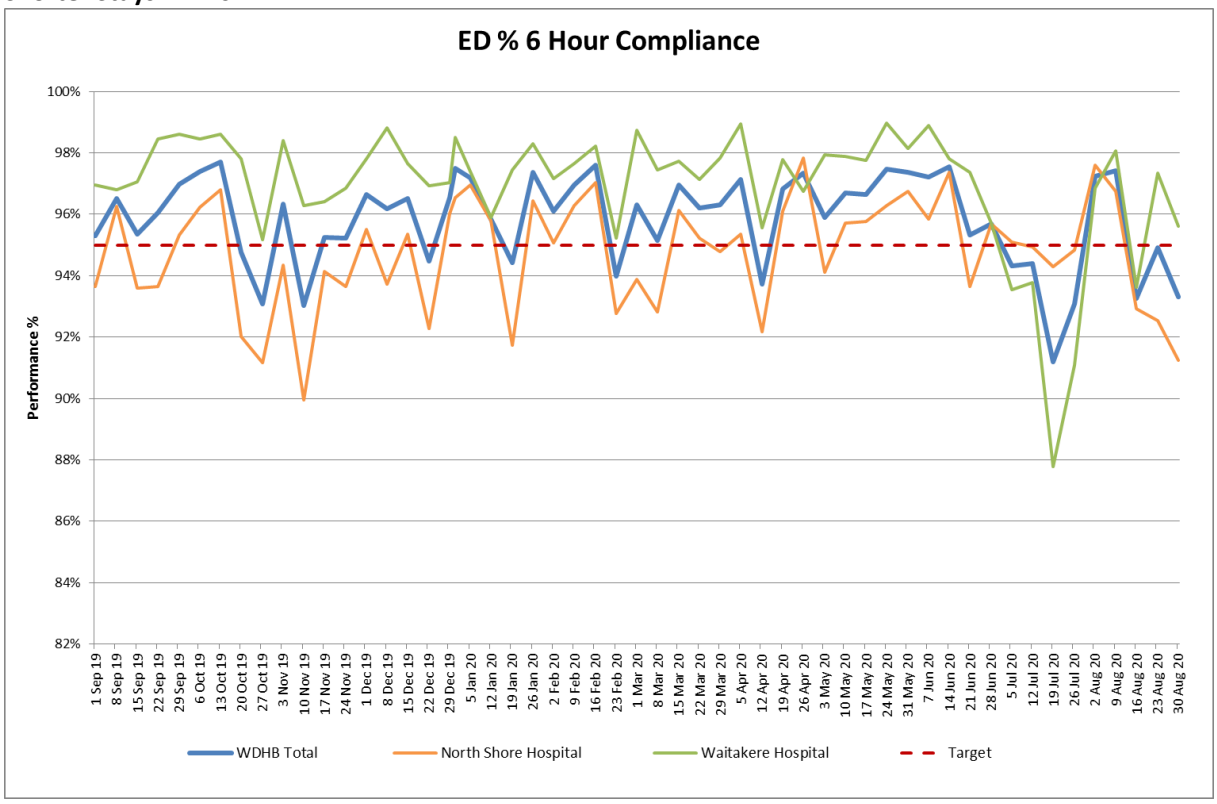
Areas off track for month and remedial plans
Patient Focused Booking (PFB) remains a priority to support services booking practices and ensure equity for patients. A further COVID-19 Alert Level lockdown period has reduced our ability to work with services to change their booking processes while we focus on ensuring the safety of our high priority patients and our longest waiters. Work continues on the introduction of three subspecialty services moving to PFB.

Priority Health Outcome Areas

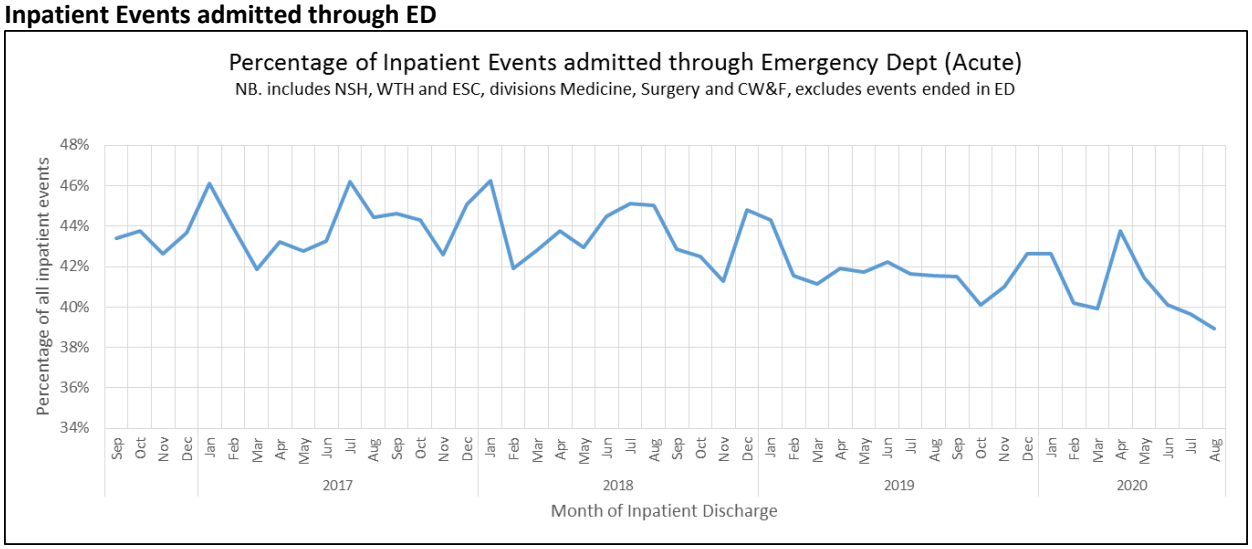
Faster Cancer Treatment



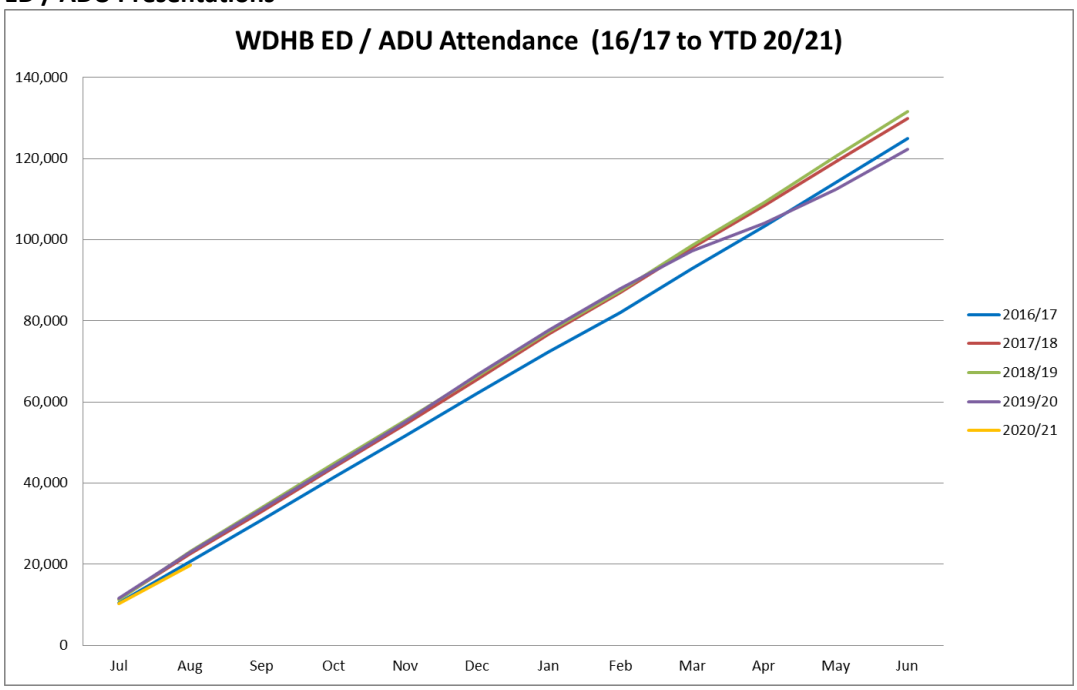
Shorter Stays in EDs



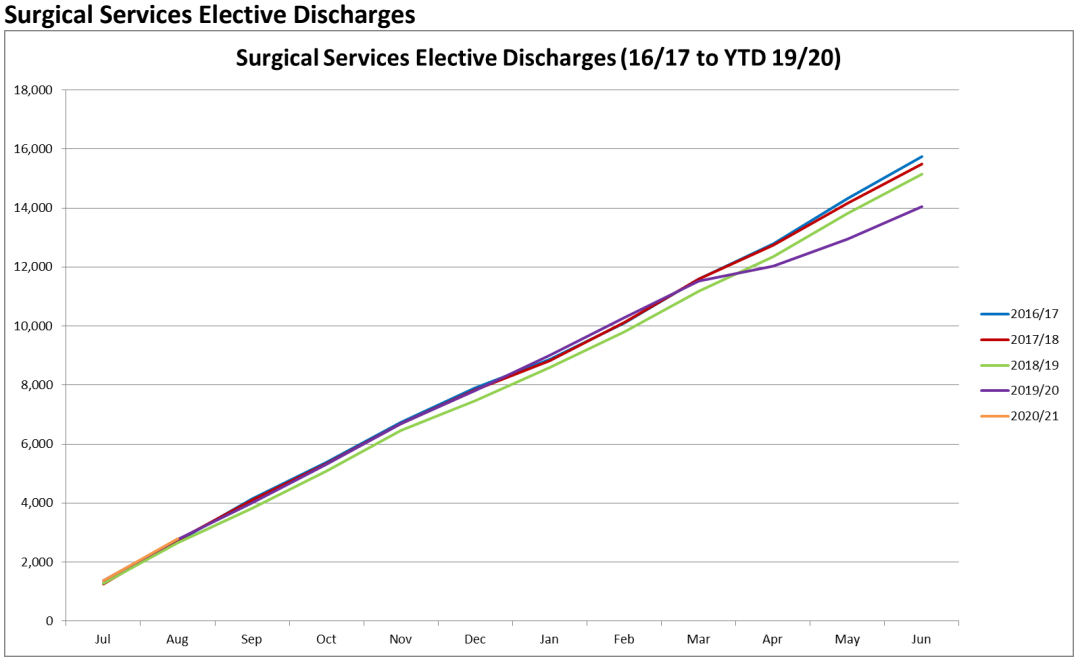
Inpatient Events admitted through ED



ED / ADU Presentations



Surgical Services Elective Discharges



*Surgical discharge volumes include all elective Orthopaedic, Gynaecology, ORL, Urology and General Surgery discharges (including skin lesions).

Percentage Change ED and Elective Volumes

August 2020	Month Volumes	% Change (last year)	YTD Volumes	% Change (last year)
ED/ADU Volumes	9,606	-15%	19,793	-14%
Surgical Services Elective Discharge Volumes	1405	0%	2782	0%

Elective Performance Indicators (part of Planned Care Services)

Zero patients waiting over 4 months

Summary (August 20)	
Speciality	Non Compliance %
ESPI 2 - Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	2.90%
ESPI 5 - Patients given a commitment to treatment but not treated within the required timeframe.	23.92%

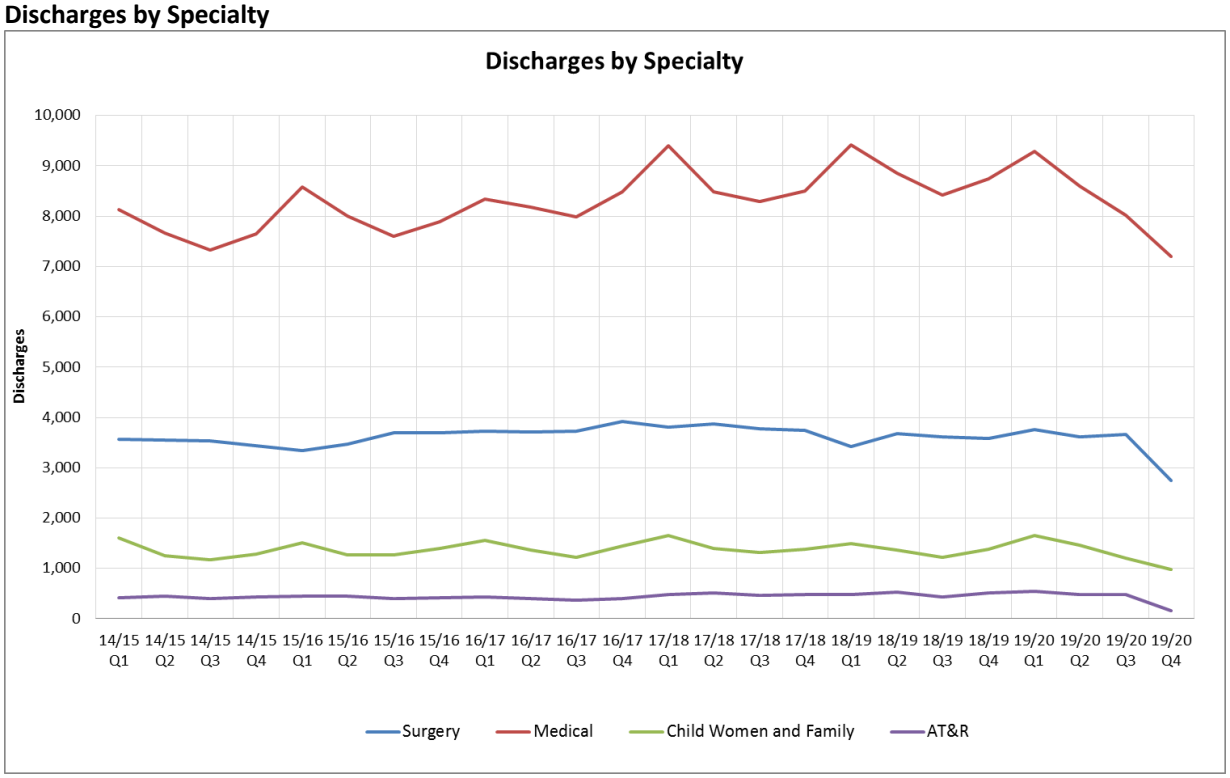
90% of outpatient referrals acknowledged and processed within 10 days

ESPI	WL Specialty	Compliant	Non Compliant	Non Compliant
ESPI 2	Anaesthesiology	114	-	0.00%
	Cardiology	1,032	-	0.00%
	Dermatology	268	-	0.00%
	Diabetes	216	-	0.00%
	Endocrinology	204	-	0.00%
	Gastro-Enterology	809	-	0.00%
	General Medicine	199	-	0.00%
	General Surgery	1,361	169	11.05%
	Gynaecology	1,009	6	0.59%
	Haematology	207	-	0.00%
	Infectious Diseases	77	-	0.00%
	Neurovascular	60		0.00%
	Orthopaedic	2,077	76	3.53%
	Otorhinolaryngology	1,209	69	5.40%
	Paediatric MED	523	-	0.00%
	Renal Medicine	247	-	0.00%
	Respiratory Medicine	449	-	0.00%
	Rheumatology	277	-	0.00%
	Urology	634	8	1.25%
	Total	10,972	328	2.90%
ESPI 5	Cardiology	73	-	0.00%
	General Surgery	1,450	124	7.88%
	Gynaecology	470	173	26.91%
	Orthopaedic	1,078	563	34.31%
	Otorhinolaryngology	288	110	27.64%
	Urology	344	194	36.06%
	Total	3,703	1,164	23.92%

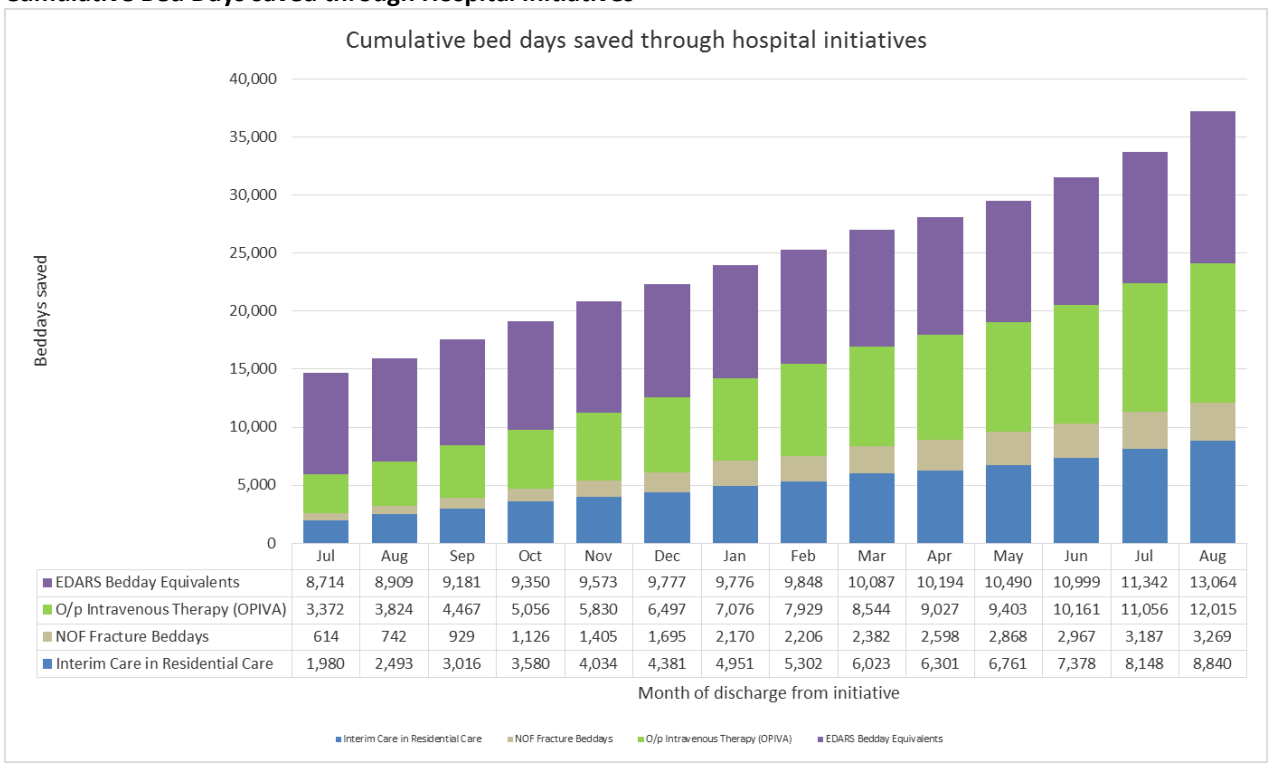
ESPI 1 (August 2020)	
Specialty	Compliance %
Anaesthesiology	96.43%
Cardiology	99.64%
Dermatology	98.72%
Diabetes	98.28%
Endocrinology	99.16%
Gastro-Enterology	99.14%
General Medicine	98.59%
General Surgery	97.70%
Gynaecology	97.26%
Haematology	100.00%
Infectious Diseases	100.00%
Neurovascular	100.00%
Orthopaedic	99.53%
Otorhinolaryngology	100.00%
Paediatric MED	99.79%
Renal Medicine	100.00%
Respiratory Medicine	99.03%
Rheumatology	97.73%
Urology	100.00%
Total	99.05%

Legend	
ESPI 1	Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
ESPI 2	Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
ESPI 5	Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher

Discharges by Specialty



Cumulative Bed Days saved through Hospital Initiatives



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
EDARS Bedday Equivalents	8,714	8,909	9,181	9,350	9,573	9,777	9,776	9,848	10,087	10,194	10,490	10,999	11,342	13,064
O/p Intravenous Therapy (OPIVA)	3,372	3,824	4,467	5,056	5,830	6,497	7,076	7,929	8,544	9,027	9,403	10,161	11,056	12,015
NOF Fracture Beddays	614	742	929	1,126	1,405	1,695	2,170	2,206	2,382	2,598	2,868	2,967	3,187	3,269
Interim Care in Residential Care	1,980	2,493	3,016	3,580	4,034	4,381	4,951	5,302	6,023	6,301	6,761	7,378	8,148	8,840

Financial Performance

Waitematā DHB Statement of Financial Performance

Provider - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	83,738	84,387	(649)	168,664	168,726	(62)	1,008,037
Other Income	2,564	2,241	323	4,779	3,922	858	41,825
Total Revenue (excl. extraordinary items)	86,302	86,628	(326)	173,443	172,647	796	1,049,862
EXPENDITURE							
Personnel							
Medical	17,463	17,708	245	34,957	33,597	(1,360)	221,100
Nursing	24,267	25,011	744	48,783	50,053	1,269	296,150
Allied Health	11,198	11,409	211	22,504	22,714	209	134,634
Support	1,920	2,115	196	3,967	4,650	684	27,550
Management / Administration	6,591	7,082	491	13,261	14,563	1,302	88,151
Outsourced Personnel	2,251	1,468	(784)	4,266	2,453	(1,813)	15,503
	63,690	64,793	1,103	127,739	128,030	291	783,088
Other Expenditure							
Outsourced Services	5,948	5,531	(417)	12,030	11,278	(752)	66,234
Clinical Supplies	11,440	11,657	216	23,241	24,140	898	138,622
Infrastructure & Non-Clinical Supplies	9,662	8,652	(1,010)	19,144	17,326	(1,818)	98,719
	27,050	25,840	(1,210)	54,416	52,744	(1,672)	303,575
Total Expenditure (excl. extraordinary items)	90,740	90,632	(108)	182,154	180,774	(1,381)	1,086,662
Surplus/(Deficit) excl. extraordinary items	**(4,438)**	**(4,004)**	**(434)**	**(8,711)**	**(8,127)**	**(585)**	**(36,800)**
Extraordinary items							
COVID-19 Net benefit/(cost)	(1,556)	0	(1,556)	(1,437)	0	(1,437)	0
Holiday Pay provision	(2,000)	0	(2,000)	(4,000)	0	(4,000)	0
Surplus/(Deficit) incl. extraordinary items	**(7,994)**	**(4,004)**	**(3,989)**	**(14,148)**	**(8,127)**	**(6,021)**	**(36,800)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Waitematā DHB Statement of Financial Performance

Provider by service - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
CONTRIBUTION (excl. extraordinary items)							
Surgical and Ambulatory	(11,662)	(11,051)	(611)	(25,903)	(24,781)	(1,122)	(144,248)
Acute and Emergency	(11,907)	(12,080)	173	(26,448)	(26,253)	(194)	(156,907)
Specialty Medicine and HOPS	(7,173)	(7,296)	123	(16,177)	(16,366)	189	(93,971)
Child Women and Family	(6,890)	(6,929)	39	(15,667)	(15,930)	263	(90,111)
Specialist Mental Health and Addiction	(10,856)	(10,491)	(365)	(24,198)	(23,234)	(963)	(136,581)
Elective Surgery Centre	(2,577)	(2,359)	(219)	(4,925)	(4,883)	(42)	(27,889)
Clinical Support	(2,673)	(2,661)	(13)	(6,105)	(5,924)	(181)	(33,093)
Diagnostics	(8,906)	(8,486)	(420)	(18,695)	(18,352)	(343)	(104,906)
Corporate and Provider Support	58,206	57,348	858	129,408	127,597	1,810	750,907
Net Surplus/(Deficit) excl. extraordinary iten	**(4,438)**	**(4,004)**	**(434)**	**(8,711)**	**(8,127)**	**(585)**	**(36,800)**
Extraordinary items							
COVID-19 Net benefit/(cost)	(1,556)	0	(1,556)	(1,437)	0	(1,437)	0
Holiday Pay provision	(2,000)	0	(2,000)	(4,000)	0	(4,000)	0
Surplus/(Deficit) incl. extraordinary items	**(7,994)**	**(4,004)**	**(3,989)**	**(14,148)**	**(8,127)**	**(6,021)**	**(36,800)**

Financial Performance Summary

The Provider Arm BAU result for YTD August 2020 was a deficit of $8.712m against a budget of $8.127m and therefore $0.585m unfavourable.

The extraordinary costs of COVID-19 was $1.437m and further provisions required in relation to the Holidays Act for the 2019/20 year to date ($4.0m) have however deteriorated this result to show $6.021m variance to plan.

Key financial performance factors:

- Holidays Act impact for 2019/20, $4.0m and expected impact in 2020/21, $24.0m.
- Delays in the realisation of savings under the financial sustainability programme, $1.114m.
- COVID-19 impacts on Personnel cost, primarily due to leave not being taken, $1.227m.
- Additional revenue due to reimbursement of prior year Covid-19 costs, $501k offset by reductions in ACC and car parking revenue during July and August.
- The financial YTD impacts noted above were partially offset by releases of prior year MECA and ACC provisions, $585k.

Human Resources

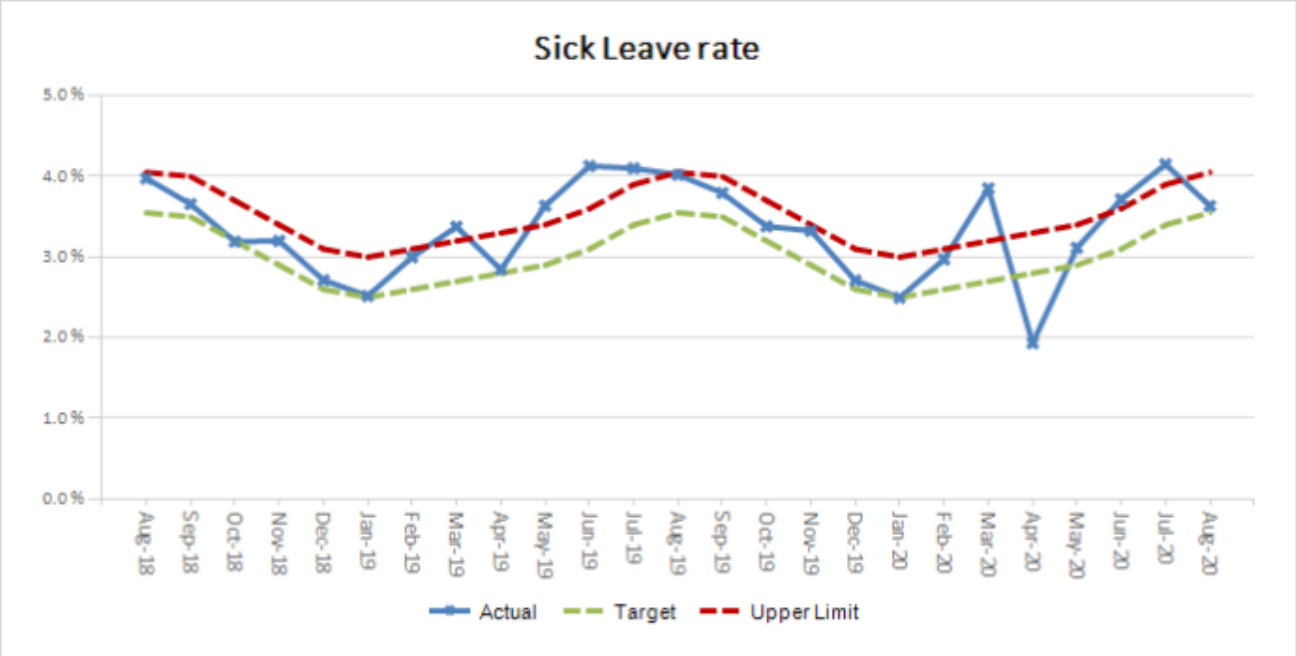
Method of calculation of graphs:

1. Overtime Rate: The sum of overtime hours worked over the period divided by worked hours over the period.
2. Sick Leave Rate (days): The sum of sick leave hours over the period divided by total hours over the period.
3. Annual Leave balance days: Count of staff with 0-76+ days equivalent 8 hour days accumulated leave entitlement.
4. Voluntary Turnover Rate: Count of ALL staff resignations in the last 12 months. This data excludes RMOs, casuals, and involuntary reasons for leaving such as redundancy, dismissal and medical grounds.

Sick Leave

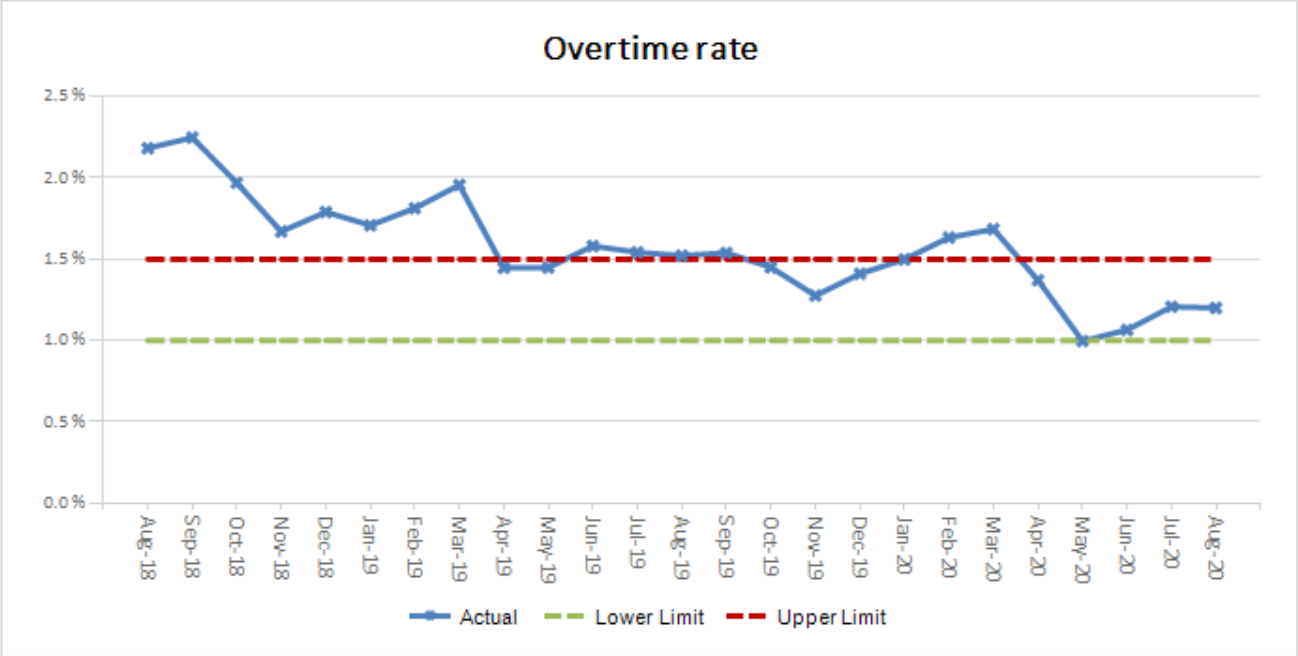
Sick leave has increased over the last few months, for reasons specified below, and decreased again in August back to its normal reporting pattern.

- Staff staying home when unwell.
- Employees who was asked by their GP or self-referral for swab testing and they stayed home on sick leave for 24 hours / 48 hours (self-referrals).
- Schools not open or requesting children with minor illness /flu symptoms to stay home – employees filing sick leave to looking after dependants.



Overtime

Over time continues at low levels, rising marginally in July and August



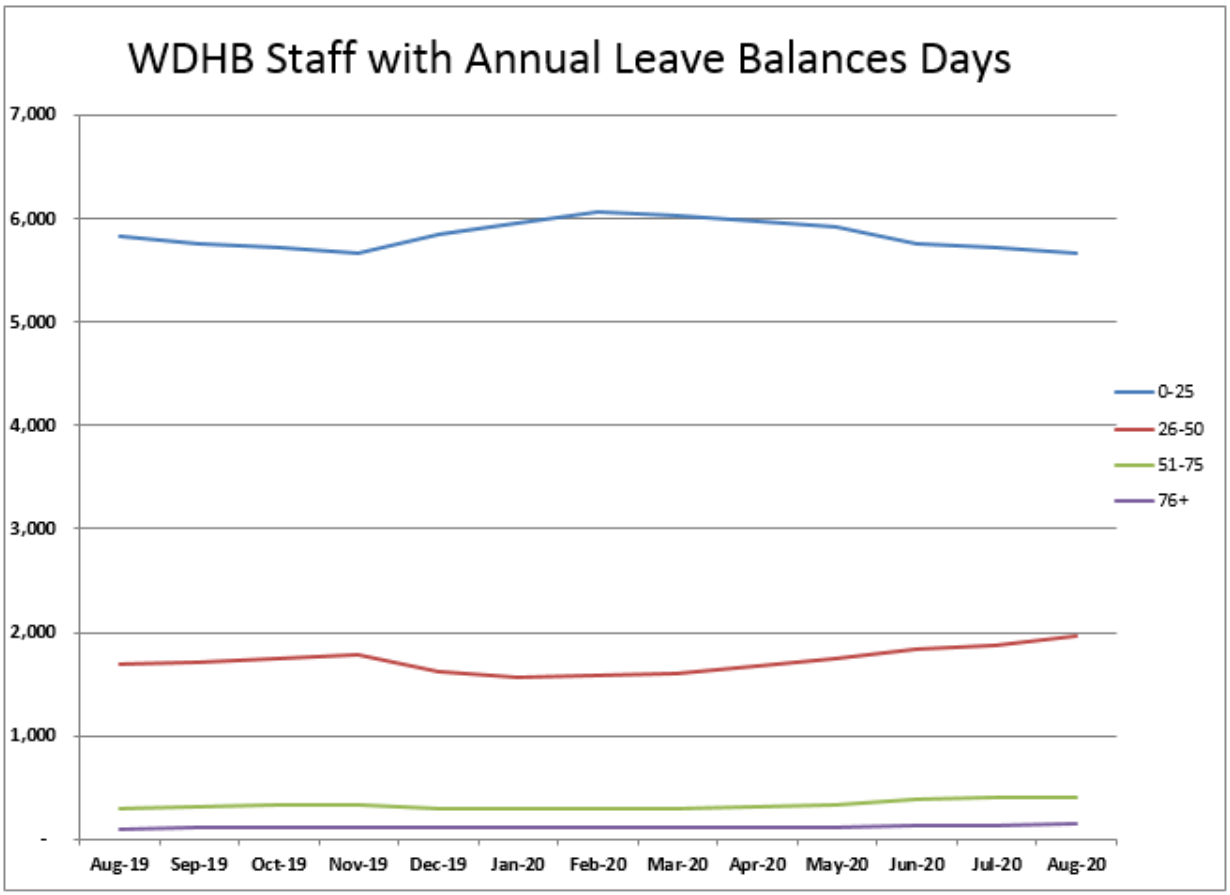
Annual Leave

Annual leave balances have increased on average by three additional days per annum due to impact of National COVID-19 alert levels 2-4 in late March-September 2020.

Our winter and Spring is a popular time for conference and overseas holidays, and the leave balances in 2019 compared to 2020 show the impact of this leave. People have commenced taking leave again from June, over school holidays and for shorter periods, but not as much as last year's figures.

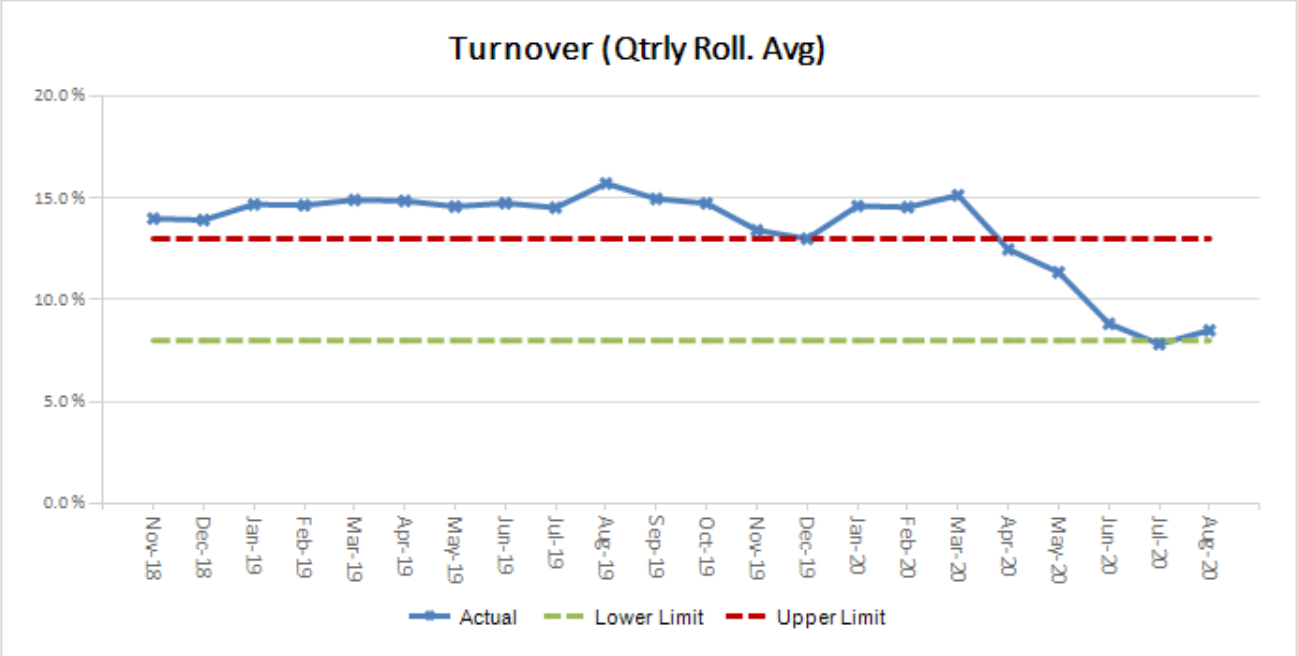
	2019	2020
Leave taken in June	86,359	62,270
Leave taken in July	114,663	102,979
Leave taken in August	98,804	76,179

Annual Leave August 2020	Leave Bal 0-25 days	Leave Bal 25-50 days	Leave Bal 50-75 days	Leave Bal 75 days +
Surgical and Ambulatory	705	294	75	37
Elective Surgery Centre	79	22	1	-
Child Women & Family	911	216	27	12
Facilities and Development	45	18	3	2
Corporate	313	122	20	7
Acute and Emergency Medical Divison	923	357	96	46
Clinical Support	252	95	18	1
Diagnostics	309	164	43	15
Director Hospital Services	224	56	16	3
Elective and Outpatient Services	82	21	8	-
Mental Health & Addiction	1,055	339	46	4
Sub Specialty Med and HOPS	695	233	50	14
Governance and Funding	70	25	3	5
Total	**5,663**	**1,962**	406	146
Comparison - August 2019	**5,834**	**1,700**	299	87



Staff Turnover

Staff turnover has remained stable with this pattern reducing to just over 7% in August



Divisional Reports

Acute and Emergency Medicine Division

Highlight of the Month

Rapid Cardiology Screening Clinic Pilot

The Cardiology service received approximately 200 outpatient referrals per week. These patients are seen by a senior specialist in clinic. Following a first specialist appointment (FSA), 31% of patients are referred to for an Echocardiogram (ECHO). Once the ECHO has been completed the patient may need to be seen in a follow up clinic. This means patients are required to attend up to three outpatient appointments, more if other investigations are requested. The wait time for routine ECHO is approximately six months, which represents a delay in diagnosis and treatment. If the ECHO is normal, follow up is not usually required.

Change Idea

To test the concept of a Rapid Cardiology Screening Clinic including Advanced Electrocardiogram (ECG), Fast/focused ECHO and senior medical officer (SMO) consultation as an alternative to the traditional first specialist appointment (FSA) followed by tests and outpatient follow up.

Objective

- To understand what is required to operationalise a Rapid Cardiology Screening Clinic.
- To understand the impact of a rapid screening process on the need for a full ECHO.
- To reduce the number of follow-ups, post FSA.

Scope

Patients who are triaged, graded and allocated for an FSA slot within Dr Patrick Gladding's senior specialist clinic. The following exclusion criteria applied:

- Patients triaged as P1s
- Patients with known Atrial Fibrillation

Measures

Measure	Objectives	Source
Time and motion	To understand flow and time taken for each task	Manual/observational data
Number of patients to attend the Rapid Cardiology Screening Clinic	To understand throughput	iPM data
Follow up outcomes for patients who attend the Rapid Cardiology Screening Clinic	To understand patient journey	iPM data
Proportion of patients referred for full ECHO post Rapid Cardiology Screening Clinic	To understand effectiveness compared to traditional FSA	iPM and éclair data
Patient and staff experience		Telephone interview or similar

Figure 1: The Team

The Process

Patients referred to the Cardiology Service, who are triaged as requiring a first specialist appointment, generally receive a standard ECG along with the assessment at their initial clinic appointment. If further tests are required after the consultation these are requested and patients go on a waitlist according to priority. Waiting for these tests can mean an anxious time for the patient and an incomplete diagnosis.

The rapid screening clinic, provides height/weight/blood pressure, an advanced ECG, focussed ECHO, blood tests and Senior Medical Officer (SMO) consultation, with the entire visit at approximately one-hour duration. Each stage of the patient journey is scheduled at 15-minute intervals throughout the morning clinic. Patients move seamlessly through to each area (initial nursing assessment including blood tests; advanced ECG; focussed ECHO; and SMO consultation) located in the Outpatient Clinic. The results of the tests were immediately available at the time of consultation, and enable the clinician to evaluate the need for further investigations, further follow up or whether the patient could be discharged.

Results

The first clinic was held on Monday 27 July 2020 at Waitakere Hospital (WTH). There was 100% attendance at the clinic and patients arrived on time which allowed a seamless movement through the clinic. All patients reported a positive experience at the end of the clinic and the overall feeling was that it was good to get everything done in one appointment and have some tangible outcomes. The staff reported that after some initial technical issues the flow was smooth and results were available to the clinician in a timely manner.

Of the ten patients who attended the rapid access clinic, none went on to require a full ECHO, two patients were referred for further tests and the remaining eight patients were discharged back to the General Practitioner (GP).

Two further clinics have been scheduled for September and October to ensure the system works well. The aim is to trial this over 100 patients to be able to analyse the data and determine the cohort of patients that would best benefit from this type of clinic.

Key Issues

COVID-19 impact on staffing

Since April, we have seen a significant increase in the sick leave rate per FTE due to COVID-19. The COVID-19 pandemic has given rise to numerous staff taking leave as they were either unable to attend work due to cold/flu like symptoms or were asymptomatic but in self isolation due to close contact to a person with COVID-19. The current rate of sick leave is 11 days (per FTE) compared to a target of 8.0 days.

As well as needing to cover an increased number of staff on sick leave, there is also an increased requirement for staffing as part of the DHB's response to COVID-19, particularly within the General Medicine and the Emergency Department.

Scorecard – Acute and Emergency Medicine Division

Waitematā DHB Monthly Performance Scorecard

Acute and Emergency Medicine

August 2020

2020/21

Priority Health Outcomes

	Actual	Target	Trend
a. Shorter Waits in ED	96%	95%	

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	6 days	≤14 days	
Net Promoter Score FFT	76	65	
Improving Outcomes			
PCI w/in 120 minutes (STEMI patients)	80%	80%	
Better help for smokers to quit - hospitalised	99%	95%	
Quality & Safety			
Older patients assessed for falling risk	100%	90%	
Rate of falls with major harm	0.03	≤2	
Good hand hygiene practice	90%	80%	
Pressure injuries grade 3&4	0	0	
HR/Staff Experience			
Sick leave rate	3.5%	≤3.4%	
Turnover rate - external	12%	≤14%	
Vacancies - %	3%	≤8%	

Service Delivery

	Actual	Target	Trend
Waiting Times			
General Medicine - % seen w/in 120 mins	74%	85%	
Elective coronary angiography w/in 90 days	98%	95%	
b. Angiography for ACS w/in 72 hours	*75%*	*70%*	
Chest pain clinic wait time under 6 weeks	99%	80%	
c. O/P Transthoracic Echo wait time under 12 weeks	*19%*	*95%*	
Patient Flow			
Elective Discharge Volumes (Cardiology)	98%	100%	
Outpatient DNA rate	7%	≤10%	
Patients with EDS on discharge	91%	85%	

Value for Money

	Actual	Target	Trend
Financial Result (YTD)			
Revenue excl. COVID-19	620 k	545 k	
Expenses excl. COVID-19	27,067 k	26,799 k	
Net surplus/(deficit) excl. COVID-19	-26,448 k	-26,253 k	
COVID-19 net benefit/(cost)	-190 k	0 k	
Net surplus/(deficit) incl. COVID-19	-26,637 k	-26,253 k	
Contracts (YTD)			
Elective WIES Volumes	191	223	
Acute WIES Volumes	6,410	6,352	

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Data for Medicine overall
b. Quarterly, Jun 20
c. Jul 20 data, Aug n/a yet

A question?

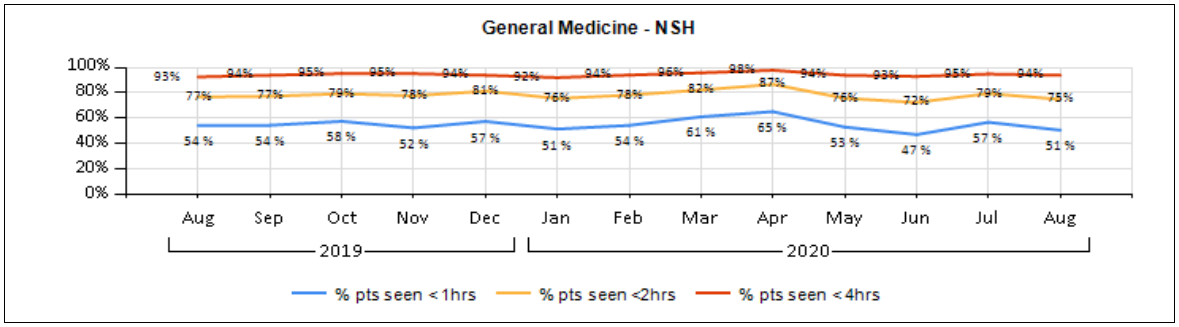
Contact:
Victoria Child - Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz
Planning, Funding and Health Outcomes, Waitematā DHB

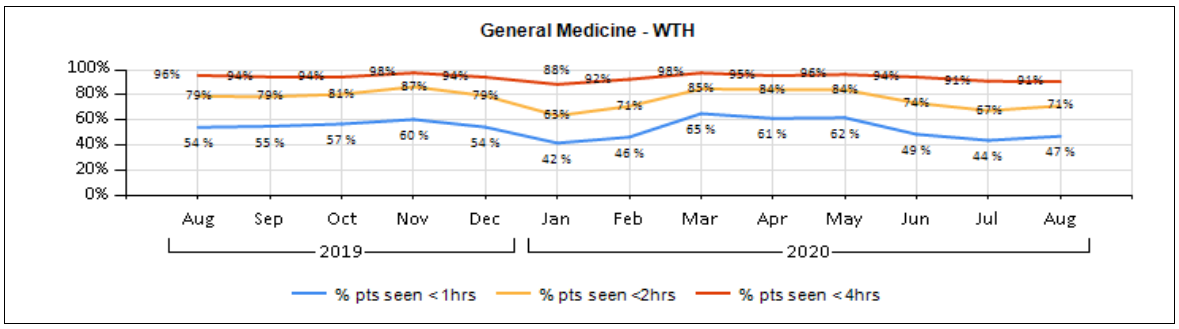
Scorecard Variance Report

Service Delivery

General Medicine - % seen within 120 minutes of triage – 74% against a target of 85%

The time to be seen at North Shore Hospital (NSH) has reduced slightly in the last month with the reintroduction of the COVID-19 restricted area. The additional screening of patients and restriction on staff movement through the area has led to increased wait times for some of the patients. Waitakere Hospital has increased the number of patients seen in under two hours with the trial of an additional registrar in ADU who is not on ward rounds to produce a model similar to North Shore Hospital(NSH). There is an SMO present in the Assessment and Diagnostic Unit (ADU) - NSH on a daily basis between 8:00am and 8:00pm to support the assessment of acute patients. Patients who wait longer than four hours are minimal and are reviewed on a daily basis.

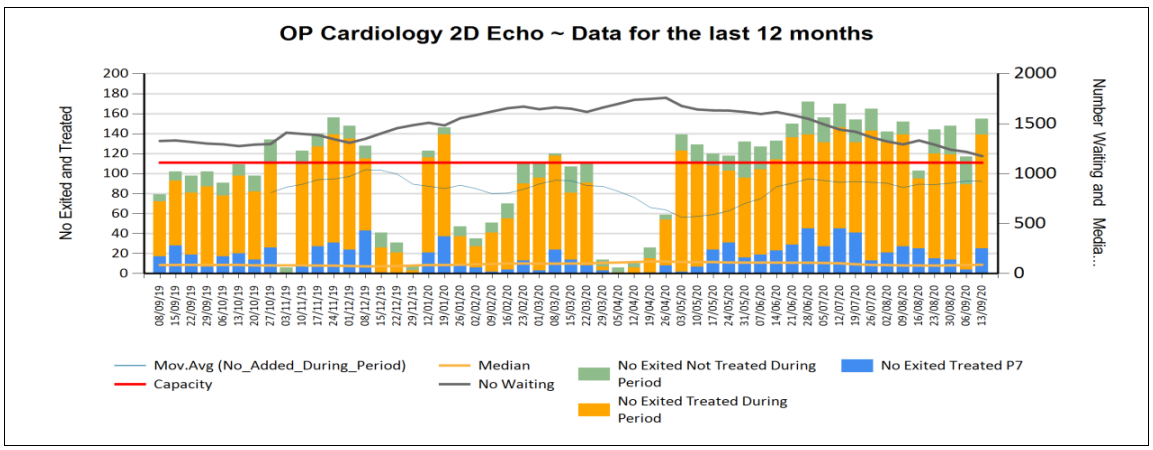




OutpatientTransthoracic Echo wait time under 12 weeks – 19% against a target of 95%

It has been challenging to provide echocardiography services in a timely manner over a prolonged period. Various initiatives such as weekend lists have achieved temporary gains. In July, 19% of ECHOs are completed in outpatients within the 12-week Northern Region target. While the waiting time for P1 patients has been maintained, the median wait time for all patients is 19 weeks – an improvement in comparison to 2019 when the median was as high as 22 weeks.

As a result of industrial action at the end of 2019 and the impact of COVID-19 the waiting list for outpatient ECHOs had increased to 1,600 by the end of May 2020. The graph below shows the improvements made since the beginning of June, the sustained increase in productivity since production resumed in May and the continued downward trend on the waiting list, which at the beginning of September sits at 1,218.



The trial of the first rapid access clinic took place on 27 July 2020 with further clinics scheduled in September and October. The aim of this clinic is to trial an alternative model of care for new Cardiology patients referred to the service, based on a focussed ECHO, consult and advanced ECG. It is anticipated that the rapid access clinic will have a positive impact on the number of full ECHOs required and also on the number of follow ups outpatient appointments required.

Waitematā DHB Priorities Variance Report *(for FY 2019/2020)*

DHB activity	Milestone	On Track
Planned Care Actions to ensure that our population receives equitable and timely access to services in the most appropriate setting to support improved health outcomes		
Coronary angiography Review the current referral and booking process to ensure capacity is maximised to achieve the 95% target	Dec 2019	✓
Acute readmissions Work with pharmacy and primary care to ensure that medicine reconciliation is conducted for 100% of patients, including those aged 75+ years	Ongoing	✓
Acute Demand Actions to improve the management of patient flow and data in the Emergency Department		
Acute data capturing • Implement SNOMED coding of ED presenting complaints • Investigate and scope requirements for ED Procedures and Diagnosis codes	Jul 2019 Dec 2019	✗
Improving patient flow for admitted patients Improve the multidisciplinary governance model within the inpatient home-based wards, with a focus on further improving patient flow and patient whānau care standards, including for Māori and Pacific patients (EOA) • Improvements include implementing regular meetings and reviews of ward performance to improve the functionality of home-based wards	Implement model in all medical wards by Sep 2019	✓
Implement Home-Based Wards at WTH	May 2020	✓
Improving the management of patients in ED with long-term conditions (LTCs) Expand the role of the CNS/NP in the ED to include active management of acute exacerbations of LTCs; develop bundles of care for patients with LTCs e.g. chronic obstructive pulmonary disease (COPD)	Jan 2020	✓
Improving wait times for patients requiring mental health and addiction services who present to ED Review the current model of care to minimise patient waiting times; action at least one recommendation • With Mental Health services, develop a model of care for patients in ED, including Mental Health representation at daily patient access meetings to review delays and daily flow and care of mental health patients • Develop a rapid assessment process for mental health patients to ensure timely assessment	Sep 2019; Jun 2020 Dec 2019 Dec 2019	✓ ✓ ✓
Improving the patient experience of Māori in ED • Greet all patients attending our EDs at triage in Te Reo Māori • Ensure diversity in our workforce to represent our patient population (EOA)	Nov 2019 Ongoing	✓
Addressing barriers to accessing primary care services With the Ministry's Kārearea Service and Te Whānau o Waipareira, develop a navigator service to support frequent users of ED services aged 0-24 years and their whānau with referrals to primary care (including holistic Māori healing), where clinically appropriate (EOA)	Implement at WTH from Dec 2019	✓
95% of patients admitted, discharged or transferred from an emergency department within 6 hours (SS10 measure)		✓

Areas off track for month and remedial plans
Acute data capturing • **Implement SNOMED coding of ED presenting complaints** • **Investigate and scope requirements for ED Procedures and Diagnosis codes** There are three parts to SNOMED coding in ED the coding of presenting complaints, the coding of procedures and the coding of diagnosis. The Waitematā DHB IT service has assessed and scoped the implementation of SNOMED and have concluded that they cannot support this with the current IT tools. They have made a capital request for $400k and are currently working through the capital request process to secure funding.

Financial Results - Acute and Emergency Medicine

Waitematā DHB Statement of Financial Performance

Acute & Emergency Medicine - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	222	215	8	479	429	50	2,574
Other Income	68	58	10	141	116	24	698
Total Revenue (excluding COVID)	291	273	18	620	545	74	3,272
EXPENDITURE							
Personnel							
Medical	4,092	4,254	162	10,070	10,474	404	56,768
Nursing	5,677	5,825	148	11,405	11,381	(25)	75,525
Allied Health	218	243	25	576	591	15	3,184
Support	0	0	0	0	0	0	0
Management / Administration	563	524	(39)	1,368	1,299	(69)	6,860
Outsourced Personnel	185	142	(43)	424	284	(139)	1,673
	10,734	10,988	254	23,843	24,029	185	144,010
Other Expenditure							
Outsourced Services	28	39	11	56	78	22	458
Clinical Supplies	1,138	1,241	103	2,509	2,523	15	14,768
Infrastructure & Non-Clinical Supplies	297	85	(212)	659	169	(490)	944
	1,463	1,365	(99)	3,224	2,770	(454)	16,169
Total Expenditure (excluding COVID)	12,198	12,353	155	27,067	26,799	(269)	160,180
Surplus/(Deficit) excluding COVID	**(11,907)**	**(12,080)**	**173**	**(26,448)**	**(26,253)**	**(194)**	**(156,907)**
Extraordinary impacts							
COVID-19 Net benefit/(cost)	(141)	0	(141)	(190)	0	(190)	0
Surplus/(Deficit) including COVID	**(12,047)**	**(12,080)**	**33**	**(26,637)**	**(26,253)**	**(384)**	**(156,907)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The operating result for Acute and Emergency was $173k favourable for August and $194k unfavourable for the YTD. Including the COVID-19 impacts the result is $33k favourable and $384k unfavourable.

Revenue ($18k favourable for August, $74k favourable YTD)

The favourable variance for the month was due to ACC revenue. The favourable YTD variance was due to higher ACC revenue and University of Auckland teaching.

Expenditure ($155k favourable for August, $269k unfavourable YTD)

The favourable variance for August was mainly due to savings from better management on patient watch activity, ED medical cover and nursing. The unfavourable variance for the YTD was mainly due to unmet savings target.

Personnel ($185k favourable YTD)

Medical ($404k favourable YTD)

The favourable variance was due to reduced ED medical cover cost from additional sessions and savings from skill mix in general medicine for junior doctors. Overspend on cardiology medical cost was due to high activity level had offset some savings from other areas.

Nursing ($25k unfavourable YTD)

The unfavourable variance was due to sick leave in the winter months, high ED and ADU nursing cover and watch cost across the division.

Support and Management/Administration ($69k unfavourable YTD)

The unfavourable variance was due to high sick leave cover for ED.

Outsourced Personnel ($139k unfavourable YTD)

The favourable variance was due to higher external bureau and Locum cost.

Other Expenditure ($454k unfavourable YTD)

Clinical Supplies ($15k favourable YTD)

The favourable variance was due to overall lower supplies cost offsetting high cost in cardiology catheter cost.

Infrastructure and Non-Clinical Supplies ($490k unfavourable YTD)

The unfavourable variance was due to unmet saving target and ED security cost.

COVID-19 impact

Total Covid-19 impact (190k for YTD):

There was extra cover cost for staff that stood down or was under self-isolation for various reasons due to COVID-19. Additional Registered Nurses(RN) and Health Care Assistants (HCAs) have been deployed at NSH ED, ADU and ward 10 since August incurring extra nursing cost. Clinical supplies for face masks, protective clothing and related products also increased during last few months.

Specialty Medicine and Health of Older People Division

Service Overview

This Division is responsible for the provision of medical sub-specialty and health of older people services. This includes respiratory, renal, endocrinology, stroke, dermatology, haematology, diabetes, rheumatology, infectious diseases, medical oncology, neurology, gastroenterology, smoke-free, fracture liaison services and Older Adults and Home Health, which in turn includes palliative care, geriatric medicine, district nursing, EDARS (early discharge and rehabilitation service), needs assessment and service coordination, the specialist gerontology nursing service Nga Kaitiaki Kaumatua, Mental Health Services for Older Adults, and the AT&R wards. The division also includes the Medicine patient service centre. Allied Health provides clinical support across (inpatient, outpatient and community services) across the Acute and Emergency Medicine Division, Specialty Medicine and Health of Older People Division and Surgical and Ambulatory Service and reports to the General Manager Specialty Medicine and Health of Older People.

The service is managed by Dr John Scott, Head of Division, and Brian Millen, General Manager. Melody-Rose Mitchell is the Associate Director of Nursing Acute and Emergency Medicine and Specialty Medicine and Health of Older People. The Clinical Directors are Dr Cheryl Johnson for Geriatric Medicine, Dr Sachin Jauhari for Psychiatry for the Older Adult, Dr Moira Camilleri for Palliative Care, Dr Stephen Burmeister for Gastroenterology, Dr Simon Young for Diabetes/Endocrinology, Dr Naveed Ahmed (Acting) for Renal, Dr Megan Cornere for Respiratory, Dr Eileen Merriman for Haematology, Dr Nicholas Child for Stroke, Dr Matthew Rogers for Infection, Dr Blair Wood for Dermatology and Dr Michael Corkill for Rheumatology.

Highlight of the Month

Allied Health support to Interim Care Service (ICS)

The Interim Care Service (ICS) is for patients requiring hospital level nursing care but not acute inpatient care. These patients are unable to be discharged to their own residence. The patient group includes those who are non-weight bearing or those who need a period of supported care before returning to inpatient services for hospital-based rehabilitation or other hospital-based services before returning home. ICS is one of several hospital demand management initiatives which have contributed to significant bed-day savings and release of acute hospital beds over the last few years of increasing bed capacity pressure.

Prior to COVID-19, almost 80% of ICS patients required a return to hospital for inpatient rehabilitation due to deconditioning during the non-weight-bearing period and the lack of active rehabilitation undertaken during their ICS stay. These patients were re-admitted to North Shore or Waitakere Assessment, Treatment and Rehabilitation (AT&R) wards for this rehabilitation.

Rehabilitation ward capacity was significantly reduced during the DHB's response to COVID-19 due to the closure of wards 14 and 15 at North Shore Hospital. With this reduced capacity, an effort was made to discharge patients directly to home, from their ICS admission, rather than return to the inpatient AT&R wards for rehabilitation. This required increased input from Allied Health, nursing and medical staff. A weekly MDT meeting was established to enable discussion of patients currently under the ICS service.

With the lockdowns easing, our physiotherapists and occupational therapists have been working closely with facility staff to facilitate timely assessments and planning for discharge, including support to access necessary services from ACC. The team hold planning meeting at the beginning of each week to identify which patients need input and to coordinate onsite visits to identify patients coming up to discharge or who have had a change in their weight bearing status. This, along with changes to the input provided by the Gerontology Nurse Specialists, has allowed ICS capacity to increase to 30 patients.

Prior to these changes one to two patients per week returned to hospital for inpatient rehabilitation. Since July, just two have returned. The resources to support these initiatives predominantly came initially from Community

Allied Health and later from staff redeployed from ward 15. While this model of allied health support for ICS is still in its development stage, further improvements to the ICS model of care have already been identified.

Key Issues

Growing Challenges in our Communities

Allied health staff work in a variety of settings including; patients' homes and communities, outpatient clinics and inpatients wards, including both rehabilitation and acute wards and environments such as our emergency department, Assessment and Diagnostic Unit and Intensive Care Unit. The allied health team is made up of five different disciplines; Physiotherapy, Occupational therapy, Speech language therapy, Dietician and Social work.

An allied health practitioner often engages with patients at their most vulnerable times of life such as following surgery, injury or accident or a severe life changing health event such as stroke. The success of the allied health engagement is dependent upon developing a therapeutic relationship, building trust and understanding of the patient and their particular needs and aspirations so that patients can be supported to engage in difficult or challenging tasks or procedures or confront changed realities. Much of the work that allied health does is to connect with families and whānau so that together they can support the patient. Allied health staff often learn a lot about the patient's home and social environment and come to understand pressures on families.

Over the last few weeks and months, it has become evident that the challenges from COVID-19 are increasingly impacting on our communities and are affecting people in different ways. Across the board, our clinicians are reporting patients and families experiencing higher levels of distress and violence.

Our teams have recognised, that while they are very used to and proficient at supporting patients through difficult times, the complexity and increasing frequency of distress and violence that they are seeing presents new challenges. The complex social effects in this new 'COVID world' are likely to last for a long time and continue to impact on such things as unemployment and housing. It is important that we have systems and resources in place to sustain staff and ensure that our services are resilient to these likely on-going high demands.

Our allied health team are looking to see what they can do to better support our patients through connecting with different community organisations or supplying information and resources to support patients and families to be able to resolve issues.

They are also working on how best to support staff and identify further areas for skill development to build capability and resilience. Starting the conversation about the change in demand and on-going nature of the work in itself has helped to sustain staff and given the opportunity for people to work together to identify what they need.

Scorecard – Specialty Medicine and Health of Older People Services

Waitematā DHB Monthly Performance Scorecard

Specialty Medicine and Health of Older People

August 2020

2020/21

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	10 days	≤14 days	--
Net Promoter Score FFT	90	65	▲
Improving Outcomes			
a. Patients admitted to stroke unit	*65%*	*80%*	▼
a. Acute Stroke to rehab w/in 7 days	*53%*	*80%*	▼
b. InterRAI assessments - LTHSS clients	*98%*	*95%*	--
Better help for smokers to quit - hospitalised	100%	95%	--
Quality & Safety			
Older patients assessed for falling risk	100%	90%	▲
Rate of falls with major harm	0	≤2	--
Good hand hygiene practice	93%	80%	▲
Pressure injuries grade 3&4	0	0	--
HR/Staff Experience			
Sick leave rate	3.2%	≤3.4%	--
Turnover rate - external	10%	≤14%	▲
Vacancies - %	4%	≤8%	▼

Service Delivery

	Actual	Target	Trend
Waiting Times			
Urgent diagnostic colonoscopy w/in 14 days	96%	90%	▼
Diagnostic colonoscopy w/in 42 days	41%	70%	▼
Surveillance colonoscopy w/in 84 days	44%	70%	--
Patient Flow			
Outpatient DNA rate	7%	≤10%	▲
Patients with EDS on discharge	92%	85%	▼

Value for Money

	Actual	Target	Trend
Financial Result (YTD)			
Revenue excl. COVID-19	1,996 k	1,607 k	▲
Expenses excl. COVID-19	18,173 k	17,973 k	▲
Net surplus/(deficit) excl. COVID-19	-16,177 k	-16,366 k	▼
COVID-19 net benefit/(cost)	-544 k	0 k	
Net surplus/(deficit) incl. COVID-19	-16,721 k	-16,366 k	
Contracts (YTD)			
Elective WIES Volumes	96	84	▼
Acute WIES Volumes	461	417	▼

How to read

Performance indicators:

- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Jul 2020 - coding dependent
b. Quarterly Dec 19 latest data

A question?

Contact:
Victoria Child - Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz
Planning, Funding and Health Outcomes, Waitematā DHB

Scorecard Variance Report

Best Care

Patients admitted to Stroke unit – *65% against a target of 80%*

For the month of July, 65% of patients (70 out of 107) presenting with an acute stroke were admitted to our Stroke wards. A clinical review of the 37 patients that were not admitted to a stroke ward has been completed. Eleven patients had initially not been admitted to a stroke ward and on review by our stroke team they were anticipated to be discharged within 1-2 days and any transfer would have prolonged the patients' admissions. Four patients did not receive any input from our Stroke team and were not identified for admission to our stroke wards. One patient had a stroke as an inpatient and they were managed on their current ward, one patient required end of life care and were managed on a non-stroke ward and two patients required specialised input from non-stroke services for other medical complications. It is not clear from the medical notes why the remaining 18 patients were not admitted to a stroke ward. A deeper review is underway to identify actions that need to be taken to ensure appropriate patients are identified and receive their care on a stroke ward.

Acute Stroke to rehab with-in seven days – *53% against a target of 80%*

For the month of July, 53% of patients (16 out of 30) with an acute stroke were transferred to rehabilitation within seven days. A clinical review of the fourteen patients that did not make it to rehabilitation within seven days has been completed. Ten patients were medically unwell and thus not appropriate to be transferred, one patient was initially planned for discharge to community-based rehabilitation however, this was subsequently changed to inpatient rehabilitation and this change in plan delayed their admission. It is unclear what the cause of the delay for the remaining three patients was. While no issues with lack of bed availability on the rehab wards were recorded in the clinical notes, this cannot be excluded as a contributory factor.

Service Delivery

Diagnostic colonoscopy within 42 days *– 41% against a target of 70%*

Internal activity was negatively affected in August with more re-bookings required due to higher rates of patient cancellations resulting from patient anxiety around COVID-19. The results also reflect an overall reduction in outsourcing, with the contract volume from the FY2019/2020 extension from one private provider reached in early August. An interim contract was approved to ensure outsourcing continued as planned in September and a paper will be presented to the Board outlining the DHB's post COVID-19 recovery plan.

Surveillance colonoscopy with-in 84 days *– 44% against a target of 70%*

As above

Compliance with patient safety checks in Adult Mental Health Ward

Eleven clinical notes were randomly audited throughout from 1-31 August. The need for safety checks was correctly documented in all cases and all current risk assessments were up to date.

Waitematā DHB Priorities Variance Report *(for 2019/2020 FY)*

Deliverable/Action	On Track
Patients admitted to Stroke unit target 80%	✖
Acute Stroke to rehab with-in 7 days target of 80%	✖
Diagnostic colonoscopy with-in 42 days target of 70%	✖
Surveillance colonoscopy with-in 84 days	✖
Compliance with patient safety checks in Adult Mental Health Ward	✓

Areas off track for month and remedial plans
Stroke: The split between acute and rehabilitation care is contrary to the key principles of optimal stroke care. Patients have multiple assessments in two different settings, continuity of care is lacking, there are delays in transfer between acute and rehabilitation settings which can impact on length of stay. This results in sub-optimal utilisation and coordination between the rehabilitation, nursing and allied health workforce. We are again reviewing options to implement an integrated stroke unit utilising an existing ward location and staff. **Colonoscopy:** Internal activity was affected by the COVID-19 Alert Level lockdown with more rebooking required due to higher rates of patient cancellations. The results also reflect an overall reduction in outsourcing, as the extension from FY2019/2020 contract volumes with one private provider was reached in early August. A report was prepared to obtain interim approval to urgently renew a temporary contract to continue outsourcing; this was approved in early September. To increase internal production, we are working with the Bowel Screening Program to utilise additional endoscopy sessions due to their spare capacity. Early work on the impact of adopting revised post-colonoscopy surveillance guidelines with the potential to reduce up to 1,000 patients from the existing waiting list continues.

Financial Results – Specialty Medicine and Health of Older People

Waitematā DHB Statement of Financial Performance

Specialty Medicine and HOPS - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	755	739	16	1,717	1,478	239	8,838
Other Income	135	65	70	279	129	150	774
Total Revenue (excluding COVID)	890	803	87	1,996	1,607	389	9,612
EXPENDITURE							
Personnel							
Medical	1,820	1,844	24	4,428	4,526	97	24,541
Nursing	2,421	2,529	108	4,759	5,032	273	33,562
Allied Health	1,923	1,796	(127)	4,520	4,361	(159)	22,254
Support	0	0	0	0	0	0	0
Management / Administration	304	334	30	800	846	46	4,299
Outsourced Personnel	84	49	(34)	167	99	(68)	582
	6,551	6,552	1	14,675	14,864	189	85,238
Other Expenditure							
Outsourced Services	330	449	119	962	898	(63)	5,373
Clinical Supplies	947	1,048	101	2,034	2,110	77	12,420
Infrastructure & Non-Clinical Supplies	234	50	(184)	502	100	(402)	551
	1,512	1,548	36	3,498	3,109	(389)	18,345
Total Expenditure (excluding COVID)	8,063	8,099	36	18,173	17,973	(200)	103,583
Surplus/(Deficit) excluding COVID	**(7,173)**	**(7,296)**	**123**	**(16,177)**	**(16,366)**	**189**	**(93,971)**
Extraordinary impacts							
COVID-19 Net benefit/(cost)	(280)	0	(280)	(544)	0	(544)	0
Surplus/(Deficit) including COVID	**(7,453)**	**(7,296)**	**(157)**	**(16,721)**	**(16,366)**	**(355)**	**(93,971)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The operating result for Specialty Medicine and Health of Older People Division was $123k favourable for August and $189k favourable for the YTD. Including the COVID-19 impacts the result is $157k unfavourable and $355k unfavourable.

Revenue ($87k favourable for August, $389k favourable YTD)

The August revenue result is driven by additional research revenue to cover research costs. This is partly being offset by lower numbers of bed nights qualifying for reimbursement from ACC under the Non-Acute Rehab contract, due to admitting much fewer patients from interim care services back to the hospital for rehabilitation. The YTD result is also due to ACC and both research revenue and additional gastro revenue carried over from FY19/20.

Expenditure ($36k favourable for August, $200k unfavourable YTD)

The YTD unfavourable result is also due to the allied churn pressure, as well as a partially unmet savings target allocated to the service.

Personnel ($189k favourable YTD)

Medical ($97k favourable YTD)

The YTD favourable medical variance is mainly due to underspends in allowances in July and August.

Nursing ($273k favourable YTD)
The YTD favourable nursing variance is mainly due to savings in ward 15, with nursing staff redeployed across the hospital whilst there are 24 beds closed in this ward.

Allied Health ($159k unfavourable YTD)
The YTD unfavourable variance for allied was mainly due to improved retention and recruitment, with vacancies now below the churn savings target level, worth ($150k). There was also a couple of one-off back payments for allied staff to correct a pay error spanning across a few years ($80K).

Support and Management/Administration ($46k favourable YTD)
Support and Management/Administration is slightly under budget YTD.

Other Expenditure ($389k unfavourable YTD)

Outsourced Services ($63k unfavourable YTD)
The YTD unfavourable outsourced services variance is due to additional volumes of gastro outsourced procedures to catch up with 19/20 volumes which were delayed due to COVID-19. This is offset by additional revenue carried forward from FY 19/20.

Clinical Supplies ($77k favourable YTD)
The YTD favourable clinical supplies variance is due to respite services, and one to one watch staff at respite providers, having much lower demand than in FY19/20.

Infrastructure and Non-Clinical Supplies ($402k unfavourable YTD)
The YTD unfavourable infrastructure and non-clinical supplies is mainly due to the savings target allocated to the service, partially met in other areas above, worth ($316k). There are also expenses relating to research which are offset by additional revenue ($95k).

COVID-19 impacts ($544k unfavourable YTD)

Staff sick leave, is twice as high as in the same period for the prior year, and impacting on Medical staff costs where additional sessions and locums are required to cover rosters.

Child, Woman and Family Services

Service Overview

This Division is responsible for the provision of maternity, obstetrics, gynaecology and paediatric medicine services for our community, for the regional Out of Home Children's Respite Service, the Auckland Regional Dental Service (ARDS), and the national Child Rehabilitation Service. Services are provided within our hospitals, including births, outpatient clinics and gynaecology surgery, and within our community, e.g. community midwifery, mobile/transportable dental clinics and the Wilson Centre.

The service is managed by Dr Meia Schmidt-Uili, Division Head and Stephanie Doe, General Manager. Head of Division Nursing is Marianne Cameron, Director of Midwifery is Emma Farmer and Head of Division Allied Health is Susan Peters. The Clinical Directors are Dr Christopher Peterson for Child Health, Dr Diana Ackerman for Women's Health and Dr Kirsten Miller (acting) for ARDS.

Highlight of the Month

Better, best, brilliant: introduction of the Telehealth Oral Health Promotion Pēpi (TOHPP) Programme

A child's oral health care journey with the Auckland Regional Dental Service (ARDS) starts with their 'first appointment' when they are one-year old. Historically, ARDS has delivered first appointments from dental clinics. First appointments provide a valuable opportunity to engage early with families and whānau, provide oral health promotion material and determine the frequency in which the child requires on-going care (based on their level of need).

However, it had been noted that these appointments often go unattended as many families do not necessarily see the value in attending when their child may have no or very few teeth and staff also report difficulty in coaxing this age group to open their mouths for the examinations. It was therefore decided to trial an alternative way of delivering care to families of children in this age group, and with national restrictions on dental services during COVID-19, the opportunity was provided.

A core group of staff worked through a staged trial providing telehealth (phone) assessments to families of children in this age group offering an introduction to ARDS, a caries risk assessment and education on key oral health messages. Feedback was overwhelmingly positive from families and staff. The core team were able to streamline their processes based on feedback and further developed the programme to incorporate instruction manuals and e-Learning modules for staff to undertake telehealth appointments for children aged 12-15 months.

The programme was rolled out across the service in the latter part of Alert Level 3 in August 2020. Since the implementation of the programme, a total of 1,910 assessments have been completed. Of note, the service found it more challenging to make contact Māori and Pacific whānau. Strategies to address this are currently being explored, using the Centralised Booking Team to ensure an equitable access for these pēpi.

Key Issue

Increased demand for social work support

The Women's Health social work team, who provide support to Maternity, the Special Care Baby Units (SCBUs) and Hine Ora ward, have seen 20% increase in demand for services over the past three months.. Women are referred to the team for a range of issues, including financial stress, homeless, family violence, substance use, child protection concerns, termination of pregnancy counselling and

The team, which consists of six staff , provide support across the two hospital sites and in the community. Staff have noted the effect of COVID-19 on mental health in the community, which appears to have resulted in higher levels of stress and anxiety, as well as incidences of substance use and family violence.
The service is looking at ways to balance the demand better across the sites, prioritise care and continues to partner with non-government and community agencies to ensure that they are able to provide on-going support to women.

Scorecard – Child, Women and Family Services

Child Women and Family Services and Elective Surgery Centre
August 2020
2020/21

Priority Health Outcomes

	Actual	Target	Trend
Shorter Waits in ED	96%	95%	--

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	11 days	≤14 days	▼
Net Promoter Score FFT	78	65	▲
Improving Outcomes			
Exclusive breastfeeding on discharge	76%	75%	▲
Women smokefree at delivery	94%	95%	--
Better help for smokers to quit - hospitalised	100%	95%	--
a. Oral health - % infants enrolled by 1 year	90%	95%	▼
a. Oral health - exam arrears 0-12 yr	59%	≤10%	▼
Quality and Safety			
Good hand hygiene practice	92%	80%	▲
HR/Staff Experience			
Sick leave rate	3.6%	≤3.4%	--
Turnover rate - external	10%	≤14%	--
Vacancies - %	5%	≤8%	--

Service Delivery

	Actual	Target	Trend
Elective Volumes			
CWF Services	102%	100%	▼
Waiting Times			
Gateway referrals waiting over 8 weeks	24	5	▲
Patient Flow			
Outpatient DNA rate	9%	≤10%	▲
Theatre utilisation Gynaecology	80%	85%	▼
Patients with EDS on discharge	88%	85%	▼
a. Oral Health - chair utilisation	7.4	11	▲

Value for Money

	Actual	Target	Trend
Financial Result (YTD)			
Revenue excl. COVID-19	1,887 k	1,889 k	▼
Expenses excl. COVID-19	17,554 k	17,819 k	▼
Net surplus/(deficit) excl. COVID-19	-15,667 k	-15,930 k	▼
COVID-19 net benefit/(cost)	92 k	0 k	
Net surplus/(deficit) incl. COVID-19	-15,576 k	-15,930 k	
Contracts (YTD)			
Gynaecology Elective WIES (excl ESC)	217	209	▲
Gynaecology Acute WIES	237	243	▼
Maternity WIES	1,215	1,419	▲
Paediatrics WIES	177	312	▼
Neonatal WIES	434	412	▲

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** *in grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Oral health data - Total WDHB, ADHB and CMDHB, DHB of service. 2019 updated census (2013) population projections from Jan 20 onwards significantly reduce population to be enrolled, resulting in increased enrolment coverage compared with 2019.

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitematā DHB

Best Care

Oral health % infants enrolled by 1 year – *90% against a target of 95%*

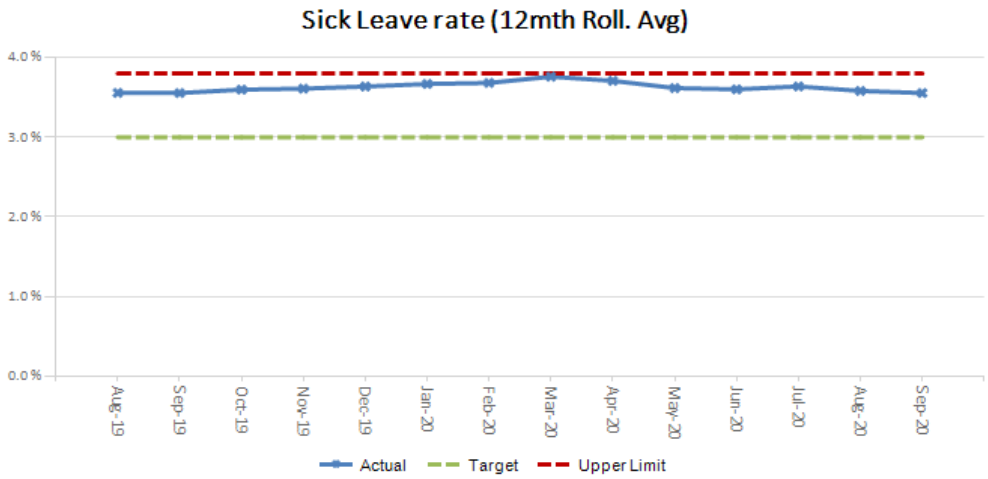
The service has not achieved this target for the first time since the implementation of the automatic enrolment process across all three DHBs. It is suspected that the reduction in enrolments is the result of an error within one (or more) of the automated reports that are generated. This is currently being investigated and a data match undertaken. It is expected that any discrepancies will be identified and addressed by the end of September 2020.

Oral health – exam arrears 0-12yrs *– 59% against a target of ≤10%*

There has been an increase in the percentage of children in arrears across all DHBs this month. The current level of arrears has been significantly impacted by the COVID-19 lockdown periods. During Alert Level 3 in August 2020, routine oral health services were not able to be provided (as per Dental Council and Ministry of Health directives). With the move to Alert Level 2, the service has recommenced the provision of routine appointments, however, there are on-going Dental Council requirements that are impacting on productivity and access (pre-screening of all children prior to their appointment). Given these requirements are on-going, it is anticipated that arrears will further deteriorate over the coming months.

Sick leave rate *– 3.7% against a target of ≤3.4%*

Although sick leave remains above target, there have been small improvements across the Division over the last three months.



Service Delivery

Gateway referrals waiting over 8 weeks *– 24 against a target of 5*

There has been an increase in the number of children waiting this month due to restrictions during COVID-19 Alert level 3. Two additional clinics are planned for October 2020 to address this.

Theatre utilisation Gynaecology *– 80% against a target of 85%*

Theatre utilisation was off track during August, as there were an extra-ordinary number of patients (n=33) who cancelled their procedure either on the day of surgery or the day before the procedure was scheduled. It is suspected that this is connected to the Auckland region's COVID-19 Alert Level 3 status.

Oral health – chair utilisation *– 7.4 against a target of 11*

During Alert Level 3 in August, routine oral health services were not able to be provided (as per the Dental Council and Ministry of Health directive). With the move to Alert Level 2, the service has recommenced the provision of routine care; however there are on-going Dental Council requirements that are impacting on service productivity and access (such as contacting whānau to pre-screen all children prior to their appointment). Given this, it is anticipated that there will be on-going issues with achieving chair utilisation targets.

Value for Money

Maternity WIES *– 1,215 against a target of 1,419*

There does not appear to have been a reduction in acuity or demand for maternity so far this financial year. The service is currently investigating why the WIES is below target.

Paediatric WIES *– 177 against a target of 312*

There has been a 40% reduction in admissions to Rangatira ward over July and August 2020 in comparison to the same time last year. This may be attributed to physical distancing measures and lockdown, which has reduced the spread of respiratory illnesses amongst children during this time.

Waitematā DHB Priorities Variance Report *(for 2019/2020 FY)*

DHB activity	Milestone	On Track
Review the regional midwifery workforce plan	Jun 2020	✓
Support new graduates by providing dedicated clinical coach support in the first year of practice	Jun 2020	×
Implement recently revised maternity model of care, including: • additional staffing • best quality learning experiences to undergraduate students • Quality Leadership Programme for all core midwives	Jun 2020	✓
Implement the regionally agreed Midwifery Workforce Plan, which includes: • flexible (24/7) student placements • joint appointment of clinical coaching roles to support undergraduate and newly qualified midwives (with AUT) • focus on study pathways and continue investment to support Māori and Pacific students (EOA)	Jun 2020	✓
Continue to ensure that all midwives operate to their competencies and to a full scope of practice (this is business as usual)	On-going	✓

Areas off track for month and remedial plans
Work is underway to identify a pathway to increase the dedicated clinical coach FTE, as the budget bid was unsuccessful.

Financial Results - Child, Women and Family Services

Waitematā DHB Statement of Financial Performance

Child Woman and Family - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	630	826	(196)	1,633	1,652	(19)	9,442
Other Income	152	119	34	253	237	16	1,423
Total Revenue (excluding COVID)	782	945	(163)	1,887	1,889	(3)	10,865
EXPENDITURE							
Personnel							
Medical	1,556	1,603	48	4,004	4,009	5	21,569
Nursing	2,520	2,512	(8)	4,930	5,045	114	33,433
Allied Health	2,089	2,341	253	5,147	5,692	545	28,812
Support	22	24	2	48	59	11	338
Management / Administration	399	446	47	979	1,119	140	5,687
Outsourced Personnel	197	111	(86)	394	222	(172)	1,306
	6,782	7,037	255	15,502	16,146	644	91,146
Other Expenditure							
Outsourced Services	40	46	6	123	93	(30)	547
Clinical Supplies	476	574	99	1,114	1,149	35	6,770
Infrastructure & Non-Clinical Supplies	374	216	(158)	815	431	(383)	2,513
	890	836	(53)	2,052	1,673	(379)	9,830
Total Expenditure (excluding COVID)	7,672	7,874	202	17,554	17,819	265	100,976
Surplus/(Deficit) excluding COVID	**(6,890)**	**(6,929)**	**39**	**(15,667)**	**(15,930)**	**263**	**(90,111)**
Extraordinary impacts							
COVID-19 Net benefit/(cost)	(61)	0	(61)	92	0	92	0
Surplus/(Deficit) including COVID	**(6,951)**	**(6,929)**	**(22)**	**(15,576)**	**(15,930)**	**354**	**(90,111)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The operating result for Child, Women and Family was $39k favourable for August and $263k favourable for the YTD. Including the COVID-19 impacts the result is $22k unfavourable and $354k favourable.

Revenue ($163k unfavourable for August, $3k unfavourable YTD)

The unfavourable variance for August was related to a one-off financial adjustment to amend the prior month's overstated service level agreement funding.

Expenditure ($202k favourable for August, $265k favourable YTD)

The favourable variance for August and YTD was due to ARDS vacancies and reduced dental supplies spending. The YTD favourable position also includes Public Health Nursing staff COVID-19 redeployments. Cost pressures continue across Obstetrics and Gynaecology. This is driven by high sick leave, low annual leave and high Elective and Acute demand (111% and 98% of contracted CWD). There has also been variable Neonatal demand with high acuity (105% of contracted CWD).

Personnel ($644k favourable YTD)

Medical ($5k favourable YTD)

The favourable Medical variance was due to vacancies in Obstetrics and Gynaecology and ARDS. This has been partly offset by high sick leave, allowances, reduced annual leave and timing of professional membership payments.

Nursing ($114k favourable YTD)
The favourable nursing variance was due to a combination of reduced Public Health Nursing costs associated with staff being redeployed to the Auckland Regional Public Health Service for COVID-19 screening support and reduced paediatric ward nursing due to reduced demand for inpatient care. Partially offsetting this are neonatal nursing cost pressures due to higher admissions and heightened levels of acuity.

Allied Health ($545k favourable YTD)
The favourable variance was primarily due to ongoing therapist and therapy assistant vacancies across ARDS. A continued focus in improving recruitment and retention has enabled to service to increase its staffing levels by 7% and hold this since February 2020.

Support and Management/Administration ($151k favourable YTD)
The favourable variance was due to vacancies across the division.

Outsourced Personnel ($172k unfavourable YTD)
The unfavourable variance was due to Obstetrics and Gynaecology and Paediatric medical locum and after hours covers.

Other Expenditure ($379k unfavourable YTD)
Outsourced Services ($30k unfavourable YTD)

Clinical Supplies ($35k favourable YTD)
The favourable clinical supplies variance is attributed to dental clinic closures due to Covid-19. Dental supplies' spending is expected to remain variable as the service works to increase clinic output in line with the easing of alert levels.

Infrastructure and Non-Clinical Supplies ($383k unfavourable YTD)
The unfavourable variance was due to a combination of increased ARDS staff mileage claims due to staff having to relocate to alternate clinics to meet service need, timing of registration and maintenance expenses on mobile dental facilities and embedded savings budgets that are being met by reduced clinical supplies and staff vacancies.

COVID-19-19 impacts ($92k favourable YTD)

COVID-19 has had significant on-going impact on the Paediatric Ward and on ARDS.
Paediatric inpatient admissions have been far less than what the service would expect during a busy winter period. Ward staff are either being redeployed to other wards at Waitakere Hospital or are encouraged to take annual leave. ARDS is currently running at significantly reduced capacity with the focus being on treating patients with pain and high clinical need. Staffing vacancies are at normal levels with dental consumables usage being low and tracking $92k favourable to date.

Child Services Public Health Nurses have been redeployed to the Auckland Regional Public Health Service to support the COVID-19 screening programmes.

Specialist Mental Health & Addiction Services

Service Overview

This service is responsible for the provision of specialist community and inpatient mental health services to Waitematā residents. This includes child, youth and family mental health services, adult mental health services including two acute adult in-patient units, community alcohol, drug and other addiction services across the Auckland metro region, Whītiki Maurea providing mental health services to Waitematā residents and addiction services across metro-Auckland, Pasifika Peoples mental health services and regional forensic services that deliver services to the five prisons across the northern region as well as eight in-patient villas and a regional medium secure Intellectual Disability unit including an intellectual disability offenders liaison service. Mental Health and Addiction services have around 9000 active tāngata whai i te ora in our care at any point in time. Less than 1% of these would be in an inpatient unit. This means 99% of the tāngata whai i te ora in our care are living in the Community.

The group is led by Derek Wright (Director Mental Health & Addictions Lead), Dr Murray Patton (Clinical Director) and Pam Lightbown (General Manager). The Associate Director of Nursing is Alex Craig and the Clinical Directors are Dr Greg Finucane for Adult, Dr Frances Agnew for Whitiki Maurea and Takanga A Fohe, Dr Krishna Pillai for Forensics, Dr Emma Schwarcz for CADS, and Dr Mirsad Begic for Child, Youth and Family.

Highlight of the Month

Recruitment and workforce:

Specialist Mental Health and Addictions has reported, over the last few years, a continued difficulty to find suitable applicants for specific roles across this service. Areas particularly difficult to recruit to were Rodney Acute Mental Health Service acute team, Child Youth and family Psychiatry, Psychologists and Registered Nurses.

Actions to support recruitment over this time have included using direct and in-direct advertising, micro sites, overseas recruitment campaign, the establishment of a Recruitment and Retention Specialist Mental Health and Addictions group, reviewing skill mix, establishment of career pathways for nurses with senior roles to support new staff and to deliver expert care, preceptorship of new graduates and succession planning, to name a few.

To date, recruitment to services is progressing well with a reduction of around 36% of the normal vacancies seen compared with last year. In Child Youth and Family, all Senior Medical Officer positions that have been vacant for over three years are now filled and promising applicants for the final vacancy. This is combined with successful recruitment of allied and nursing staff to the Child and Adolescent Mental Health Service teams who have previously struggled to recruit experienced staff.

Also, the Assertive Intervention Team in Rodney have now successfully recruited staff and are receiving referrals.

Key Issues

Adult Portfolio

Warkworth Site Relocation

The plans for the Warkworth site relocation appear to have been finalised and will now be presented to council for approval. Since this will take time, an interim site has been found to accommodate the team. They will share the Coast to Coast medical centre with the district nurses and have access to hot-desks and clinic areas. Staff are currently in the process of preparing for the move which will occur during the second week of November 2020.

Community Alcohol and Drug Services

Substance Addiction Compulsory Assessment and Treatment (SACAT) waitlist remains high, with twelve clients awaiting admission to the NOVA-Star facility and requiring on-going case management. There are four beds set aside in the Christchurch facility for the Northland/Auckland region, so admission is significantly delayed as these beds are full to mitigate the impact of this. The Community Home Detox (CHDS) team case manage and continue

to contact and support the families. This is difficult for a regional team of under 10 FTE who have other competing responsibilities including clients with a benzo dependency, home detoxes and supporting the medical staff dealing with addiction concerns in Managed Isolation. As funding is constrained, we are looking at FTE allocation across the service to help address the CHDS team workload.

Scorecard – Specialist Mental Health & Addiction Services

Waitematā DHB Monthly Performance Scorecard

Specialist Mental Health and Addiction Services

August 2020

2020/21

Priority Health Outcomes

	Actual	Target	Trend
Shorter Waits in ED	72%	80%	

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	11 days	≤14 days	
Improving Outcomes			
Better help for smokers to quit	97%	95%	
Seclusion use Forensics - Episodes	19	≤14	
Seclusion use Adult - Episodes	1	≤5	
High Care Area/ICU 15 min observations	100%	95%	
c. MH Access Rates 0-19 years (Total)	*3.69%*	*3.49%*	
c. MH Access Rates 0-19 years (Māori)	*5.09%*	*4.70%*	
c. MH Access Rates 20-64 years (Total)	*3.83%*	*3.43%*	
c. MH Access Rates 20-64 years (Māori)	*9.03%*	*7.80%*	
HR/Staff Experience			
Sick leave rate	3.6%	≤3.4%	
Turnover rate - external	9%	≤14%	
Vacancies - %	6%	≤8%	

Value for Money

	Actual	Target	Trend
Financial Result (YTD)			
Revenue excl. COVID-19	2,784 k	2,543 k	
Expenses excl. COVID-19	26,982 k	25,777 k	
Net surplus/(deficit) excl. COVID-19	-24,198 k	-23,234 k	
COVID-19 net benefit/(cost)	-313 k	0 k	
Net surplus/(deficit) incl. COVID-19	-24,510 k	-23,234 k	

Service Delivery

	Actual	Target	Trend
Waiting Times (latest available)			
a. Adult (20-64) <3 weeks	*82%*	*80%*	
a. CADS (0-19) <3 weeks	*82%*	*80%*	
a. CADS (20-64) <3 weeks	*91%*	*80%*	
CYF <3 weeks	100%	95%	
a. Forensic (20-64) <3 weeks	*79%*	*90%*	
Prison inpatient waiting list	2	0	
b. **Patient Flow**			
Bed Occupancy - Adult Acute	94%	80-90%	
Bed Occupancy - CADS Detox	89%	80-90%	
Bed Occupancy - Forensics Acute&Rehab	99%	80-90%	
Community Care			
Preadmission community care - adult	73%	75%	
Post discharge community care - adult	87%	90%	
Clinical contact directly with consumer - adult	85%	80%	
Clinical contact directly with consumer- CADS	89%	80%	
Clinical contact directly with consumer - CYF	88%	80%	
Clinical contact directly with consumer - Forensic	86%	80%	
Whanau contacts per service user - adults	52%	70%	
Whanau contacts per service user - child	85%	80%	
Whanau contacts per service user - youth	100%	80%	

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Reported approx 3 months in arrears (May 20 data). b. Rolling 3 month indicator. c. Jun 2020.

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitematā DHB

Priority Health Outcome Areas

Shorter Waits in ED- *72% against a target of 80%*

During the month of August, the occupancy rate was 94% in the Adult Inpatient Units, denoting a busy period. Analysis of the breaches indicated that occupancy was not the main driver as to why patients remained in the Emergency Department beyond the six-hour target. It shows that this was due to more presentations needing assessment than usual. Work is continuing on the Model of Care for both In Patient Unit and Emergency Department.

Best Care

Seclusion use for Forensics – Episodes *– 19 against a target of <14*

There were 11 service users who presented with psychiatric and/or behavioural acuity in the month. The episodes were spread across the admitting units in the service. Five distinct service users in Pohutukawa continued to present with behavioural acuity. In relation to mental health admissions, there were five service users in Kauri and one service user in Totara who required seclusion. From June to August 2020, seclusion hours appear to have flattened to an average of 586 hours per month.

Value for Money

Financial Results (YTD) – Expenses- $26,982K against a target of $25,777K

Revenue YTD is favourable by $241k due to additional revenue for service users with high care needs in the Pohutakawa ward, extra funding from MOH in recognition for extra level of care required over and above the base level funding and higher volumes for Court reporting.

Operating Result (YTD) - Deficit -$24,198k against a target of -$23,234k

The Year to Date expenditure is unfavourable by $1,205k due to COVID-19 adjacent cost like sick leave which has seen unexpected high level of leave taken resulting in an increase in additional sessions and locum cover. The increase in staff recruitment and retention should be making inroads into our overtime, however, this has not eventuated due to the level of sick leave taken.

Service Delivery

Waiting Time (Latest available) – *Forensic (20-64) <3 weeks – 79% against a target of 90%*

This metric has been adversely affected by COVID-19. During this time our ability to enter the prisons to conduct routine psychiatric in-reach work was constrained due to COVID-19 related restrictions i. During this time the Forensic Prison Team continued to receive referrals. Those referrals that were triaged as non-urgent were deferred until restrictions around entering prisons had relaxed.

Patient Flow- Bed Occupancy – Forensics Acute and Rehab *– 99% against a target of 90%*

Bed occupancy has exceeded capacity due to very high demand from Courts and Prisons and difficulty with finding appropriate places to discharge those with enduring psychiatric and cognitive disability. The Service continues to have supernumerary Intellectual Disability contracted beds. This is on the Risk Register and a dialogue has begun with The Ministry of Health in relation to the purchase of additional substantive Intellectual Disability beds. The Service anticipates improved capacity for discharge with re-opening of Kaupapa Māori step-down beds being provided by Kahui Te Kaha in September 2020. This should relieve some of the inpatient pressures and occupancy rates will fall.

Community Care- Whānau Contacts per service user – adults- 52*% against a target of 70%*

The target does not reflect there has been increased engagement with whānau through the use of remote technology such as Zoom. This Key Performance Indicator only reflects the face to face contact between the service and the family, therefore a reduction in August was expected. However, it is anticipated that contact will increase in the coming months as the levels of lockdown reduce.

Waitematā DHB Priorities Variance Report *(for 2019-2020)*

DHB activity	Milestone	On Track
Inquiry into mental health and addiction Working in partnership with all stakeholders to build an integrated approach to mental health, addiction and wellbeing in response to He Ara Oranga		
Embedding a wellbeing focus Collaborate with schools to expand access to programmes led by Child Youth and Family Mental Health services on school sites, including those with high Māori and Pacific populations (EOA); expand the programme to two further schools	Jun 2020	✓
Building the continuum/increasing access and choice Increase access to Pacific children and youth by receiving referrals from NGOs, existing services, and Pacific parents who are clients of mental health and addictions services, consistent with the Takanga A Fohe service delivering a family-inclusive service; evaluate outcomes, including youth and family feedback	Dec 2019	✓
Review current primary care liaison programmes with a view to expanding effective programmes	Dec 2019	✓
Crisis Response Improve the consistency of crisis team responses and grow staff capability in standardised assessment tools and evidence-based brief interventions across all population groups	Jun 2020	✓
Workforce Develop a centralised workforce capability database to track staff training initiatives progress, including cultural competency training for working with Māori and Asian patients (EOA)	Dec 2019	✓
Forensics Provide a summary of existing workforce development plans or programmes within Waitematā DHB and work to expand the volume and capability of the forensic specialist staff group	Summary by Sep 2019; expansion by Dec 2019	Awaiting guidance from MoH re Wellbeing budget
Confirm the establishment of any new roles allocated to Waitematā DHB during 2019/20, including risks identified, mitigated, and any impact on other essential services	Jun 2020	Awaiting guidance from MoH re Wellbeing budget
Contribute as appropriate to the MoH Forensic Framework project to identify an agreed Forensic model of care, including provision of Kaupapa Māori services (EOA)	Ongoing	✓
Population mental health Actions to improve population mental health and addiction, particularly in our priority populations		
Implement phase II of Supporting Parents Healthy Children	Dec 2019	✓
With Equally Well sector partners, determine and plan an appropriate response to Māori and Pacific with enduring co-morbid health issues (EOA)	Dec 2019	✓
Continue to reduce Māori compulsory treatment order rates (EOA)	Ongoing	✓
Mental health and addictions improvement activities Actions to support an independent and high quality of life in our population		
Participate in the HQSC project to improve service transitions to primary care by ensuring transition plans/discharge letters contain a follow-up plan (with a copy to the person concerned); this activity is supported across all	Nov 2019	✓ In progress – timeframe extended by

DHB activity	Milestone	On Track
services, including kaupapa Māori and Pacific mental health and addiction services (EOA)		HQSC
Minimise restrictive care through engagement in HQSC Zero Seclusion project activities, with a focus on the regional forensic services, which has a high prevalence of Māori patients (EOA)	Sep 2019	✓ In progress – timeframe extended by HQSC
Participate in the HQSC project to reduce the occurrence of serious adverse events through ensuring learnings are introduced into clinical practice in a responsive manner, including Māori and Pacific representation in the adverse event investigation and recommendation process (EOA)	Dec 2019	✓ In progress – timeframe extended by HQSC
Participate in the HQSC project to improve physical health	Jun 2020	Deferred by HQSC
Addiction Actions to support an independent and high quality of life in people with addiction issues, particularly priority groups		
Increase access to Māori kaupapa addiction services for Māori who are in community probation services (EOA)	Jun 2020	✓
Improve access for Pacific youth with substance use issues; establish a consult-liaison relationship with 5 schools across Auckland with high proportions of Pacific students (EOA)	Jun 2020	✓
Identify an appropriate outcome measure for Maternal Mental Health specialist services, ensuring cultural acceptability to Māori and Pacific (EOA)	Jun 2020	✓

Financial Results – Specialist Mental Health & Addictions Services

Waitematā DHB Statement of Financial Performance

Specialist Mental Health and Addiction - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	1,101	1,031	70	2,200	2,061	139	12,368
Other Income	264	241	23	584	481	103	2,905
Total Revenue (excluding COVID)	1,365	1,271	93	2,784	2,543	241	15,273
EXPENDITURE							
Personnel							
Medical	2,315	2,376	61	5,554	5,838	284	31,263
Nursing	5,207	5,171	(35)	10,424	10,024	(401)	66,565
Allied Health	2,809	2,615	(194)	6,710	6,408	(303)	33,739
Support	116	130	15	299	326	26	1,781
Management / Administration	568	499	(69)	1,372	1,236	(135)	6,635
Outsourced Personnel	463	179	(284)	952	366	(586)	2,058
	11,478	10,972	(506)	25,311	24,196	(1,114)	142,040
Other Expenditure							
Outsourced Services	10	13	3	21	25	4	149
Clinical Supplies	95	108	13	185	215	30	1,270
Infrastructure & Non-Clinical Supplies	638	670	32	1,465	1,340	(125)	8,394
	743	790	48	1,671	1,581	(90)	9,813
Total Expenditure (excluding COVID)	12,221	11,762	(459)	26,982	25,777	(1,205)	151,853
Surplus/(Deficit) excluding COVID	**(10,856)**	**(10,491)**	**(365)**	**(24,198)**	**(23,234)**	**(963)**	**(136,581)**
Extraordinary impacts							
COVID-19 Net benefit/(cost)	(247)	0	(247)	(313)	0	(313)	0
Surplus/(Deficit) including COVID	**(11,103)**	**(10,491)**	**(612)**	**(24,510)**	**(23,234)**	**(1,276)**	**(136,581)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The operating result for Specialist Mental Health and Addictions Services was $365k unfavourable for August and $963k unfavourable for the YTD. Including COVID-19, impact the result is $612k unfavourable and $1.276m unfavourable.

Revenue ($93k favourable for August, $241k favourable YTD)

The favourable variance for August was due to a combination of additional revenue for service users within care needs (Intellectual Disability) in the Pohutakawa ward of the Mason Clinic, additional funding provided from the Ministry of Health for the level of care exceeding the base level funding and revenue for court reporting continued to be higher than budgeted due to higher volumes than expected.

Expenditure ($459k unfavourable for August, $1.205m unfavourable YTD)

The unfavourable variance for August was due to a larger than planned amount of sick leave taken, this was especially high in Medical, leading to an increase in additional sessions and locum cover. On a positive note retention of staff has increased year on year such that 70 additional FTE are now in service.

Personnel ($1.114m unfavourable YTD)

Medical ($284k favourable YTD)

The favourable variance was due to vacancies, 11.87 FTE and an average of 11.81 FTE YTD.

Nursing ($401k unfavourable YTD)

The unfavourable variance was due to 65.3 FTE nursing variances in August and an average of 67.9 FTE YTD offset by overtime and the use of Healthcare Assistants to support gaps in Registered Nursing positions.

Allied Health ($303k unfavourable YTD)
The unfavourable variance was due to backfill requirements and the increased need to support nursing vacancies where possible.

Support and Management/Administration ($109k unfavourable YTD)
The unfavourable variance was mainly due to retention of staff and additional sick leave taken for July and August.

Outsourced Personnel ($586k unfavourable YTD)
The unfavourable variance was due to an increase in cover for sick and maternity leave mainly in medical, equivalent to 10.9 FTE.

Other Expenditure ($90k unfavourable YTD)
Outsourced Services ($4k favourable YTD)
The favourable variance was due to the reduced use of contract staff to cover non-medical vacancies. This is offset by staff overtime in personnel costs.

Clinical Supplies ($30k favourable YTD)
The favourable variance was due to a reduced number of after care service in the Flexifund resulting in a $49k YTD favourable to budget, however this is expected to increase over the next few months.

Infrastructure and Non-Clinical Supplies ($125k unfavourable YTD)
The unfavourable variance was mainly driven by additional OPEX charges on rented properties and outsourced meals to reduce the risk of COVID-19 spread in service user self-catered facilities. Laundry and cleaning cost are also increased due to additional deep cleaning undertaken by external vendors, during COVID-19 level restrictions.

COVID-19 impacts ($313k unfavourable YTD)
Staff sick leave is twice as high as in the same period for the prior year and impacting on Medical staff costs where additional sessions and locums are required to cover rosters.

Surgical and Ambulatory Services/Elective Surgical Centre

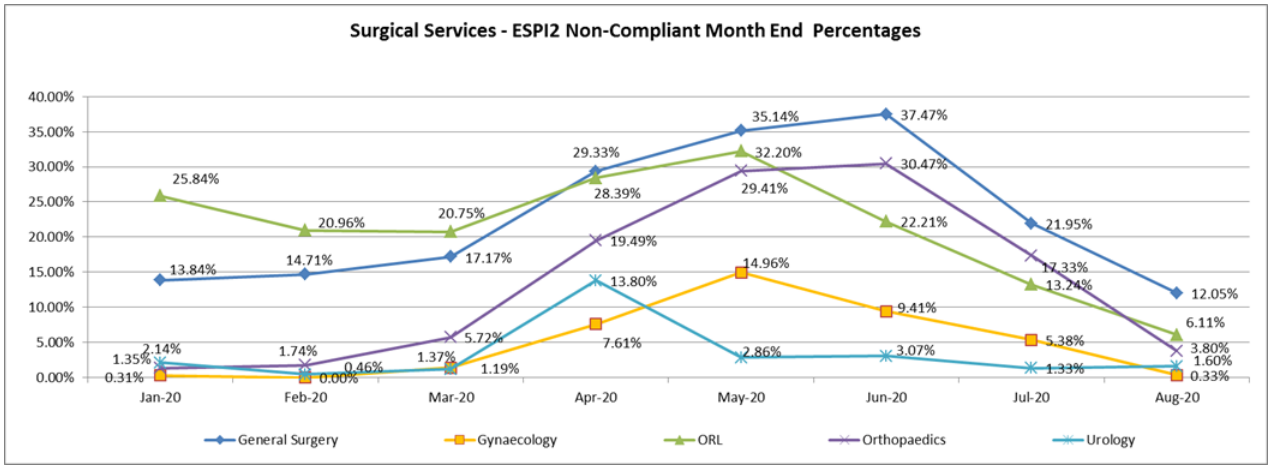
Service Overview

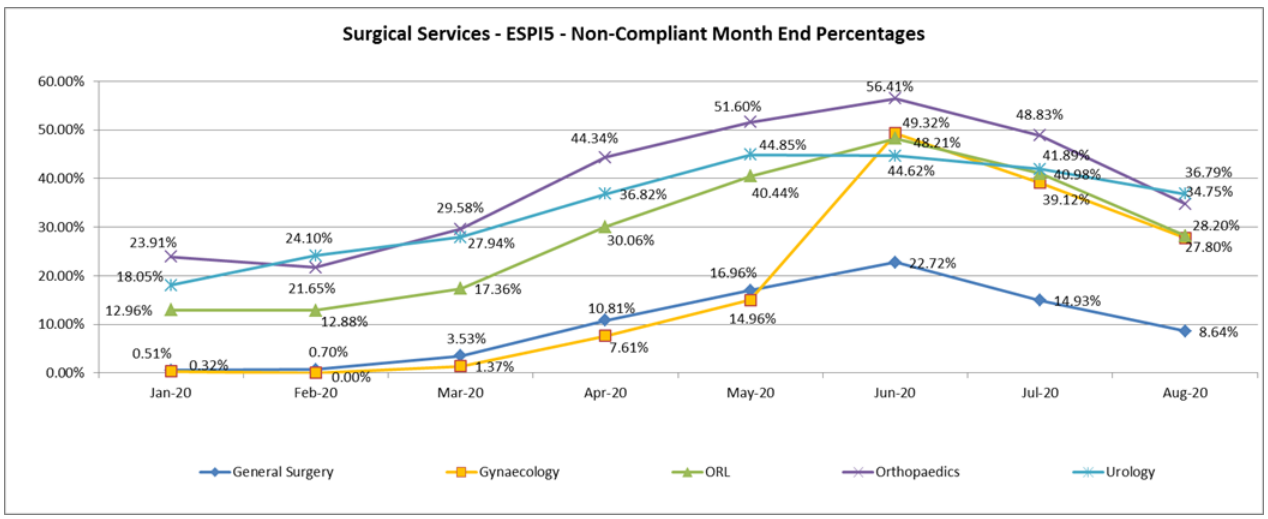
The Surgical and Ambulatory Services (S&A) provide elective and acute surgery to our community encompassing surgical specialties such as general surgery, orthopaedics, otorhinolaryngology and urology, and includes outpatient, audiology, clinics, operating theatres and pre and post-operative wards and ICU. The service is managed by Dr Richard Harman (Acting Chief of Surgery), Karen Hellesoe (Acting General Manager) and Kate Gilmour (Associate Director of Nursing).

The Elective Surgery Centre provides elective surgical services to our community, led by Dr Bill Farrington (Clinical Director) and Janine Wells (ESC Operations Manager).

Highlight of the Month

Delivering 117% of the Planned Care Surgical Elective Discharges for the month of July (most current data available at time of report) and reducing the number of both ESPI 2 and 5 non-compliant patients as per the below graphs.





Key Issues

- ESPI 2 and 5 non- compliance will take time to resolve. We have submitted detailed plans for each surgical service (ORL, General Surgery, Urology, Orthopaedics and Gynaecology) to the Ministry of Health including monthly trajectories which are monitored weekly.

- The need to progress the Central Sterile Services Department (CSSD) refurbishment due to aging equipment which is breaking down and therefore a risk to sustaining full theatre production.
- Perioperative services review and programme of improvement to be commenced.
- Financial sustainability target of $3.35m has identified savings of $1.45, with a remaining shortfall of $1.9m. There is on-going work to identify further areas of saving.

Scorecard - Surgical and Ambulatory and Elective Surgical Centre

Waitematā DHB Monthly Performance Scorecard

Surgical and Ambulatory Service / Elective Surgery Centre

August 2020

2020/21

Priority Health Outcomes

	Actual	Target	Trend
Shorter Waits in ED	93%	95%	

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	12 days	≤14 days	
b. Complaint Average Response Time - ESC	*7 days*	*≤14 days*	
Net Promoter Score FFT - S&A	87	65	
Improving Outcomes			
Better help for smokers to quit - hospitalised	100%	95%	
a. #NOF patients to theatre w/in 48 hrs	*96%*	*85%*	
Skin Abscess - median LOS hrs	26	≤24	
Laproscopic Cholecystectomy - median LOS hrs	92	≤48	
Laparoscopic Appendicectomy - median LOS hrs	48	≤36	
Quality & Safety			
Older patients assessed for falling risk	100%	90%	
Occasions insertion bundle used	97%	95%	
Good hand hygiene practice	88%	80%	
ICU - rate of CLAB per 1000 line days	0.6	≤1	
HR/Staff Experience			
Sick leave rate	3.2%	≤3.4%	
Sick leave rate - ESC	3.9%	≤3.4%	
Turnover rate - external	9%	≤14%	
Turnover rate ESC - external	9%	≤14%	
Vacancies - %	3%	≤8%	

Service Delivery

	Actual	Target	Trend
Elective Volumes			
Provider Arm - Overall	101%	100%	
Surgical and Ambulatory Services	94%	100%	
Elective Surgical Centre - ESC (YTD ex IDF)	94%	100%	
Elective Surgical Centre - ESC (month ex IDF)	91%	100%	
Patient Flow			
Outpatient DNA rate (S&A)	7%	≤10%	
Theatre utilisation - NSH	91%	85%	
Theatre utilisation - WTH	81%	85%	
Theatre utilisation - ESC	89%	85%	
Patients with EDS on discharge	90%	85%	
Day of surgery cancellations	5.7%	6%	

Value for Money

	Actual	Target	Trend
Financial Result (YTD)			
Revenue excl. COVID-19	1,802 k	1,878 k	
Expenses excl. COVID-19	32,630 k	31,541 k	
Net surplus/(deficit) excl. COVID-19	-30,828 k	-29,664 k	
COVID-19 net benefit/(cost)	-391 k	0 k	
Net surplus/(deficit) incl. COVID-19	-31,219 k	-29,664 k	
Contracts (YTD)			
Elective WIES Volumes - S&A ex IDF	1,299	1,381	
Elective WIES Volumes - ESC ex IDF	1,144	1,219	
Acute WIES Volumes - S&A	2,749	2,662	

How to read

Performance indicators:

- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Coding dependent, Jul 2020
b. Sep 17 data - no complaints since

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitematā DHB

Scorecard Variance Report

Best Care

Skin Abscess Median LOS *– 26 hours against a target of ≤24*

Our focus following the June report was to increase the number of patients flagged for criteria-led discharge for August. June 46% criteria led discharge with a median length of stay (LOS) of 32 hours compared to August 63% criteria led discharge with median LOS of 26 hours.

Laparoscopic Cholecystectomy Median LOS *– 92 hours against a target of ≤48*

Only 35% of the acute cholecystectomy patients met the target of acute booking to theatre with a median of 30.4 hours. There was an increase in demand for acute theatre in late August hence the overall LOS increased. The week ending 23 August had two patients requiring a post op ERCP (Endoscopic Retrograde cholangiopancreatography) extending their LOS to four days each.

***Laparoscopic Appendicectomy Median LOS** – 48 hours against a target of ≤36*
The median length of stay came down in August compared to June and July. Twelve patients met the target and 20 patients had clear clinical reasons for extended stays. The last week of August was particularly busy for general surgery acutes creating a delay to theatre for thirteen patients on the appendicectomy pathway. Patients flagged for criteria led discharge had shorter LOS.

***Sick leave rate ESC** – 4% against a target of ≤3.4%*
The sick leave for ESC, whilst higher than our target number, remains stable. For the month of August it is impacted by one specific event.

Service Delivery

***S&A Elective Volume** – 94% against a target of 100%*
This is the July WIES data which shows the biggest contributor was a 30% reduction in General Surgery WIES compared to July 2019. This is being attributed to a COVID-19 impact of reduced colorectal referrals due to reduced colonoscopy and temporary cessation of bowel screening.

***ESC Elective Volume (YTD)** – 94% against a target of 100%*
As per S& A Elective volume target comment.

***ESC Elective Volume (month)** – 91% against a target of 100%*
As per S& A Elective volume target comment.

Value for Money

***Elective WIES Volumes – S&A** – 1299 against a target of 1381*
The YTD WIES revenue was 94% of target. This is due to a 21% under-delivery within General Surgery YTD. Orthopaedics (6%) and Urology (12%) have over-delivered WIES. This was due to a 30% reduction in July WIES for General Surgery, attributed to a COVID-19 impact of reduced Colorectal presentations due to reduced colonoscopy and temporary cessation of bowel screening hence reduced referrals for colorectal cancer.

Elective WIES Volume – ESC – 1,144 against a target of 1,219
The YTD WIES revenue was 94% of target. The ESC lost three days (13%) of production in July as it did not re-open as a Package of Care (POC) facility until Monday 6th July. Other than Gynaecology, all other surgical specialities were behind target YTD, although Orthopaedics was 9% above the target in August.

Waitematā DHB Priorities Variance Report *(for 2019/2020 FY)*

DHB activity	Milestone	On Track
Bowel Screening Actions to meet colonoscopy wait times and equitable access to bowel screening		
Provide equitable access to diagnostic procedures for Māori and Pacific people who have a positive result by: • contacting participants with a positive result for a colonoscopy pre-assessment within 15 days (EOA) • offering an appointment for colonoscopy within 45 days (EOA)	Ongoing	✓
Work with primary care to improve Māori and Pacific participation by trialling a process whereby people for whom a GP has sent a test kit request are telephoned and supported to participate (EOA)	Jun 2020	x
Implement an audit process for data correctness and completeness on the Register and the endoscopy system	Jun 2020	✓
Work with our patient experience team to improve engagement with our	Jun 2020	✓

Māori and Pacific colonoscopy patients, with the aim of reducing the ethnic gap in DNA rates between ethnicities (EOA)		
Undertake a clinical audit of our colonoscopy surveillance waitlist to identify individuals or cohorts that no longer require a procedure	Dec 2019	✓
95% of Māori and Pacific participants with a positive result: • are contacted for a colonoscopy pre-assessment within 15 days • receive a first offered appointment within 45 days 5% increase in Māori and Pacific participation where request for a test kit has come via primary care <5% error rate SS15 colonoscopy measures		

Areas off track for month and remedial plans
The data was analysed after an initial six months of telephone support work and found to have no impact on participation in this group. This activity was subsequently discontinued as the results did not justify the use of the staff resources.

Financial Results - Surgical and Ambulatory and Elective Surgical Centre Combined

Waitematā DHB Statement of Financial Performance

S&A and ESC Combined - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	755	820	(65)	1,654	1,640	15	9,838
Other Income	77	119	(41)	147	238	(91)	1,234
Total Revenue (excluding COVID)	832	939	(106)	1,802	1,878	(76)	11,072
EXPENDITURE							
Personnel							
Medical	4,559	4,740	180	11,303	11,589	287	62,959
Nursing	4,122	4,030	(92)	8,352	8,114	(238)	54,374
Allied Health	551	529	(22)	1,313	1,275	(39)	6,713
Support	170	205	35	444	488	44	2,634
Management / Administration	389	355	(34)	941	916	(25)	4,828
Outsourced Personnel	824	622	(201)	1,326	1,292	(34)	7,099
	10,615	10,481	(134)	23,679	23,674	(5)	138,607
Other Expenditure							
Outsourced Services	251	171	(80)	487	343	(145)	1,739
Clinical Supplies	3,889	3,625	(264)	7,813	7,381	(432)	42,089
Infrastructure & Non-Clinical Supplies	317	71	(246)	651	144	(507)	773
	4,456	3,867	(589)	8,951	7,867	(1,083)	44,602
Total Expenditure (excluding COVID)	15,071	14,348	(723)	32,630	31,541	(1,089)	183,209
Surplus/(Deficit) excluding COVID	**(14,239)**	**(13,409)**	**(829)**	**(30,828)**	**(29,664)**	**(1,165)**	**(172,137)**
Extraordinary impacts							
COVID-19 Net benefit/(cost)	(271)	0	(271)	(391)	0	(391)	0
Surplus/(Deficit) including COVID	**(14,510)**	**(13,409)**	**(1,100)**	**(31,219)**	**(29,664)**	**(1,556)**	**(172,137)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The operating result for S&A and ESC was $829k unfavourable for August and $1,165k unfavourable for the YTD. Including the COVID 19 impact, the result is $1,100k unfavourable and $1,556k unfavourable.

Revenue ($106k unfavourable for August, $76k unfavourable YTD)
Bowel Screening revenue was $66k under budget in August ($91k YTD) due to lower than planned patient volumes as an impact of COVID-19. Surgical Pathology was $37k under budget in August ($75k YTD) due to a delay in the launch of the repatriation of outsourced histology services. Underlying revenue otherwise was $90k above budget YTD due to higher than planned ACC revenue and additional Auckalnd DHB revenue.

Expenditure ($723k unfavourable for August $1.089m unfavourable YTD)
The unfavourable variance for August was driven by additional personnel costs ($134k) particularly in nursing ($92k) across the divisions and in outsourced personnel services ($201k) at S&A and ESC in addition to higher than expected costs in clinical supplies $264k.

Personnel ($5k unfavourable YTD
Medical ($287k favourable YTD)
The positive variance is driven by SMO vacancies within the division partly offset by a negative leave impact arising from the latest RMO rotation and locum costs to provide vacancy cover within outsourced personnel.

Nursing ($238k unfavourable YTD)
Nursing was over budget, for which there are a number of contributing factors. The NSH short stay unit had been operating as a surgical ADU without the budget FTE required, resulting in an $87k variance to budget. Surgical and gastro theatre overspend was driven by increased volume and productivity. NSH theatre is budgeted to run 8-hour elective sessions, but theatre overruns have become increasingly BAU since July in order to maximise utilisation and throughput to meet planned care targets, contributing to a $110k variance to budget. Senior nurse one off back pay in surgical services amounted to $65k in August. The remainder of the overspend was in surgical wards (excluding NSH short stay) mostly driven by the use of watches for high acuity patients (Spinal, Tracheostomy, ERAS NOF, peri-prosthetic).

Outsourced Personnel ($34k unfavourable YTD)
Outsourced personnel was $34k above budget due to the vacancies within Anaesthesia and ORL. This has resulted in reliance on locums to assist in production to meet the planned care target.

Other Expenditure ($1.083m unfavourable YTD)
Outsourced Services ($145k unfavourable YTD)
The unfavourable variance arose due to a cost budget deficit for the outsourcing of skin lesion procedures to GPs.

Clinical Supplies ($432k unfavourable YTD)
The main driver of the unfavourable variance in clinical supplies was in gastroenterology and theatre consumable costs particularly in the use of disposable instruments and laparoscopic equipment. There were several expensive one off patient specific costs in Gastroenterology in August as well as the approved introduction of new products resulting in additional costs but an improved patient outcome. The over delivery of Orthopaedics particularly in non-joints has also driven a higher than planned cost for implants and prostheses.

Orthotics continued to be above budget and is currently being actively reviewed as are all theatre consumables as part of a structured savings programme. There has been an on-going and significant impact on consumable costs due to supply chain issues related to product availability. Theatres and Gastro have therefore had to rely on or move to other suppliers whose product is more expensive. This is difficult to quantify but contextually significant.

Infrastructure and Non-Clinical Supplies ($507k unfavourable YTD)
The negative variance represented the YTD embedded budgeted savings related to the Financial Sustainability Programme ($566k). This line was partially offset by additional revenue and cost savings in other areas. Projects related to these budgeted savings, particularly in ACC, Outsourced Personnel and Clinical Supplies are now underway and are expected to show benefits in the year.

COVID-19 impact ($391k unfavourable YTD)
Since July, theatres have been booked to over-run to allow for additional elective cases, this has resulted in approximately $30k of additional costs at ordinary rate.

The August COVID-19 Alert Level lockdown had no significant effect on the operations of S&A or ESC throughout the period, as theatres remained open as planned with limited cancellations.

Diagnostic Services

Service Overview

This division is responsible for the provision of Pharmacy, Laboratories and Radiology services.
The service is managed by Brad Healey General Manager. The Operation Managers and Clinical Directors are Ariel Hubbert for Pharmacy, Lee-Ann Weiss and Dr Matt Rogers (Clinical Director) for Laboratories and Bronwyn Ness and Dr Philip Clark (Clinical Director) for Radiology.

Highlight of the Month

Laboratory – the response of the Laboratory team to the increased volume of community COVID-19 testing has been exceptional. The laboratory team stood up a second specimen reception area in meeting room 21 and 22 with six workstations and a 300 kg biosafety cabinet in three days. In addition the laboratory oversaw the installation of a 50-foot cool room storage container for specimen storage at the rear of the lower ground floor of NSH.

Key Issues

Radiology
The X-ray and Fluoroscopy room replacement project has experienced delays due to COVID-19 and the complexity and complications associated with managing infrastructure challenges within NSH. This is resulted in delays of five months.

Laboratory
The key issue facing the Laboratory is the challenge of inadequate space at both NSH and WTH. The challenge at NSH in particular have been highlighted as we have worked through the challenges of standing up additional specimen processing capacity at NSH to deal with the significantly increased volumes of COVID-19 testing.

Scorecard – Diagnostic Services

Waitematā DHB Monthly Performance Scorecard
Diagnostic Services
August 2020
2020/21

Best Care

HR/Staff Experience	Actual	Target	Trend
Sick leave rate	2.7%	<3.4%	--
Turnover rate - external	8%	<14%	▲
Vacancies - %	3%	<8%	▲

Service Delivery

Waiting Times			
% of CT scans done within 6 weeks	68%	95%	▲
% of MRI scans done within 6 weeks	86%	90%	▲
% of US scans done within 6 weeks	93%	75%	▼

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue excl. COVID-19	1,073 k	745 k	▼
Expenses excl. COVID-19	19,769 k	19,097 k	▲
Net surplus/(deficit) excl. COVID-19	-18,695 k	-18,352 k	▼
COVID-19 net benefit/(cost)	149 k	0 k	
Net surplus/(deficit) incl. COVID-19	-18,845 k	-18,352 k	

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitemata DHB

Scorecard Variance Report

% of CT scans done within six weeks – 68% against a target of 95%

We commenced outsourcing of 1450 CT scans in mid-June as planned. We expect it will take several months until we see any uplift in performance, against the MoH target, due to these scans being overdue before the outsourcing started. We are starting to see this uplift now, with the outsourcing due to be completed end of September.

Waitematā DHB Priorities Variance Report *(for 2019/2020 FY)*

DHB activity	Milestone	On Track
Planned Care Actions to ensure that our population receives equitable and timely access to services in the most appropriate setting to support improved health outcomes		
Radiology - CT		
• Install new CT scanner at North Shore Hospital	Aug 2019	✓
• Streamline acute and elective workflows across CT scanners for improved service efficiency	Nov 2019	✓
• Recruitment and workforce development	On-going	✓
Radiology - MRI		
• Achieve compliance with 90% target	Oct 2019	✓
• Continue outsourcing programme to maintain compliance	On-going	✓

DHB activity	Milestone	On Track
Improving Quality Actions to improve equity in outcomes and patient experience		
Antimicrobial resistance The DHB works closely with the Auckland Regional Public Health Service to ensure advice, information and education is disseminated about antimicrobial resistance and supports efforts to inform the public Complete a hospital-wide antibiotic prescribing survey using the National Antibiotic Prescribing Survey (NAPS) tool to assess prescribing appropriateness for all patients	Sep 2019	✓ Completed

Financial Results

Waitematā DHB Statement of Financial Performance

Diagnostic Services - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	115	209	(94)	665	418	247	2,510
Other Income	244	163	81	408	326	82	1,958
Total Revenue (excluding COVID)	359	372	(13)	1,073	745	329	4,468
EXPENDITURE							
Personnel							
Medical	1,218	1,149	(70)	2,949	2,799	(149)	15,503
Nursing	254	235	(19)	515	465	(50)	3,138
Allied Health	2,407	2,253	(153)	5,781	5,406	(375)	29,671
Support	0	0	0	0	0	0	0
Management / Administration	194	192	(1)	425	483	58	2,473
Outsourced Personnel	67	59	(8)	72	128	56	707
	4,139	3,889	(251)	9,742	9,281	(461)	51,491
Other Expenditure							
Outsourced Services	797	578	(218)	1,595	1,154	(441)	6,974
Clinical Supplies	4,111	4,203	93	7,986	8,286	300	48,365
Infrastructure & Non-Clinical Supplies	218	188	(30)	445	376	(69)	2,544
	5,126	4,970	(156)	10,027	9,816	(211)	57,884
Total Expenditure (excluding COVID)	9,265	8,858	(407)	19,769	19,097	(672)	109,374
Surplus/(Deficit) excluding COVID	**(8,906)**	**(8,486)**	**(420)**	**(18,695)**	**(18,352)**	**(343)**	**(104,906)**
Extraordinary impacts							
COVID-19 Net benefit/(cost)	(43)	0	(43)	(149)	0	(149)	0
Surplus/(Deficit) including COVID	**(8,949)**	**(8,486)**	**(463)**	**(18,845)**	**(18,352)**	**(492)**	**(104,906)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The operating result for Diagnostic Services was $420k unfavourable for August and $343k unfavourable for the YTD. Including the COVID-19 impacts the result is $463k unfavourable and $492k unfavourable.

Revenue ($13k unfavourable for August, $329k favourable YTD)

The favourable variance for the YTD is due to increased billing to other DHBs for Radiology scans and billing to drug trials from the Inpatient Pharmacy.

Expenditure ($407k unfavourable for August, $672k unfavourable YTD)

The unfavourable variance for the YTD was due to Outpatient Pharmacy not being fully funded for the activity per the Community Pharmacy Programme and Radiology Services performing additional volumes to aid back log of procedures.

Personnel ($461k unfavourable YTD)

Personnel costs are over in Radiology as the service is doing additional sessions to catch up on procedures delayed due to COVID1-9 restrictions and the anticipated vacancy savings that have not materialised due to success in recruitment initiatives.

Other Expenditure ($211k unfavourable YTD)

Outsourced Services ($441k unfavourable YTD)

The unfavourable variance YTD is due to outsourced radiology volumes which have also been utilised to facilitate catch up of procedures delayed to COVID-19 restrictions.

Clinical Supplies ($300k favourable YTD)
The favourable variance for the YTD was due to drug costs in the inpatient pharmacy being $416k favourable YTD primarily due to a lower Pharmac negotiated price on two Pharmaceutical Cancer Treatment (PCT) drugs. Laboratory consumables for COVID-19 testing are $120k unfavourable YTD. Invoicing to Ministry of Health for test volumes will occur in future periods and cover this additional cost.

Infrastructure and Non-Clinical Supplies ($69k unfavourable YTD)
The unfavourable variance for the YTD was due to phasing of Laboratory and Radiology accreditation costs where budget is in future periods. Laboratory also $20k unfavourable YTD for installation costs relating to new analyser that will be reimbursed in future periods.

COVID-19 impact ($149k unfavourable YTD)
Additional sessions for CT including outsourcing have been incurred as part of the COVID-19 catch up plan.

Clinical Support Services

Service Overview

This division is responsible for the provision of Clinical Support Services Division includes Food Services, Security, Traffic and Fleet, Clinical Engineering, Clinical Support Services, Contact Centre Collaboration.

The service is managed by Brad Healey General Manager. The Operation Managers are Barbara Schwalger for Clinical Support Services, Barbara Schwalger (acting) for Clinical Engineering, Chris Webb for Security, Traffic and Fleet, Teresa Stanbrook for Food Services and Matthew O'Connor for Contact Centre.

Highlight of the Month

Clinical Support

The cleaning teams at North Shore and Waitakere achieved positive audit results across all areas in August for the first time this year. It is a huge achievement for the leadership teams and cleaning staff.

Food Service

We are expecting the appointment by Compass of a new Food Services Operations Manager will make a significant difference to improving the quality of patient food services. Work has started on a range of operational improvements in the kitchen which will in time flow through to the quality of patient meals.

Key Issues

Clinical Engineering

We have issued an RFP to the market to identify suitable provider(s) to undertake Bed and Patient handling equipment maintenance and repair for the next two years. This will enable the Clinical Engineering team to focus on the immediate challenges of improving productivity and performance against equipment inspection, prevention and maintenance targets.

Food Services

We are focusing effort over the next few months on preparing a plan to improve the food services to Mason Clinic. In addition we are also undertaking a review of options for food service delivery to Tōtara Haumaru / ESC and this work will include discussion with Compass.

Scorecard – Clinical Support Services

Waitematā DHB Monthly Performance Scorecard

Clinical Support
August 2020
2020/21

Best Care

HR/Staff Experience	Actual	Target	Trend
Sick leave rate	3.3%	<3.4%	--
Turnover rate - external	16%	<14%	▲
Vacancies - %	4%	<8%	▼

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue excl. COVID-19	52 k	32 k	▼
Expenses excl. COVID-19	6,157 k	5,956 k	▲
Net surplus/(deficit) excl. COVID-19	-6,105 k	-5,924 k	▼
COVID-19 net benefit/(cost)	-63 k	0 k	
Net surplus/(deficit) incl. COVID-19	-6,168 k	-5,924 k	

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progr
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

A question?

Contact:
Victoria Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitemata DHB

Scorecard Variance Report

Turnover Rate – external - 16% against a target of 14%

Turnover rate has reduced to 16% for 12-month rolling average. Turnover is primarily in Support personnel of cleaning, orderly, traffic and security staff and vacancies are covered by casual staff. This KPI is lower than the 22% rate as at January 2019 reflecting the concerted effort being done in recruitment and retention of this staff group.

Financial Results

Waitematā DHB Statement of Financial Performance

Clinical Support Services - Aug-20

($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	0	0	0	0	0	0	0
Other Income	8	16	(8)	52	32	20	190
Total Revenue (excluding COVID)	8	16	(8)	52	32	20	190
EXPENDITURE							
Personnel							
Medical	0	0	0	0	0	0	0
Nursing	1	0	(1)	2	0	(2)	0
Allied Health	(2)	0	2	49	0	(49)	0
Support	1,349	1,519	171	3,343	3,634	291	20,204
Management / Administration	152	159	7	398	397	(1)	2,093
Outsourced Personnel	31	19	(12)	62	39	(23)	227
	1,530	1,697	167	3,853	4,069	216	22,524
Other Expenditure							
Outsourced Services	(0)	0	0	(0)	0	0	0
Clinical Supplies	135	118	(16)	270	238	(32)	1,396
Infrastructure & Non-Clinical Supplies	1,017	861	(156)	2,034	1,649	(385)	9,363
	1,151	980	(172)	2,304	1,887	(417)	10,759
Total Expenditure (excluding COVID)	2,682	2,677	(5)	6,157	5,956	(201)	33,283
Surplus/(Deficit) excluding COVID	**(2,673)**	**(2,661)**	**(13)**	**(6,105)**	**(5,924)**	**(181)**	**(33,093)**
Extraordinary impacts							
COVID-19 Net benefit/(cost)	(49)	0	(49)	(63)	0	(63)	0
Surplus/(Deficit) including COVID	**(2,722)**	**(2,661)**	**(61)**	**(6,168)**	**(5,924)**	**(244)**	**(33,093)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The operating result for Clinical Support Services was $13k unfavourable for August and $181k unfavourable for the YTD. Including the COVID-19 impacts the result is $61k unfavourable and $244k unfavourable.

Revenue ($8k unfavourable for August, $20k favourable YTD)

The favourable variance for the YTD was due to new concession levies from staff café sales as well as Security Services charging for the issue of ID cards.

Expenditure ($5k unfavourable for August, $201k unfavourable YTD)

The unfavourable variance for the YTD was primarily due to The Financial Sustainability Programme allocated savings target for Clinical Support and Diagnostic Services which is $444k unfavourable YTD. A number of initiatives are being progressed that will realise benefits in future periods. Patient Meal costs are favourable $148k YTD with lower than anticipated inpatient volumes.

Personnel ($216k favourable YTD)

The favourable variance for the YTD does not include $56k of casual security guard costs that are coded in Infrastructure and Non-Clinical Supplies. Vacancy factor savings are being met by turnover in Clinical Support cleaners and orderlies where approximately 20% of shifts are covered by lower cost casual workforce.

Other Expenditure ($417k unfavourable YTD)

Clinical Supplies ($32k unfavourable YTD)

The unfavourable variance for the YTD was due to clinical equipment consumables repairs and maintenance including outsourced bed repairs.

Infrastructure and Non-Clinical Supplies ($385k unfavourable YTD)
The unfavourable variance YTD was due to Financial Sustainability Programme allocated savings target for Clinical Support and Diagnostic Services which is $444k unfavourable YTD.

Outsourced casual security guards, where the budget is held as personnel cost, are also $56k unfavourable YTD and includes $35k of additional security services required in the hospitals to facilitate COVID-19 management processes.

Patient Meal costs are $148k favourable YTD with lower than anticipated inpatient volumes presenting as consequence of COVID-19 restrictions.

COVID-19 impact ($63k unfavourable YTD)
COVID-19 related costs are for additional Security services and ventilation equipment.

4.1 Clinical Leaders' Report

Recommendation:

That the report be received.

Prepared by: Dr Jonathan Christiansen (Chief Medical Officer),
Dr Jocelyn Peach (Director of Nursing and Emergency Systems Planner), and
Sharon Russell, (Associate Director of Allied Health, Scientific and Technical Professions)

Quality and Risk

The work to upgrade the incident reporting system, RiskMonitor Pro to the latest version, known as RL6, continues to progress well. RL6 offers improved functionality, which includes the ability for reporters of an incident to obtain feedback on the action taken as a result of the incident report. The Quality and Risk Team are leading the training on RL6 which is being delivered face to face and via Zoom. Sessions are available to all staff and are run both in and out of 'normal' office hours. RL6 will be going live on 15th October 2020. During the switchover between RiskMonitor Pro and RL6 there will be no on-line incident reporting system. Business Continuity Plans are in development to manage this situation to ensure that no incidents are missed.

The DHB Controlled Documents and Clinical Decision Support (CeDS) sites are both sitting on old and supported technology and need replacing. A review of both systems has identified that a single solution would be appropriate. The project to move to a single replacement for these two key sites is underway.

Work continues to address the eight corrective actions identified following the Health and Disability Services Standards certification audit in December 2019. The DHB is regularly reporting to the Ministry of Health with regard to these actions; the completion of some has been delayed due to the organisation's COVID-19 response.

Medical Education report

Key issues:

1. COVID-19 linked changes: rotation dates, well-being, recruitment, orientation
2. Breaches to conditions of Annual Practicing Certificates
3. Countersignatures for health student entries in clinical notes
4. Prevocational education supervisors (PES) required
5. Community based attachments (CBA) – There has been no change since the last update to the Committee (in 29 July 2020).

COVID-19 linked changes

Change to RMO annual training and employment rotation – update

The national annual employment and training cycle for Registered Medical Officers (RMOs) has been shifted from late November to late January. There are significant short and long term gains for New Zealand healthcare from this change. Transitional arrangements will likely result in some supernumerary House Surgeons (Junior RMOs), as the implementation process allows those Trainees Interns who are eligible the choice of taking up House Officer roles at the end of November (or January). Resolving issues of orientation, placement and supervision will be a focus of the Director of Clinical Training, in consultation with the Northern Regional Alliance (NRA) (as the DHB's employment agent) and other Auckland DHBs (as RMOs rotate between the three DHBs). It is anticipated that Waitematā DHB will be fully staffed until the new start dates in 2021 and this will be clear by early November.

There has been significant discussion with the Resident Doctors' Association (RDA) and Specialty Trainees of New Zealand (SToNZ) with resolution of most issues.

There will be additional staffing and other costs incurred by all DHBs as a result of this change and the transitional period. The quantum of those costs is not known at this stage but will be clearer by mid-October. A verbal update will be provided.

RMO well-being
The NRA is starting a project to review sick leave amongst RMOs. Waitematā DHB plans to use this process to contribute to early identification of doctors in distress.

RMO recruitment
Recruitment for the 2021 training year has been markedly more competitive than in previous years and excellent trainees (who would previously have obtained senior roles) have been unsuccessful. The NRA is liaising with RMOs on behalf of Waitematā DHB to understand, reassure and enable good trainees to remain on attractive career paths.

Waitematā DHB will recruit fewer International Medical Graduates (IMGs) than usual due to more local applicants being available and barriers to immigration (visas, flights, isolation).

Orientation
The temporary closure of Whenua Pupuke, need for social distancing and ongoing changes to RMO start dates has had significant impact on orientation planning and processes.Work is on-going to minimise impact on this essential training and take the opportunity to make improvements.

Annual Practicing Certificate (APC) breaches
The NRA (as the DHB's employment agent) checks APCs every three months and an additional check will be built into Waitematā DHB's departmental orientation processes from January 2021.

Countersignatures for health student entries in medical notes
eNotes has been successfully rolled out across most Waitematā DHB departments. The rollout has highlighted previously unknown inconsistencies in the approach to health care student entries in the clinical notes. Waitematā DHB is working with its partner education providers to ensure a uniform approach to this issue across all disciplines.

Pre-vocational Educational Supervisors (PES)
Supervision of PGY1+PGY2 RMOs is strictly monitored by the Medical Council of New Zealand (MCNZ). Waitematā DHB currently has a shortfall of PESs (who can only supervise up to 10 interns). Additional FTE are required for MCNZ accreditation and an updated business case will be submitted to the Executive Leadership Team (ELT) to address this.

Community Based attachments (CBA)
The DHB Chairs and CEOs have received a further letter from the MCNZ on 21 September, highlighting the requirements for all PGY1 and PGY 2 interns to complete a CBA. The letter strongly urges all DHBs to continue to work towards fully achieving the CBA target as soon as possible.

At present, Waitematā DHB offers more CBA opportunities than the other two metro Auckland DHBs. However, additional positions are needed to achieve the requirements of the MCNZ. There are significant challenges in ensuring that CBAs provide suitable learning opportunities, are appropriately supervised and are sustainable.

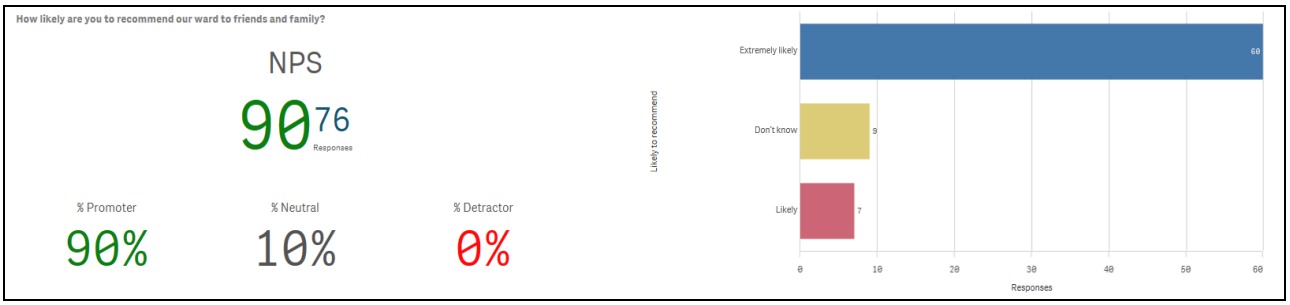
The Director of Clinical Training will lead a work programme to identify further positions that could be considered for CBAs. Additional funding will be needed for those positions, estimated at ~85k per annum per position (NRA data).

Allied Health, Scientific and Technical Professions
Prepared by Sharon Russell, Associate Director Allied Health, Scientific and Technical Professions and Tamzin Brott, Director of Allied Health, Scientific and Technical Professions

(Forty-two (42) professions, accounting for 24% of the Waitematā DHB workforce.)

Everyone Matters, With Compassion, Connected and Better, Best, Brilliant

Friends and Family Test – Allied Health August 2020



A selection of comments received in August 2020 for the Allied Health group:

- *"Because goals were set at the beginning and as a patient, I was able to realise that I was able to do them which was very rewarding."*
- *"Having someone into our house make it easier for us, otherwise we need to travel to north shore or somewhere."*
- *"Amazing team of therapists. Excellent service and very thankful we have access to it."*
- *"Your team embraced our child, the family, our goals, in a friendly welcoming professional manner."*
- *"The help has made me get better and I can walk again."*
- *"Very friendly staff and no difficulty to set up appointment."*
- *"Good listening to concerns, advice and follow-up."*
- *"Great service all the time."*
- *"Dentists were very gentle and patient. Reception was accommodating, caring and always served with a smile."*
- *"Today my daughter had a treatment with Donna. She was so friendly. She explained very well all the process that my child had on the day. So my child was happy. Thank You*."

Recruitment and retention of Māori and Pasifika workforce
Four allied health professions (Oral Health, Dietetics, Occupational Therapy and Physiotherapy) are in focus, with work plans in place locally, regionally and nationally in order to recruit and retain Māori and Pasifika clinicians reflecting the communities we serve. These workplans include maintaining links with tertiary institutions, promoting Waitematā DHB scholarship programmes across all professions within Allied Health, and encouraging the promotion of Allied Health professions within secondary education.

Current Māori and Pasifika staff across those priority professions and staff required to reflect the working population as of August 2020 are:

MALT PRIORITY ALLIED August 20	Māori in current workforce	% of Māori in current workforce	Number of Māori to reflect working population	Additional Māori required	Recruited last 12 months	Terminated last 12 months	Last 12 months Movement
Oral Health Therapist	15	8.4%	16	1	1	-4	-3
Dietitian	3	5.7%	5	2	1	0	1
Occupational Therapist	8	4.8%	15	7	4	-2	2
Physiotherapist	10	9.1%	10	0	4	-2	2
Total AH Priority Professions	**36**	**7.1%**	**46**	**10**	**10**	**-8**	**2**

PALT PRIORITY ALLIED August 20	Pasifika in current workforce	% of Pasifika in current workforce	Number of Pasifika to reflect working population	Additional Pasifika required	Recruited last 12 months	Terminated last 12 months	Last 12 months Movement
Oral Health Therapist	15	8.4%	13	0	0	0	0
Dietitian	0	0.0%	4	4	0	0	0
Occupational Therapist	3	1.8%	12	9	0	0	0
Physiotherapist	3	2.7%	8	5	0	-1	-1
Total AH Priority Professions	**21**	**4.2%**	**37**	**18**	**0**	**-1**	**-1**

Reasons for leaving Waitematā DHB, across all allied health scientific and technical professions for Māori and Pasifika, continues to be to leave the district, leaving for personal reasons and leaving to go to another job in public health. On-going work is being undertaken to better understand those that choose not to disclose why they are leaving via choosing personal reasons, including offering exit interviews with the Director of Allied Health Scientific and Technical Professions.

Everyone Matters

Welcome to Caroline Bartholomew, Speech-Language Therapist

We are very pleased to welcome Caroline Bartholomew, Speech-Language Therapist, to Waitematā DHB. Caroline identifies with Ngāti Porou (East Coast) and Ngāi Tahu (Canterbury) and joined the Waitematā DHB Speech-Language Therapy team in July 2020 from Northland DHB. Caroline brings a strong focus on reducing inequities in health to the DHB and has been introduced via Waitematā DHB to the Future is Open to Us (FOU) programme (see below) previously called Programme Working and Achieving Together! (Programme W&AT!) which she is actively involved with.

Raising awareness of Pasifika within Healthcare

FOU (The Future is Open to Us) is a Pacific focused initiative in partnership with Auckland Metro DHB's to nurture interest in a health career and support students throughout their studies and into the health workforce. The vision of the programme is to grow the Pacific workforce to improve health outcomes, to enable Pasifika youth to have a future career in health and improve Pacific people's wellbeing. FOU

nurtures the interpersonal and professional skills and knowledge required for Pacific students to effectively enter the workforce.

The flagship programme, Health Science Academies, was set up in 2010 with funding from the Tindell Foundation and is now funded through Counties Manukau and the Ministry of Health. The programme works with a selection of schools including Auckland Girls Grammar, Waitakere College, Tangaroa College, Onehunga High School, De La Salle College, and James Cook High School to target secondary school students.

Speech-Language Therapist Caroline Bartholomew describes how working within the health industry has highlighted to her the responsibility for Māori and Pasifika in the industry, and the importance of using the privilege of her role to articulate the inequities in health, particularly for Māori and Pasifika who are over represented in poor health and education outcomes.

For more information please see https://vimeo.com/429868579/abd7437102 and https://www.facebook.com/programmewat

Physiotherapy and Pulmonary Rehabilitation (PR) through COVID-19 Alert Levels 3 and 2
Due to restrictions in place for attending outpatient physiotherapy sessions in person, and with the on-going limitations on group gatherings in COVID-19 Alert Level 2, group Zoom sessions for Pulmonary Rehabilitation exercise and education classes have been offered by the Outpatient Physiotherapy Service to ensure we continue to provide critical therapy services during these uncertain times, while continuing to improve accessibility and opportunity for patient choice.

Pulmonary rehabilitation is one of the most effective therapies for Chronic Obstructive Pulmonary Disease (COPD). Pulmonary rehabilitation improves quality of life, exercise tolerance, breathlessness and reduces health care utilisation. Alongside smoking cessation and influenza immunisation, it is considered one of the most cost-effective treatments for COPD. Even without lockdown restrictions, the patients who attend these sessions often face barriers to regularly attending pulmonary rehabilitation classes. The best benefit for the patient is achieved from attending twice-weekly sessions for eight weeks, which often places both a time and a financial burden on patients and their whānau.

Based on both positive patient feedback, and the recognition that our ability to offer a resilient and flexible service for these patients is key to optimising their health outcomes, the Outpatient Physiotherapy team is continuing to revise and consolidate a move into the digital space to provide Zoom Pulmonary Rehabilitation exercise and education as an option for suitable patients into the future. Some of the patient comments have included:

- *"Can we do this Zoom every day?"*
- *"I thoroughly enjoyed today's session. "*

We envision a Pulmonary Rehabilitation service that continues to provide in-person classes when possible, however we plan to continue to offer a telehealth option for those patients who unable to access our service whilst we continue to work towards the goal of community classes.

Better, Best Brilliant

Review of Cognitive Assessment Tool
Waitematā DHB Occupational Therapists have been involved in a nationwide review of a cognitive assessment tool, used as a rapid screen to ascertain cognitive dysfunction, due to the need to change tool as a result of international licencing changes.

The Mini Addenbrooke Cognitive Examination (Mini-ACE) will replace the Montreal Cognitive Assessment (MOCA) tool as the most appropriate cognitive assessment tool for use in clinical areas. The work undertaken by the national working group to identify, assess and endorse a replacement tool will enhance consistency and connection nationally in the cognitive assessment screening space between secondary and primary care sectors. Louise Lennon, Professional and Clinical Leader Occupational Therapy Waitematā DHB, was the national DHB occupational therapy representative on the working group.

The Mini-ACE is a brief cognitive screening test that evaluates four main areas of cognition (orientation, memory, language and visuospatial function). A new Clinical Decision Support (CeDS) page has been developed for all Waitematā DHB staff to access and the occupational therapists across Waitematā DHB will be trained and supported during the transition to the new form from 1 September 2020.

Improved clinical career pathway for Occupational Therapy (OT)
We are pleased to announce the launch of the second phase of development for the Waitematā DHB Occupational Therapy Rotational Programme. The Waitematā DHB Occupational Therapy Rotational Programme has been established as a professional and clinical development career pathway to encompass opportunities to further develop clinical skills across a variety of settings across the DHB and provides equity of new graduate opportunities across the Auckland region.

Waitematā DHB is currently supporting a core one (1) programme which sees occupational therapists enter the workplace and rotate through several key areas to develop skills to meet the needs of our communities. It is envisaged that the Core two (2) programme will be in place by February 2021, to further enhance specialist areas within our DHB to support our community, whilst developing specialist skills within the OT workforce.

Connected
#endPJparalysis Global Summit
Waitematā DHB was again this year invited to take part the #endPJparalysis global summit held over 9 and 10 July 2020. This year the focus concentrated on the impact of COVID-19 on both physical and psychological deconditioning.

Tamzin Brott (Director Allied Health Scientific and Technical Professions and COVID-19 Executive Lead) was an invited virtual panel member along with Nigel Millar, Chief Medical Officer Southern DHB and Kathryn Zeitz, Executive Director of Clinical Governance, Central Adelaide Local Health Network to discuss 'Lessons from two so-far successful pandemic countries: New Zealand and Australia'.

The 60-minute panel discussion was chaired by Brian Dolan OBE, Director, Health Service 360 and Honorary Professor of Leadership in Healthcare, University of Salford. The discussion was wide and varied, however remained close in content to the overarching them regarding physical and psychological deconditioning.

Discussions not only focused on the people we care for in our communities and how we reframed our models of care in order to continue to provide care, but also our own people – our staff, and the impact of working in an unprecedented environment with constant change and uncertainty impacted their own psychological wellbeing, and what we did to care for them. As the summit was virtual, questions for the panel came in live from around the world enabling the sharing successes and lessons learnt in real time.

Compassion

Physiotherapy on 'The Project'

Waitematā DHB paediatric physiotherapist Rachael Thompson featured on the TV3 programme 'The Project' alongside her patient Luke, and his family, in a story highlighting a customised trike donated to the family. The feature focuses on Luke, now four years old, who was born prematurely and diagnosed with Cerebal Palsy at eight months of age. The use of the equipment in the therapy space shows how versitle play is in therapy, as well as enabling Luke to compete with his siblings.

Luke and Rachel in the gym


Luke enjoying his Trike

To see the full feature please access via https://www.newshub.co.nz/home/lifestyle/2020/07/the-change-maker-creating-smiles-with-his-super-trikes.html

Nursing; and Emergency Planning Systems
Prepared by Jocelyn Peach, Director of Nursing and Emergency Systems Planner
Nurses, Midwives and Health Care Assistants account for 43.9% of the total DHB workforce.

Quality, Safety and Practice Development

Quality, Safety and Practice Development
- Safe Care priorities / quality framework
- Clinical Practice Effectiveness: Best Practice Essentials of Care; Patient and Whanau Centered Care Stds
- Competence assessment
- Credentialling
- Equity of care outcomes
- Workload monitoring: Trendcare, Care Capacity Demand Management [CCDM]

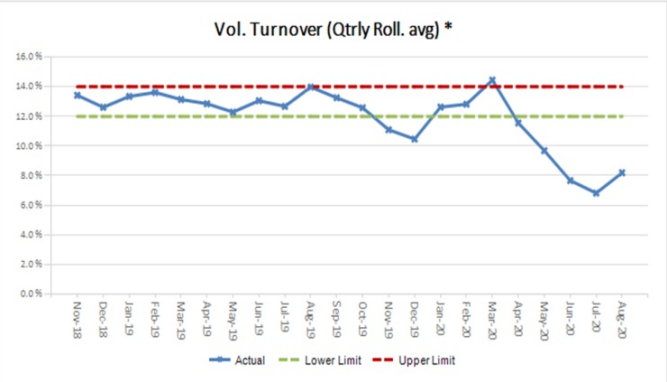
Nurses and midwife leaders have worked hard over the past month to support the organisation service recovery. They have also worked to catch up on their essential clinical learning requirements to ensure that the 'essentials of care' are provided to a high standard.

Preparation is underway for the Care Standards review in November. The main review will be scheduled for May 2021, with this November review checking in / stocktake with the charge nurses. Work is underway to review and monitor trends with falls, pressure and IV Line management. Point prevalence audit is planned in November for Pressure and IV line practices.

Nurses continue to present their portfolios for competence assessment required by the Nursing Council of New Zealand. Thre is a continuous number of nurses applying for Registered Nurse Level 4 acknowledgement (a move from proficient to expert).

Workforce Planning and Workforce Development

Workforce Planning & Development
- Planning: supply and demand
- Professional Development & Recognition Programme [PDRP]
- Learning Framework /Education
- New Graduate Programme [NEtP, NESP]
- Return to Practice / CAP
- Unqualified Staff Devt [HCA]
- Undergraduate student placements
- Post Graduate Education
- Extended / Advanced Practice



Workforce analysis and forecasting is underway to understand replacement needs for the next twelve months. With a low turnover rate and staff requested for secondment to the regional COVID-19 isolation facilities, swabbing and contact tracing requirements, we need to ensure that we understand the skill mix and replacement issues.

- The DHB has 17 nurses undertaking the competence assessment/return to practice programme and these staff are welcomed.

- Eight Māori and Pacific participants have completed the four-week Health Care Assistant 'new to health' programme. The photo below includes the two teachers (Lynley Davidson, Leanne Forrest) and two charge nurses (Sue Huskinson and Lynnette Long).
- Recruitment is underway for the February 2021 new graduate nurse programme.

All these resources are essential to ensure adequate supply where there is little or no overseas nurses entering New Zealand.

Professional Relationships and Resilience

Professional Relationships & Resilience
- Staff Experience and Resilience
- Code of Practice for Managing Fatigue and Shift Work in Hospital based Nursing
- Professional networks
- Schools of Nursing
- Primary Care, Aged Residential Care, NGO
- Technology and Innovation: evitals e-notes, infusion
- Innovation projects
- Clinical Awards

Nurses continue to be acknowledged for their contribution to care and service at Waitematā DHB as part of the International Year of the Nurse. In October, we plan to have a 'face to face' gathering to acknowledge the people.

We have had a number of nurses and midwife retire over the past months. These nurses and midwife have made considerable contribution over many years to the DHB and to the wider community. We have appreciated the contribution of these nurses and midwife to service and wish them well for the future.

Linda Gray, CNM Lakeview Cardiology

Maryanne Miranda, CNM Ward 6

Sandra Izard, CNS Ostomy and Continence Specialty Medicine

Heather Salisbury, CNS Infection Prevention and Control

Liliana Jovicich, Registered Nurse Infection Prevention and Control

Ruth Noel, CNM/TL Child & Family Team

Jen Sawyer, NASC Service

Sam Davenport, Midiwfe Manager North Shore

Alexandra Craig, Associate Director of Nursing Specialty Mental Health and Addiction Service

Alex has been a senior nurse with Waitematā DHB since the late 1990s. She is well respected nationally as a senior nurse in mental health. She is also on the Nursing Council of New Zealand Professional Standards committee.

The Gerontology Nurses have organised a regional symposium to reflect on the care of the elderly during COVID-19. Wonderful presentations from the interdisciplinary teams showed how they have worked to care for the elderly in our DHB over the past nine months. Special acknowledgement was made of Nurse Practitioner Janet Parker who undertook initial assessment of the Aged Care Facility to inform the COVID-19 Incident Management Team. There was an interesting presentation from Gerontology Nurse Specialist Angie Parawiti in support of Kaumātua and Kuia with marae through Rodney and South Head over the past months.

Emergency Systems Planning

The monthly Emergency Management Group is progressing to review emergency response plans, training and exercising. The recent video recording of the fire evacuation processes in the Elective Surgical Centre was insightful. This was required for the Totara Haumaru sign-off process for the new Fire Emergency New Zealand requirements. It has helped us understand what needs to be in place for the future testing of evacuation of key departments.

4.2 Quality Report – August

Recommendation:

That the report be received.

Prepared by: Dr Penny Andrew (Clinical Lead, Quality), Stacey Hurrell (Corporate Compliance Manager) and David Price (Director of Patient Experience)

Contents

Acronyms

Acronym	Definition	Acronym	Definition
ADU	Assessment and Diagnostic Unit	IT	Information Technology
ACP	Advance Care Planning	IVL	Intravenous luer
AKI	Acute Kidney Injury	KPI	Key Performance Indicator
AMS	Antimicrobial Stewardship	LOS	Length of Stay
ANTT	Aseptic non-Touch Technique	LCC	Lakeview Cardiology Centre
BSI	Blood Stream Infections	MACE	Major Adverse Cardiac Events
CADS	Community Alcohol and Drug Service	MALT	Māori Alliance Leadership Team
CAUTI	Catheter Associated Urinary Tract Infection	M&M	Mortality and Morbidity
CCOT	Critical Care Outreach Team	MRSA	Methicillin Resistant Staphlococcus aureus
CDI (C.diff)	*Clostridium difficile (C.difficile) infection*	MRO	Micro Resistant Organism
CeDSS	Clinical e-Decision Support	MSU	Mid-Stream urine
		NMDS	National Minimum Data Set
CGB	Clinical Governance Board	N/A	Not Applicable
CLAB	Central Line Associated Bacteraemia	NRFit	Neuroaxial and Regional connectors
CPP	Chronic Pelvic Pain	NZEWS	New Zealand Early Warning Score
CWFS	Child Woman and Family Service	NPS	Net Promoter Score
CXR	Chest X-Ray	PACE	Pathway for Acute Care of the Elderly
ESC	Elective Surgery Centre	PDP	Patient Deterioration Programme
ePA	Electronic Prescribing and Administration	PERSy	Patient Experience Reporting System
eMR	E-Medicine Reconciliation	PICC	Peripherally Inserted Central Catheter
ED	Emergency Department	PROM	Patient Reported Outcome Measure
EDARS	Early Discharge and Rehabilitation Services	PWCCS	Patient Whānau Centre Care Standards
ELT	Executive Leadership Team	QI	Quality Improvement
ETT	Exercise Tolerance Test	QoL	Quality of Life
FFT	Friends and Family Test	QSM	Quality and Safety Markers
FHC	Front of House Coordinator	SAB	S.aureus bacteraemia
FY	Financial Year	SAC	Severity Assessment Code
HABSI	Hospital Acquired Blood Stream Infection	S&A	Surgical and Ambulatory
HCAI	Health-care associated infection	SAQ	Safety Attitude Questionnaire
HDU	High Dependency Unit	SCBU	Special Care Baby Unit
HH	Hand Hygiene	SMART	Specific, Measurable, Achievable, Reliable and Time bound
HOPE	Health Outcomes Prediction Engineering	SMT	Senior Management Team
HQSC	Health Quality and Safety Commission	TBA	To Be Advised
HRT	Health Round Table	TRAMS	Tracheostomy Review and Management Service
ICU	Intensive Care Unit	UTI	Urinary Tract Infection
IORT	Intraoperative Radiotherapy	WTK	Waitakere Hospital
IP&C	Infection, Prevention and Control	XPs	Extended Properties
ISBAR	Identify, Situation, Background, Assessment, Recommendation	YTD	Year to date

1. Health Quality and Safety Markers

The Quality and Safety Markers (QSMs) are used by the Health Quality and Safety Commission to evaluate the success of its national patient safety campaign, *Open for better care*, and determine whether the desired changes in practice and reductions in harm and cost have occurred. The markers focus on the four areas of harm covered by the campaign:

1. Falls
2. Healthcare associated infections (hand hygiene, central line associated bacteraemia and surgical site infection)
3. Perioperative harm
4. Medication safety
5. Pressure injuries
6. Deteriorating patient
7. Patient experience

For each area of harm there are a set of process and outcome markers. The process markers show whether the desired changes in practice have occurred at a local level (e.g. giving older patients a falls risk assessment and developing a care plan for them). The outcome markers focus on harm and cost that can be avoided. Process markers at the DHB level show the actual level of performance, compared with a threshold for expected performance:

- 90% of older patients are given a falls risk assessment
- 90% of older patients at risk of falling have an appropriate individualised care plan
- 90% compliance with procedures for inserting central line catheters in ICU (insertion and maintenance bundle compliance)
- 80% compliance with good hand hygiene practice
- Surgical Site Infections rate per 100 procedures [target has not been set by HQSC)
- 100% primary hip and knee replacements antibiotic given 0-60 minutes before 'knife to skin' [first incision]
- 95% primary hip and knee replacements right antibiotic in the right dose - Cefazolin 2g or more
- 100% of audits where all components of the surgical safety checklist were reviewed
- 100% of audits with surgical safety checklist engagement scores of five or higher
- >50 observational audits are carried out for each part of the surgical checklist
- Number of DVT/PE cases per quarter *(target has not been set by HQSC)*
- Percentage of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic medicine reconciliation was undertaken within 72hrs [of admission] *(target has not been set by HQSC)*
- Percentage of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic medicine reconciliation was undertaken within 24hrs [of admission] *(target has not been set by HQSC)*
- Percentage of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic medicine reconciliation was included within as part of the discharge summary *(target has not been set by HQSC)*
- Percentage of patients with a documented sedation score*(target has not been set by HQSC)*
- Percentage of patients with documented bowel function monitored *(target has not been set by HQSC)*

- Percentage of patient with uncontrolled pain*(target has not been set by HQSC)*
- Percentage of patients with documented opioid related adverse events*(target has not been set by HQSC)*
- Percentage of patients with a hospital acquired pressure injury *(target has not been set by HQSC)*
- Percentage of patients audited for pressure injury risk who received a score *(target has not been set by HQSC)*
- Percentage of patients with the correct pressure injury care plan implemented *(target has not been set by HQSC)*
- Percentage of wards using the NZ early warning score *(target has not been set by HQSC)*
- Percentage of audited patients with an early warning score calculated correctly for the most recent set of vital signs *(target has not been set by HQSC)*
- Percentage of audited patients that triggered an escalation of care and received the appropriate response to that escalation as per the DHB's agreed escalation pathway *(target has not been set by HQSC)*
- Number of in-hospital cardiopulmonary arrests in adult inpatient wards, units or departments *(target has not been set by HQSC)*
- Number of rapid response escalations *(target has not been set by HQSC)*
- Score of 8.5 per domain - improvement in national patient experience survey response results over time
- Maintain and improve national patient experience survey response rate over time

The future timetable for Health Quality and Safety Commission Quality Safety Marker (QSM) reporting in 2020 is:

Period covered	Publication date (indicative)
Q2 2020 (Apr–Jun 20)	30 September 2020
Q3 2020 (Jul–Sep 20)	18 December 2020

2. Health Quality and Safety Commission Quarterly QSM Dashboard

Quality Safety Markers (QSM)			Target	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Last Quarter Change
Falls		% older patients assessed for falls risk	90%	95%	98%	96%	98%	97%	98%	99%	99%	100%	⇧
		% older patients assessed as significant risk of falling with an individualised care plan	90%	98%	97%	96%	94%	99%	99%	98%	96%	97%	⇧
Health Care Associated Infections	Hand Hygiene (HH)	% of compliant HH moments	80%	89%	89%	89%	90%	89%	88%	93%	91%	92%	⇧
	CLAB	% occasions insertion bundle used in ICU	90%	98%	100%	99%	100%	100%	100%	100%	100%	100%	⇔
		% occasions maintenance bundle used in ICU (*not currently an HQSC Target*)	90%	96%	97%	92%	96%	97%	99%	99%	98%	91%	⇩
	Surgical Site Infections	Surgical Site Infections rate per 100 procedures [target has not been set by HQSC. *National Q1 2020 rate = 0.8 infection per 100 procedures*	HQSC has not defined a target	0.0	0.0	0.5	1.5	0.3	0.7	0.3	0.4	TBC	⇩
				Cumulative rate 1.0 (From Jul 13)									
		100% primary hip and knee replacements antibiotic given 0 -60 minutes before 'knife to skin' [first incision]	100%	98%	95%	97%	97%	97%	98%	100%	99%	HQSC SSI data lags by one – two quarters	⇩
		95% > primary hip and knee replacements right antibiotic in the right dose - Cefazolin 2g or more	90%	96%	97%	99%	98%	97%	98%	100%	99%		⇔
		100% of primary hip and knee replacements will have alcohol based skin preparation	100%	94%	100%	98%	100%	95%	95%	Not provided by HQSC	Not provided by HQSC		-
		100% of primary and knee replacements will have surgical antimicrobial prophylaxis discontinued with 24 hours post-operatively	100%	100%	100%	100%	100%	99%	99%	Not provided by HQSC	Not provided by HQSC		-
	eMedRec	% of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic reconciliation was undertaken - within 72hrs [of admission]	TBD	Reporting Commenced Quarter 4 2019						90%	82%	85%	⇧
		% of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic	TBD							63%	64%	67%	⇧

Quality Safety Markers (QSM)			Target	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Last Quarter Change
Medication Safety		reconciliation was undertaken within 24hrs [of admission]											
		% of patients aged 65 years and over (55 and over for Māori and Pacific people) where electronic reconciliation was included within as part of the discharge summary	TBD							92%	92%	96%	⇧
	Opioids	% of patients with a documented sedation score	TBD	*Until HQSC completes Privacy Impact Assessment for Waitematā DHB data, we will provide aggregated data only*			72%	76%	85%	86%	86%	86%	⇔
		% of patients with documented bowel function monitored	TBD				4.0%	3.0%	3.5%	3.0%	4.3%	4.5%	⇧
		% of patient with uncontrolled pain	TBD				18%	8%	0.5%	0.0%	0.8%	0.2%	⇩
		% of patients with documented opioid related adverse events *HQSC Provide*	TBD					0.49%	0.35	0.58%	0.59%	0.48%	⇩
Patient Deterioration	% of eligible wards using the NZ Early Warning System (EWS)		TBD					100%	100%	100%	100%	100%	⇔
	% of audited patients with an EWS score calculated correctly for the most recent set of vital sign		TBD					100%	100%	100%	100%	100%	⇔
	% of audited patients that triggered an escalation of care and received appropriate response to that escalation as per DHB agreed escalation pathway		TBD					70%	72%	78%	69%	70%	⇧
	Rate of in-hospital cardiopulmonary arrests in adult inpatient wards, units or departments per 1000 admissions (NMDS) *HQSC Provide*		TBD		0.9%	1.3%	1.0%	0.2%	0.6%	0.5%	0.2%	0.7%	⇧
	Rate of rapid response escalations per 1000 admissions (NMDS) *HQSC Provide*		TBD	*HQSC Data provided from Q3 2019*					19%	19.7%	13.2%	19%	⇧
Pressure Injuries	% of patients audited for pressure injury risk who received a score (NMDS)		90%		88%	86%	85%	86%	87%	89%	88%	88%	⇔
	% of patients with the correct pressure injury care plan implemented		90%		71%	62%	68%	68%	68%	65%	70%	69%	⇩
	% of patients audited with a hospital acquired pressure injury		TBD		1.6%	2.4%	0.6%	1.2%	1.0%	0.6%	1.3%	0.6%	⇩
	% of patients audited with non-hospital acquired pressure injury		TBD				2.1%	1.6%	2.2%	1.4%	2.9%	3.3%	⇧

Meets or exceeds the target	Within 5% of the target	More than 5% away from target	Positive increase ⇧	No change ⇔	Positive Decrease ⇩	Negative Increase ⇧	Negative Decrease ⇩

Note: QSMs collation suspended by HQSC until June 2020

Quality Safety Markers			Target		Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Last Quarter Change
Peri-Operative Care	Surgical Safety	Uptake: % of audits where all components were reviewed	100%	Sign In	98%	98%	98%	100%	100%	98%	100%		98%		
				Time Out	100%	97%	100%	98%	98%	100%	100%		100%		
				Sign Out	92%	100%	98%	98%	100%	98%	98%		100%		
		Engagement: % of audits with engagement scores of five or higher	95%	Sign In	84%	93%	85%	96%	88%	89%			97%		
				Time Out	89%	90%	92%	94%	94%	100%	98%		100%		
				Sign Out	94%	95%	95%	100%	92%	98%			98%		
		Observations: number of observational audits carried out for each part of the surgical checklist (minimum of 50 observations per quarter)	≥ 50	Sign In	57	56	56	52	51	57	48	49	65	40	
				Time Out	54	64	61	51	53	53	52	45	64	40	
				Sign Out	52	55	56	52	50	51	45	36	55	33	

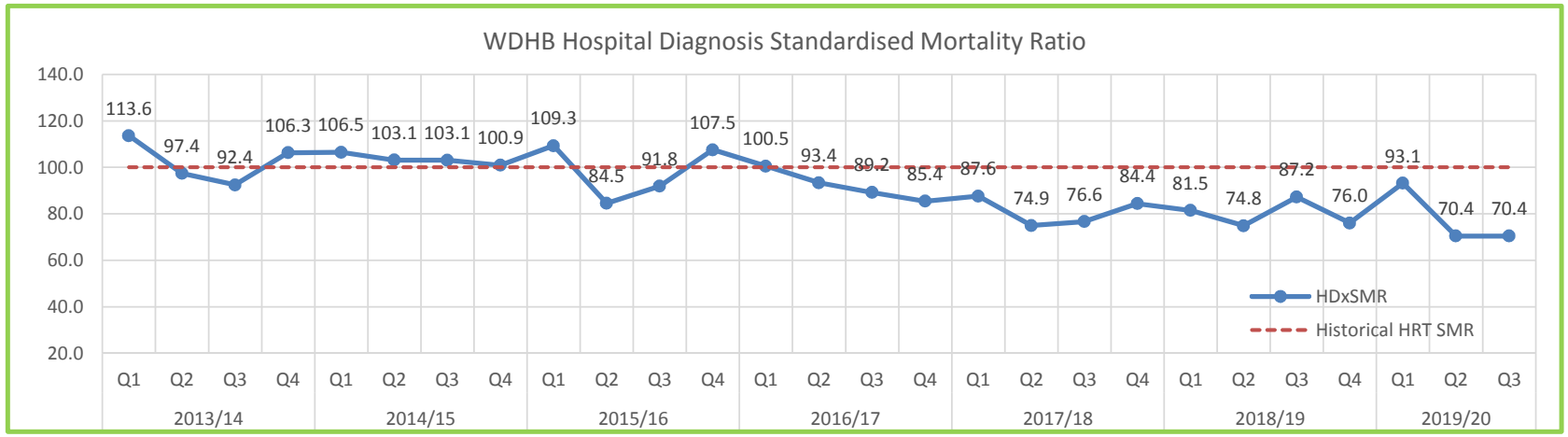
Data not published by the HQSC if observations were <50	
Less than 75%	
More than 75%	
Target Achieved	

3. DHB Key Quality Indicators and Trends

Quarterly HDxSMRs

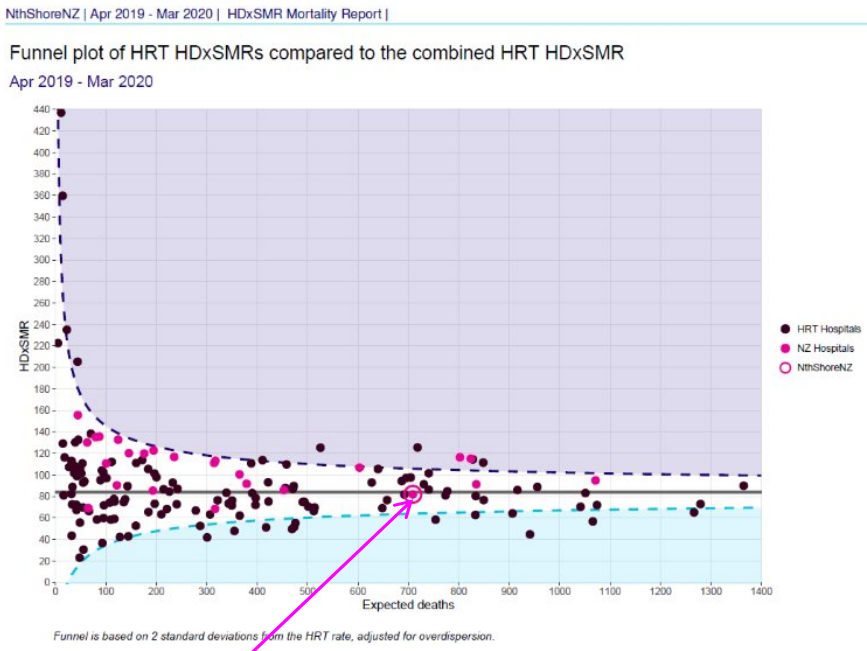
Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)
The HDxSMR is expressed as a ratio and seeks to compare actual deaths occurring in hospital (or in hospital and following hospital admission), with a predicted number of deaths based on the types of patients admitted to the hospital. The HDxSMR is a new HRT mortality methodology introduced in November 2016 (see Key Quality Indicator 'Mortality' below for further description of the new HRT mortality methodology).

Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)
Waitematā DHB's HDxSMR (combined NSH + WTH) **Q3 FY2019/2020 = 70.4**



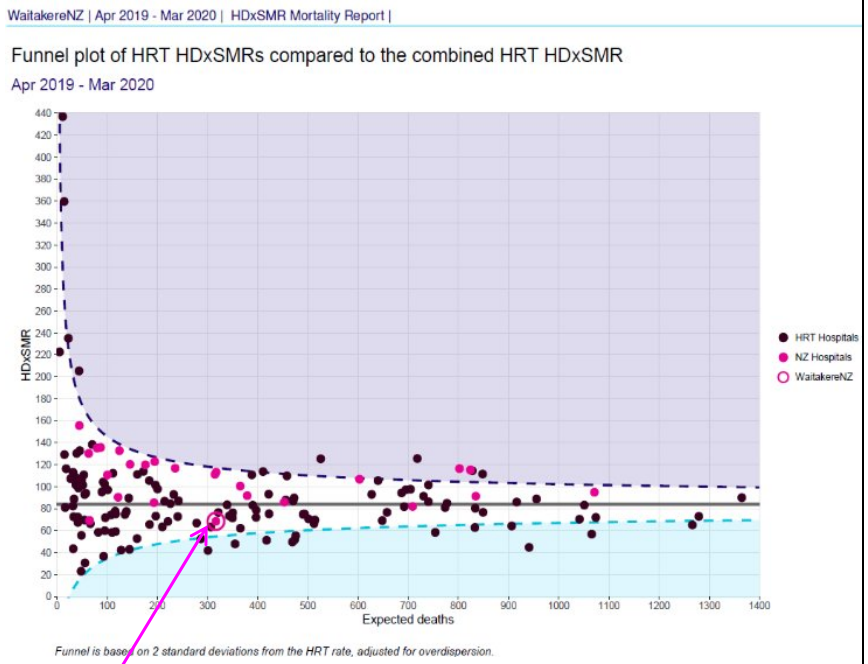
12 month Data - **HDxSMR Apr 2019 – Mar 2020**:

NB: Delays incurred by Health Round Table impacting on the receipt of the latest HDxSMR; This will be updated as soon as available



North Shore Hospital

HDxSMR	
(12 months: Apr 2019 – Mar 2020)	
Episodes	**69,714**
Deaths	**581**
Expected Deaths	**708.8**
Combined HRT HDxSMR for Apr20 – Mar20	**84**
NZ HDxSMR for Apr20 – Mar20	**102**
Network HDxSMR	**78**

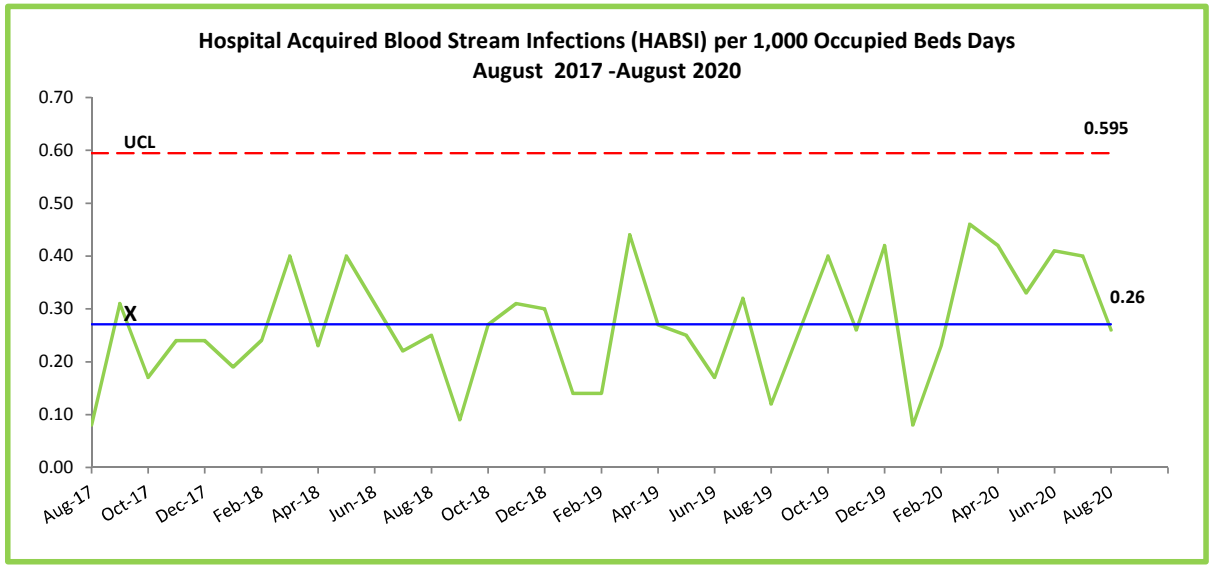


Waitakere Hospital

HDxSMR	
(12 months: Apr 2019 – Mar 2020)	
Episodes	**34,846**
Deaths	**217**
Expected Deaths	**316.7**
Combined HRT HDxSMR for Apr20 – Mar20	**84**
NZ HDxSMR for Apr20 – Mar20	**102**
Network HDxSMR	**78**

3.1 Hospital Acquired Blood Stream Infections (HABSI)

Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends
0	Total # of infections	9 (Jun)	10 (Jul)	6 (Aug)	*HABSI is defined as a bloodstream infection attributable to hospital where acute or rehabilitation care is provided, if the infection was not incubating on admission. Typically bacteraemia diagnosed after 48 hours of admission, on readmission, related to a device, or within 30 days of procedure (if no alternate source identified) is categorised as a HABSI. There is no recognised national benchmark 'acceptable' rate or target for HABSI.*
0.00	# of infections per 1,000 occupied bed days	0.41 (Jun)	0.40 (Jul)	0.26 (Aug)	



- **Mean rates of HABSI/1,000 occupied bed days**

	Rate	N=
2016	0.35	89
2017	0.25	67
2018	0.26	70
2019	0.26	71
Q1/Q2 2020	0.32	37

The Infection, Prevention and Control Committee's Executive Report for ***August 2020 is attached as Appendix 1***

Target	Measure	Prev. Report Period	Current Report Period	Commentary/Trends

HABSI Analysis August 2020

Source	Total	Area	Organism	Comments
CLAB	2	Ward 5	Enterococcus faecium (VRE) Candida Albicans	A patient with complex medical history receives treatment via a peripheral inserted central catheter (PICC) in the community. The patient was admitted to hospital with sepsis of the shoulder related to an infection of the PICC; recurrent history of positive blood cultures.
		Ward 3	Staphylococcus Epidermidis	A patient was admitted to hospital with sepsis following initial treatment by GP in the community for glandular fever. A PICC was placed to assist with her planned treatment; however despite appropriate and sterile techniques on insertion and maintenance of the PICC the patient has developed a hospital acquired blood stream infection (HABSI). The patient has an auto-immune disease systemic lupus erythematosus (SLE)[1] and chronic skin condition which places her at high risk for developing healthcare associated infections.
CAUTI	1	Ward 3	Proteus Species Morganella morganii	A patient developed a HABSI related to an indwelling urinary catheter (IDC); the patient required the IDC due to his fluid overload management.
Other	3	Maternity NSH	Escherichia coli	A patient was admitted to hospital for an emergency caesarean section for ante-partum haemorrhage due to placenta previa. An IDC was placed while in theatre and removed within 24 hrs; the patient went onto develop a urinary tract infection and HABSI more than 72 hours after removal of the IDC. The infection was deemed not to be a catheter associated urinary tract infection (CAUTI) and not preventable.
		Ward 8	Escherichia coli	A patient developed a HABSI following a laproscopic surgical abdominal procedure (formation of an ileostomy) for rectal cancer.
		Ward 11	Escherichia coli	A patient was admitted for investigation of back pain which was found to be widespread osseous (bone) metastatic cancer. During the admission they developed a HABSI; this was secondary to a urinary tract infection which occurred following admission.

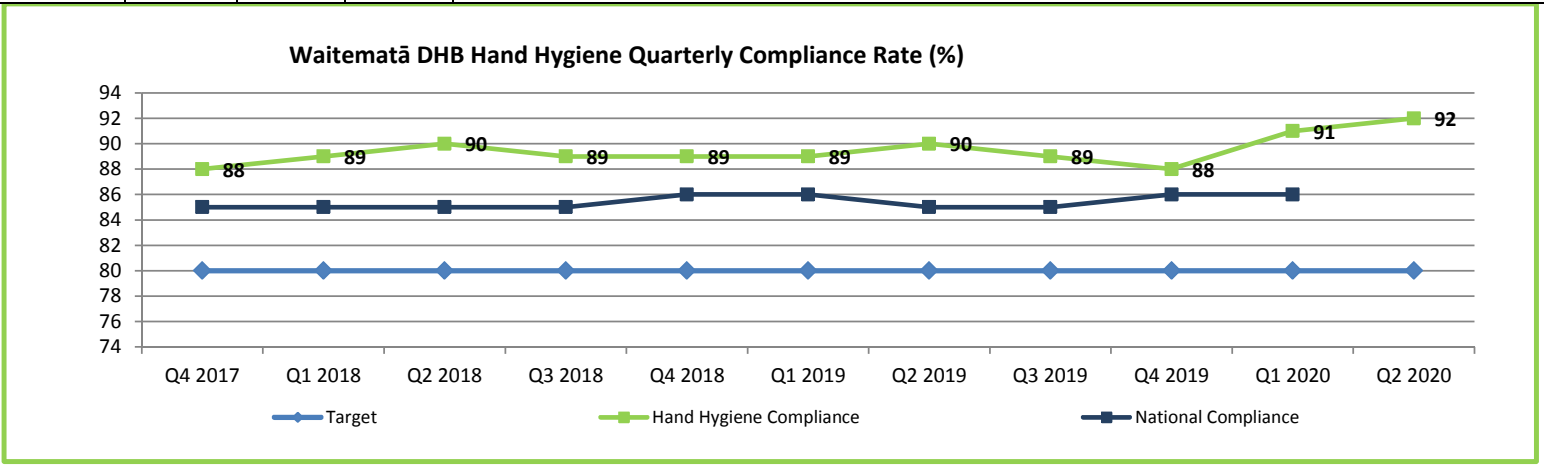
3.2 Hand Hygiene (HH) Compliance

Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends
>80%	% rate of compliance with five	90% (Jun)	91% (Jul)	90% (Aug)	Waitematā DHB continues to achieve a Hand Hygiene compliance rate above the National Target of >80% and the National average compliance rate of 85%

[1] Systemic lupus erythematosus (SLE), is the most common type of lupus. SLE is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs.

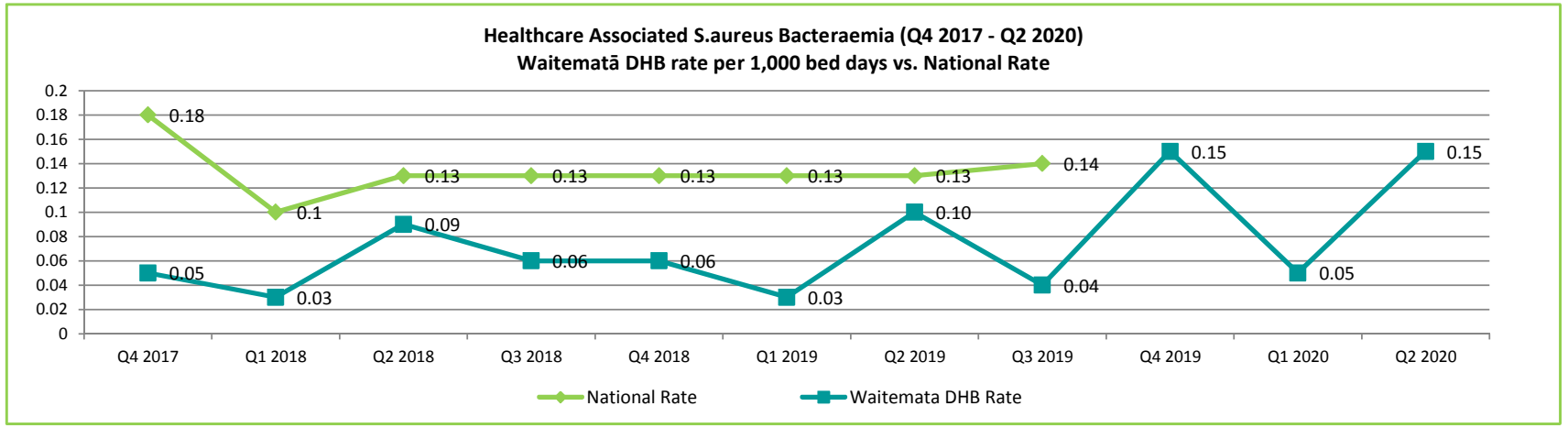
Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends
	Hand Hygiene Moments				

Hand Hygiene Results by Division – August 2020	
Division	**Compliance**
Acute & Emergency Medicine	90%
Child Women & Family	92%
Specialty Mental Health + Addictions	96%
Specialist Medicine + Health of Older People	93%
Surgical & Ambulatory	88%
Total	**90%**



0	Total # of Hospital Associated SAB infections	4 (Jun)	5 (Jul)	2 (Aug)	**Staph Aureus Blood Stream Infections/ Healthcare Associated Bacteraemia (HCA-BSI)** *The rate of S.aureus bacteraemia (SAB) infections attributed to healthcare is the national outcome measure for hand hygiene compliance. The SAB rate is based on HHNZ's definition to maintain consistency in DHB reporting.*
0	# of Hospital Associated SAB infections per 1,000 bed days	0.18 (Jun)	0.20 (Jul)	0.09 (Aug)	*The Waitematā DHB Hand Hygiene Reports for* ***August 2020 is in Appendix 2***

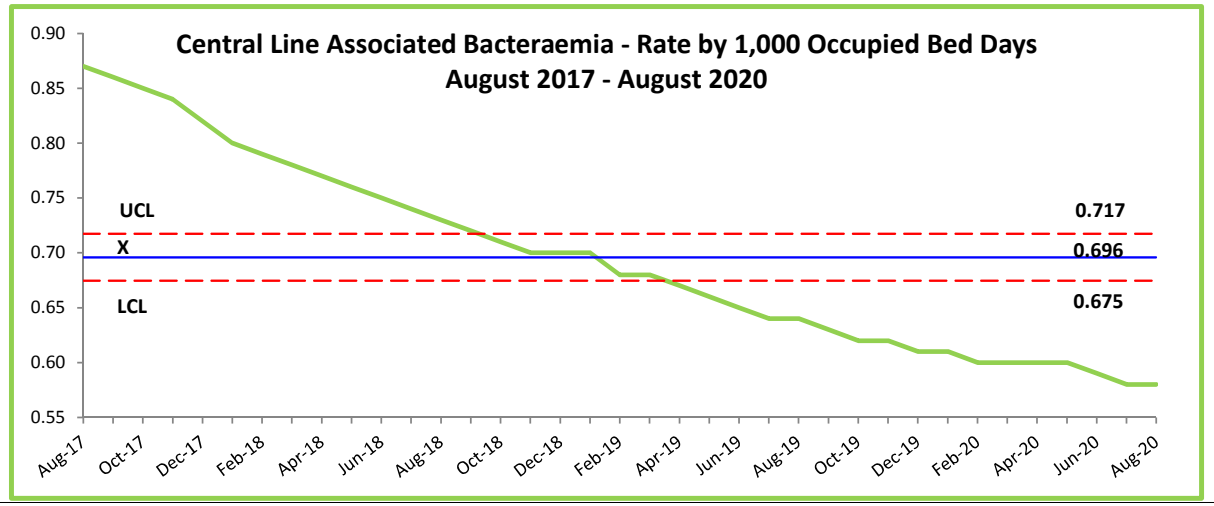
Target	Measure	Prev. Report Period	Current Report Period	Commentary/Trends



3.3 Central Line Associated Bacteraemias (CLAB)

Target	Measure	Current Report Period			Commentary/Trends
<1	# of CLAB infections per 1,000 line days **(ICU)**	0.60 (Jun)	0.58 (Jul)	0.58 (Aug)	**Central Line Associated Bacteraemia (CLAB)** *Patients with a central venous line are at risk of a blood stream infection (CLAB). Patients with a CLAB experience more complications, increased length of stay, and increased mortality; and each case costs approximate $20,000 - $54,000. CLAB infections are largely preventable using a standardised procedure for insertion and maintaining lines (insertion and maintenance bundles of care). NSH's ICUs compliance with standard procedure and rates of CLAB are Health Quality and Safety Markers.* The ICU is currently **1,065 days** CLAB Free as at **31 August 2020** • Central lines are inserted in the operating theatre and maintenance of the lines on the wards is followed up by theatre, ICU and the Infection Prevention and Control team staff supporting ward staff • The total number of central lines (centrally and peripherally) inserted in **August = 30** • CLAB rates at Waitematā DHB remain low and most wards have very long CLAB free periods due to both good compliance and infrequency of patients with central lines
>98%	% bundle compliance at insertion **(ICU)**	100 % (Jun)	100% (Jul)	97% (Aug)	
>98%	% bundle compliance maintenance **(ICU)**	93 % (Jun)	91% (Jul)	100% (Aug)	

Target	Measure	Current Report Period	Commentary/Trends



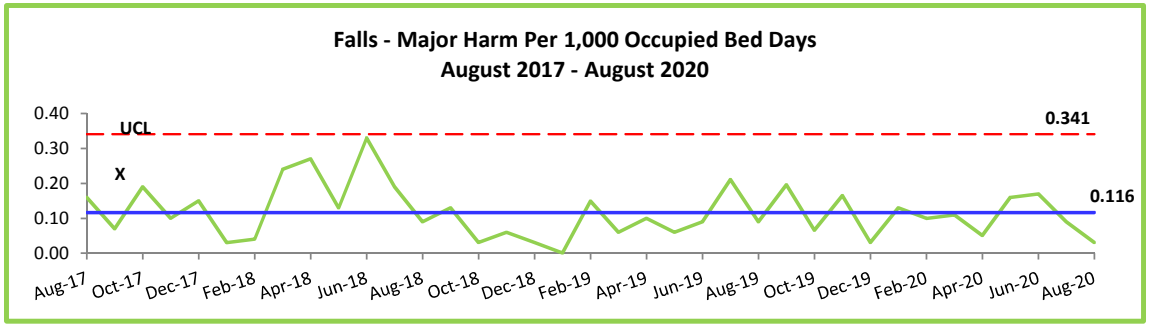
3.4 Surgical Site Infections

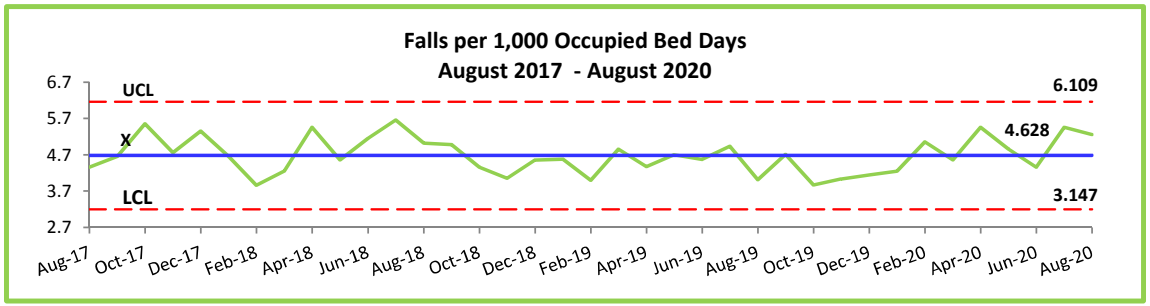
Target	Measure	Previous Report Period	Current Report Period	Commentary/Trends
TBA	-	0.3% (SSI Rate Q4 Oct – Dec 2019)	0.4% (SSI Rate Q1 Jan – Mar 2020)	*Surgical Site Infections (SSIs) – in scope procedures for SSI are primary and revision hip and knee arthroplasty at either North Shore Hospital or the Elective Surgery Centre (ESC) in accordance with the National Surgical Infection Improvement Programme. The surveillance criteria 90 days post-operatively for deep and 30 days for superficial infection.*

3.5 Falls with Harm

Target	Measure	Prev. Report Period	Current Report Period		Commentary
	Total number (#) of falls	127 (Jun)	177 (Jul)	155 (Aug)	*Verbal Update to be provided by Director of Nursing*
<5.0	Rate of falls per 1,000 Occupied Bed Days (OBD)	4.3 (Jun)	5.4 (Jul)	5.2 (Aug)	
	Total number of multi-fallers	14 (Jun)	17 (Jul)	17 (Aug)	
>90%	% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling	100% (Jun)	95% (Jul)	100% (Aug)	

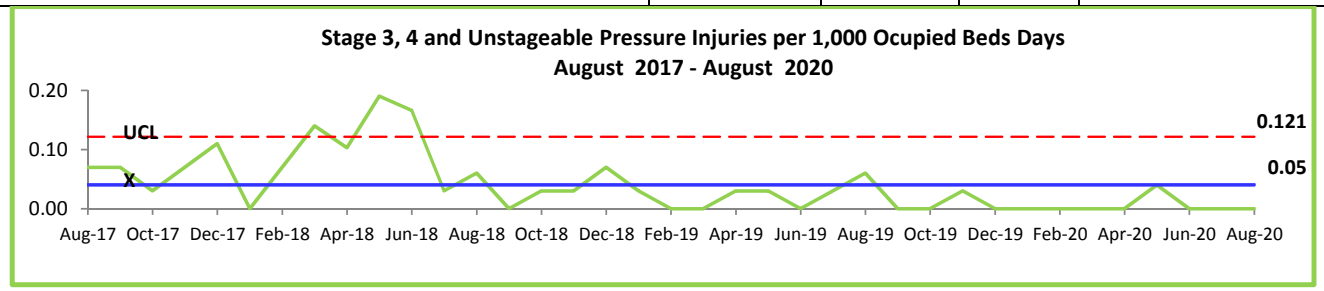
Target	Measure	Prev. Report Period	Current Report Period		Commentary
>90%	% patients 75 years and over (55 years and over Māori and Pacific) assessed for the risk of falling within eight hours of admission	88% (Jun)	85% (Jul)	82% (Aug)	
>90%	% patients 75 years and over (55 years and over Māori and Pacific) assessed as being at sufficient risk of falling have an individualised care plan in place	98% (Jun)	100% (Jul)	95% (Aug)	
	Total number of falls where an injury has occurred (including Major Harm)	39 (Jun)	46 (Jul)	42 (Aug)	
	Rate of falls where an injury has occurred (including Major Harm) per 1,000 Occupied bed day	1.3 (Jun)	1.4 (Jul)	1.4 (Aug)	
	Total number of falls with major harm (SAC 1 and 2)	5 (Jun)	3 (Jul)	1 (Aug)	
	Rate of falls with major harm per 1,000 Occupied bed day	0.17 (Jun)	0.09 (Jul)	0.03 (Aug)	
0	Total number of reported fractured neck of femurs (NOF) as a result of a fall while in hospital (included in the major falls with harm rate)	0 (Jun)	0 (Jul)	0 (Aug)	
0	Total number of coded fractured neck of femurs (NOF) as a result of a fall while in hospital	TBC (Jun)	TBC (Jul)	TBC (Aug)	

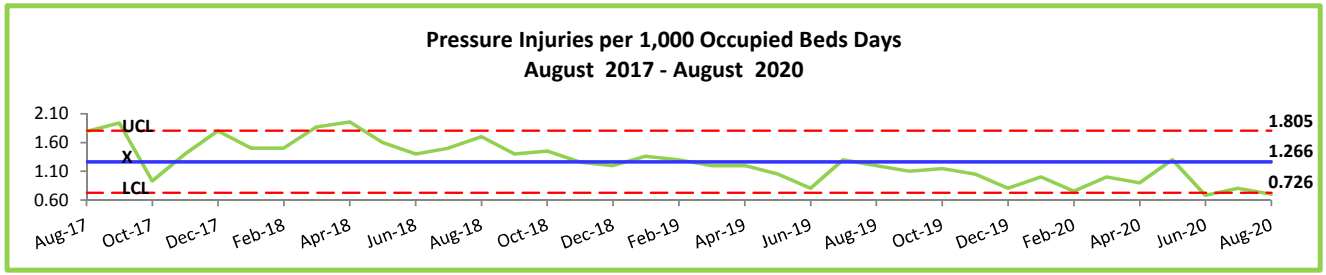




3.6 Pressure Injuries

Target	Measure	Prev. Report Period	Current Report Period		Commentary/Trends
100%	% patients risk assessed within specified time frame (eight hours)	61% (Jun)	76% (Jul)	75% (Aug)	
100%	% patients audited who received a score	88% (Jun)	89% (Jul)	88% (Aug)	
100%	% patients with the correct care plans implemented	69% (Jun)	61% (Jul)	65% (Aug)	
	Number of patients with reported confirmed pressure injuries (Incident Reporting System – Risk MonitorPRO)	20 (Jun)	25 (Jul)	21 (Aug)	
	Rate of confirmed pressure injuries per 1,000 Bed Days	0.7 (Jun)	0.8 (Jul)	0.7 (Aug)	
0	Number of reported confirmed Stage 3, 4 or unstageable pressure injuries (Incident Reporting System – Risk MonitorPRO)	0 (Jun)	0 (Jul)	0 (Aug)	
	Rate of confirmed Stage 3, 4 or unstageable pressure injuries per 1,000 Bed days	0.00 (Jun)	0.00 (Jul)	0.00 (Aug)	





3.7 E-Medicine Reconciliation (eMR), ePrescribing and Administration (ePA)

Target	Measure	Previous Report Period	Current Report Period	Commentary
100%	% patients with eMR completed within 24 hours on admission and discharge	87%	90%/92%	**Electronic Medicines Reconciliation (eMR/eMedRec)** - *no change from previous report* eMedRec (electronic Medicines Reconciliation) is live in 919 acute beds across North Shore and Waitakere hospitals. An admission Med Rec is completed for 80-90% of all ward patients (in areas where eMedRec available). The rollout of eMedRec was completed to all planned areas in 2019. Maternity and the Emergency department remain the only acute specialties where the software is not enabled. Waitematā DHB is now reporting quarterly Quality and safety markers (QMSs) for eMedRec to HQSC. The Orion Health eMedRec software and the Soprano Medical Templates technology that it is built on are outdated technology and considered 'sunset' products by the vendor. We are approaching the limits of what these solutions are capable of and there are several areas where enhanced functionality or a new solution would be valuable e.g. the ability to do eMedRec and generate prescriptions in outpatient settings. Waitematā and Counties Manukau DHBs have begun are collaborating to explore potential replacements. **Electronic Prescribing and Administration (ePA)** – *no change from previous report. No further development of ePA is occurring therefore this will be removed from reporting.*

3.8 Complaint Responsiveness

Target	Measure	Previous Report Period	Current Report Period		Commentary
<15 days	Average time to respond to complaints in the reporting month	10 (Jun)	8 (Jul)	9 (Aug)	• The average days to respond have gradually decreased over the last four years and services across the DHB are working diligently to ensure they meet the target of <15 calendar days to respond

	Average Days to Respond
2015	18
2016	19
2017	15
2018	14
2019	12
2020 YTD	**13**

Target	Measure	Previous Report Period	Current Report Period		Commentary

Average Days to Respond – Provider Arm	
Division	August 2020
Acute & Emergency Medicine	6
Child, Women & Family	11
Specialist Mental Health & Addictions	11
Specialty Medicine and Health of Older People	10
Surgical & Ambulatory	12

4. Safe Care

4.1 Infection Prevention and Control (IP&C)

*IP&C Surveillance Overview and Audit Results for **March/April 2020***

Month	Total ESBL (Def)	Total HABSI	Total C.diff (HO-HCA)	Total Waitematā DHB Hand Moments	% National HH Moments Passed (Ave)	%I&PC Facilities Standards Met Overall (Ave)	% Commodes Clean
January 2019	17	3	3	5079	89%	97%	100%
February 2019	18	3	3	4824	89%	98%	83%
March 2019	16	10	4	4939	90%	98%	98%
April 2019	15	6	4	4783	89%	97%	86%
May 2019	12	6	5	4722	90%	97%	91%
June 2019	4	4	2	4516	90%	97%	95%
July 2019	16	7	8	4859	88%	100%	97%
August 2019	7	3	5	4583	91%	96%	100%
September 2019	9	6	2	4989	89%	97%	100%
October 2019	9	8	4	5039	87%	99%	99%
November 2019	7	6	4	4486	87%	98%	99%
December 2019	8	9	5	4560	89%	98%	95%
Overall 2019	138	71	49	57,379	89%	99%	99%
January 2020	5	2	2	4897	89%	97%	100%
February 2020	6	5	2	4392	91%	98%	100%
March 2020	3	9	4	4624	93%	97%	97%
April 2020	3	6	6	3818	93%	95%	100%
May 2020	4	6	4	4730	92%	99%	100%
June 2020	4	9	TBC	4656	90%	97%	100%
July 2020	11	10	TBC	4750	91%	97%	96%
August 2020	8	6	4	5457	90%	98%	100%

RAG Rating Legend

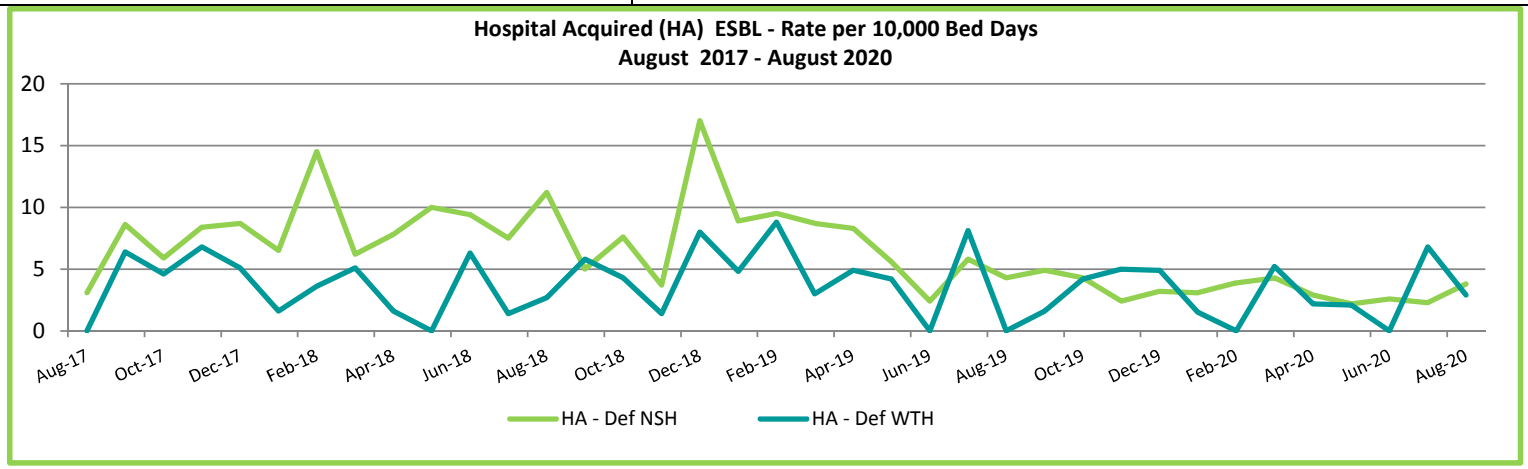
% National HH Moments Passed	% I&PC Facilities Standards Met	% of Clean Commodes
≥ 80%	≥ 99%	≥ 99%
≥ 70%	≥ 90%	≥ 90%
< 70%	< 90%	< 90%

4.2 Surveillance

4.2.1 Extended Spectrum Beta Lactamase (ESBL)	August 2020
HA-ESBL is now defined as Isolation of ESBL producing Enterobacteriaceae (e.g. E.Coli or Klebsiella sp.) from a clinical or screening specimen >72 hours post admission (not 48 hours as per the old definition), in a patient with previously negative or unknown ESBL status. This new definition now aligns with ICNET and CDC Surveillance Definition	

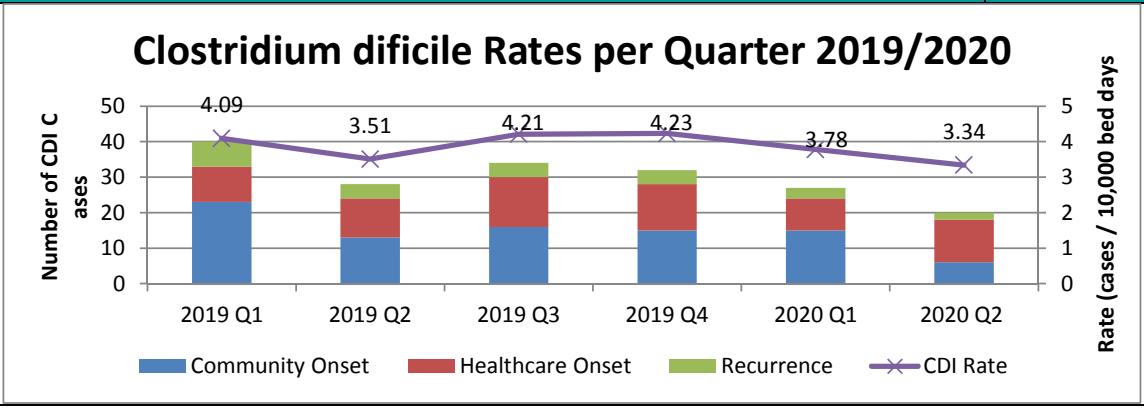
HA –ESBL 2020	NSH		WTH	
	Counts	Rates	Counts	Rates
August	6	3.8	2	2.9

Overall HA-ESBL rates remain low at both NSH and WTH



4.2.2 Clostridioides difficile (CDI)	Comments
Waitematā DHB Surveillance Definitions for CDI ***Healthcare facility Onset (HO-HCA)*** *- CDI symptom onset is more than 48 hours after admission (third calendar day).* ***Community Onset healthcare facility associated (CO-HCA)*** *-Discharged from a healthcare facility within previous four weeks.* ***Community Onset Community Associated (CO)*** *-No admission in the last 12 months.* ***Indeterminte*** *-Discharged from a healthcare facility within the previous 4-12 weeks.* ***Recurrent*** *-Episode of CDI that occurs eight weeks or less after the onset of a previous episode provided the symptoms from the prior episode have resolved.* ***Clostridium difficile (C.difficile) infection (CDI) Summary*** *Clostridium difficile infection (CDI) typically results from the use of antibiotics that affect the normal gut flora, promoting the growth of gut flora. Prevention, therefore, is dependent on appropriate antibiotic use.*	• No update for August 2020

4.2.2 Clostridioides difficile (CDI)	Comments



4.2.3 Methicillin Resistant Staphylococcus Aureus (MRSA)
• No update for August 2020

4.2.4 Vancomycin Resistant Enterococci (VRE)
Active VRE surveillance, similar to ESBL since 2007 and CPE since 2017, is performed at WDHB since May 2015 after an outbreak at NSH in 2014. Identification of new VRE colonisation or infection continues to be very low due to enhanced IPC measures including use of Deprox for environmental decontamination in selected situations.
• No update for August 2020

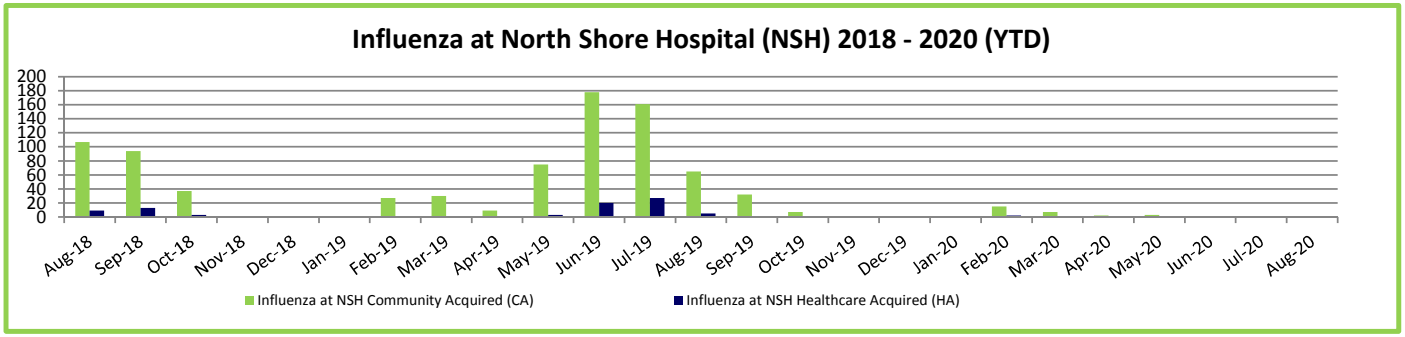
4.2.5 Carbapenemase-producing Enterobacteriaceae	
*National concern has been raised about the emergence and spread of **Carbapenemase producing Enterobacterales and Pseudomonas (CPE)** in New Zealand since 2015. These are the "next generation" of antimicrobial resistant bacteria with minimal or no effective antibiotics that can be used for treatment of infections caused by them. In addition, CPEs have important Infection, Prevention and Control implications.* *Different types of Carbapenemase genes (NDM, OXA-48, and KPCs) confer resistance which can be detected by molecular testing. A national guidance strategy on testing and surveillance for CPE was released last month.*	• No update for August 2020

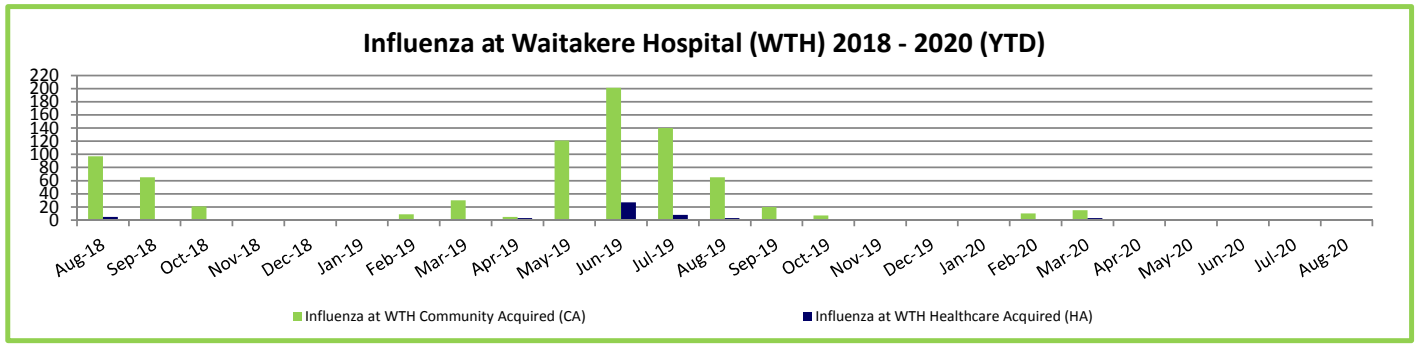
4.2.6 Seasonal Influenza	
Waitematā DHB has a yearly seasonal Influenza surveillance program which usually commences in March every year. In addition, hospital acquired (HA-Inf) is a unique designation used in our surveillance since 2017. It identifies inpatients admitted initially for other medical reasons but developed Influenza during their hospital stay, likely through acquisition from either other patients, staff, visitors or environment. Therefore, confirmation of Influenza after 72 hrs of admission is defined as HA-Inf.	• There have been no influenza cases diagnosed in June, July and August 2020 • Influenza PCR testing is part of the respiratory virus panel implemented for COVID-19 surveillance for all ED/ADU patients presenting with suspected respiratory tract infections; this strategy continues

Data includes only confirmed patient cases where influenza like illness (ILI) symptoms developed 48 hours after admission. Source of acquisition variable (healthcare worker, patient, visitors)

NSH	Feb	Mar	Apr	May	Jun	Jul	Aug
CA-INF	15	7	2	3	0	0	0
HA-INF	2	0	0	0	0	0	0

WTH	Feb	Mar	Apr	May	Jun	Jul	Aug
CA-INF	10	15	1	0	0	0	0
HA-INF	0	3	0	0	0	0	0





4.2.7 Communicable Diseases, Clusters and Outbreaks

- **No update for August 2020**

5. Innovation and Improvement Team Active Projects Report

Overview of Work Programmes

August 2020

CURRENT i3 WORK IN PROGRESS

Leapfrog Programme

- *See Leapfrog Programme Report – Phase 3 projects (separate report)*
- Phase 4 plan in development
- Information Systems Strategic Group (meets fortnightly)

Data/Analytics

- Qlik Sense – newly published – Palliative Care, Laboratory Explorer, Cancer Dashboard upgrade
- currently in development: Congestive Heart Failure; COVID-19; Staff Availability app; Surgical Pathology, Costing, PPE Mask Fit Testing
- Development of regional COVID-19 health information platform - now with DHB waitlists and Managed Isolation Facility dashboard, proposal to shift to Cloud
- Regional Data Design Authority – representation
- AI lab concept development
- Collaboration with HQSC on impact of COVID-19 on health service delivery
- MH Snapshot – design + implementation
- Care Pathways system development – currently outpatients eOutcomes (with SNOMED coding); surgical waitlist; ED best care bundles
- Clinical calculator register/approval process – review of existing calculators

Digital Transformation

- i3 website: **http://i3.waitematadhb.govt.nz/** (upgrade in progress)
- Waitematā DHB website rebuild
- Intranet website migration to Office 365
- Sharepoint development (Intranet update + off-site access; preparation for potential Controlled Docs and CeDSS transition)
- PERSy analytics + PROMs: Bulk/individual emailing surveys to patients – supporting Outpatients + Telehealth; new Patient Experience (FFT) Surveys go-live 1 Nov
- Risk Pro / RL6 upgrade – go live 15 October 2020
- Web Apps (MHS: THEO)

Health Leadership + QI

- Tier 1: QI e-learning via Awhina Learning for all staff
- Tier 2: Annual QI Workshop series; Safety in Practice Programme (Primary Care and Community Pharmacies); MH QI programme 2020
- Tier 3 Programme – CMO developing CD training plan
- Fellows Programme – currently 7 fellows (range of FTE among fellows)
- RACMA programme – currently x1 RACMA fellow sponsored by CMO
- Public Health Registrars – new registrar commencing 2021
- Summer students – advertising studentships for Dec 2020/Jan 2021
- Health Excellence Awards – Planning for May/June 2021

Care Redesign Innovation and Improvement Team Projects

- *See Innovation and Improvement Project Team report (below)*

Innovation + Research

Leapfrog Programme – *see separate report*

Regional + National IS Development – Clinical Director of Innovation

- Business Design Council MoH + national Digital Investment Board
- HSDC: refresh of Northern Region's ISSP; review of data governance/RDDA
- Managed Isolation/Quarantine Facilities Covid health IS Design

Digital Academy

- Planning for academy week 2-6 Nov 2020; applications closed, 35 applicants

Academic Partnership Programmes

- Interns: Bioscience Enterprise AI commercial model
- AUT Good Health Design partnership – Design Space & communications

Innovative Design

- Design Space (Portacom) mock ups of birthing unit, therapy space, clean & dirty utilities, anaesthetic bay for Totara Haumaru

Precision Driven Healthcare (research projects)

- Smart Search/ NLP of free text documents for clinical use (ICU) – phase 2 under consideration
- GP referrals triage (cardiology + gynae)
- Risk calculators (readmission risk prediction)
- Inpatient and Outpatient Survey – patient perspective on use of information

Horizon Scanning/ Innovation Library

- MHS ligature point prevention; Hospital in the Home models literature
- End of Life care at Waitemat DHB
- Remote Patient Monitoring review of potential solutions

Research

- Gynae – endometriosis in Māori + Pacifica; oestrogen pessary
- Tranexamic sutures – pharmacokinetic study
- mPR – mobile pulmonary rehab development

Person Centered Design

- Patient reported outcome measures (PROMS) - see Project Report
- PREMs
- Values Programme – appreciative inquiry; Values reports (PERSy)
- Patient Engagement System – see Leapfrog Programme
- AUT Good Health Design

Issues

Outpatients Services Improvement Programme

OPEX (FTE) is required to sustain programme improvements with Telehealth Technical Support and Coordination highest priority (current resource ends Dec 2020)

Achievements/Events

Silhouette Clinical Photography Pilot

On Wednesday 9 September, ARANZ Medical provided interactive Silhouette Clinical Photography training at the North Shore Hospital. Clinical photography is an essential clinical tool for diagnosis, treatment and monitoring of a patient's condition. It can enhance patient outcomes and experience by providing visual documentation throughout wound healing progression and treatment, and facilitate accurate communication across members of the care team. Champions from several clinical areas will be trialling the Silhouette Lite+ 2D and Silhouette Star2 3D medical imaging and data-capture devices, and analysis software for two months. The overall purpose of the pilot is to seek a standardised process of wound measurement across Waitematā DHB. Patient trials have commenced following the training, and staff feedback has been very positive.

Achievements/Events

Blog, by Barbara Corning-Davis (i3 Systems Engineer), on *Managing Well with Covid19:*

This blog post identifies strategies of three countries managing Covid-19 well: New Zealand, Iceland, and Taiwan, and contrasts their approaches with the United States. Summary: New Zealand has done well, but still can learn lessons from others. Click here for the full article.

'Data and the pandemic – Waitemata's story eHealthNews feature

The i3 analytics team support for the regional COVID-19 response was featured in an eHealthNews story in August 2020. The on-line IT magazine was interested in our rapid developments in response to the emerging pandemic. The team tells the story of working with clinicians and analysts from around the region to create a regional data store and suite of dashboards. These tools have become an important part of the Northern Region Health Coordination Centre intelligence function.

Read their perspective on the response here:

https://www.hinz.org.nz/news/521038/Data-and-the-pandemic--Waitemats-story.htm

Innovation and Improvement Project Team: Active Projects Report Summary

Project Name	Project Summary	Requester	PM Resource	Budget	Forecast Variance	This Period	Last Period	Phase
Organisation wide / Multiple Divisions								
Outpatients *See Leapfrog Programme Report*	Expedite implementation of telephone appointments at scale across outpatients and community	Dale Bramley Jonathan Christiansen	Kelly Bohot					Executing
	Expedite implementation of video conference appointments at scale across outpatients and community •	Jonathan Christiansen	Kelly Bohot Charlie Aiken					Executing
	Paperlite-paperless outpatient appointments (incl ePrescribing; eOutcomes; eNotes;eLabs; eSurgical Waitlist (incl eAnaesthetic assessment, CPAC score); eForms + eACC	Jonathan Christiansen Lara Hopley	Kelly Bohot Tim Alvis Dean Croft					Executing
	Remote patient monitoring	Penny Andrew/Robyn Whittaker	Barbara Corning-Davis Kelly Bohot					Executing
Patient Deterioration Programme (PDP)	An organisation and national programme to improve the management of the clinically deteriorating patient. The Programme has 3 main streams: (1) Recognition and response systems; (2) Kōrero mai: Patient, family and whānau escalation (3) Shared goals of care	Jos Peach Penny Andrew	Jeanette Bell	N/A	N/A			
	1. PDP: Recognition and Response Systems - National Early Warning System (completed) Maternity National Maternal Early Warning System (MEWS) (Executing) , NZEWS for Mental Health (Initiating)	Penny Andrew	Sue French	N/A	N/A			Executing (MEWS) Planning Mental Health
	2. PDP: Kōrero mai: Patient, family and whānau escalation	David Price	Jeanette Bell	N/A	N/A			Closed
	3. PDP: Shared Goals of Care	Penny Andrew Carl Peters	Jeanette Bell	N/A	N/A			Pilot closing
Anaesthesia Outpatients Service	Support service redesign –pre-assessment process model of care; scoping current processes in ESC, NSH + WTH	Dave Burton	Lisa Sue	N/A	N/A			Planning
Smartpage *See Leapfrog Programme Report*	BAU budget approved and ready to transfer in this reporting period. Smartpage 777 module at risk due to connectivity issues. Regional RFP underway for 777 replacement.	Stuart Bloomfield	Joel Rewa-Morgan	$80k (opex) phase 2	0%			Executing
Allied Health Telehealth Toolkit	Scoping tools required to sustain telehealth in AH outpatients and community AH teams	Jude Sprott	Danni Yu	N/A	N/A			Executing

ARC Facility Admission Planning	Support the development of a plan how we will respond in the event of another COVID-19 outbreak in an ARC facility	Brian Millen John Scott	Sue French	N/A	N/A			On hold
Survive Sepsis Improvement Collaborative	A quality improvement project that aims to reduce inpatient sepsis mortality to <15% by September 2017 Continue to develop measurement set and sepsis dashboard	Penny Andrew Dr David Grayson Dr Matt Rogers Shirley Ross Kate Gilmour	Kelly Bohot	N/A	N/A			Further execution on hold
Patient Engagement System *See Leapfrog Programme Report*	Re-scope project. Joel Rewa-Morgan assigned as Project Manager. PIC decision on hold.	Dale Bramley	Joel Rewa-Morgan	$88K	0			Planning
PROMS Programme *See Leapfrog Programme Report*	Establish a system for developing, collecting and utilising patient reported outcome measures (PROMs) to inform patient experience and outcome improvements in clinical practice and health care delivery planning	Penny Andrew	Mustafa Shaabany	N/A	N/A			Phase 1 Closed Planning Phase 2
Capex Process Review	Process mapping of current CAPEX request and approval process and identify opportunities for improvement Ready for presentation to SMT / ELT	Robert Paine Chris Watson	Lydia Gow	N/A	N/A			Closing
eOrders Phase 2 *See Leapfrog Programme report*	Support with implementation of eOrders phase 2 - procedures	Lara Hopley	Laura Broome					On hold (Sept 2020)
Asset Tracking	Support to scope and develop a business case for an e-Asset Tracking System	Chris Watson	Mustafa Shaabany	N/A	N/A			Planning
Clinical Photography Silhouettelite Test See Leapfrog Programme Report	Test Silhouettelite app to understand benefits for wound assessment and monitoring	Jos Peach Kate Gilmour	Kelly Bohot Marle Dippennar	N/A	N/A			Planning
Surgical								
Surgical Programme	Support Surgery Division with production planning, data analytics, service planning	Mark Shepherd Richard Harman	Jonathan Wallace Laura Broome	N/A	N/A			Initiating
General Surgery Clinical Pathways (appendicitis, laparoscopic cholecystectomy, abscesses)	Improve general surgery patient experience: reduce length of stay, variation and cost of care	Richard Harman Karen Hellesoe	Lisa Sue	N/A	N/A			Executing
Informed Consent Operating Theatres	PM support to improve the process of informed consent for patients undergoing surgery, particularly for patients undergoing sensitive examinations in gynaecology + maternity. Issues include registrar supervision/oversight; presence of students and industry reps in theatre	Jonathan Christiansen Diana Ackerman	Lisa Sue	N/A	N/A			Closing

Surgical Implant Tracking	Develop a system to track surgical implants. The aim is to capture product information at point of entry into Waitematā DHB and assign a unique Waitematā DHB identifier in bar code format that can be captured and linked to a patient at point of care (in theatre) and beyond	Michael Rodgers Eva Fong	Mustafa Shaabany	N/A	N/A			Closing
Osteoarthritis Chronic Care Programme	Support AH leader to scope a programme of work to introduce low intervention medical pathway for osteoarthritis patients; develop a project plan to create working model	Mark Shepherd Richard Harman Matt Walker Jude Sprott	Danni Yu	N/A	N/A			Scoping
Enhancing patient safety with NRFit Neuraxial Connectors	Develop plan to pilot non-IV NRFit luer in anaesthesia; scope scale of roll-out; develop business case for procurement; implement replacement	Andrew Love	Dina Emmanuel	N/A	N/A			Planning
Medical								
Renal Service Quality Improvement Programme	Support service with QI Programme • Reduce CLAB infection rate • Establish ANTT audit and CLABSI Qlik dashboard	Janak De Soyza Andy Salmon	Dina Emmanuel	N/A	N/A			Executing
TransforMED	Phase 1: Improve the experience of acute medical inpatients by eliminating unnecessary waiting, reducing deconditioning, improving flow, and providing team-based care through four workstreams: - Inpatient Wards: eliminate unnecessary patient waits + implement SAFER bundles of care - ADU: improve flow, earlier access to senior doctor + diagnostics - PACE: early identification and care of frail elderly - Medical Model: home-based wards and collaborative, MDT ward service Planning for phase 2 (development of 2nd blueprint)	Gerard de Jong Alex Boersma John Scott Brian Millen	Kelly Bohot	N/A	N/A			Phase 1 (delivery of 1st five year blueprint) - closing Phase 2 – supporting planning of 2nd Blueprint. New programme "ReforMed" to commence
Chest Pain Pathway	Complete a review of the chest pain pathway including: - Review of local and international literature - Audit of ETTs and patient outcomes	Jonathan Christiansen Kate Allan	Kelly Bohot	N/A	N/A			On hold – closing approx. Sept 2020
OptimisED+ Providing best care by continuous improvement	Review, Identify opportunities and implement further improvements in the Emergency Department, to consistently deliver best emergency care by optimising ED staffing, capacity-demand matching, and leadership structures and roles	Willem Landman Alex Boersma	Dina Emmanuel	N/A	N/A			Closed
Rapid Cardiac Screening Clinic Model of Care	Develop a model of care for a new rapid cardiac screening (RCS) clinic model of care. Develop a business case to introduce a new model of care that will include	Patrick Gladding Alex Boersma	Kelly Bohot	N/A	N/A			Executing

	• Improved, timely access to initial outpatient cardiology evaluation • Improved screening process to allow risk stratification that enables early intervention for higher acuity patients Identification and elimination of unwarranted tests and investigations							
Child Woman and Family								
Urogynaecology Service	Develop a local service for women: management of urogynaecological conditions stress urinary incontinence (SUI) + pelvic organ prolapse (POP); and management of complications associated with previously implanted surgical mesh Support development of a business case for women in Waitematā DHB and the Northern Regions with SUI or POP, and those affected by mesh complications	Jonathan Christiansen Eva Fong	Sue French	N/A	N/A			On hold PM seconded to NHRCC
Mental Health and Addiction Services								
Acute Adult MHS Quality Improvement Programme	Support the development and implementation of a QI programme for the acute mental inpatient units and related community services in response to client incidents (deaths in inpatient units and community in 2018-2019)	Derek Wright Murray Patton Pam Lightbown	Laura Broome					Closed
Community								
PM secondment to Northern Region Health Coordination Centre (NHRCC) to support quarantine/isolation facility management processes	NHRCC		Sue French					In progress

Quality Improvement Training	Overview	Involvement	Sponsor(s)	PM Resource	Comment
Tier 2 project-based QI Training Programme	Teach QI skills to hospital and community staff and mentor each to deliver a QI project	Content development and delivery Ongoing mentorship	Penny Andrew	Barbara Corning-Davis + PM support Laura Broome Dina Emmanuel Jeanette Bell	Ongoing
Safety in Practice Programme	The programme aims to promote a safety and improvement culture within community teams including general practice (GP), pharmacy and urgent care teams, within the Auckland region. The programme is adapted from the Scottish	i³ Innovation and Improvement PM	Tim Wood Stuart Jenkins	Sue French	On hold PM seconded to NHRCC

	Patient Safety Programme in Primary Care				
RMO Clinical Governance Training	QI training involving project-based learning in the workplace with QI coaching	Content development and delivery	Andrew Brant Penny Andrew Naomi Heap Ian Wallace	Jonathan Wallace	RMO Clinical Governance Training
Management Foundations	Teach QI skills to participants and mentor each to deliver a QI project	Content development and delivery Ongoing mentorship	Sue Christie	Barbara Corning-Davis	Management Foundations

Support Requests						
Current Support Requests: see full report						
Project Name	**Sponsor / Requestor**	**Description**	**Request received**	**Scoping Completed Approved date**	**Assigned to**	**Comment**

Closed since last report				
Project/Work/Request	**Sponsor/Requestor**	**Overview**	**PM /Outcome**	**Close out / summary report location**
OptimisED+ Providing best care by continuous improvement	Willem Landman Alex Boersma	This programme is managed under four main streams. The aim is to review, Identify opportunities and implement further improvements in the Emergency Department, to consistently deliver best emergency care by optimising ED staffing, capacity-demand matching, and leadership structures and roles	Closed	
Acute Adult MHS Quality Improvement Programme	Derek Wright Murray Patton Pam Lightbown	The programme has achieved the objectives of establishing a Quality Improvement Programme, coordination of incident reviews and investigations and ensuring that the recommendations feed into an improvement plan. To ensure that programme is an on-going continuous improvement programme within the service, the programme has transitioned and will be managed by the Adult Services with reporting to the SMH&AS Clinical Governance. This is outlined in the Transition Plan.	Closed	
COVID: Patient email collection	Kelly Bohot Danni Yu Marle Dippennar Dina Emmanuel Joel Rewa-Morgan Laura Broome	- Design and implement system to contact and record patient emails for patients on outpatient clinic lists for lists booked for the next 6 weeks (from 17.08.20)) with a focus on follow-up appointments. Patient emails are required in order to be able to offer telehealth (Zoom) appointments. - Design and implement a 'campaign' to get ED triage, ADU triage, and ward clerks to collect emails from patients and trigger patient validation system	Closed	

6. Patient and Whānau Centered Care

6.1 Patient Experience Feedback – July 2020 update

6.1.1 National Inpatient Survey

In January 2020, The Commission announced they had contracted Ipsos New Zealand, an independent research company, for the provision of the inpatient survey and primary care survey data collection and reporting system services. A subsequent review of the former Inpatient Patient Experience Survey was also conducted and a refresh of the survey is being launched in August 2020.

The first revised survey is expected to run from the 18th of August to the 8th of September 2020. The survey will be sent electronically to a sample of patients who were cared for between 27th July and 9th August. Further information is expected to be sent out from the Health Quality and Safety Commission and a series of webinars will be set up for survey users across each of the DHBs. Results for the August survey are expected in late September.

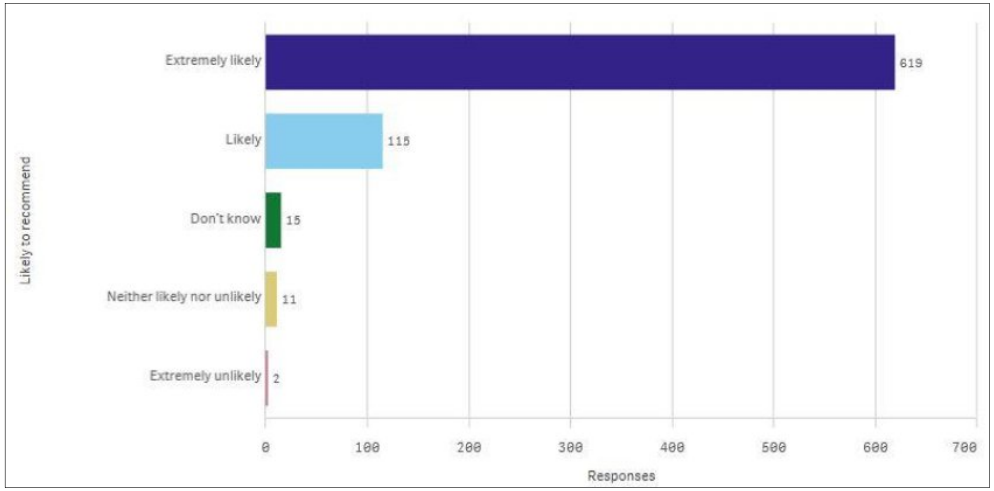
Due to concerns raised regarding the revised current survey structure and process with the first survey by the Auckland region, Waitematā DHB is representing the region with a position on the Contract Operations Group.

6.1.2 Friends and Family Test

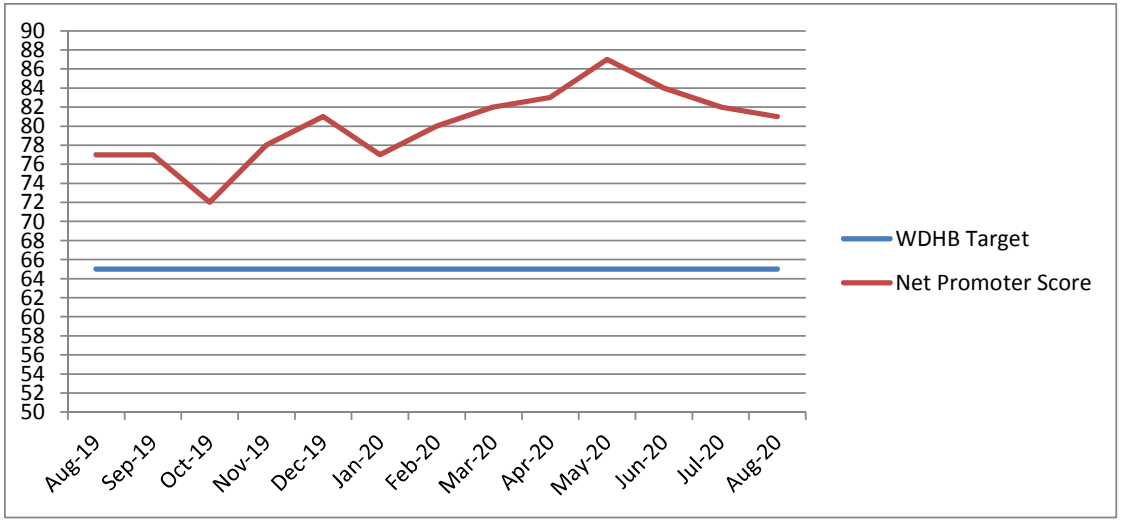
In August, the Net Promoter Score (NPS) dropped slightly from 82 in July to 81. We received feedback from 750 people which is still lower than our usual response rate of over 900 however, this is most likely because of a second COVID-19 lockdown. The NPS performs consistently above the DHB target of 65.

Friends and Family Test Overall Results

Figure 1: Waitematā DHB overall NPS



Graph 1: Waitematā DHB overall FFT results



Graph 2: Waitematā DHB Net Promoter Score over time

Total Responses and NPS to Friends and Family Test by ethnicity

July 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Responses	464	72	75	33	176
NPS	81	72	87	82	79

Table 1: NPS by ethnicity

In August, all ethnicities met the NPS target and score 65 and above. Last month, response from our Pacific respondents achieved an impressive NPS score of 98 for 'would you recommend our service'. This month the score has fallen to 82.

August 2020	NZ European	Māori	Overall Asian	Overall Pacific	Other/ European
Did we see you promptly?	77	75	87	82	81
Did we listen and explain?	83	85	93	85	88
Did we show care and respect?	89	89	89	84	88
Did we meet you expectations?	84	88	85	88	85
Were we welcoming and friendly?	89	84	93	84	89

Table 2: NPS for all questions by ethnicity

In August, all measures scored above the DHB target. Asian respondents scored highly for 'listening and explaining' and 'welcoming and friendly' with both measures achieving a score of 93. 'Did we see you promptly' was our lower performer for Māori and NZ European.

Friends and Family Test Comments

- "*Fantastic staff. Nothing is too much trouble no matter how busy. Also very glad to see how sensitive to other cultures staff are.*" ***Ward 3, NSH***
- "The loving care, the laughter – the times that lift your spirits especially when down, the caring doctors you could talk to and other departments care from xrays to physio, thank you." ***Muriwai Ward, WTH***
- *"Doctors listened to all my concerns."* ***Paediatric Outpatient Clinic, NSH***
- *"Great service all the time. Dentists were very gentle and patient. Reception was accommodating, caring and always served with a smile."* ***ARDS Glenfield***
- *"I wouldn't hesitate in letting anyone know about the great care I've received."* ***Ward 8, NSH***
- *"Cannot fault the whole hospital. Given excellent care from nurses, ward staff and doctors and hospital cleaner in ADU."* ***Assessment and Diagnostic Unit, WTH***
- *"Nurses are so lovely and caring. They are patient and tend to our babies like they are their own. They are knowledgeable and teach you so many things that give you confidence to take your baby home. I will be forever grateful to the SCBU team."* ***Special Care Baby Unit, NSH***

Friends and Family Test by ward

		August 2020	
Division	**Ward**	**Responses**	**NPS**
AH	Allied Health Community Adults North	1	100
AH	Allied Health Community Adults Rodney	1	100
AH	Allied Health Community Adults West	6	67
AH	Allied Health Early Discharge And Rehabilitation Service (EDARS)	9	100
ESC	North Shore Hospital Elective Surgery Centre Cullen Ward	20	100
A&EM	North Shore Hospital Asessment and Diagnostic Unit (ADU)	2	0
SMHOP	North Shore Hospital Haematology Day Stay	20	95
S&AS	North Shore Hospital Hine Ora Ward	17	94
S&AS	North Shore Hospital Intensive Care Unit/High Dependency Unity (ICU/HDU)	4	100
A&EM	North Shore Hospital Lakeview Cardiology (LCC)	70	86
CWF	North Shore Hospital Maternity Unit	99	73
S&AS	North Shore Hospital Outpatients	18	72
CWF	North Shore Hospital Special Care Baby Unit (SCBU)	10	90
A&EM	North Shore Hospital Ward 2	7	57
A&EM	North Shore Hospital Ward 3	15	87
S&AS	North Shore Hospital Ward 4	25	84
A&EM	North Shore Hospital Ward 5	4	50
A&EM	North Shore Hospital Ward 6	49	73
S&AS	North Shore Hospital Ward 7	42	81
S&AS	North Shore Hospital Ward 8	34	100
S&AS	North Shore Hospital Ward 9	4	100
A&EM	North Shore Hospital Ward 10	11	82
A&EM	North Shore Hospital Ward 11	14	77
SMHOP	North Shore Hospital Ward 14	15	93
SMHOP	North Shore Hospital Ward 15	24	92
CWF	Wilson Centre	1	0
A&EM	Waitakere Hospital Asessment and Diagnostic Unit (ADU)	41	75
A&EM	Waitakere Hospital Anawhata Ward	8	88
A&EM	Waitakere Hospital Emergency Department	5	-20
A&EM	Waitakere Hospital Huia Ward	21	62
SMHOP	Waitakere Hospital Muriwai Ward	24	83

CWF	Waitakere Hospital Rangatira Ward	21	100
CWF	Waitakere Hospital Special Care Baby Unit (SCBU)	10	50
S&AS	Waitakere Hospital Surgical Unit	9	67
A&EM	Waitakere Hospital Wainamu Ward	20	90

Table 3: FFT results by ward

Key for above table:
Service/Ward Responses: *Green – achieved response target, Red – did not achieve response target*
NPS: *Green – met NPS target (65+), Amber – nearly met target (50-64), Red – did not meet target (<50)*

In August, the number of wards and services who met their response targets decreased from 69% last month to 51% this month. Of these wards/services, 89% scored at or above the Waitematā DHB target. Three wards achieved an NPS score of 100, these are Ward 8 - NSH, Rangatira Ward – WTH and Cullen Ward (ESC) - NSH (see table below). The main reasons for these positive scores include great care and service, clean facilities, good communication, advice and updates, and hardworking, warm, kind and friendly staff.

This month, the lowest NPS scores are for Special Care Baby Unit and Huia Ward at Waitakere Hospital. No negative comments were received and the low NPS scores are attributed to neutral scores.

A summary of the FFT results can be seen below.

Ward/Service – Exceptional NPS	**Target Responses**	**Achieved**	**NPS Score**
Ward 8, North Shore Hospital	20	34	100
Rangatira Ward, Waitakere Hospital	10	21	100
Cullen Ward (ESC), North Shore Hospital	20	20	100
Ward/Service – Low NPS	**Target Responses**	**Achieved**	**NPS Score**
Special Care Baby Unit (SCBU), Waitakere Hospital	10	10	50
Huia Ward, Waitakere Hospital	10	21	62

Table 4: FFT Results Summary

Patient and Whānau Centred Care Standards Programme (PWCCSP)
A PWCCSP November 2020 check in tools for Mental Health and Addictions were endorsed at the August PWCCSP steering group. Patient interviewing by a small team of specially recruited and trained hospital volunteers to obtain Part A data for the PWCCSP at North Shore and Waitakere Hospitals briefly recommenced then paused due to COVID-19 Alert Level 3 restrictions.
Other focus areas for the PWSCCP are:

- Expanding the program content. Work groups have been set up to develop a whānau standard and a staff wellbeing standard. There is also work starting on developing a Leadership standard.
- On-going work continues to support both the Community Mental Health Service and Auckland Regional Dental Service who are both anticipated to be able to run pilots later this year.

Māori Patient and Whānau Experience Lead

The period for July to August was intensive for the promotion of the role and engagement across a number of areas of the DHB. The release of the Facebook video introducing the role received over 1,900 views on the DHB page and prompted a number of engagements across the sites and services.

Activities:

A number of the teams engaging with the role, have had a focus to achieve enhanced equity in their delivery to whānau. Key questions that have guided the conversations and reflection for teams are:

- Do we take the time in our practice and engagement to learn about and understand the care preferences of our patients and whānau?
- Are we kind, conscious and considerate with patients around their care preferences?
- Do we actively use and promote the Tikanga Best Practice Guide and policy amongst our team and service?
- Are we mindful and intentional to ensure that what we have on our walls in patient view are positive and supportive of whānau experience on our sites and in our departments?

Current Stocktake of teams/ Departments engaged with the Role:

Teams actively and currently in conversations/movements include:	• ED (Waitakere and North Shore) • Maternity (Waitakere) • Surgical (Waitakere) • FOH (Waitakere)	These particular areas are starting with a focus on the visual communications and opportunities to use what whānau see in our areas (such as art) to support enhanced engagements both from whānau and staff.
Areas that have had brief introduction conversations are:	• Bowel Screening • Endoscopy • CADS	Further conversations with these teams will occur when and if needed by the teams.
Teams we are planning to start conversations with by request are:	• Dialysis • Non-Clinical Support Services (NCSS) (Waitakere) • Charge Nurses (Waitakere)	These conversations are planned to occur in September largely with the intent to talk about the role and opportunities and/or needs to receive support. Meeting with NCSS and Charge Nurses is as a result of the involvement with COVID support at Waitakere in particular through EAP support for Māori workforce.

Current points to celebrate for the period in summary:

- Recruitment and starting of a Māori wahine in our FOH Waitakere team. Whaea Beverly started during the lockdown as a 0.6 FTE with the team on FOH. Her 0.4FTE is as an orderly with North Shore Hospital. She has a keen interest in Rongoa Māori so we are very lucky to have her with us at Waitakere Hospital.
- Meeting the Consumer Council in July.
- Engagement across the teams at Waitakere during COVID-19 Alert Level 3 has been positive and has enabled departments to get to know the role. This has created a pathway for conversations to be comfortable rather than confronting for teams regards racism and equity in the services. It has also introduced the opportunity to meet the Māori staff and workforce outside of Māori health.
- In talking with the teams and Māori staff during the COVID-19 Alert Level 3, it is seen as a positive to learn that there is a gap in the utilisation and understanding of the tikanga best practice guide amongst teams/wards. It has highlighted an action to promote the guide to support Māori workforce connection to Te Ao Māori in their roles. Māori staff who have recently started the DHB in the last year have shared that they didn't know it was a part of the DHB and would have felt more confident to be Māori in their roles and teams had they known it was available and able to be practiced.

Contractors for the rongoa and therapy garden (to support the re-growth of a pa-harakeke) have shared initial drawings of the concept for Waitakere site. This will be shared with Māori Health to confirm. Once confirmed (and subject to COVID-19 Alert level restrictions), it is hoped the construction for the garden will commence in the summer.

6.2 Patient Experience Activity Highlights

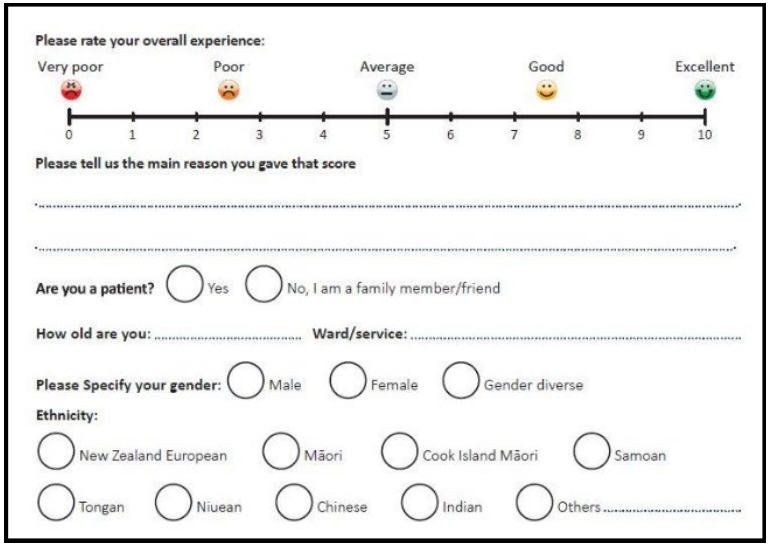
Consumer Council Update & Highlights

The Consumer Council met on 2nd of September with a majority of members using zoom. David Lui was reappointed as the Chair for the next 12 months and DJ Adams was newly appointed as the Deputy Chair. The Council is also consulting with other DHBs to determine the best way to progress the selection and nomination process in line with the TOR – after two years, a third of the member terms are to be retained while the rest are replaced/renominated. The agenda items for the September meeting were: Consumer Engagement, Facilities Update and Telehealth.

Patient Experience Highlights

Endorsement of new Friends and Family Test (FFT) was received from Clinical Governance Board to progress with a revised FFT questions and increase to 11 point scale. Due to patient feedback the 'would you recommend' question has been changed to rating your overall experience. The other questions were redeveloped by analysing the themes of the FFT answers and consulting with patients/consumers and whānau about what mattered to them and how the survey should be structured. The new FFT survey is featured below and will be rolled out from 2 November.

Front of new Friends & Family Test



Back of new Friends & Family Test

Volunteer Recruitment Statistics

Volunteer number has remained steady compared to last month. One Front of House volunteer resigned and we have a new volunteer in training to replace them.

Green Coats Volunteers (Front of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
52	122	2	176

Table 5: Volunteers Recruitment

Volunteer Activity Highlights

From Monday 31 August 2020 (post level 3 lockdown), 38 Waitematā DHB volunteers and a dozen Hospital Auxiliary volunteers have gradually resumed their volunteering support across both hospitals. Waitematā DHB volunteers have been supporting visitors with wayfinding and staff with managing front of house screening processes.

Hospital Auxiliary volunteers have been providing their usual support to Special Care Baby Unit (SCBU) and maternity. In addition, they have sewn 400 handmade face masks to be used by patients in our Specialist Mental Health & Addiction Services**.**

Meanwhile the patient experience team is reviewing current volunteer roles in light of COVID-19 changes and will seek volunteers input during the quarterly meetings scheduled in September.

Asian Health Services Team Highlights

- ***NZ Sign Language (NZSL) Interpreter for the deaf community***

  WATIS interpreting service hired a part time NZ Sign Language interpreter to provide a seamless service for the deaf community. Inga Friedrich, our new interpreter will work 30 hours per week on a six-month fixed term contract.

  During the six-month period, WATIS will also work with our DHB's Disability Advisor and Director of Patient Experience to reflect on consumer feedback, and enhance services for secondary and primary health providers in our DHB catchment area.

- ***Virtual (Zoom) Health Seminar about Stroke for the Asian community***

  Asian Health Services (AHS) and the Stroke Foundation worked together to provide a health seminar for the Chinese community in August 2020. The seminar was presented via Zoom due to COVID-19 Level 3 restrictions, as well as health and safety concerns. A total of 46 people joined the Zoom session with excellent feedback received.

  - **Date & Time:** 28 August 10am to 11:30 am
  - **Topic**: Stroke & Stroke Foundation NZ
  - **Speaker**: Xinyan (Lucy) Wang (Community Stroke Advisor—Stroke Foundation NZ)

  This was our first trial using an online method to run our community health seminar. Although the Chinese community members were aware of some stroke related information, they still gained valuable new information including how the NZ health system could support stroke patients.

  The feedback showed this particular health seminar was well received by the participants. The Asian community is still lacking accessible information regarding their health needs in New Zealand. Hence, further health education and service promotions would be beneficial to our community members.

- ***Asian Health Services (AHS) staff – Full time Equivalent (FTE)***

No. of current staff	22 FTE
No. of management	1
No. of iCare Call Centre & Asian Patient Support Service (APSS)	4.7
No. of APSS Bureau (contractors)	12
No. of Asian Mental Health Service (AMHS)	5.5
No. of AMHS Bureaus (contractors)	22
No. of WATIS Interpreting service	10.3
No. of Contracted Interpreters	186
Vacancy	0.5 (0.5 APSS)
Total	242(23FTE + 219 contractors)

- ***Asian Patient Support Service & iCare call Centre (August 2020)***

No. of total enquiries	2,427
No. of iCare call centre enquiry - NZ Health info, GP, Breast Screen etc.	1,845
No. of active clients (patients) under APSS care	97
No. of new inpatient referrals - complex issue & cultural support	76
No. of support episodes by cultural support coordinators	582

No. of clinical meetings & face to face liaison	67
No. of phone support	84
No. of clinical coordination	190
No. of family supported	36
No. of exit	107
No. of health or cultural workshop or promotion or survey	1
No of participants of workshops	56 (46 community members + 10 nurses)
No. of document & resources – cultural review /translation	40

- ***Asian Mental Health Service (August 2020)***

No. of active mental health clients (target KPI: 75)	100
No. of new referral - mental health client	15
No of client support hours	215
No. of support meeting hours	68
No. of liaison psychiatry referral	1
No. of active forensic MH clients	1
No. of acute MH inpatient ward or Crisis team referral	8
No. of active clients of Asian Clinical Psychological Service & referrals	13 (2 in waiting list)
No. of exit	7
No. of Asian Wellbeing Group Sessions	1
No. of workshops (e.g. Incredible years parenting / Sensory modulation)	0

- ***WATIS Interpreting Service (August 2020)***

No. of contracted interpreters (covering 90+ languages & dialects)	186 + NZ Sign language interpreters
No. of FTE interpreters (employed)	4.5
No of interpreting episodes	5,275
No. of face to face interpreting	2,254
No. of Video interpreting service(VIS)	56
No. of appointment confirmation	1,679
No. of telephone assignment	563
No. of telephone interpreting	723
No. of primary health interpreting episodes	354
No. of document translated or proof reading	6
% DNA of WATIS users	0.98%
Booking unfulfilled	1.59%

Pastoral Care Update

The Chaplains have moved from a statistic based reporting to a 'My Week in Review' reporting to satisfy the Ministry of Health criteria. However, this would result in the Chaplains report to be on a quarterly basis rather than monthly. Below is the 'My Week in Review' report for 2020 quarter 2. These statistics are from 6 April 2020 to 5 July 2020 (13 weeks); with 53 reports from five chaplains (during this period, North Shore only had two full time chaplain).

➢ **Pastoral Care Activity for the Voluntary Chaplains Assistants (VCAs) across Waitematā DHB**

Activities : 1. Support patients and their whānau or support networks through providing spiritual and pastoral support			
Key Performance Measures			
How many (Quantity of effort = #)		**How well (Quality of effort = %)**	
# Patients provided spiritual support	1737		
# (patient) Spiritual rituals provided	1176		
# Patient pastoral care hours (h:m)	583:10	% of time spent with patients	38.9%
# whānau groups provided spiriutal support	165		
# (whānau groups) Spiritual rituals provided	54		
# Whānau Group pastoral care hours (h:m)	86:05	% of time spent with whanau or support networks	4.8%
# Staff provided spiritual support	581		
# (Staff) Spiritual rituals provided	204		
# of staff pastoral care hours (h:m)	224:10	% of time spent with staff	15.0%
# of patient stories by chaplains/week	10.5	% of contact time (total)	58.7%
Complimentary narrative reporting		**Complimentary narrative reporting**	
# of patient spiritual assessments	1178	% patient time - assessment	16.2%
# of patient spiritual guidance	931	% patient time - guidance	25.4%
# of patient spiritual support	1138	% patient time - support	36.6%
# (patient) Spiritual rituals provided	1176	% patient time - ritual	21.8%
# of whānau group spiritual assessments	106	% whānau time - assessment	22.4%
# of whānau group spiritual guidance	90	% whānau time - guidance	32.9%
# of whānau group spiritual support	100	% whānau time - support	37.9%
# (whānau groups) Spiritual rituals provided	54	% whānau time - ritual	6.9%
# of staff spiritual assessments	121	% staff time - assessment	9.2%
# of staff spiritual guidance	257	% staff time - guidance	31.1%
# of staff spiritual support	302	% staff time - support	37.9%
# (Staff) Spiritual rituals provided	204	% staff time - ritual	21.8%
# of anointing of the sick	39	# of private prayers	813
# of Blessings	71	# of public prayers / services	157
# of Baptism/Dedications/Naming	0	# of other rituals	101

# of bedside communions	151		
Activities : 2. Manage service access through internal and external referrals			
Key Performance Measures			
How many (Quantity of effort = #)		**How well (Quality of effort = %)**	
# referrals from internal staff/departments	168		
# referrals to internal staff/departments	18		
# referrals from external organisations	58		
# referrals to external organisations	39		
# of MDT attended	63		
Complimentary narrative reporting		**Complimentary narrative reporting**	
Referrals from whānau	36	Referrals to whānau	3
Referrals from patient	7	Referrals to church/faith group	27
Referrals from church/faith group	14	Referrals to social worker	8
Referrals from other	1	Referrals to other	1

Patient Experience Activity Overview August 2020

On track	*Generally on track – minor issues/delays*	*Off track/not started*

Project Name	Project Summary	Patient Experience Lead	Update	Status
Asian Health Services				
Community Health Workshop	Asian Health Services offer four community workshops per year to improve the Asian community's understanding of New Zealand's health system and support services	Grace Ryu	- 2 Chinese health workshops in North Shore & West Auckland (March and October 2019) - 1 Korean health workshop completed (May 2019) - 1 Japanese health workshop completed (April 2019) - 1 Indian health workshop will be held in 2020	
Let's get real - Asian Workforce Development Project	Te Pou and Asian Health Services are working together to enhance ethnic workforce development in Waitematā DHB by providing Real-skills surveys and various learning opportunities, as well as cultural workshops in FY2019-20.	Grace Ryu Tiffany Tu Carol Lee	- Real skills survey for Asian Patient Support Service team - completed - Asian Mental Health Team and WATIS team to complete the survey by end of Dec 2019 - Mental health supervision for DHB interpreters and MBIE interpreters in Sep 2019 - *Let's get real* workshop for DHB's mental health workforce on 13 Sep 2019 - Muslim & former Refugee cultural workshops on 15 Nov 2019 - Pacific cultural workshop for Asian & ethnic workforce on 6 Dec 2019 - Staff to attend Maori Cultural workshops (Hauora Māori with Dame Naida Glavish, Chief Advisor Tikanga) via Awhina - Mental health trainings for ethnic interpreters in May 2020	
Youth Suicide Prevention Project	This is part of the suicide prevention project of Waitematā DHB & Auckland DHB priorities guidelines for 2019/20. An expected focus is for improving awareness of youth suicide prevention and mental well-being in the community.	Grace Ryu Hannah Lee Tiffany Tu	- 1st Youth Life skills workshop was held at Kristin School in May 2019 with 95 participants - 2nd Youth Life skills workshop was completed at Epsom Girls Grammar School in Sep 2019 with 168 participants - Both workshops received excellent feedback	

Asian Patient Support Service – Consumer & staff survey	Asian Patient Support Service conducts surveys every 2 years to collect feedback from patients and their families, as well as DHB staff according to the service quality action plan	Grace Ryu Ivy Liang	- Written survey forms were distributed to patients and families from June 2019 - On-line Survey Monkey links were sent to DHB staff from September - On-line survey completed in December 2019 and an evaluation report to complete in January 2020	
Supporting International Collaboration with Asian countries	Waitematā DHB has an international collaboration team (Dr Lifeng Zhou, chief advisor) to work with Asian countries. Asian Health Services (AHS) supported the international collobration team and will support future collaboration acitivities as a partnership organisation.	Grace Ryu Hong Lo Stella Luo Rachel Oh	- AHS supported 3 delegation groups from China & Korea in 2018-19 by providing NZ health system information and AHS information - AHS team supported the Inaugural Health Forum on International Collaboration with Asian Countries on 8 November 2019 - Project: Evaluation and Optimization of Jarvisen Smart Voice Interpreter (Project Lead: Dr Lifeng Zhou, Dr Maggie Ma)	
Asian cultural advice at the regional level governance groups	Asian representation and cultural input at regional governance groups on requests.	Grace Ryu	- Collaborative Mental Health and Addictions Credentialing Programme Governance Group - Regional Head & Neck Cancer Oversight Group	
COVID-19 Collaborative Public Health Promotion	Asian Health Services cooperated with Auckland Regional Public Health Service (ARPHS) and other DHBs for public health promotions including documents translations and support at the border	Grace Ryu Belle Zhong Ivy Liang Jenny Kim	- Public health promotion and language support at Auckland International Airport - COVID-19 : Translation for posters for Emergency Department - Translation for DHB's health documents and messages on DHB's social media (Facebook) - Urgent translations of COVID-19 related documents for Auckland Regional Public Health Service (ARPHS) - School Resource COVID-19 Information for Parents translation in multiple languages	

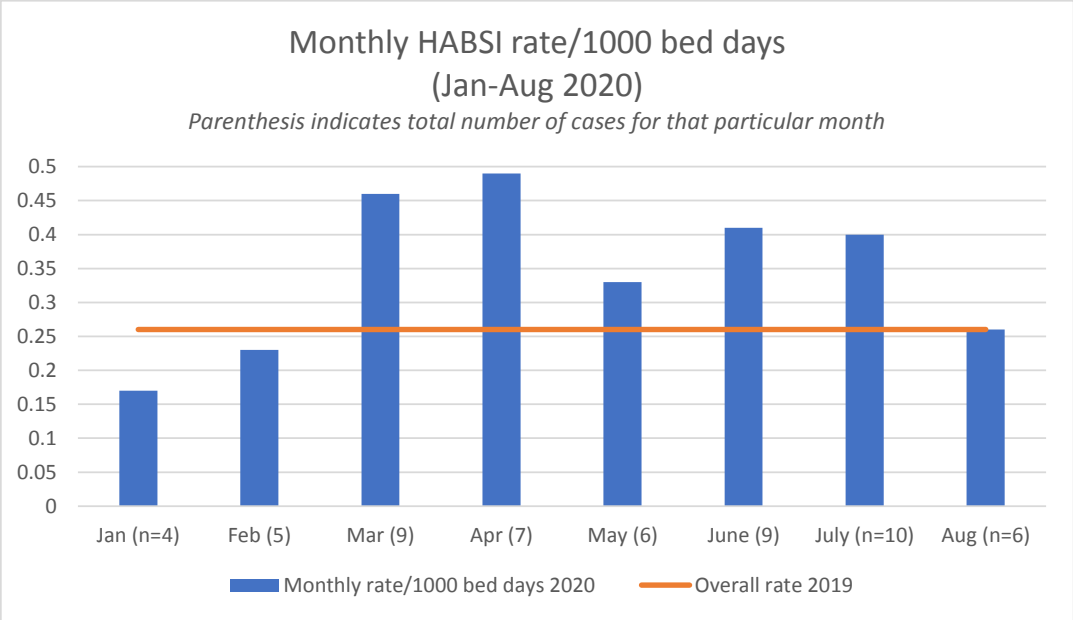
Appendix 1

Waitemata DHB Infection Prevention and Control Brief report August 2020

Please note that this report was prepared at the time of resurgence of COVID-19 in Auckland. It includes highlights of the IPC surveillance for August 2020. Please refer to the mid-year report 2020 for more details of surveillance activities, definitions and trends.

Hospital Acquired Bloodstream Infections (HABSI)

Graph: HABSI rate and numbers at WDHB for 2020.



Monthly HABSI rate (per 1000 bed days) at WDHB Jan –August 2020

2020	Jan	Feb	Mar	*April	*May	June	July	August
Total No. HABSI	4	5	9	7	6	9	10	6
Rates/1000 Bed Days	0.17	0.23	0.46	0.49	0.33	0.41	0.40	0.26

Table: HABSI cases in August 2020

Source	Total	Ward	Organism	
CLAB	2	Ward 5 Ward 3	C.albicans, VRE S.epidermidis	PICC infection with previous history of CLAB High risk due to underlying skin condition. Compliant with Insertion maintenance bundle
CAUTI	1	Ward 3	Morganella morganii	Poor compliance with CAUTI bundle
Other	3	Maternity Ward 11 Ward 8	E coli E coli E coli	Urospesis, non CAUTI related Urospesis, non CAUTI related Post lap. loop colostomy for Rectal CA

Extended spectrum Beta lactamase producing bacteria (ESBL)

The overall hospital acquired ESBL (HA-ESBL) rates remain low at both NSH and WTH.

		2020	Jan	Feb	Mar	Apr	May	Jun	July	August
HA-ESBL rate/10,000 bed days (number)	2019 Rate 5.1 (138	**NSH**	3.1 (5)	3.9 (6)	4.3 (6)	2.9 (3)	2.2 (3)	2.6 (4)	2.3 (4)	3.8 (6)
		WTH	1.5 (1)	0	5.2 (3)	2.2 (1)	2.1 (1)	0	6.8 (5)	2 (2.9)

Seasonal Influenza

Despite a winter season where influenza viruses always circulate in the community and healthcare systems, no influenza cases were diagnosed in June or July at either NSH or WTH. Influenza PCR testing is part of the respiratory viral panel implemented for COVID surveillance in all patients presenting to ED/ADU with suspected respiratory tract infections. This strategy continued despite 'elimination' of COVID from New Zealand during the time period.

Table: Monthly cases of Influenza (community acquired- CA vs hospital acquired- HA) at NSH/WTK compared to overall numbers in 2019.

	2019	2020 Feb	2020 March	2020 April	2020 May	2020 Jun	2020 July	2020 August
NSH CA- INF	**603**	15	7	2	3	No cases		
HA- INF	**58**	2	0	0	0			
WTH CA-INF	**606**	10	15	1	0			
HA-INF	**44**	0	3	0	0			

Appendix 2

Monthly Hand Hygiene Report: August 2020

Highlights:

- One of the cornerstones of preventing the spread of COVID 19 is **hand washing**
- Waitakere hospital has achieved every area recording more than 80% compliance!
- The overall Waitemata DHB hand hygiene compliance for the month of Aug 2020 is 89.6% and decrease of 1% from July.

Waitemata DHB hand hygiene compliance in the last 12 months.

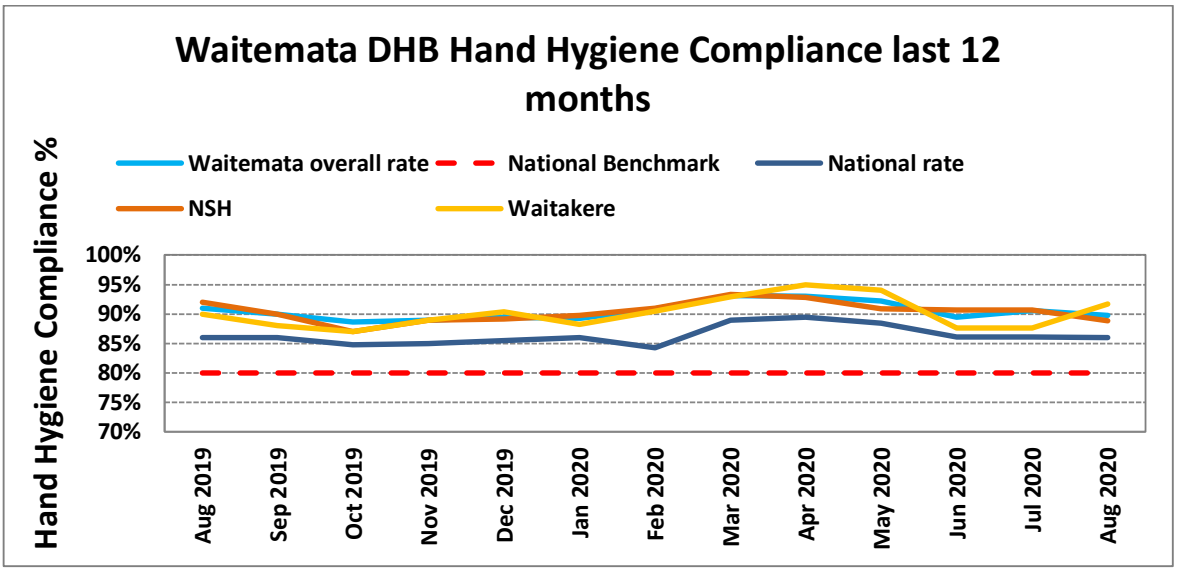


Table 1:Overall Waitemata DHB hand hygiene compliance by facility.

Name	Correct Moments	Total Moments	Compliance Rate
Waitemata DHB	4765	5309	89.8%
Elective Surgery Centre	171	192	89.1%
North Shore Hospital	3027	3408	88.8%
Waitakere Hospital	1567	1709	91.7%
Specialist Mental Health and Addictions	198	206	96.1%
Wilson Centre	75	80	93.8%

All Gold Auditors and Charge Nurses now have logins to be able their own data - It is recommended that the department reports are printed and publically displayed in each department's quality board.

Monthly Hand Hygiene Report: August 2020

Table 2: Overall Waitemata DHB hand hygiene compliance by HCW type

	Name	Correct moments	Total moments	Compliance rate
1	Nurse/Midwife	4831	5238	92.2%
2	Medical Practitioner	1138	1374	82.8%
3	Allied Health Care Worker	468	536	87.3%
4	Phlebotomy Invasive Technician	407	436	93.3%
5	Health Care Assistant	1123	1256	89.4%
6	Cleaner & Meal staff	316	348	90.8%
7	Administrative and Clerical Staff	51	56	91.1%
8	Student Doctor	102	111	91.9%
9	Other - Orderly & Not Categorised Elsewhere	471	583	80.8%
10	Student Allied Health	23	26	88.5%
11	Student Nurse/Midwife	291	325	89.5%

Table 3:Overall Waitemata DHB hand hygiene compliance by moment.

1 - Before Touching A Patient	1357	1595	85.1%
2 - Before Procedure	504	546	92.3%
3 - After a Procedure or Body Fluid Exposure Risk	690	721	95.7%
4 - After Touching a Patient	1488	1606	92.7%
5 - After Touching A Patient's Surroundings	778	897	86.7%

Areas which did not meet the national standard of 80%:

Ward/Area	Compliance Rate **Aug 20**	Compliance for previous 3 months	Comments
NSH theatre	71.3%	May no data submitted June 55.9% July 66%	Has not submitted data for 3 out of 7 months in 2020
NSH Ward 6	79.6%	May 87.4% June 69.4% July 96.4%	225 moments submitted in Aug
Interventional Radiology	62.7%	First data submission in 2020	
PACU 1&2	75%	May 100% June 90% July 83.8%	
ESC Theatre	77.1	May (closed) June 90% July 76.3%	

All Gold Auditors and Charge Nurses now have logins to be able their own data - It is recommended that the department reports are printed and publically displayed in each department's quality board.

Monthly Hand Hygiene Report: August 2020

National Requirements for the Hand Hygiene Program :

As part of the hand hygiene (HH) program managed by the health quality safety commission (HQSC), we are required to validate our HH audit data. There is an auditing process and schedule for Northshore and Waitakere hospital.

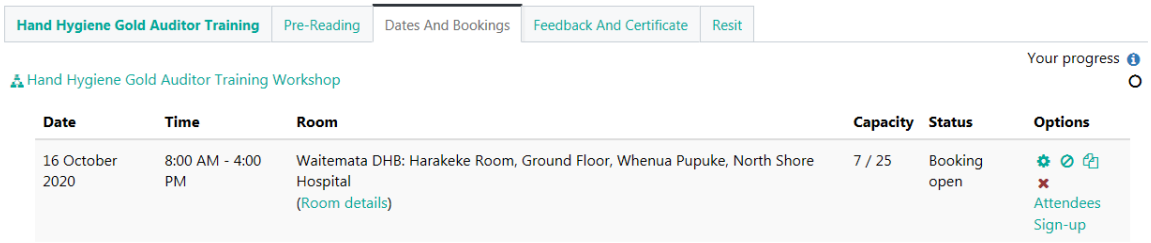
In addition the HQSC requires that all Gold Auditors complete annual online validation training – emails have been sent regarding the process for this.

Number of moments required by clinical units

- Inpatient medical, surgical, radiology, endoscopy, maternity, paediatric units **= 100 moments per month**
- Outpatient units (including outpatient Haemodialysis and Haematology units), Wilson Centre, Hine Ora, CVU, interventional radiology NSH (AIR) **= 50 moments per month**
- Inpatient mental health / detox units, hyperbaric unit **= 25 moments per month.**

Hand hygiene auditor training for 2020

Please register via Ko Awatea for this course



All Gold Auditors and Charge Nurses now have logins to be able their own data - It is recommended that the department reports are printed and publically displayed in each department's quality board.

6. Resolution to Exclude the Public

Recommendation:

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 09/09/20	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
4. Waitematā DHB – cancer and colonoscopy (bowel screening programme)	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under	**Conduct of Public Affairs** The disclosure of information would not be in the public interest because of the greater need to maintain the effective conduct of public affairs through the protection of members,

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
	section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982.	officers and employees from improper pressure or harassment. [Official Information Act 1982 S.9 (2) (g)(ii)]