

Public 25 February 2022

Whanganui District Health Board



25 February 2022 09:30 AM - 11:00 AM

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Virtual Meeting




| Name | Date | Interest |
|-----------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ken Whelan <i>Chair</i> | 13 December 2019 | Crown monitor for Waikato DHB Board member RDNZ (NZ) Chair Eastern Bay of Plenty PHO Contractor General Electric Healthcare Australasia |
| Annette Main <i>Deputy Chair</i> <i>Chair CSAC</i> | 25 September 2020 | Member of Whanganui Community Foundation. |
| Anderson-Town Talia <i>Chair FRAC</i> | 2 June 2020 | <ul style="list-style-type: none"> ▪ A board member of Ratana Orakeinui Trust Incorporated ▪ A board member of Te Manu Atatu Whanganui Maori Business Network. ▪ A board member of Pharmac |
| Adams Graham | 16 December 2016 | <ul style="list-style-type: none"> ▪ A member of the executive of Grey Power Wanganui Inc. ▪ A trustee of Akoranga Education Trust, which has associations with UCOL. |
| Anderson Charlie | 16 December 2016 | An elected councillor on Whanganui District Council. |
| | 3 November 2017 | A board member of Summerville Disability Support Services. |
| Baker-Hogan Philippa | 10 March 2006 | An elected councillor on Whanganui District Council. |
| | 8 June 2007 | A partner in Hogan Osteo Plus Partnership. |
| | 24 April 2008 | Her husband is an osteopath who works with some of the hospital surgeons, on a non paid basis, on occasions hospital patients can attend the private practice, Hogan Osteo Plus, which she is a Partner at. |
| | 29 November 2013 | Chair of the Future Champions Trust, supporting promising young athletes. |
| | 3 March 2017 | A trustee of Four Regions Trust. |
| Bennett Mary | 12 April 2021 | <ul style="list-style-type: none"> ▪ A member Hauora ā Iwi ▪ A member Te Oranganui Trust Board ▪ A member WDHB FRAC |
| Chandulal-Mackay Josh | 10 December 2020 | An elected councillor on Whanganui District Council |
| | 21 February 2020 | A member of Aged Concern Deputy Chair for Whanganui Youth Services Trust |
| Hylton Stuart | 4 July 2014 | <ul style="list-style-type: none"> ▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society of New Zealand. ▪ The Whanganui District Licensing Commissioner, which is a judicial role and in that role he receives reports from the Medical Officer of Health and others. |
| | 13 November 2015 | An executive member of the Central Districts Cancer Society. |
| | 2 May 2018 | <ul style="list-style-type: none"> ▪ The chairman of Whanganui Education Trust ▪ A trustee of George Bolten Trust |
| | 2 November 2018 | The District Licensing Commissioner for the Whanganui, Rangitikei and Ruapehu districts. |
| MacDonald Judith | 22 September 2006 | The chief executive of Whanganui Regional Primary Health Organisation |
| | 11 April 2008 | A director of Gonville Health Centre |
| | 4 February 2011 | A director of Taihape Health Limited, a wholly owned subsidiary of Whanganui Regional Primary Health Organisation, delivering health services in Taihape |
| | 21 September 2018 | A director of Ruapehu Health Ltd |
| | 10 November 2020 | A member of the NZ Rural General Practice Network Board |

| Name | Date | Interest |
|-------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Peke-Mason Soraya | 19 June 2021 | <ul style="list-style-type: none">▪ A Director, Ruapehu Health Limited▪ A Trustee, Whanganui Community Foundation▪ A Iwi Rep, Rangitikei District Council Standing Committee▪ A member of Whanganui Health Network Board▪ A member of Hauora ā Iwi |

1 December 2021

Public

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|  <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Paari Hauora o Whanganui</i></p> | <p>DRAFT MINUTES Held on Wednesday, 1 December 2021 Boardroom Level 4 Ward and Admin Building</p> |
| <p>Public Board Meeting</p> | <p>Commencing at 9.30am</p> |

Present

Annette Main, Deputy Board Chair, Chair Combined Statutory Advisory Committee
 Talia Anderson-Town, Finance Risk and Audit Chair
 Mary Bennett, Member
 Philippa Hogan-Baker, Member
 Stuart Hylton, Member
 Judith MacDonald, Member
 Soraya Peke-Mason, Member
 Graham Adams, Member

In attendance

Graham Dyer, Acting Chief Executive and GM Strategy, Commissioning and Population
 Nadine Mackintosh, Executive Officer
 Andrew McKinnon, General Manager Corporate
 Rowena Kui, GM Maori Health and Equity
 Steve Carey, Collective Impact Strategist
 Louise Allsopp, GM Patient Safety and Innovation
 Lucy Adams, DoN/COO
 Ian Murphy, CMO

Guest

Russell Simpson, Chief Executive (Seconded to MoH)

1. PROCEDURAL

The board noted a change to the agenda to allow for SMO's to provide the presentation on Mental Health.

1.1 Karakia/reflection

R Simpson opened the meeting

1.2 Apologies

The board **accepted** apologies from K Whelan

Moved A Main

Seconded J MacDonald

CARRIED

1.3 Continuous Disclosure**1.3.1 Amendments to the Interest Register**

T Anderson Town has been appointed to the board of Pharmac.

1.3.2 Declaration of conflicts in relation to business at this meeting

Nil

1 December 2021

Public

1.4 Confirmation of minutes28 October 2021

The minutes of the meeting held on 28 October 2021 were **approved** as a true and accurate record of the meeting.

Moved A Main**Seconded** G Adams**CARRIED****1.5 Matters Arising**

The matters arising were received.

2. Presentations**2.1 Vaccinations**

The paper was taken as read, there has been an increase in first dose vaccination's and vaccination passes since the announcement of the traffic light system.

The board acknowledged that the vaccinations rates are increasing and encouraged the team to focusing on the 90% vaccination rate for all populations of the communities. The board acknowledged that Whanganui is in the red section of the traffic light system due to the low vaccination rates and vulnerabilities of our communities.

The board held discussion on:

- Engagement with our iwi/kaupapa Maori providers vaccinating rather than be DHB led.
- Pop-up clinics have been in place for months along with home based teams for vulnerable people.
- We have moved into the smaller populations which require more time and different approaches to encourage the vaccinations.

Local media communications on the traffic light system were released yesterday to help our communities understand how we achieve flexibility and keep our communities safe. It is important to support decisions of our whole population in our communities.

CARRIED*Moved into public excluded at 10am and reconvened to 10.35am***2.2 Covid in the Community**

R Simpson provided advice on the shift in approach to Covid in the community.

- 90% of the population with Covid to be managed in their own homes
- 10% requiring hospital level care

The welfare response is iwi led community driven, noting the city is more complex and fragmented. The MSD discussion's are being held to ensure a seamless approach. The public health response will be delivered in partnership with the community hub leds and public health.

In every community their will be different response noting that the rural's will have more inclusive from civil defence and police.

For those that have been involved in the localities plan approach to community care is exactly what being delivered.

The deputy chair thanked the team for the presentation to help inform our communities.

CARRIED

1 December 2021

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3. DECISION PAPERS

3.1 2022 Board and Committee Dates

The paper was taken as read.

The Board of Whanganui District Health Board:

- a. **Received** the paper titled 2022 Whanganui District Health Board and Committee Dates.
- b. **Noted** that the combined statutory advisory committee dates are tentative until we receive quarterly reporting dates from the Ministry of Health for 2022.
- c. **Approved** the dates listed in the paper.

Moved A Main

Seconded G Adams

CARRIED

4. INFORMATION PAPERS

4.1 Financial Summary

The paper was taken as read and addresses the first four months of the year, there is a negative variance of \$92,000. Overall tracking well, two things that will be monitored will be Covid and staffing.

The Board of Whanganui District Health Board:

- a. **Received** the paper titled Detailed financial report – October 2021
- b. **Noted** the October 2021 monthly result of \$849k deficit is favourable to budget by \$6k. Including Covid and the Holiday Act Compliance provision, the result is \$47k unfavourable to budget
- c. **Noted** the year to date result of \$2,751k deficit is unfavourable to budget by \$92k. Including Covid and the Holiday Act Compliance provision the Result if \$254 unfavourable to budget.

CARRIED

4.2 IMT/EOC

The paper was taken as read.

The Board of Whanganui District Health Board:

- a. **Received** the paper titled 'Whanganui DHB IMT and EOC'
- b. **Noted** the resurgence emergency management function.
- c. **Noted** the Whanganui DHB EOC and IMT.

CARRIED

4.3 Security Assurance

The paper was taken as read.

The Board of Whanganui District Health Board:

- a. **Received** the ICT Security Assurance Plan as an update on progress towards enhancing security controls across the WDHB network.
- b. **Noted** the plan is an annual requirement by the Ministry of Health.
- c. **Noted** an independent assessment of security across the WDHB network found no cyber threats. A number of potential vulnerabilities in software and configurations were identified and these have formed the WDHB security workplan.
- d. **Noted** that a number of actions have been completed (Critical and High priority) and ongoing work is occurring to progress the security workplan.

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4.4 Provider Arm Report

The paper was taken as read.

The Board of Whanganui District Health Board:

- a. **Received** the paper titled 'Provider Arm Services'
- b. **Noted** comments around operational performance for Hospital and Clinical Services, Maternal, Child and Youth Services and Primary and Community Services

CARRIED**4.5 Health and Safety**

The paper was taken as read.

The Board of Whanganui District Health Board:

- a. **Received** the report entitled 'Health and safety update'.
- b. **Noted** there were no notifiable events reported to WorkSafe New Zealand in the 2017/18, 2018/19, 2019/20, 2020/21 financial years or 2021/22 year-to-date.
- c. **Noted** the overall trend for the top five injury/incident categories indicates a slight decline over the three year period.
- d. **Noted** the following trends for each of the five categories:
 - Aggression injuries/incidents increased over the three year period.
 - Manual handling injuries/incidents decreased over the three year period.
 - Infection control injuries/incidents increased over the three year period.
 - Slip, trip, falls injuries/incidents decreased over the three year period.
 - Struck by, bumped injuries/incidents decreased over the three year period.

CARRIED**4. Resolutions to exclude public**

The Board of Whanganui District Health Board members:

- a. **Agreed** that the public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Board is considering subject matter in the following table.
- b. **Noted** that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act, believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists for withholding under the Official Information Act 1982 (OIA), as referenced in the following table.

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------|
| Whanganui District Health Board minutes of meeting held on 1 September 2021 | For reasons set out in the board's agenda of 1 September 2021 | As per the board agenda of 1 September 2021 |
| Chief executive's report | To protect the privacy of natural persons, including that of deceased natural persons | Section 9(2)(a) |
| Committee Chair update | To avoid prejudice to measures protecting the health or safety of members of the public | Section 9(2)(c) |

1 December 2021

Public

| | | |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Covid-19 Mental Health Facilities Health & Disability System Reform | To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest. | Section 9(2)(ba) |
| Allied Laundry AGM Fixed Wing Inter Hospital Transfer TAS AGM | To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations) | Section 9(2)(i) and 9(2)(j) |
| End of Life Choice Draft audit report | To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty | Section 9 (2) (g) (i) |

Persons permitted to remain during the public excluded session

That the following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge is possessed by the following persons and relevance of that knowledge to the matters to be discussed follows:

| Person(s) | Knowledge possessed | Relevance to discussion |
|---------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Chief executive, senior managers and clinicians present | Management and operational information about Whanganui District Health Board | Management and operational reporting and advice to the board |
| Executive Officer | Minute taking, procedural and legal advice and information | Recording minutes of board meetings, advice and information as requested by the board |

Moved S Hylton

Seconded A Main

CARRIED

The public section of the meeting concluded at 11.30am

COVID Vaccination

14 February 2022- update 7

Objectives

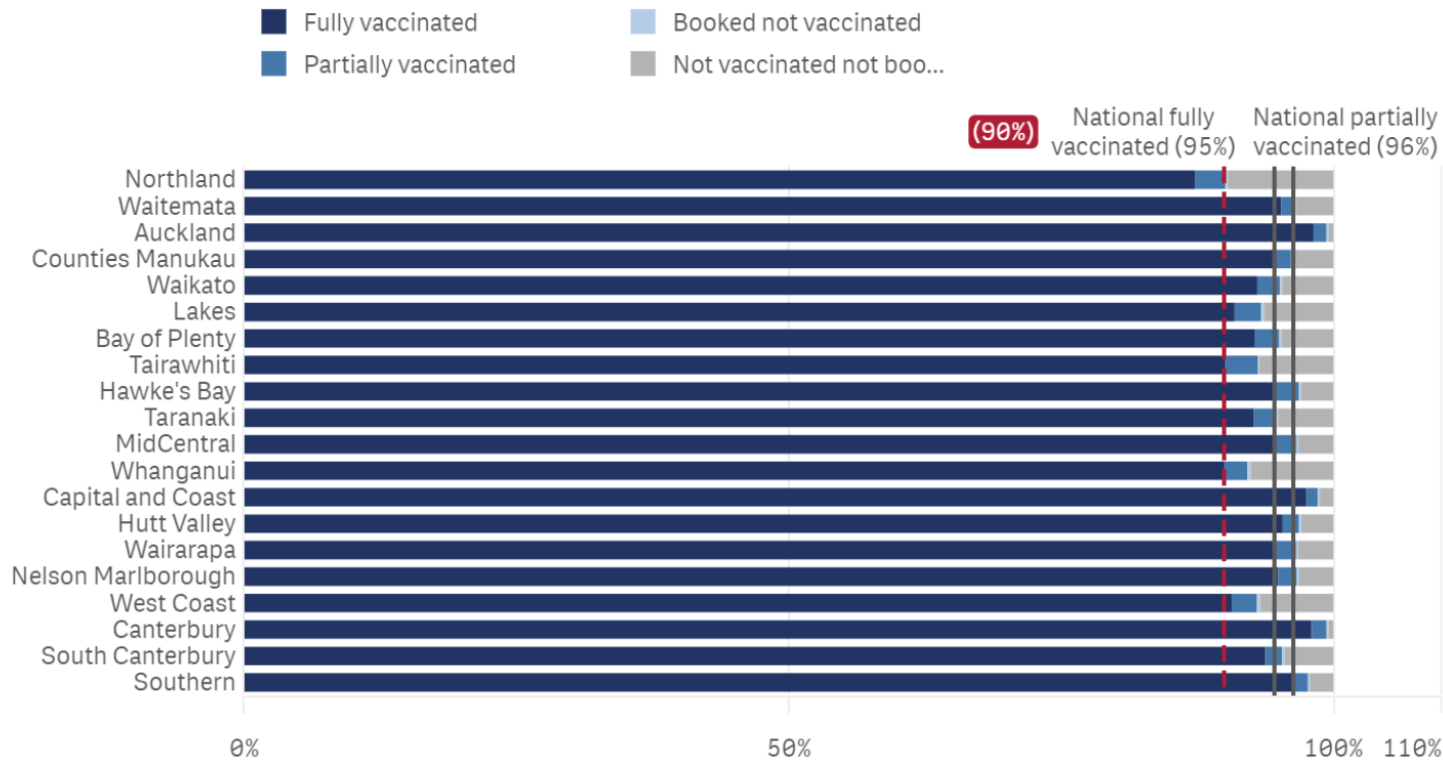
1. 90% vaccination of population
2. Pro – equity – 90% for Māori, Pacific, disability sector etc
3. 100% staff first vaccination by 15 November 2021
4. 100% staff second vaccination by 01 January 2022
5. 100% staff booster by 25 February 2022

Followed by

5. 5-11 role out from Jan 22
6. Booster program from 29 November 2021 (updated- was 2022)

Progress to date of all DHBs 12s and over

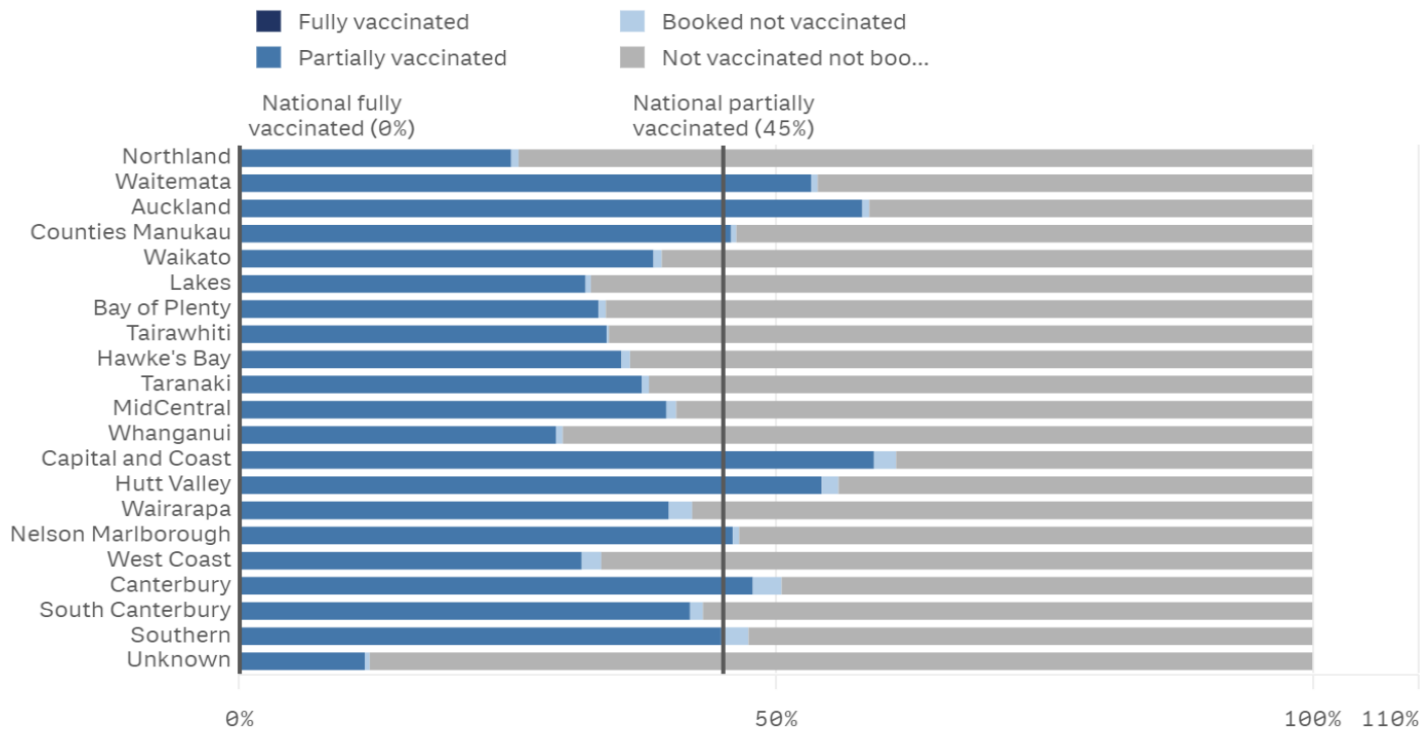
Chart 4: Vaccine uptake by DHB of residence, Ages 12+



DHBs with high Māori, low socio-economic and high rural spread are slowest.

Progress to date of all DHBs ages 5-11

Chart 5: Vaccine uptake by DHB of residence, Ages 5-11



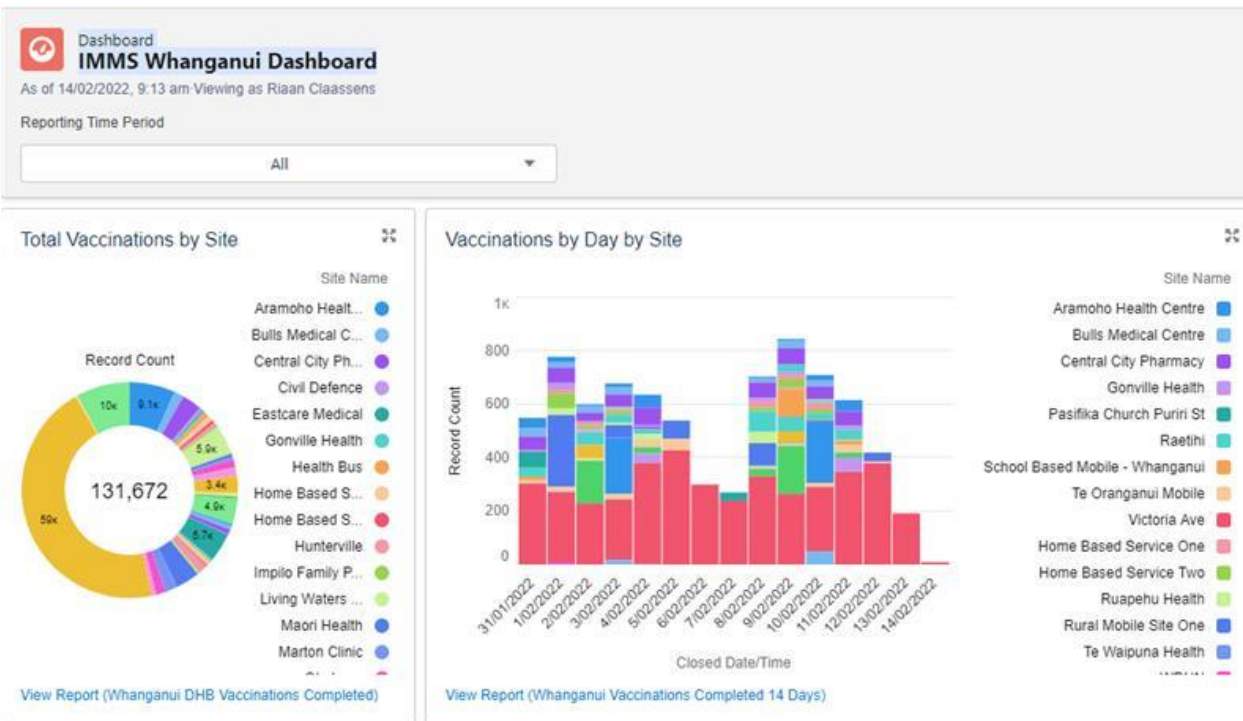
WDHB Current Position (14 Feb 2022)

| Vaccinations to 90% - 17 Nov | First doses | First doses % | First doses to 90% | Second doses | Second doses % | Second doses to 90% | Population |
|------------------------------|-------------|---------------|--------------------|--------------|----------------|---------------------|------------|
| All Ethnicities Wanganui | 52,729 | 92% | 0 | 51,506 | 90% | 16 | 57,247 |
| All Ethnicities New Zealand | 4,053,073 | 96% | 0 | 3,983,151 | 95% | 0 | 4,209,057 |
| Māori - Wanganui | 11,716 | 87% | 445 | 11,153 | 83% | 1,008 | 13,512 |
| Māori - New Zealand | 516,172 | 90% | 1,013 | 492,563 | 86% | 21,384 | 571,052 |
| Pacific - Wanganui | 1,244 | 90% | 0 | 1,201 | 87% | 42 | 1,381 |
| Pacific - New Zealand | 279,134 | 97% | 0 | 272,121 | 95% | 0 | 286,681 |

Progress since FRAC paper on 30 Nov: 16 second doses to go

445 firsts for Māori to get to 90% (was 499 2 Feb). This is the target area. Plus second doses.

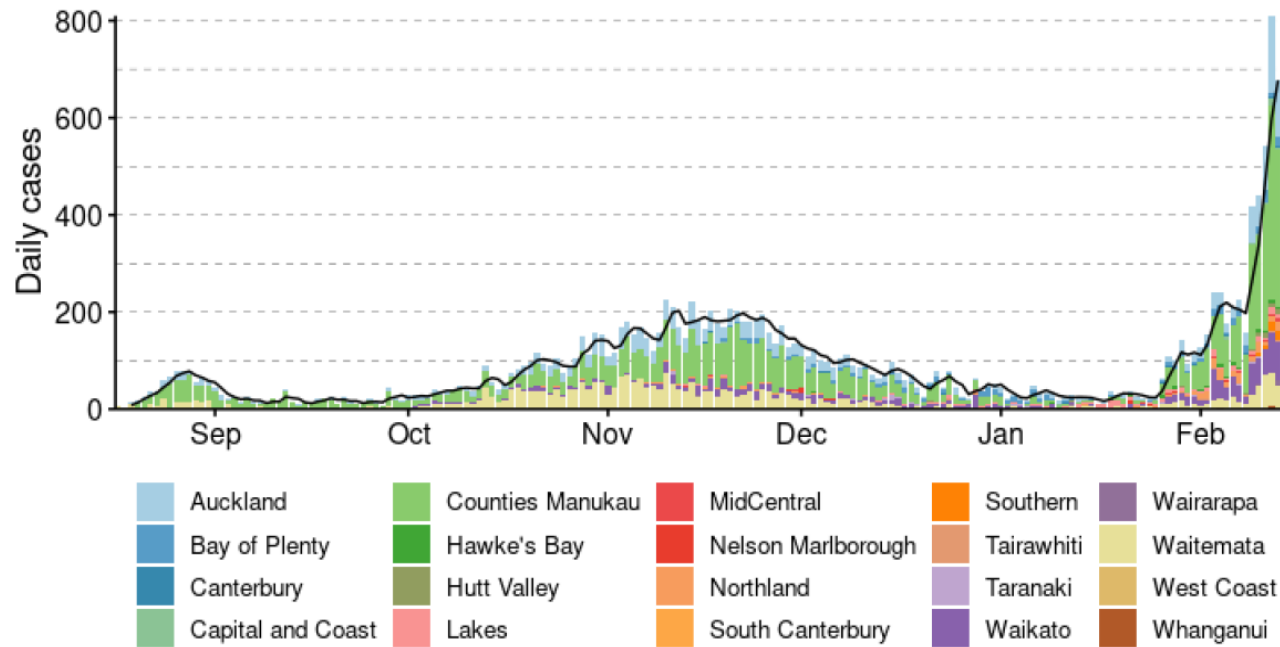
Total vaccinations to date

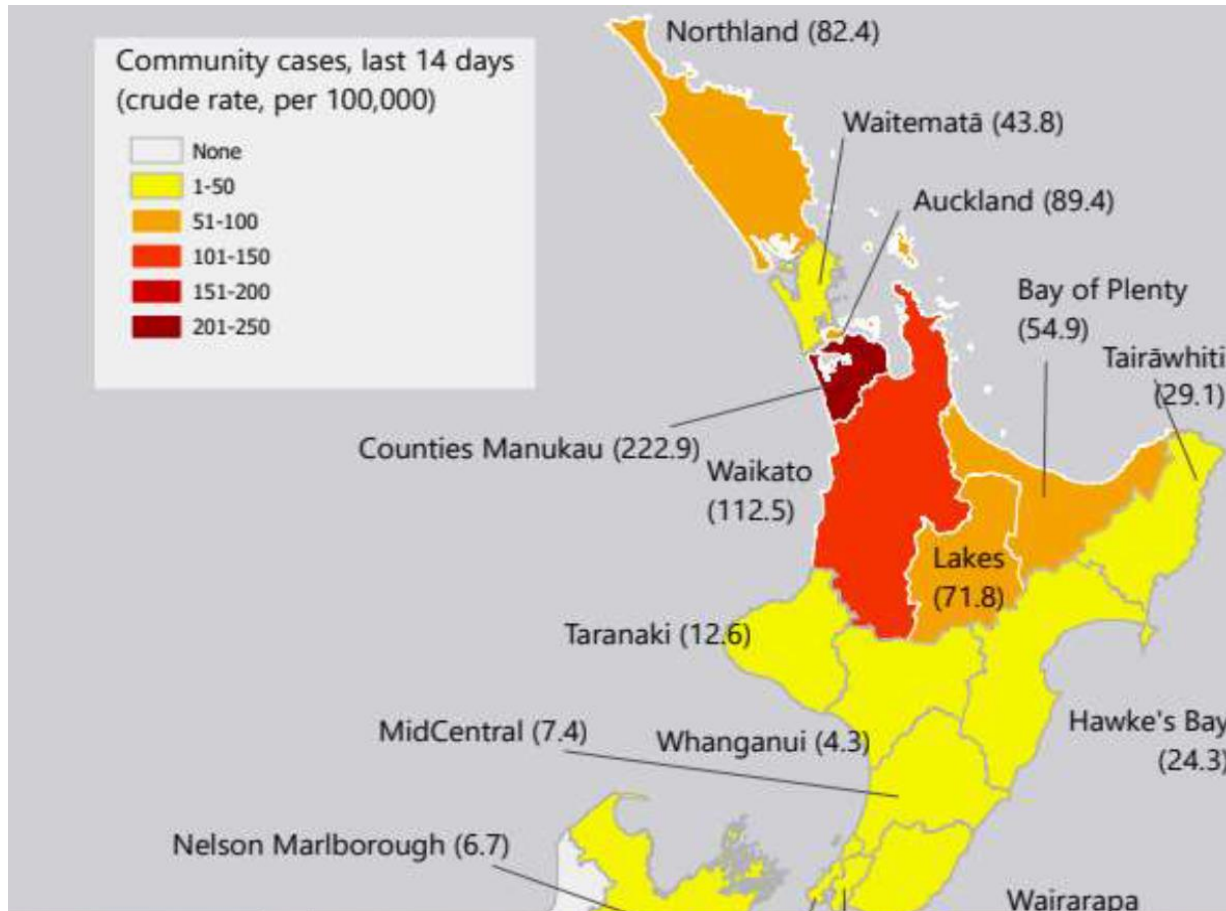


COVID-19 cases (14 Feb)

It's here.....

Figure 1: Epi curve of community cases by report date showing DHB location as at 2359hrs 13 February 2022





What are we doing now?

- Several additional primary care practices and pharmacies are in the process of on-boarding
- Te Ranga Tupua clinics are now vaccinating 5-11 year olds
- Māori providers, the DHB and WRHN are operating mobile and outreach services using camper vans, mobile clinics and home based models
- Māori providers are leading whanau korero sessions
- A new community wellness centre has been secured and transition plan is underway
- Workplaces are being revisited early due to change in booster timeframes and new mandate



A 'day in the life' of the vaccination teams

- Two home based teams
- Two Māori provider clinics
- Te Rito
- One vaccinating pharmacy
- Five primary care practices
- One hospital roving team
- On rural DHB pop up

| DATE | 3/02/2022 | | | | | | | | |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|----------------------|-----------------------------------------|-----------------|----------------|-------------|--|
| Count of NHI Number | Column Labels | | | | | | | | |
| Row Labels | Pfizer BioNTech COVID-19 (1) | Pfizer BioNTech COVID-19 (2) | Pfizer BioNTech COVID-19 (3) | Paediatric Pfizer(1) | Additional Pfizer BioNTech COVID-19 (3) | AstraZeneca (2) | AstraZeneca(3) | Grand Total | |
| Asian | | | 10 | 2 | | | | 12 | |
| European | 5 | 11 | 423 | 30 | 4 | 2 | 1 | 476 | |
| Maori | 8 | 26 | 97 | 15 | 1 | | | 147 | |
| Middle Eastern/Latin American/African (MELAA) | | | 2 | | | | | 2 | |
| Other Ethnicity | | | | 1 | | | | 1 | |
| Pacific Peoples | 3 | 2 | 23 | 1 | | | | 29 | |
| Residual Categories | | | 4 | | | | | 4 | |
| Grand Total | 16 | 39 | 559 | 49 | 5 | 2 | 1 | 671 | |
| WEEK | (All) | | | | | | | | |
| DATE | 3/02/2022 | | | | | | | | |
| Count of NHI Number | Column Labels | | | | | | | | |
| Row Labels | Pfizer BioNTech COVID-19 (1) | Pfizer BioNTech COVID-19 (2) | Pfizer BioNTech COVID-19 (3) | Paediatric Pfizer(1) | Additional Pfizer BioNTech COVID-19 (3) | AstraZeneca (2) | AstraZeneca(3) | Grand Total | |
| Aramoho Health Centre | | | | 13 | | | | 13 | |
| Bulls Medical Centre | | 2 | 26 | | | | | 28 | |
| Central City Pharmacy | 1 | 1 | 45 | | | | | 47 | |
| Eastcare Medical | | | 1 | | | | | 1 | |
| Home Based Service One | | | 10 | | | | | 10 | |
| Home Based Service Two | | 1 | 10 | | | | | 11 | |
| Raetihi | | 2 | 28 | | | | | 30 | |
| Ruaapehu Health | | | 7 | 2 | | | | 9 | |
| Rural Mobile Site One | 4 | 5 | 38 | | | | | 47 | |
| Taihape Health Limited | 3 | 14 | 169 | 22 | 3 | | | 211 | |
| Te Oranganui Mobile | 1 | 3 | 17 | | | | | 21 | |
| Victoria Ave | 7 | 11 | 191 | 12 | 2 | 2 | 1 | 226 | |
| Whanganui Hospital VC | | | 17 | | | | | 17 | |
| Grand Total | 16 | 39 | 559 | 49 | 5 | 2 | 1 | 671 | |


What are we planning for the next month?

- We aim to increase child vaccinations through the addition of a school based programme for 5-11s- discussions with principals are underway
- Māori provider mobile clinics will continue
- Pop ups will be run in areas with positive cases
- Boosters will continue to be offered at workplaces
- We will be adding MMR options into DHB clinics- the aim is to move to continue to move to an immunisation and wellness model i.e. not just COVID
- Te Rito will move into a new location
- Outbound calling and texting campaign continues for overdue second doses

Questions

February 2022

Public

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
|  WHANGANUI DISTRICT HEALTH BOARD <small>Te Paari Hauora o Whanganui</small> | | Chief executive update |
| | | 25 February 2022 |
| Author | Russ Simpson, Chief Executive | |
| Subject | Chief Executive Report | |
| Recommendations Management recommend that the board of Whanganui DHB a. Receive the paper titled 'Chief Executive Report' | | |

1. COVID-19

As at 23 February 2022 there are a total of 64 cases in our rohe:

- 2 in Bulls
- 27 in Marton
- 29 in Whanganui

1.1 Preparing for Omicron as a whanau

With the cases continuing to increase in our rohe, isolation will now be a reality for many now and in the coming months, to minimise the impacts of COVID-19 on our communities.

We are advising that households prepare for isolation and have a list of people that can support you. Preparations required include food (prepared meals), cleaning products and medication.

1.2 Vaccinations

| | | | | | |
|----------------------------------------------|-----|------------------------------------|-----|---------------------------------------|-----|
| All ethnicities | | | | | |
| Dose one | 92% | Dose two | 90% | Eligible Booster | 71% |
| Māori | | | | | |
| Dose one | 87% | Dose two | 83% | Eligible Booster | 61% |
| Pasifika | | | | | |
| Dose one | 90% | Dose two | 87% | Eligible Booster | 60% |
| Children 5-11 years all ethnicities Dose one | | Children 5-11 years Māori dose one | | Children 5-11 years Pasifika dose one | |
| 34% | | 22% | | 28% | |

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1.3 Rapid antigen test (RATs) use at community testing centres

RATs will be used as the primary test to help meet demand as the Omicron outbreak grows. The move, is part of the Ministry of Health's planned testing strategy. RATs being rolled out to community testing centres will be used in conjunction with PCR tests.

Whanganui distribution sitesRuapehu Health

38 Seddon Street

Raetihi

(06) 385 4211 - Ring for apt

Hours 0900-1200 – Mon – Fri

Taihape Health

3 Hospital Road

Taihape

(06) 388 0926 – ring for apt

Hours – 0900 – 1200 Mon - Sat

Bulls Medical Centre

71 High Street

Bulls

(06) 322 1222 – Ring for apt

Hours 1300 – 1400

Whanganui Central CBAC – on Hospital Grounds (to move to the pre op caravan from tomorrow)

100 Heads Road

Whanganui

Hours – Mon to Fri – 0800 – 1500, Sat/Sun 0800-1200

Tupoho Manaaki Whanau Centre

32 Wilson Street

Whanganui

Hours – Mon/Wed/Fri – 0900-1500

Aramax Couriers – from the hospital

Delivery to Whanganui urban/Waitotara/Waverley/South Patea – home addresses

Te Runanga O Nga Wairiki Ngati Apa

85 Hendersons Line

Marton

Hours – Mon – Fri 0900 - 1600

Te Oranganui – Tupoho Community Complex

57 Campbell Street

Whanganui

Hours Mon-Fri 0900-1600

Te Rito – – Porta cabin outside the entrance

Wicksteed Street

Mon – Sun 0900- 1500

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2. Omicron Resurgence Planning

Recent updates have been made to departmental resurgence planning, to best manage staff shortages due to sickness in the event of Omicron in the community. Clinical managers are involved in daily workforce meetings and meet independently as a service twice a week to ensure a consistent integrated approach for staff is taken.

There has been work with Primary Care to develop a virtual Hub to streamline care for those with multiple health conditions in the community, both who experience COVID-19 and those most vulnerable to experiencing poor outcomes from COVID-19. The aim is to have a proactive approach to care, streamlining across services and ensuring care at a distance from hospital wherever possible.

Regular meetings across Aged Residential Care, Home Care Support Services, DHB and Primary Care are being re-established in order to ensure support and an integrated approach to workforce and clinical care during Omicron resurgence.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| February 2022 | | Public |
|  <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Paari Hauora o Whanganui</i></p> | | Information Paper |
| | | Item No. |
| Authors | Kath Fraser-Chapple, Chief Operating Officer Maurice Chamberlain, Director of Nursing Ian Murphy, Chief Medical Officer Alex Kemp, Chief Allied Professions Officer | |
| Subject | Provider Arm Services | |
| Recommendations | | |
| Management recommends that the Whanganui District Health Board: <ol style="list-style-type: none"> a. Receive the paper titled 'Provider Arm Services' b. Note comments around operational performance for Hospital and Clinical Services, Maternal, Child and Youth Services and Primary and Community Services | | |
| Appendix 1. Whanganui DHB Performance Dashboard and definitions | | |

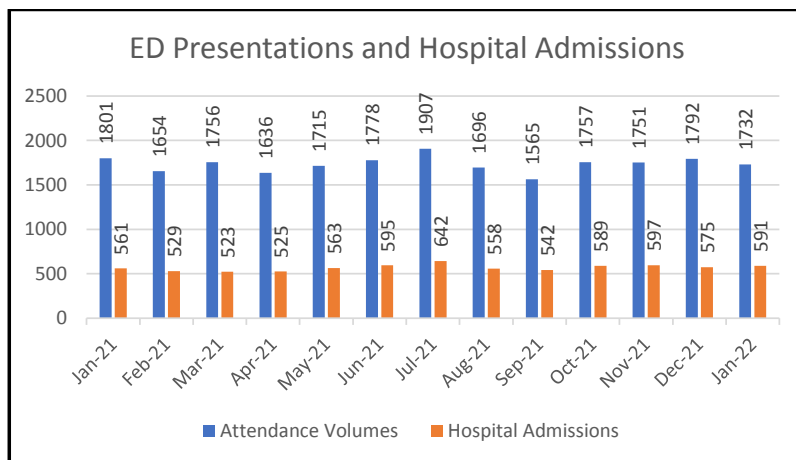
1 Purpose

To provide the Committee with a high-level overview of provider arm services; operational performance is noted for the months of November and December 2021, and January 2022.

2 Hospital and Clinical Services

2.1 Service Delivery

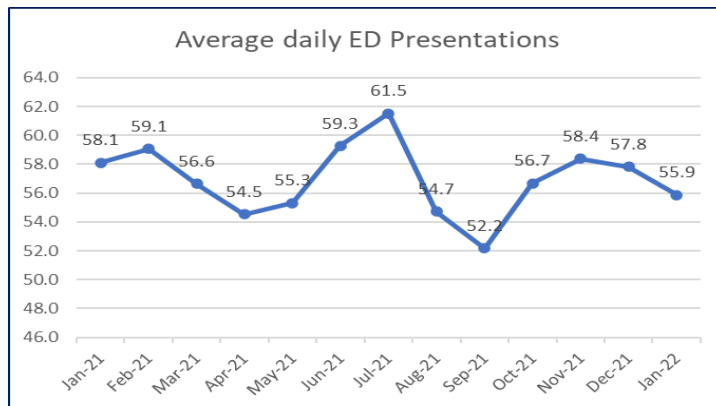
Emergency Department Attendance Volumes



*Data extracted from WebPAS through PowerBI 11.2.22; Hospital Admissions are excluding 3-hr ED admits.

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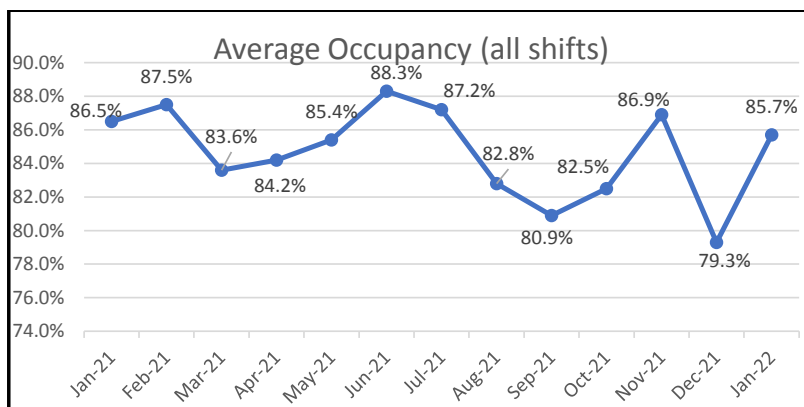
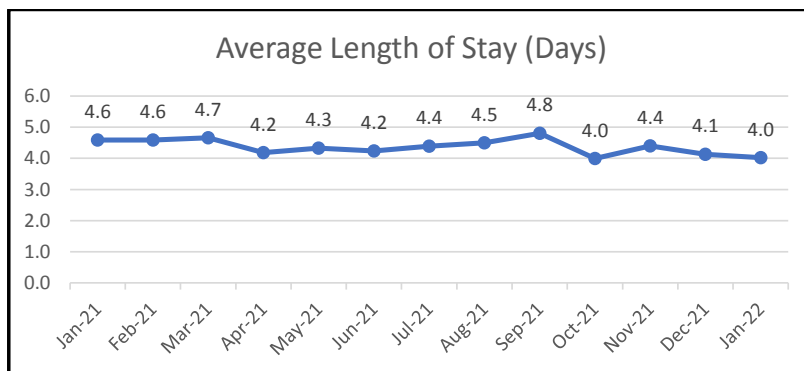


*Data extracted from WebPAS through PowerBI 11.2.22

Over the past 12 months, the percentage of presentations to ED that identify as Māori has remained steady at 25% to 28%, and Pacifica at 2% - 3%.

Hospital data

The following data includes the inpatient units of AT&R, Paeds, CCU, Medical Ward, SCBU, and Surgical Ward.



** Data extracted from WebPAS through PowerBI 11.02.22

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| Acute Readmission Volumes ** | AT&R | | | CCU | | | Medical Ward | | | Surgical Ward | | |
|------------------------------|----------|----------|----------|----------|----------|----------|--------------|-----------|-----------|---------------|-----------|-----------|
| | Nov | Dec | Jan | Nov | Dec | Jan | Nov | Dec | Jan | Nov | Dec | Jan |
| 48-hour | 1 | 2 | 1 | 0 | 3 | 1 | 5 | 11 | 5 | 3 | 5 | 7 |
| 7 day | 0 | 1 | 1 | 2 | 2 | 3 | 8 | 15 | 12 | 14 | 13 | 14 |
| 14 day | 2 | 0 | 2 | 0 | 1 | 1 | 16 | 7 | 7 | 8 | 7 | 9 |
| 28 day | 1 | 0 | 2 | 0 | 1 | 0 | 12 | 15 | 9 | 14 | 11 | 6 |
| Total | 4 | 3 | 6 | 2 | 7 | 5 | 41 | 48 | 33 | 39 | 36 | 36 |

** Data extracted from WebPAS through PowerBI 11.2.22; January figures may not reflect the total 14 day and 28 day readmission volumes.

| Māori Acute Readmission Volumes ** | AT&R | | | CCU | | | Medical Ward | | | Surgical Ward | | |
|-----------------------------------------------|----------|----------|----------|----------|----------|----------|--------------|-----------|----------|---------------|-----------|-----------|
| | Nov | Dec | Jan | Nov | Dec | Jan | Nov | Dec | Jan | Nov | Dec | Jan |
| 48-hour | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 4 |
| 7 day | 0 | 0 | 0 | 2 | 1 | 0 | 3 | 5 | 4 | 1 | 3 | 4 |
| 14 day | 0 | 0 | 0 | 0 | 0 | 1 | 5 | 1 | 1 | 0 | 3 | 3 |
| 28 day | 1 | 0 | 0 | 0 | 0 | 0 | 3 | 4 | 2 | 4 | 4 | 1 |
| Total | 1 | 0 | 0 | 2 | 1 | 1 | 12 | 12 | 8 | 5 | 10 | 12 |
| Percentage of total acute readmissions | 25% | 0% | 0% | 100% | 14% | 20% | 29% | 25% | 24% | 13% | 28% | 33% |

** Data extracted from WebPAS through PowerBI 11.2.22; January figures may not reflect the total 14 day and 28 day readmission volumes.

Clinical Services and Planned Care

The project to enable tracking of reusable clinical equipment across services and patients is underway with the appointment of a project manager in progress. The implementation phase of the project will put pressure on staff with additional resource required in the department. This has been included in the budget bid and a proposal will be sent to ELT for consideration.

In Patient Scheduling, the implementation of new systems and processes is ongoing following the completion of the booking systems review. Consultation is underway with affected staff and stakeholders.

A review of pre-admission processes including patient assessment has been undertaken in conjunction with Outpatients and Theatre staffing. The final report will be shared with stakeholders and ELT for consideration.

CCDM

Care Capacity Demand Management (CCDM) Programme provides a set of tools and processes that help district health boards better match the capacity to care with patient demand. This is currently used across nursing areas, and there is expansion in to other departments and services. FTE calculations have been completed for the calendar year January to December 2021 for inpatient clinical areas - Medical, Surgical, ATR/ASU, ED, CCU, Paediatrics, Maternity, Te Awhina and Stanford House. The outcome was used inform budgeting planning for 2022/2023 financial year, with a small increase of less than 10 FTE.

2.2 WorkforceInpatient

The inpatient wards (Medical, AT&R, ED, and AAU) report significant vacancies. Surgical Ward reports that they are recruiting, and staffing is manageable. There is ongoing recruitment in progress, and a combined advertisement has gone out for registered and enrolled nurses across Surgical, Medical, AT&R/ASU, ED and CCU wards.

Omicron surge workforce planning is continuing across all inpatient clinical areas.

February 2022**Public**Clinical Services and Planned Care

Operating Theatre including Day Unit currently has five FTE of registered nurse vacancies, with recruitment underway. Recruitment is also underway for our flight nurse service as there are anticipated resignations in the team.

There is an organisation wide shortage of administration support staff, with casuals required to support vacancies and leave due to sickness etc. This is creating pressure in the system, and on clinical staff. We are undertaking a recruitment drive to bolster the numbers of staff available.

Specialist Nursing

The specialist nursing team are in the process of reconfiguring the service to better meet the needs of our population, especially those who are vulnerable in the community. They will be working closely with other community teams at WDHB and WRHN to streamline a cohesive and collaborative approach to working with individuals and their whanau. This will be an evolving process so we can mitigate any issues and consult and collaborate with various health professionals and consumers along the journey.

Nursing Workforce Development

The Professional Development and Recognition Programme Regional moderation took place November 25 in Levin. The moderation was consistent, and the main recommendation was to encourage staff not to put historical information in their portfolios.

As of 3 February 2022, there are 267 nurses enrolled on the WDHB PDRP programme. An increase of 4 from the June report, considering new portfolio's and those whose portfolios have expired since the last report in June 2021. This comprises of:

- 221 DHB nurses
- 43 Primary health Nurses
- 255 Registered Nurses
- 11 Enrolled Nurses

The end of 2021 saw an increase in the number of portfolios being submitted for marking. A shortage of assessors meant that there were delays in the process for applicants and we are working through this.

Nurse Entry to Practice (NETP)

The September NETP intake started on 13 September 2021. The intake consisted of seven nurses, three based in the DHB and the other four based in the community, with two that identify as Maori. The group are halfway through their Post Graduate paper and currently completing their CSA assessments. The group will begin work on their PDRP once their paper finishes in March.

A second intake of NETP and NESP's (Nursing Entry to Specialty Practice) have been employed on permanent contracts with the DHB, with their programme commencing 17 January 2022 for 12 months. The NETP intake consisted of ten DHB employed nurses, with two identifying as Maori. The group are still within their orientation period

Three NESP nurses were employed in Te Awhina in January 2022. The group are still within their orientation period and have attended their first two study days in conjunction with the NETP group.

Health Workforce New Zealand

Fifty-five Health Workforce Directorate (HWNZ) funding applications were submitted for 2022. All applications were assessed on an individual basis including previous funding received. Priority was given to Maori or Pacific Island applicants, new graduates and those working in rural setting or in key service areas. We await the outcome.

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2.3 Quality Improvement

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COVID Preparedness

The inpatient COVID-19 response plans were updated to align with the national hospital COVID-19 escalation framework and the COVID-19 protection framework (traffic lights). Updated plans are uploaded to the intranet for ease of staff access.

There are recognised study packages to support nursing staff to upskill for COVID-19 and they are offered either online or face-to-face. These packages are available to staff across the DHB and in the community and sessions will be extended as the need arises.

Quality Audits

The routine audit of the Bowel Screening Programme was undertaken by DAA in October 2020. We are awaiting the final report, however we are expecting some improvement actions around facilities. We are also expecting a routing audit on Cervical Screening and Colposcopy in May. Both of these audits are commissioned by the National Screening Unit of the MOH as the direct funder of these services.

3 Primary and Community Services

3.1 General Overview and Highlights

Primary and Community Services have faced a challenging period with overall increases in referrals, complexities of patient presentation, and challenges with community providers being able to provide usual cares. This has been further complicated by vacancies in services despite multiple attempts to recruit.

Within leadership, the new Clinical Manager District Nurses commenced work in January 2022 following several rounds of recruitment. The Associate Director Service Improvement – Primary and Community has been appointed and will lead on clinically driven change initiatives to meet strategic aims. She will also lead the Clinical Informatics team. A key vacancy remains with the Clinical Manager Occupational Therapy, and options are being actively pursued to cover this role. There are also upcoming and present vacancies in Co-ordinator roles in Community Mental Health and Addictions and cover for these is being proactively managed.

3.2 Service Delivery

Omicron Resurgence Planning

Recent updates have been made to departmental resurgence planning, to best manage staff shortages due to sickness in the event of Omicron in the community. Clinical managers are involved in daily workforce meetings cross service and meet independently as a service twice a week to ensure a consistent integrated approach for staff is taken.

There has been work with Primary Care to develop a virtual Hub to streamline care for those with multiple health conditions in the community, both who experience COVID-19 and those most vulnerable for poor outcomes from COVID-19. The aim is to have a proactive approach to care, streamlining across services and ensuring care at a distance from hospital wherever possible.

Regular meetings across Aged Residential Care, Home Care Support Services, DHB and Primary Care are being re-established in order to ensure support and an integrated approach to workforce and clinical care during Omicron resurgence.

Community Mental Health and Addictions Services (CMHAS)

CMHAS continue to visit with Whanganui Police to improve working relationships and provide coaching and training for front line officers dealing with people in distress.

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CMHAS is currently recruiting to fill multiple vacancies. This, combined with vacancies in Clinical Leadership, and a significant increase in number and acuity of referrals to the service, has led to proactive working with NGOs to ensure an integrated, pro equity approach to care. Co-location with Te Oranganui Mental Health services was explored, however the building identified was not suitable after detailed assessment. An external review of integrated care across CMHAS and primary providers is being sourced due to the urgency of this matter. The psychology team will be fully staffed with the new intern psychologist and community/rural psychologist both commencing work in early 2022.

Community Assessment and Rehabilitation Team (CART)

CART have noted a reduction in availability of home- based support services, slowing down access to services for new referrals and increasing the number of patients being discharged from the hospital onto the Intermediate Care programme rather than being discharged home.

District Nursing

The team have undertaken a recent trial on recording visits and resulting from this, a new role has been developed for a current staff member (Housekeeper) to provide additional support to the District Nurses to free up nursing time for caseload management.

The 'Releasing time to care' project is currently on hold due to Omicron resurgence. There has been a noticeable increase in referrals, which is assumed to be related to people seeking medical guidance earlier than usual with anticipated workforce challenges during resurgence.

Therapies

A new structure set up for dietic workloads has been working well. Workloads for December were high to address waitlists particularly for rural clinics. Whilst waitlists for dietetics in general are being managed within acceptable timeframes, some longer waits have been noted for larger clinics eg: general adults. Ongoing quality improvement initiatives are being trialled to manage this, including virtual clinics. The first round of clinics have been run and full attendance has been noted in January.

The Loans department is due to go live with a new track and trace system as of 23rd February. This will change the way Physio and OT staff allocate/order aids to assist consumers in their homes and will result in reduced loss of equipment during the trial loan and possible permanent purchase process for equipment.

The Physiotherapy waiting list has decreased due to the recent recruitment of a senior Musculoskeletal (MSK) physiotherapist. The referral and discharge processes with outsourced contractors is being reviewed.

There are ongoing in-patient vacancies in Occupational Therapy, Physiotherapy and Social Work teams.

Radiology

Some changes to Medical Imaging Technologists (MIT) hours have been working well to help reduce the number of callouts / breaks for imaging but are starting to increase again. The implementation of a MIT night duty as per MECA obligations will address this but will require additional staffing FTE.

The refurbishment of the radiology department is progressing with plans. Several machines are expected to arrive in April. Visits to other sites to view MRI machines, as per procurement process requirements, has started. Xray waitlist remains stable, with Ultrasound waitlists significant reducing in line with additional staffing and machine resource, and MRI waitlist increasing despite changes to rostering. The future planning of the radiology service and management of demand has been agreed, as a key project with resource allocation accordingly.

Rural Centres

Rural centres are working with Iwi services and Primary Health to provide integrated care during COVID-19 response.

Rangitikei Health Centres continues to be challenged with some facility issues which are being addressed e.g. heating, potholes.

The Waimarino Health Centre has been undertaking security improvements, with a project manager appointed to manage the build of the new facility. "The recent publication of the Ruapehu Wellness Centre – Toward a Community Designed Model of Care" document, has provided critical information on proposed

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models of care for the future of health in the region, and will be key in next steps on how clinical care is delivered, where, and by who.

3.3 Risks/Mitigations

The implementation of security tracking devices is a priority for this year for all staff working in the community, to meet legislative requirements.

Vacancies in services continue to be a challenge, and this is being addressed short term through outsourcing, with more sustainable models of care and clinical pathways being developed regionally.

There has been a surge of presentations in mental health, both in acuity and complexity, with increasing pressure for mental health crisis teams to find alternative models of care when there are shortages of beds both locally and regionally. This is progressing as a priority piece of work with inpatient services and will involve community partners in mental health as well.

The replacement of key pieces of radiology equipment is an increasing pressure, complicated by ageing equipment with no replacement parts, and supply chain issues in building supplies to enable machines to be replaced.

3.4 Quality and Performance

Work continues with Care Capacity Demand Management (CCDM), with resource agreed to ensure all services have moved to TrendCare and are able to capture all data across services.

'Sit up, get dressed, keep moving', designed to encourage patients to be active when in hospital to prevent deconditioning and associated health risks. There will be a trial started soon of an exercise class, led by the Allied health assistant on medical ward

The Joint assessment form for Allied Health is in the process of being upgraded and then will be sent to all teams to review

The Allied Health Career Framework, designed to give more structured and supported career progression for staff, is being implemented across services, taking a regional approach to this.

4 Maternal, Child and Youth Services (MCYS)**4.1 General**

The majority of MCYS staff have enjoyed some time off work over the Christmas and New Year period. We continue to plan for Covid-19 in our hospital and in the community in line with MOH and IMT/leadership advice with the Omicron variant now in the community. The Covid-19 simulation scenario held across Maternity and Paediatrics on 16 November 2021 went well and highlighted some opportunities to refine readiness plans. Likewise, the MOH presentation on 16 December 2021 also gave our teams valuable feedback and good tools with which to strengthen our plans and processes.

Staff have proven themselves adaptable, resilient and ready to support their service and others during past lockdowns. They will be supported by MCY leadership as hospital and community needs rise to a new level to expand on their good work in the wake of Omicron.

Vaccination mandates have affected MCY services. The impact is relatively minor in some services MICAMHAS (1), Paediatrics (0), Public Health (0), but further stretches the already challenged workforces of Oral Health (1 Therapist) and Maternity (core midwifery – 1 and Waimarino - 1).

The MCYS remains focussed on further establishing contact pathways between our services and the community but realise some initiatives will be impacted by Covid-19. The next Whanganui Maternal, Child and Youth Community Alliance is scheduled for 24 March with a focus on youth health. Workstreams stemming from the Primary and Maternity Interface Group are back in full swing after the Christmas break,

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including the service guide for women, community directory of services and optimisation of the Best Start tool. We expect the Healthy Families Hapū Māmā Village project insight report in June.

Project manager recruitment for our Oral Health Review and Single Point of Entry projects has proven difficult. We are working on different approaches around resourcing these projects so we can get them underway as soon as possible.

A scoping report to provide a foundation for the development of the communication and engagement plan for childhood immunisations has been completed and submitted to ELT and the Board. ELT and the Board endorsed pursuit of a whole of lifespan approach underpinned by Whānau Ora principles. The communication and engagement plan will reflect this change. In light of these developments, the Immunisation Steering Group is being reviewed and will shift from an operational group to a governance group and will include primary and community partners.

He Waka Hourua training remains a priority for our services with clinical managers prioritising the training for all staff in as far as workforce and workload allows. A second opportunity for LMCs to attend a specifically designed one-day Hāpai te Hoe programme has been arranged for March, following postponement of the September 2021 date due to Covid-19. Six LMC's have registered so far.

4.2 Service DeliveryMaternity

Maternity is still not staffed to budgeted FTE; recruitment plans are ongoing. The WDHB midwifery workforce has been recently impacted by two core midwife resignations due to non-vaccination and a further two resignations for personal reasons.

There are currently 16 LMCs in the Whanganui rohe, however, one LMC is retiring in April and two will go on maternity leave in February and May. With approximately 800 births per year, our rohe ideally needs 18 LMCs in the local community and five in the rural centres to provide care to hapū māmā, their pēpi and whānau. Our core midwifery staffed primary maternity antenatal clinic is catering to high numbers of women who have been unable to register with an LMC due to the shortage. Unit caseload numbers tend to peak over December/January/February with 85 on the books over this period. The total number of unit caseload numbers are generally between 65-75 and bookings are being received up to and including August. ELT has approved an unfunded 0.6FTE administration position to support this clinic and ensure the midwife can focus on clinical care.

The Clinical Coach role has been appointed to, with the successful candidate potentially commencing at the end of February 2022. This role supports staff undergoing return-to-practice requirements, new graduates and internationally qualified midwives into practice. We have also successfully recruited a second midwife for Waimarino, with an overseas candidate coming home to Whanganui with her whānau to take up this position. Her whakapapa links and connections to the area will be invaluable to Raetihi and the wider community. She potentially starts in March 2022.

One of our midwives completed Ngā Manukura o Apopo Clinical Leadership training at the end of 2021 and as part of this training undertook a 'think piece' project to action findings from existing research, exploring why the five midwifery schools had not been able to recruit and retain Māori tauira (students).

Patient Safety day on 17 November 2021 had a Maternity focus on "increasing culturally responsive care" with an emphasis on staff education. The main promotional event was held at Women's Network Whanganui. While event attendance numbers were lower than anticipated, the materials provided by HQSC were exceptional and have been distributed widely, including Facebook and the WDHB Intranet.

Plans to offer a Long Acting Reversible Contraception (LARC) service to postnatal women prior to discharge are progressing. The clinical midwife manager and MQSP coordinator are developing a training plan. O&G Consultant Joanna Gheevarghese will provide practical training and credentialling. An EOI will be posted for midwives and nurses working in Maternity to commence specific Family Planning papers.

The Newborn Early Warning score (NEWS) is being rolled out in the first calendar quarter of 2022. All maternity and neonatal staff, including LMCs, are completing NEWS online training.

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The MOH have mandated that an electronic maternity system needs to be in place by June 2023. This is a large project requiring significant investment and resource. Incorporating a neonatal component is also a likely necessity following a recent HDC report. An electronic maternity system will improve service delivery and integration with primary care, LMCs and other maternity care providers. Preliminary preparation for the project is underway.

Paediatrics

Covid-19 preparation is being continually reviewed and refined. The Covid-19 simulation exercise highlighted the need for zones of physical separation for neonatal and oncology patients to ensure they are distanced from patients on the ward with respiratory illnesses. This has been implemented.

The contracted Paediatric SMO service provider has employed a new permanent paediatrician, Dr Mark Willoughby, who commenced work at the end of 2021. He has experience in paediatric cardiology and is a welcome addition to the paediatric team. This brings the SMO team to three permanent paediatricians, aided by locum support.

STABLE Training, a combined training initiative across Maternity and Paediatric services was postponed three times last year due to Covid-19. We are working to confirm training dates for 2022 as soon as practicable. This training will increase the understanding and confidence of paediatric and maternity clinicians in basic neonatal care.

The CNM of Paediatrics attended Ngā Manukura o Apopo clinical leadership training and has produced a project plan to support paediatric staff and patients to provide opportunities where Māori flourish in a mainstream system. Whānau feedback will inform what low/no cost improvements can be made when delivering quality care and to highlight what good service delivery looks like to whānau. The project is being carried out over six months.

Public Health

Most of our public health team were able to have a well-earned break over Christmas and New Year, while still rostering staff seven days per week to support national contract training requirements. Cynda Baker commenced as the new clinical nurse manager of public health in January 2022. Also starting in January was our NETP RN – a new initiative for the service.

Our BAU is still significantly impacted by the Covid-19 response and associated MOH workforce-related directives. A total of 259 Year 9 students are outstanding for HEEADSSS assessments from 2021. Anticipated 2022 volumes for HEEADSSS assessments are 810, excluding school-based health service (SBHS) clinics in schools which we have been unable to cover since October 2021. We anticipate further disruption to BAU due to the Omicron outbreak. Our Public Health Unit is working with MidCentral DHBs Public Health Centre and WDHB community hubs to plan in for the three-phase Omicron response. The Covid Coordinator role will support the interface between our public health team and care in the community hubs.

The team also needs to balance MOH expectations around immunisations, including HVP, MMR, Measles etc. There has been some concern in the New Zealand community around the drop-off of immunisations of a non-Covid nature. Our immunisation coordinator, in conjunction with the Covid-19 vaccination team, is working on the opportunity for students from age 5-18 to have their Covid-19 immunisation in an education setting.

Filling the public health nurse role in the Te Kōhanga Reo space is progressing. We are in the process of transferring this role to kaupapa Māori services - Te Oranganui.

February 2022**Public**Maternal Infant Child Adolescent Mental Health and Addiction Services (MICAMHAS)

On 28 February MICAMHAS will be fully staffed. This includes a new psychologist who commenced in December 2021 covering both MICAMHAS and CDS. She is already making a notable difference to our service. A nurse has been employed as an outreach clinician to engage young people who find the MICAMHAS building too formal; a large percentage of those being reached are Māori. This is a new role and different way of working for MICAMHAS and involves working alongside community agencies.

The service has received 122 more referrals than this time last year. This equates to an increase of 14.18% or 73.4 rangatahi/whānau per clinicians per year. Increases in referral numbers are being reported nationwide. The average recommended caseload is 15-20, however, some of the MICAMHAS team carried caseloads of 30-40 at times in the past year. Despite this, we do not have a wait list and continue to meet our KPI of 80% - first appointment within three weeks. This is achieved through using CAPA as a service model. CAPA looks at capacity and demand and how to manage it using specific tools and philosophies. The strong processes we have in place have helped us retain and recruit staff.

We continue to explore solutions for access to acute inpatient services for youth. There are no funded acute inpatient beds within the Whanganui rohe and the central region's Regional Rangatahi Adolescent Inpatient Service (RRAIS) is often at capacity. With no planned improvement to the regional Rangatahi Unit consideration needs to be given to providing care for our rangitahi closer to home.

Oral Health

Community dental services will follow NZ Dental Council recommendations as to how we operate in the Omicron response. Infection control measures will reduce the volume of patients we are able to treat.

Work is being done to finalise redesigned plans around project management for the Oral Health Service Review. We are keen to start this piece of work which aims to enhance and further develop our current service to provide a modern, patient-focussed dental service for our community.

Our Oral Health Service remains on track with the Dental Council Recertification programme. Dentist recertification is complete. Dental therapist recertification occurs in March 2022.

4.3 Future Focus

Engagement plans for our Whanganui Maternal, Child and Youth Community Alliance hui in 2022 is underway. Youth Health will be the focus of our first meeting in 2022. Covid-19 may impact our ability to hold this important hui, which is best run on a face-to-face platform.

The first of four Midwifery Forum meetings for 2022 is scheduled for 22 February.

We continue to explore options to address acute inpatient mental health service capacity issues for our rangatahi.

Work streams coming out of the Primary and Maternity Services Interface Group continue, most of which are anticipated to take another 9-15 months to finalise.

We anticipate that Covid-19 and our response within the hospital and the community will be at the forefront of our service for the next few months. We are ready for the challenge and will work to support colleagues in other services, our patients, community providers and the community at large.

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Appendix 1. Whanganui DHB Performance Dashboard

(data extracted 14 February 2022)



February 2022 Whanganui DHB Performance Dashboard definitions.

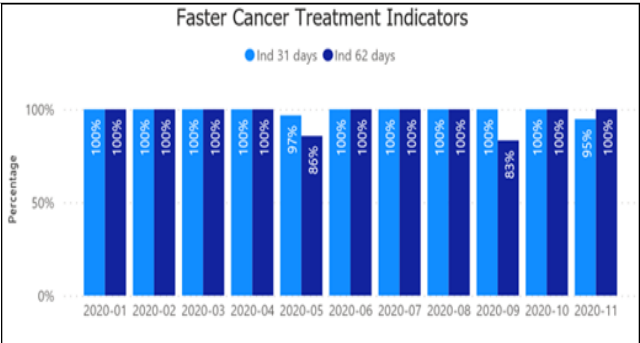
Public

| Hospital Based Care Measures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Graph A. ED Attendances ED attendances are an indicator of acute patient demand in the system, while also identifying issues in access to primary care and potential flow issues in secondary services. Calculation: count of attendances.</p> | <table border="1"> <caption>ED Attendances by Month</caption> <thead> <tr> <th>Month</th> <th>Presentations</th> </tr> </thead> <tbody> <tr><td>2019-10</td><td>1933</td></tr> <tr><td>2019-11</td><td>1729</td></tr> <tr><td>2019-12</td><td>1875</td></tr> <tr><td>2020-01</td><td>1822</td></tr> <tr><td>2020-02</td><td>1831</td></tr> <tr><td>2020-03</td><td>1706</td></tr> <tr><td>2020-04</td><td>1274</td></tr> <tr><td>2020-05</td><td>1567</td></tr> <tr><td>2020-06</td><td>1727</td></tr> <tr><td>2020-07</td><td>1770</td></tr> <tr><td>2020-08</td><td>1833</td></tr> <tr><td>2020-09</td><td>1727</td></tr> <tr><td>2020-10</td><td>1995</td></tr> </tbody> </table> | Month | Presentations | 2019-10 | 1933 | 2019-11 | 1729 | 2019-12 | 1875 | 2020-01 | 1822 | 2020-02 | 1831 | 2020-03 | 1706 | 2020-04 | 1274 | 2020-05 | 1567 | 2020-06 | 1727 | 2020-07 | 1770 | 2020-08 | 1833 | 2020-09 | 1727 | 2020-10 | 1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Presentations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-10 | 1933 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-11 | 1729 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-12 | 1875 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-01 | 1822 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-02 | 1831 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-03 | 1706 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-04 | 1274 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-05 | 1567 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-06 | 1727 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-07 | 1770 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-08 | 1833 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-09 | 1727 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-10 | 1995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Graph B. Hospital Discharges Throughput of hospital-based services. This is an indicator of patients through the system as opposed to occupied beds. Calculation: count of patients discharged from inpatient events, and includes day stay patients in all services.</p> | <table border="1"> <caption>Hospital Discharges by Admission Type, by month</caption> <thead> <tr> <th>Month</th> <th>Acute admission</th> <th>Planned admission</th> </tr> </thead> <tbody> <tr><td>2019-10</td><td>634</td><td>571</td></tr> <tr><td>2019-11</td><td>606</td><td>481</td></tr> <tr><td>2019-12</td><td>530</td><td>457</td></tr> <tr><td>2020-01</td><td>612</td><td>459</td></tr> <tr><td>2020-02</td><td>586</td><td>476</td></tr> <tr><td>2020-03</td><td>600</td><td>441</td></tr> <tr><td>2020-04</td><td>467</td><td>288</td></tr> <tr><td>2020-05</td><td>530</td><td>456</td></tr> <tr><td>2020-06</td><td>643</td><td>461</td></tr> <tr><td>2020-07</td><td>633</td><td>532</td></tr> <tr><td>2020-08</td><td>649</td><td>517</td></tr> <tr><td>2020-09</td><td>615</td><td>534</td></tr> <tr><td>2020-10</td><td>660</td><td>538</td></tr> </tbody> </table> | Month | Acute admission | Planned admission | 2019-10 | 634 | 571 | 2019-11 | 606 | 481 | 2019-12 | 530 | 457 | 2020-01 | 612 | 459 | 2020-02 | 586 | 476 | 2020-03 | 600 | 441 | 2020-04 | 467 | 288 | 2020-05 | 530 | 456 | 2020-06 | 643 | 461 | 2020-07 | 633 | 532 | 2020-08 | 649 | 517 | 2020-09 | 615 | 534 | 2020-10 | 660 | 538 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Acute admission | Planned admission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-10 | 634 | 571 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-11 | 606 | 481 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-12 | 530 | 457 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-01 | 612 | 459 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-02 | 586 | 476 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-03 | 600 | 441 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-04 | 467 | 288 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-05 | 530 | 456 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-06 | 643 | 461 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-07 | 633 | 532 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-08 | 649 | 517 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-09 | 615 | 534 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-10 | 660 | 538 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Graph C. Readmission Rates This is the percentage of all patient discharged that return to hospital acutely within 7 and 28 days of discharge. Readmissions can be for any reason, not exclusively related to the previous event. Calculation: Denominator = patients discharged Numerator = patients acutely re-admitted within 7/28 days</p> | <table border="1"> <caption>Acute Readmission Rates by Month (7 and 28-day rates)</caption> <thead> <tr> <th>Month</th> <th>Percent 7day Readms</th> <th>Percent 28day Readms</th> </tr> </thead> <tbody> <tr><td>2019-10</td><td>4.5%</td><td>11.8%</td></tr> <tr><td>2019-11</td><td>4.5%</td><td>11.4%</td></tr> <tr><td>2019-12</td><td>4.5%</td><td>11.4%</td></tr> <tr><td>2020-01</td><td>4.5%</td><td>11.0%</td></tr> <tr><td>2020-02</td><td>4.5%</td><td>10.6%</td></tr> <tr><td>2020-03</td><td>4.5%</td><td>13.6%</td></tr> <tr><td>2020-04</td><td>4.5%</td><td>12.3%</td></tr> <tr><td>2020-05</td><td>4.5%</td><td>10.4%</td></tr> <tr><td>2020-06</td><td>4.5%</td><td>13.1%</td></tr> <tr><td>2020-07</td><td>4.5%</td><td>11.1%</td></tr> <tr><td>2020-08</td><td>4.5%</td><td>11.0%</td></tr> <tr><td>2020-09</td><td>4.5%</td><td>13.1%</td></tr> <tr><td>2020-10</td><td>4.5%</td><td>12.2%</td></tr> </tbody> </table> | Month | Percent 7day Readms | Percent 28day Readms | 2019-10 | 4.5% | 11.8% | 2019-11 | 4.5% | 11.4% | 2019-12 | 4.5% | 11.4% | 2020-01 | 4.5% | 11.0% | 2020-02 | 4.5% | 10.6% | 2020-03 | 4.5% | 13.6% | 2020-04 | 4.5% | 12.3% | 2020-05 | 4.5% | 10.4% | 2020-06 | 4.5% | 13.1% | 2020-07 | 4.5% | 11.1% | 2020-08 | 4.5% | 11.0% | 2020-09 | 4.5% | 13.1% | 2020-10 | 4.5% | 12.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Percent 7day Readms | Percent 28day Readms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-10 | 4.5% | 11.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-11 | 4.5% | 11.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-12 | 4.5% | 11.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-01 | 4.5% | 11.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-02 | 4.5% | 10.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-03 | 4.5% | 13.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-04 | 4.5% | 12.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-05 | 4.5% | 10.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-06 | 4.5% | 13.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-07 | 4.5% | 11.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-08 | 4.5% | 11.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-09 | 4.5% | 13.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-10 | 4.5% | 12.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Graph D. Outpatient DNA Rate DNA rates indicate where we have access issues to outpatient services. Significant disparities exist between rates for Māori and non-Māori indicating equity issues in access to services. Calculation: Denominator = total patients seen Numerator = missed appointments</p> | <table border="1"> <caption>Outpatient clinic DNA Rate by Month and Ethnicity</caption> <thead> <tr> <th>Month</th> <th>Maori</th> <th>Non-Maori</th> </tr> </thead> <tbody> <tr><td>2019-10</td><td>14.5%</td><td>5.0%</td></tr> <tr><td>2019-11</td><td>14.5%</td><td>5.0%</td></tr> <tr><td>2019-12</td><td>14.5%</td><td>5.0%</td></tr> <tr><td>2020-01</td><td>16.1%</td><td>5.0%</td></tr> <tr><td>2020-02</td><td>14.5%</td><td>5.0%</td></tr> <tr><td>2020-03</td><td>16.6%</td><td>5.0%</td></tr> <tr><td>2020-04</td><td>8.5%</td><td>2.5%</td></tr> <tr><td>2020-05</td><td>10.0%</td><td>2.5%</td></tr> <tr><td>2020-06</td><td>17.7%</td><td>5.0%</td></tr> <tr><td>2020-07</td><td>16.5%</td><td>5.0%</td></tr> <tr><td>2020-08</td><td>11.5%</td><td>5.0%</td></tr> <tr><td>2020-09</td><td>13.0%</td><td>5.0%</td></tr> <tr><td>2020-10</td><td>13.0%</td><td>5.0%</td></tr> </tbody> </table> | Month | Maori | Non-Maori | 2019-10 | 14.5% | 5.0% | 2019-11 | 14.5% | 5.0% | 2019-12 | 14.5% | 5.0% | 2020-01 | 16.1% | 5.0% | 2020-02 | 14.5% | 5.0% | 2020-03 | 16.6% | 5.0% | 2020-04 | 8.5% | 2.5% | 2020-05 | 10.0% | 2.5% | 2020-06 | 17.7% | 5.0% | 2020-07 | 16.5% | 5.0% | 2020-08 | 11.5% | 5.0% | 2020-09 | 13.0% | 5.0% | 2020-10 | 13.0% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Maori | Non-Maori | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-10 | 14.5% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-11 | 14.5% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-12 | 14.5% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-01 | 16.1% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-02 | 14.5% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-03 | 16.6% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-04 | 8.5% | 2.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-05 | 10.0% | 2.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-06 | 17.7% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-07 | 16.5% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-08 | 11.5% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-09 | 13.0% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-10 | 13.0% | 5.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Graph E. IDF Outflows Total value of IDF outflows to main DHBs for each month. This is a dollar value, so increasing prices need to be considered when comparing years. Calculation: Dollar value of services provided by other DHBs to WDHB.</p> | <table border="1"> <caption>IDF Inpatient Outflow \$ Totals by DHB and Month</caption> <thead> <tr> <th>Month</th> <th>CCDHB</th> <th>MCDHB</th> <th>Others</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>2019-07</td><td>\$1.5M</td><td>\$0.6M</td><td>\$0.6M</td><td>\$2.75M</td></tr> <tr><td>2019-08</td><td>\$1.3M</td><td>\$0.6M</td><td>\$0.5M</td><td>\$2.35M</td></tr> <tr><td>2019-09</td><td>\$1.2M</td><td>\$0.5M</td><td>\$0.2M</td><td>\$1.88M</td></tr> <tr><td>2019-10</td><td>\$0.8M</td><td>\$0.5M</td><td>\$0.2M</td><td>\$1.50M</td></tr> <tr><td>2019-11</td><td>\$1.1M</td><td>\$0.6M</td><td>\$0.9M</td><td>\$2.65M</td></tr> <tr><td>2019-12</td><td>\$1.2M</td><td>\$0.5M</td><td>\$0.3M</td><td>\$2.03M</td></tr> <tr><td>2020-01</td><td>\$0.9M</td><td>\$0.5M</td><td>\$0.3M</td><td>\$1.66M</td></tr> <tr><td>2020-02</td><td>\$0.8M</td><td>\$0.6M</td><td>\$0.3M</td><td>\$1.66M</td></tr> <tr><td>2020-03</td><td>\$0.9M</td><td>\$0.5M</td><td>\$0.4M</td><td>\$1.87M</td></tr> <tr><td>2020-04</td><td>\$0.8M</td><td>\$0.4M</td><td>\$1.30M</td><td>\$2.50M</td></tr> <tr><td>2020-05</td><td>\$1.0M</td><td>\$0.7M</td><td>\$0.6M</td><td>\$2.15M</td></tr> <tr><td>2020-06</td><td>\$1.1M</td><td>\$0.5M</td><td>\$0.6M</td><td>\$2.20M</td></tr> <tr><td>2020-07</td><td>\$1.2M</td><td>\$0.6M</td><td>\$0.4M</td><td>\$2.20M</td></tr> <tr><td>2020-08</td><td>\$1.2M</td><td>\$0.6M</td><td>\$0.2M</td><td>\$2.02M</td></tr> </tbody> </table> | Month | CCDHB | MCDHB | Others | Total | 2019-07 | \$1.5M | \$0.6M | \$0.6M | \$2.75M | 2019-08 | \$1.3M | \$0.6M | \$0.5M | \$2.35M | 2019-09 | \$1.2M | \$0.5M | \$0.2M | \$1.88M | 2019-10 | \$0.8M | \$0.5M | \$0.2M | \$1.50M | 2019-11 | \$1.1M | \$0.6M | \$0.9M | \$2.65M | 2019-12 | \$1.2M | \$0.5M | \$0.3M | \$2.03M | 2020-01 | \$0.9M | \$0.5M | \$0.3M | \$1.66M | 2020-02 | \$0.8M | \$0.6M | \$0.3M | \$1.66M | 2020-03 | \$0.9M | \$0.5M | \$0.4M | \$1.87M | 2020-04 | \$0.8M | \$0.4M | \$1.30M | \$2.50M | 2020-05 | \$1.0M | \$0.7M | \$0.6M | \$2.15M | 2020-06 | \$1.1M | \$0.5M | \$0.6M | \$2.20M | 2020-07 | \$1.2M | \$0.6M | \$0.4M | \$2.20M | 2020-08 | \$1.2M | \$0.6M | \$0.2M | \$2.02M |
| Month | CCDHB | MCDHB | Others | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-07 | \$1.5M | \$0.6M | \$0.6M | \$2.75M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-08 | \$1.3M | \$0.6M | \$0.5M | \$2.35M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-09 | \$1.2M | \$0.5M | \$0.2M | \$1.88M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-10 | \$0.8M | \$0.5M | \$0.2M | \$1.50M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-11 | \$1.1M | \$0.6M | \$0.9M | \$2.65M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2019-12 | \$1.2M | \$0.5M | \$0.3M | \$2.03M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-01 | \$0.9M | \$0.5M | \$0.3M | \$1.66M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-02 | \$0.8M | \$0.6M | \$0.3M | \$1.66M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-03 | \$0.9M | \$0.5M | \$0.4M | \$1.87M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-04 | \$0.8M | \$0.4M | \$1.30M | \$2.50M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-05 | \$1.0M | \$0.7M | \$0.6M | \$2.15M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-06 | \$1.1M | \$0.5M | \$0.6M | \$2.20M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-07 | \$1.2M | \$0.6M | \$0.4M | \$2.20M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020-08 | \$1.2M | \$0.6M | \$0.2M | \$2.02M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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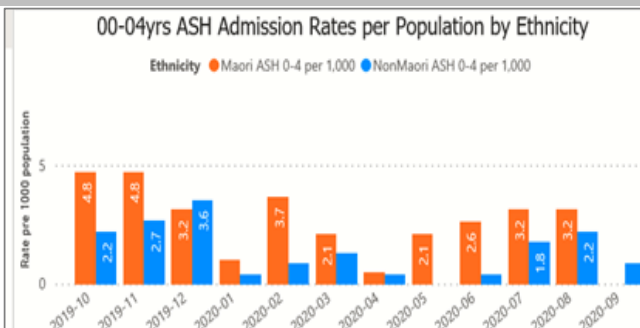
Public

Graph F. Faster Cancer Treatment
 Patients identified as high suspicion of cancer on referral receiving treatment within 62 days (further information provided within the paper).

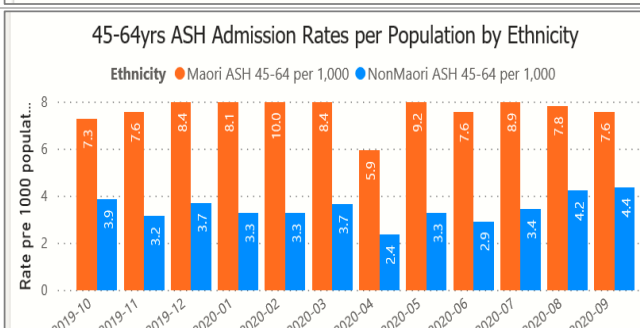


Community Based Care Measures

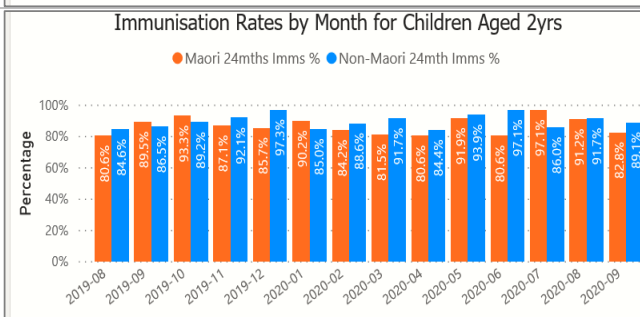
Graph G. ASH Rates 0-4 years
 ASH rates are a measure of avoidable hospital admissions (Ambulatory Sensitive Hospital admissions) per 10,000 population. Significant disparities exist between rates for Māori and non-Māori indicating equity issues in access to services.
Calculation: admissions per 10,000 population for a range of standard conditions.



Graph H. ASH Rates 45-64 years
 ASH rates are a measure of avoidable hospital admissions (Ambulatory Sensitive Hospital admissions) per 10,000 population. Significant disparities exist between rates for Māori and non-Māori indicating equity issues in access to services.
Calculation: admissions per 10,000 population for a range of standard conditions.



Graph I. Immunisation Rates for Children by ethnicity
 Percentage of children with up to date immunisation at the age of two years
Calculation:
 Denominator = total children enrolled
 Numerator = total children with up to date immunisation



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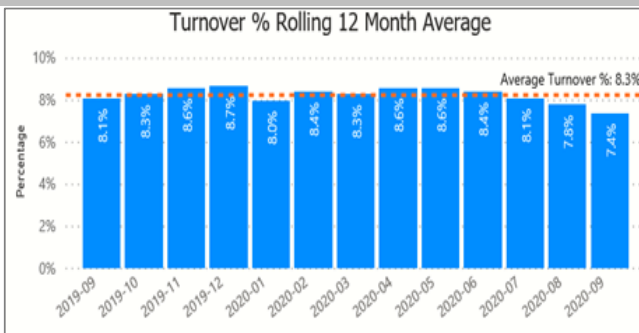
Public

Workforce Measures

Graph J. DHB Staff Turnover
 Rolling twelve month turnover rates is an indication of staff retention

Calculation:

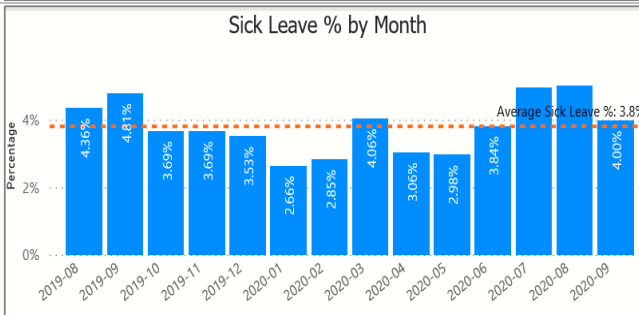
Denominator = total staff numbers
 Numerator = new hires within the preceding twelve months



Graph K. Sick Leave %
 Percentage of total paid hours taken as sick leave. This is an indication of illness levels and cost impacts when above average budgeted rates. Does not indicate where annual leave is used in place of sick leave

Calculation:

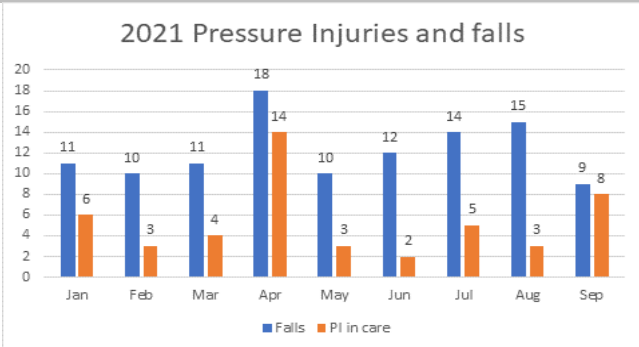
Denominator = total paid hours
 Numerator = hours paid as sick leave



Quality


Graph L. Pressure Injuries/Falls
 Patient safety and care indicators for key measures.

Calculation: count of events each month (not individual patients)



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|  <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p> | Discussion Paper |
| | 25 February 2022 |
| Author | Kilian O’Gorman, Business Support Manager, Strategy, Commissioning and Population Health |
| Endorsed by | Ron Dunham, General Manager Strategy, Commissioning and Population Health |
| Subject | Preliminary Q2 Reporting: non-financial performance measures |
| Equity Considerations | Equity considerations are integral to the performance framework |
| <p>Recommendations</p> <p>Management recommend that the Board of Whanganui District Health Board:</p> <ol style="list-style-type: none"> a. Receive the paper titled Preliminary Q2 Reporting; Non-financial performance measures b. Note that Quarter 2 results are preliminary. | |

1. Purpose

This paper provides an update on Preliminary Quarter 2 Non-Financial Performance Framework results

2. Index

- 2) Preliminary Ratings Quarter Two Non-Financial performance framework measures
- 3) Detailed quarterly reports to the Ministry of Health for Quarter 2

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2) Preliminary Ratings Quarter Two Non-Financial performance framework measures

| Measure | | | | | | Q-1 | Q-2 | Q-3 | Q-4 |
|--------------------------------------------------------------------------------------------------------------------|----------|---------|--------------|-----------|------------|-----|-----|-----|----------|
| <i>Ratings confirmed?</i> | | | | | | ✓ | ✗ | | |
| <i>Key</i> | Achieved | Partial | Not achieved | Not req'd | Update due | | | | 14/02/22 |
| Child-wellbeing | | | | | | | | | |
| CW01: Children caries-free at five years of age | | | | | | | | | |
| CW02: Oral Health- Mean DMFT score at school Year 8 | | | | | | | | | |
| CW03: Improving the number of children enrolled in and accessing the Community Oral Health Service. | | | | | | | | | |
| CW04: Utilisation of DHB-funded dental services by adolescents from School Year 9 up to and including age 17 years | | | | | | | | | |
| CW05: Immunisation coverage 8 month | | | | | | | | | |
| CW05: Immunisation coverage 5 year | | | | | | | | | |
| CW05: Immunisation coverage HPV | | | | | | | | | |
| CW05: Immunisation coverage influenza | | | | | | | | | |
| CW06: Improving breast- feeding rates | | | | | | | | | |
| CW07: Improving newborn enrolment in Gen. Practice | | | | | | | | | |
| CW08: Increased Immunisation 2 years | | | | | | | | | |
| CW09 Better help for smokers to quit (Maternity) | | | | | | | | | |
| CW10: Raising healthy kids | | | | | | | | | |
| CW12: Youth mental health | | | | | | | | | |
| Mental wellbeing | | | | | | | | | |
| MH01: Improving the health status of people with severe mental illness through improved access | | | | | | | | | |
| MH02: Improving mental health services using wellness and transition (discharge) planning | | | | | | | | | |
| MH03: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds | | | | | | | | | |
| MH04: Mental Health and Addiction Service Development PRIMARY | | | | | | | | | |
| MH04: Mental Health and Addiction Service Development SUICIDE PREVENTION | | | | | | | | | |
| MH04: Mental Health and Addiction Service Development CRISIS RESPONSE | | | | | | | | | |
| MH04: Mental Health and Addiction Service Development OUTCOMES FOR CHILDREN | | | | | | | | | |
| MH04: Mental Health and Addiction Service Development EMPLOYMENT & PHYSICAL NEEDS | | | | | | | | | |
| MH05: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders | | | | | | | | | |
| MH06: Output delivery against plan | | | | | | | | | |

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| MH07: Improving mental health services by improving inpatient post discharge follow-up rates | | | | |
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| Measure | Q-1 | Q-2 | Q-3 | Q-4 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------|-----|-----|
| Primary health care | | | | |
| PH01: Improving System Integration & SLMs | | | | |
| PH02: Improving the quality of data collection in PHO and NHI registers | | | | |
| PH03: Improving Maori enrolment in PHOs to meet the national average of 90% | | | | |
| PH04 :Better help for smokers to quit (primary care) | | No Rating | | |
| Improving wellbeing through prevention | | | | |
| PV01: Improving breast screening coverage and equity for priority women. | | | | |
| PV02: Improving cervical screening coverage and equity for priority women. | <i>Measure Removed (MoH)</i> | | | |
| Strong and equitable public health and disability system | | | | |
| SS01: Faster cancer treatment (31 days) | | | | |
| SS02: Delivery of Regional Service Plans | <i>Measure Removed (MoH)</i> | | | |
| SS03: Ensuring delivery of service coverage | | | | |
| SS04: Implementing the Healthy Ageing Strategy | | No Rating | | |
| SS05: Ambulatory sensitive hospitalisations (ASH adult) | | No Rating | | |
| SS06: Better help for smokers to quit in public hospitals | <i>Reporting by WDHB no longer required due to progress made 2020</i> | | | |
| SS07: Planned Care Measures | | No Rating | | |
| SS09: Improving the quality of identity data NHI | | No Rating | | |
| SS09: Improving the quality of identity data NATIONAL COLLECTIONS | | | | |
| SS09: Improving the quality of identity data PRIMHD | | | | |
| SS10: Shorter stays in Emergency Departments | | No Rating | | |
| SS11: Faster cancer treatment (62 days) | | | | |
| SS12: Engagement and obligations as a Treaty partner | | No Rating | | |
| SS13: FA1 Long Term Conditions | | No Rating | | |
| SS13: FA2 Diabetes services | | | | |
| SS13: FA3 Cardiovascular health | | | | |
| SS13: FA4 Acute heart services | | | | |
| SS13: FA5 Stroke services | | No Rating | | |
| SS15: Improving waiting times for colonoscopies | | No Rating | | |

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| SS17: Delivery of Whānau Ora | | | | |
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3) Detailed reports to the Ministry of Health for Quarter TWO

CHILD WELLBEING

CW03: Improving the number of children enrolled in and accessing the Community Oral Health Service

| | ALL ETHNICITIES | | | | | MĀORI ONLY | | | | |
|------------------------------------------|----------------------------|-----------------------|--------------------|----------------------|-----------------|----------------------------|-----------------------|--------------------|----------------------|-----------------|
| | Number of Children Overdue | Total Number Enrolled | Percentage Overdue | Longest waiting time | | Number of Children Overdue | Total Number Enrolled | Percentage Overdue | Longest waiting time | |
| | | | | Duration (in months) | Number Affected | | | | Duration (in months) | Number Affected |
| Pre-School Children (age 0 -4) | 480 | 4,431 | 11% | 10 | 2 | 193 | 1,773 | 11% | 10 | 1 |
| Primary School Children (age 5 - Year 8) | 575 | 8,106 | 7% | 11 | 1 | 251 | 3,242 | 8% | 9 | 2 |
| TOTAL | 1,055 | 12,537 | 8% | 11 | 1 | 444 | 5,015 | 9% | 10 | 1 |

| | PACIFIC ONLY | | | | | OTHER | | | | |
|------------------------------------------|----------------------------|-----------------------|--------------------|----------------------|-----------------|----------------------------|-----------------------|--------------------|----------------------|-----------------|
| | Number of Children Overdue | Total Number Enrolled | Percentage Overdue | Longest waiting time | | Number of Children Overdue | Total Number Enrolled | Percentage Overdue | Longest waiting time | |
| | | | | Duration (in months) | Number Affected | | | | Duration (in months) | Number Affected |
| Pre-School Children (age 0 -4) | 20 | 177 | 11% | 5 | 1 | 267 | 2,481 | 11% | 10 | 1 |
| Primary School Children (age 5 - Year 8) | 23 | 324 | 7% | 3 | 1 | 301 | 4,540 | 7% | 11 | 1 |
| TOTAL | 43 | 501 | 9% | 5 | 1 | 568 | 7,021 | 8% | 11 | 1 |

Summary of results: Number of enrolled pre-school and primary school children overdue for their scheduled examinations

Please provide a summary of the DHB's performance in the Progress Report section below. Please add additional rows as required

Progress report

Consistent coverage at 5 fixed sites. All 51 mobile sites visited and treatment provided at least once this year. High risk schools visited twice.

High risk schools are our focus. All visited twice and treatment provided on site at mobiles during 2021.

We planned to reduce the arrears to 6% but were unable to achieve this. We have however covered all bases. While some schools have waited longer for a visit than we would like, we have been/covered all schools. Our GA list waiting time is 4 months. We maintain compliance here. Those children who are referred for GA who are urgent are brought forward to a 6-8 week wait.

Actions to address issues/barriers impacting on performance

Please provide a brief summary of any issues arising in the quarter that affected ability to meet the arrears target and how these are being addressed

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| Larger arrears than usual as a result of the lockdown. Children absent from school in reasonably large numbers. Loss of a dental therapist to the vaccine mandate. General sickness amongst staff. Sick leave for surgery amongst aging workforce. |
| Hosted five AUT 3rd year students, hoping that one would want to come to Whanganui. But no luck here. |
| New initiatives and successes |
| Mobile sites at all Whanganui city secondary schools. All rural secondary schools covered by fixed sites in Ohakune, Taihape and Marton. 1368 teenagers enrolled with 5 % arrears. 43% of the enrolments are Maori . |

CW05: Immunisation coverage 8 month

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| Indicator 1: Immunisation coverage at 8 months (B CW05, FA1) 21/22 |
| Contact (role and name): |
| <p>Target definition Percentage of eligible children fully immunised at eight months of age for total DHB population, Māori and Pacific. Achievement requires that the target is met for the total population and the equity gap between Māori and non-Māori is no more than two percent.</p> <p>Note: Immunisation coverage of less than 90 percent for any one of the priority groups, or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results.</p> |

| | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|----------------|-----------------|----------------------|----------------------|
| Summary of results: Coverage at age 8 months | | | | | | |
| <i>Please complete the table (optional) and provide a brief summary of the DHB's performance in the Progress Report section.</i> | | | | | | |
| Target: 95% | Total | Māori | Pacific | Dep 9-10 | Change: total | Change: Māori |
| Q1 2021/22 | 82.1% | 76% | 88.9% | 82.1% | +0.2% | +6.9% |
| Q2 2021/22 | 84.0% | 78.9% | 88.9% | 84.0% | +2.1% | +3.6% |
| Q3 2021/22 | | | | | | |
| Q4 2021/22 | | | | | | |
| Progress report | | | | | | |

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| <p>Not immunised on time</p> <p>There were 15 children not immunised on time.</p> <ul style="list-style-type: none"> • One has completed but after turning eight months. • Five children have not started any immunisations,1 has social/housing issues,1 is sick,1 is delaying starting til 6mths,1 has moved but we don't have their new address and the final child we have been unable to contact. • Four have had their 6weeks but not completed 3/5mth. Two have social/housing issues,1 we have not been able to local and the last 1 has declined outreach services • Five are needing their 5mth immunisations only are engaged with outreach. <p>10 of the 15 children who have not completed on time were Maori These children came from both rural and urban GP's but 5 were from rural areas and 1 had no GP</p> <p>Decliners: This quarter saw 18 children decline 13 of whom were Maori</p> |
| <p>New initiatives and successes this quarter</p> <ul style="list-style-type: none"> • 7-week project continues to highlight 4-6 children most weeks who have not completed their 6week event. Working with both the NIR, GP practice and the new-born enrolment lead at WRHN to decrease the number not starting on time. • Started linking with hotels/motels who provide emergency housing so we can follow up earlier for families who are without GP or due/overdue immunisations |
| <p>Issues/barriers impacting on performance and actions taken</p> <p><i>Please provide a brief summary of any issues arising in the quarter that affected ability to meet the immunisation target and how these are being addressed</i></p> <ul style="list-style-type: none"> • Impact of COVID-19 immunisation on resources |

CW05: Immunisation coverage 5 year

| |
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| <p>Indicator 3: Immunisation coverage at 5 years (B CW05, FA2) 21/22</p> |
| <p>Contact (role and name):</p> |
| <p>Target definition</p> <p>Percentage of eligible children fully immunised at 5 years of age for total DHB population, Māori and Pacific. Achievement requires that the target is met for the total population and the equity gap between Māori and non-Māori is no more than two percent.</p> <p>Note: Immunisation coverage of less than 90 percent for any one of the priority groups, or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results.</p> |

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|----------------|-----------------|----------------------|----------------------|
| <p>Summary of results: Coverage at age 5 years</p> <p><i>Please complete the table (optional) and provide a brief summary of the DHB's performance in the Progress Report section.</i></p> | | | | | | |
| Target: 95% | Total | Māori | Pacific | Dep 9-10 | Change: total | Change: Māori |
| Q1 2021/22 | 82.3% | 75.2% | 85.7% | 77.7% | -4.9% | -7.5% |
| Q2 2021/22 | 82.5% | 71.7% | 100% | 75.0% | -0.3% | -4.7% |
| Q3 2021/22 | | | | | | |

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| Q4 2021/22 | | | | | | |
| Progress report | | | | | | |
| <p>Not immunised on- time:</p> <ul style="list-style-type: none"> • There were 24 children not immunised on time • 18 of these were Māori. • Twelve were only missing their 4yr immunisation • Three of the 24 have completed their B4 School check • Six children we had not been able to locate • 2 were on catch up from overseas <p>Decliners: This quarter saw 12 decliners</p> <ul style="list-style-type: none"> • Ten were Maori, • Mixture of both rural and urban GP's | | | | | | |
| New initiatives and successes this quarter | | | | | | |
| <ul style="list-style-type: none"> • Started linking with hotels/motels who provide emergency housing so we can follow up earlier for families who are without GP or due/overdue immunisations | | | | | | |
| Issues/barriers impacting on performance and actions taken | | | | | | |
| <p><i>Please provide a brief summary of any issues arising in the quarter that affected ability to meet the immunisation target and how these are being addressed</i></p> | | | | | | |
| Impact of COVID-19 immunisation on resources | | | | | | |

CW05 Immunisation coverage - FA4: Influenza immunisation at age 65 years and over 21/22

No report required this quarter

CW06 Improving breastfeeding rates

No report required this quarter

CW07 Improving new-born enrolment in General Practice

QUARTER 2 2021-2022

Period: 16 September to 15 December 2021

Measure 1

Number of newborns enrolled with a general practice by 6 weeks of age

| |
|------------------------------|
| % Enrolled by 6 weeks of age |
| 70.4% Total |
| 58.8% Māori |

15.4% above target of 55% for total population.

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Measure 2

| |
|-------------------------------|
| % Enrolled by 3 months of age |
| 90.6% Total |
| 77.1% Māori |

5.6% above target of 85% for total population**(n=19 Māori not enrolled)**

The WDHB is leading an integration working group across LMC, general practice and WCTO with a focus on improved collaboration and sharing of information and referral pathways. One workstream is focused on the implementation of the best start tool in general practice and improving new born enrolment rates.

The 2 PHOs are actively working together to look at improving these rates, and to identify earlier those that are not enrolled so that outreach can begin to locate them before 6 weeks. We have made progress in terms of improving our 3 month enrolment target of 4.4% for the total population and a 3% increase for Māori.

CW08 Immunisation coverage at 2 years 21/22

| Indicator 2: Immunisation coverage at 2 years (B CW08) 21/22 | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|----------------|-----------------|----------------------|----------------------|
| Contact (role and name): | | | | | | |
| Target definition Percentage of eligible children fully immunised at 2 years of age for total DHB population, Māori and Pacific. Achievement requires that the target is met for the total population and the equity gap between Māori and non-Māori is no more than two percent. Note: Immunisation coverage of less than 90 percent for any one of the priority groups, or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. | | | | | | |
| Summary of results: Coverage at age 2 years (24 months) <i>Please complete the table (optional) and provide a brief summary of the DHB's performance in the Progress Report section.</i> | | | | | | |
| Target: 95% | Total | Māori | Pacific | Dep 9-10 | Change: total | Change: Māori |
| Q1 2021/22 | 81.8% | 72.6% | 100% | 77.1% | +4.7% | +8.6% |
| Q2 2021/22 | 83.1% | 73.7% | 88.9% | 80.3% | +1.6% | +1.9% |
| Q3 2021/22 | | | | | | |
| Q4 2021/22 | | | | | | |
| Progress report | | | | | | |

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| <p>Not immunised on- time: There were 17 children not immunised on time</p> <ul style="list-style-type: none"> • Two have been completed after the child turned 2yrs • Eight need to complete their 2nd MMR to be up to date. • Five need to complete both 12mth and 15mth events to be up to date. • Two have gone with no follow up address. <p>Decliners: This quarter saw 26 decliners</p> <ul style="list-style-type: none"> • 13 were Maori, • 13 declined all immunisations. |
| <p>New initiatives and successes this quarter</p> <ul style="list-style-type: none"> • Started linking with hotels/motels who provide emergency housing so we can follow up earlier for families who are without GP or due/overdue immunisations |
| <p>Issues/barriers impacting on performance and actions taken <i>Please provide a brief summary of any issues arising in the quarter that affected ability to meet the immunisation target and how these are being addressed</i></p> |
| <p>Impact of COVID-19 immunisation on resources</p> |

CW09 Better help smokers to quit (maternity) 21/22

Whole of DHB

| | Number of events (a) | Number of Smokers | Brief advice given | Offered cessation support | Referred to cessation support | Smokers' gestation (weeks) (b) | % offered brief advice | % offered advice and support to quit | % accepted cessation support | Smoking prevalence (c) |
|-------|----------------------|-------------------|--------------------|---------------------------|-------------------------------|--------------------------------|------------------------|--------------------------------------|------------------------------|------------------------|
| ALL | 7 | 1 | 1 | 1 | 1 | 11 | 100 | 100 | 100 | 14.3 |
| MAORI | 1 | 1 | 1 | 1 | 1 | 11 | 100 | 100 | 100 | 100 |

| | | |
|-----------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|
| 2020/21 Better help for smokers to quit quarterly reporting template - Maternity | | |
| DHB: | WDHB | <i>please select from the drop down box</i> |
| Reporting Quarter: | Q2 | <i>please select from the drop down box</i> |
| Name and contact details of person completing the report | Rosie McMenamin Rosie.mcmenamin@wdhb.org.nz | |
| Please answer ALL of the questions below | | |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>What planning has occurred in your DHB to support the maternity health target, specifically for Māori and Pacific women?</p> <p>Please include information on how your DHB is supporting LMCs and/or DHB-employed midwives to increase the number of pregnant women being offered brief advice and support to quit smoking.</p> | <p>We are in discussion with a beautiful new Maori run company who provide breathing necklaces to help with stress and anxiety. I'm hoping to secure funding and run a project on how to breathe properly to reduce stress and help in labour.</p> <p>New training resources have been developed and LMC's will be handed out special vaping in pregnancy guidebooks based on a UK resource to help offer advice. Regular College of Midwife meetings are attended by our Tobacco co-ordinator where long term relationships have been fostered.</p> | <p><i>Target: 90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.</i></p> |
| <p>What actions and/or projects is your DHB undertaking that reduces smoking in pregnancy, specifically for Māori and Pacific women?</p> | <p>We have now got our regional vaping position statement signed off and are looking forward to setting up some projects to provide vapes to our Hapū clients as an alternative to smoking from our quit service. Working with our rural populations is key to this success.</p> | |
| <p>Is there anything else you would like to tell the Ministry?</p> | <p>We plan to aid those with Covid who smoke and send out Vape kits and smoking in pregnancy info with welfare packs to prevent further spread in the community and encourage the use of a less harmful nicotine delivery system. After comparing last years Q2 prevalence rates there has been a drop of 6% in our rohe!</p> | |

CW10 Raising Healthy Kids

CW10 Raising healthy kids Q2 2021/22

| Name of DHB: Whanganui | Quarter reported on: Q2 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Target performance to date and rate of progress based on data provided. | |
| DHB Comments: | Result for Quarter MOH data: Total 81% By ethnicity: Other 64% Māori 89% |
| <p>Your activity to support the achievement of the target and initiatives to realise a reduction in childhood obesity, as reflected in your commitments in your Annual Plan, including:</p> <ul style="list-style-type: none"> • progress with getting referrals acknowledged from the B4 School Check (B4SC) • progress with the development of referrals pathways from the B4SC for assessment and family based nutrition, activity and lifestyle interventions • activity to ensure DHBs, PHOs and other primary care and community partners work together to ensure families experience seamless transition and support post referral from the B4SC • activity to support primary care and community partners having the conversation with families. | |
| DHB Comments: | Business as usual. |
| Barriers to achieving the target and mitigation strategies over the next quarter by DHB and the PHOs. | |
| DHB Comments: | Issues with parents not accepting that their child is obese and therefore not willing to be reviewed. |
| Collective action and link to broader approach to reducing childhood obesity across government agencies, the private sector, communities, schools, families and whānau. | |

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| DHB Comments: | WDHB continues to engage with Sport Whanganui to develop a collaborative approach to deliver healthy eating and physical activity in schools, kura, kohanga reo and early learning services to create supportive environments priority populations and settings. |
| | What the DHB is doing to build in evaluation, measure effectiveness, and monitor outcomes over time. |
| DHB Comments: | Area for development. |

| Completed | Obese and Over | Obese and Over & Referral Acknowledged | Obese and Over & Referral Sent but not Acknowledged | Obese and Over & Not Referred | Obese and Over & Under Care | Obese and Over & Referral Declined | Obese and Over Health Target Rate |
|-----------|----------------|----------------------------------------|-----------------------------------------------------|-------------------------------|-----------------------------|------------------------------------|-----------------------------------|
| 378 | 11% | 60% | 0% | 20% | 13% | 8% | 80% |

CW12: Youth Health Initiatives 2021/22

Improving Child Wellbeing CW12: Youth Health Initiatives 2021/22

By delivering youth health initiatives district health boards (DHBs) will support Government's priority to make New Zealand the best place in the world to be a child and our health system outcome priority that we have equity for Māori and other groups.

This measure reports on three youth health focus areas.

- Focus Area 1: Improve the responsiveness of primary care to youth.
- Focus Area 2: School Based Health Services (SBHS) in secondary schools, teen parent units and alternative education facilities.
- Focus Area 3: Youth Primary Mental Health services (reported under MH04).

Focus area 1: Improve the responsiveness of primary care to youth

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reporting requirement |
| Describe actions undertaken in this quarter to ensure the high performance of the youth SLAT (or equivalent) in your local alliancing arrangements. |
| Actions |
| Unfortunately, we were unsuccessful in our tender for the youth primary mental health RFP. Despite huge efforts in partnership with our Iwi and NGO colleagues, we were not considered. |
| The Maternal child and youth service level alliance has met regularly over this past year with good community engagement. Each session has had a particular focus and opportunity to workshop identified areas of concern. The last session of the year focused on developing a single point of entry for DHB child and youth services and toxic stress in schools. It is anticipated that the first hui of the year will have a specific youth focus, led by youth themselves. |
| Part of the plan for youth mental health was to enhance the counselling/wellbeing services offered via our youth one stop shop; however, as mentioned above, this was not possible as we were not successful with the RFP. We will consider now if there are other ways of addressing the high volume |

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of youth wanting to access their counselling service. We have begun some discussions with the DHB community mental health services to explore if there could be more integration between the YOSS and the CMH, discussions are on-going.

Reporting requirement

Name and describe progress on your actions to improve the health of the DHB's youth population.

- *Name actions, measures, and milestones with dates.*
- *Describe progress on milestones. If off track, please provide mitigation strategies to get on track.*
- *Add table rows as required.*

| Action | Progress |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New service provider for youth planned and crisis respite is Mash Trust is Palmerston North. Youth have been accessing this service since July. Initial feedback from clinicians and youth has been positive. This service can manage youth with a higher level of acuity, has day programmes and can see children as young as 5 years. | On Track, Off Track (manageable), Off Track (risk) |
| Additional funding has been allocated to Youth Services Trust (YOSS) to cope with increased numbers of youth wanting to access their mental health and counselling service. They have been able to improve their triaging by using a registered social worker who can also see any urgent or more | The DHB provided additional funding in the first instance, unsuccessful tender for youth primary mental health RFP> |
| He Puna Ora, a new service for hapu mama with AOD issues and not connected to services is getting up and running and will be delivered by our Maori health providers using a kaupapa Maori approach | On track, service review complete after one year. The service is slowly developing its unique approach based on mātauranga Māori and whanau ora approach. Looking at how this can be further integrated within other Iwi health services. |
| Transgender pathway development A single point of entry has been formed for the under 25-year-old transgender population within the community. All referrals will be received by the Public health/Sexual health clinic and triaged. For those clients over the age of 25 years, information, support and resources will be provided and possible recommendations to the general practitioner around treatment, maintenance and screening as per the Guidelines for Gender Affirming Healthcare. For the under 25 years, we have worked collaboratively with YST. The referral will be received, a confirmation letter will be sent to the client which will outline the initial appointment and what to expect. During the assessment their goals will be assessed and if puberty blockers or hormone therapy is wanted recommendations will be sent to | On track and completed |

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| the general practitioner for treatment. The DHB will continue to support the client as and if needed | |
| Single point of entry for children and youth project to enhance access to hospital services | Funding approved for project manager to lead the project, recruitment in progress. |

Focus area 2: School Based Health Services (SBHS)

SBHS Narrative Report: Quarter Two, October – December 2021

Service

The attached reporting links both qualitative and quantitative information from October to December 2021. The Following identifies what is working well, areas of improvements, barriers, emerging themes and trends.

The PHN team continues to deliver the School Based Health Services in the school environment decile 1-5 within the WDHB catchment. Clinic contacts made through Quarter Two a total number of 80 contacts, with total year contacts of 835 students visits in school clinics for 2021.

Priority continues to identify and engage with high-risk students identified by the schools and Maori, Pacifica students. The PHNs have seen and completed HEEADSSS on 81 percent of the identified high-risk group. The high priority group that PHNs have not engaged with have either not returned to school or justified reason for not being at school.

PHNs have continued to have the opportunity to refer any complex student needs to a Nurse Practitioner (NP) which is available 4 hours a week, giving advice, treatment, referrals to other agencies as needed.

Area of improvement

SBHS has had difficulties obtaining space in the schools to complete HEEADSSS assessments and clinics. We have discussed and placed a contingency plan to utilise the newly wrapped Waka Hauora, the Health Bus, we have the opportunity to book and to be able to offer a private, safe space for students to be seen. Unfortunately, this hasn't come to fruition as it has been deployed for the Covid vaccine drive which is well needed at this stage. Potential for availability next year in 2022, if available.

Promoting and providing resource and management for Transgender pathway which PHNs can refer to Sexual health Clinic to support, until SBHS pathway is completed.

Barriers

PHNs business as usual requested on the 11/10/21, this has meant that a contingency plan was implemented, where PHN was available to cover for urgent referrals. This has meant that

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the SBHS and Clinics have not been operating since 11/10/21, accessed for the service has mainly been contraceptive prescribing repeat students. Most students around Term 4 are currently studying or in exams and tend to make an opportune visit to clinics as and when they are available on days present in the school. Because this service is not operating, we haven't had the same number attending, high risk students would not have been seen.

Uncertain times with SBHS due to all PHNs working in Covid contact tracing role for 2022. Currently this has been at the detriment of students and schools, uncertainty as to 2022 for SBHS when will business as usual commence or plans to be put in place to cover. Ongoing conversations with WDHB for future planning will be required in the very near future to manage.

Awaiting further resources support for students vaping aimed at youth required. Following the ARFNZ/SPANZ Vaping in NZ Youth Survey 2021– which many of the schools in the WDHB catchment weren't aware of survey to be able to participate. Results from school responses; a small cohort sampled of the low decile and Maori, not a true picture of trends. We have also seen increasing use of vaping products in year 7-8 students has been reported by the PHNs.

Whanganui regional services are under pressure many have long waiting lists or have closed their bookings until further notice, adding to the pressure of who the PHNs can refer to. PHNs continue to encourage students to use any external services, agencies and networks as part of the SBHS contract.

Themes

We have received reports from teachers and students regarding low attendance in school. Students have stated they are unwell with Covid like symptoms, and not been tested then informed not to come to school, until all symptoms are resolved. Conversations have been instigated to address anxiety and concerns by PHNs. Also reports that families and students themselves worried about going to school due to the anxiety, fear of catching Covid, this has greatly impacted on their learning and attendance records. Referrals to agencies include, Dietitian, Active Families, Audiology, Dental, GP, MICAMHAS, SUPP, Nurse Practitioner, Youth Services Trust, Family Planning, Oranga Tamariki – Reports of Concern, numerous conversations with Child Protection and Oranga Tamariki Liaison for the WDHB.

SBHS has utilised services; Family Planning (who now have waiting times to be seen) and Youth Services Trust directing students to access their services due to the unavailability of the PHNs due to Covid response, decreased clinics in schools. Increased anxiety, anger, vaping with nicotine – when students have never smoked a cigarette before. Contraception advice, treatment for students as requiring to cover over the school holiday break has increased, fortunately we have had a SBHS PHN cover as and when needed.

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| Intended Outcome | Measure | Measure Numerator Description | DHB Numerator | Disaggregation |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| Availability of primary health care services in secondary schools | M1: Percentage of all facilities with SBHS (providing a service as per the tier three service specification) | N1: Number of facilities with SBHS (secondary and composite schools of all deciles, teen parent units (TPU) and alternative education facilities (AE)) | 14 | |
| | M2: Percentage of eligible facilities with mandatory SBHS | N2: Number of facilities with SBHS (secondary schools, composite schools, TPU and AE) | 14 | |
| Youth access to appropriate primary health care services | M3: Percentage of eligible students who have access to SBHS | N3: Number of secondary school aged students attending facilities with SBHS (secondary schools, composite schools) TPU and AE) | 1,757 | European / Pakeha |
| | | | 1,361 | Maori |
| | | | 107 | Pasifika |
| | | | 115 | Asian |
| | | | 131 | Other |
| | | | 3,471 | Total |
| | M4: Percentage of students eligible for a routine health assessment (including HEEADSSS assessment) who have had an assessment this calendar year to date (all year 9 students and all students in TPU and AE) | N4: Number of students attending facilities eligible for a routine health assessment who have had an assessment this calendar year | 244 | European / Pakeha |
| | | | 273 | Maori |
| | | | 15 | Pasifika |
| | | | 14 | Asian |
| | | | 2 | Other |
| | | | 548 | Total |
| | M5: Percentage of students who visited SBHS nurse this calendar year to date (including advice or treatment, and excluding routine health assessments) | N5: Number of students attending eligible facilities who have visited the SBHS nurse this calendar year to date | 73 | European / Pakeha |
| | | | 90 | Maori |
| | | | 3 | Pasifika |
| | | | 3 | Asian |
| | | | 0 | Other |
| | | | 169 | Total |
| M6: Student visit rate (including advice or treatment, and excluding routine health assessments) | N6: Number of student visits to SBHS nurse this calendar year for students attending relevant facilities | 144 | European / Pakeha | |
| | | 161 | Maori | |
| | | 3 | Pasifika | |
| | | 5 | Asian | |
| | | 0 | Other | |
| | | 313 | Total | |
| Number of interventions | M7: Percentage of SBHS interventions that were for mental health concerns | N7: Number of interventions for mental health (including advice, treatment and referrals resulting from any visit or health assessment) | 26 | Total |
| | M8: Percentage of SBHS interventions that were for sexual health | N8: Number of interventions for sexual health (including advice, treatment and referrals resulting from any visit or health assessment) | 122 | Total |
| Youth health population outcomes | M9: Percentage of students who had a health assessment who are within healthy BMI range | N9: Number of students attending facilities assessed who are within healthy BMI range | 151 | European / Pakeha |
| | | | 123 | Maori |
| | | | 6 | Pasifika |
| | | | 11 | Asian |
| | | | 2 | Other |
| 293 | Total | | | |

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| Improved quality of SBHS | M10: Percentage of students who report that their last visit with a SBHS health care professional was private and confidential | N10: Number of students attending facilities who report that their last visit with a SBHS health care professional was private and confidential | 104 | <i>Note: survey and reporting required annually, due January.</i> |
| | M11: Percentage of facilities (or groups of facilities) with SBHS who have submitted a satisfactory written continuous quality improvement programme (based on the "Youth Health Care in Secondary Schools: A framework for continuous quality improvement") | N11: Number of secondary and composite schools, TPU and AE with SBHS which have an active continuous quality improvement programme (as an individual school or as a group of schools) | 0 | |
| Best value for public health system resources | M12: Ratio of Registered Nurse (RN) FTE to number of students attending school with SBHS | N12: Total number of RN FTE for SBHS to secondary schools, TPU and AE | 0.19 | TPU / AE |
| | | | 1.83 | All decile schools |
| | M13: Total cost of SBHS per student | N13: Total cost of SBHS to secondary schools, TPU and AE (paid by DHB, PHO and school for SBHS, including optional additions) Note: if you can't split out the costs, just select "No" under cell F3 and enter the whole amount in cell D40 | | All facilities |
| | M14: Number of completed health assessments and student visits to RN per RN FTE | N14: Number of completed routine health assessments, plus number of student visits to SBHS nurse to date this calendar year for facilities (as per N4 and N6) | 22 | TPU / AE |
| | | | 347 | All decile schools |

| Intended Outcome | Measure Denominator Description | DHB Denominator | Disaggregation | Goal | DHB Result (Calendar Year to Date) |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|-------|------------------------------------|
| Availability of primary health care services in secondary schools | D1: Total number of secondary schools, TPU and AE in the DHB area (all deciles, including composite schools with secondary school aged students) | 16 | | | 87.5% |
| | D2: Total number of eligible facilities in the DHB area (secondary schools, composite schools, TPU and AE) | 14 | | 90% | 100.0% |
| Youth access to appropriate primary health care services | D3: Total number of secondary school aged students attending eligible facilities in the DHB area (secondary schools, composite schools) TPU and AE) | 1,757 | European / Pakeha | 95% | 100.0% |
| | | 1,361 | Maori | 95% | 100.0% |
| | | 107 | Pasifika | 95% | 100.0% |
| | | 115 | Asian | 95% | 100.0% |
| | | 131 | Other | 95% | 100.0% |
| | D4: Total number of students attending facilities eligible for a routine health assessment | 3,471 | Total | 95% | 100.0% |
| | | 413 | European / Pakeha | 95% | 59.1% |
| | | 345 | Maori | 95% | 79.1% |
| | | 22 | Pasifika | 95% | 68.2% |
| | | 22 | Asian | 95% | 63.6% |
| | 6 | Other | 95% | 33.3% | |
| | 808 | Total | 95% | 67.8% | |

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| | D5: Number of secondary school aged students attending eligible facilities with SBHS | 1,757 | European / Pakeha | | 4.2% |
| | | 1,361 | Maori | | 6.6% |
| | | 107 | Pasifika | | 2.8% |
| | | 115 | Asian | | 2.6% |
| | | 131 | Other | | 0.0% |
| | 3,471 | Total | | 4.9% | |
| | D6: Number of students attending facilities who have visited the SBHS nurse this calendar year to date | 73 | European / Pakeha | | 1.97 visits |
| | | 90 | Maori | | 1.79 visits |
| | | 3 | Pasifika | | 1.00 visits |
| | | 3 | Asian | | 1.67 visits |
| 0 | | Other | | | |
| 169 | Total | | 1.85 visits | | |
| Number of interventions | D7: Total number of interventions (including sexual health, mental health, ACC, general health and other) | 394 | Total | | 6.6% |
| | D8: Total number of interventions (including sexual health, mental health, ACC, general health and other) | 394 | Total | | 31.0% |
| Youth health population outcomes | D9: Number of students eligible for a routine health assessment who attend facilities and have had an assessment this calendar year (excluding students declined or were not applicable for this measure) | 215 | European / Pakeha | | 70.2% |
| | | 235 | Maori | | 52.3% |
| | | 11 | Pasifika | | 54.5% |
| | | 13 | Asian | | 84.6% |
| | | 2 | Other | | 0.0% |
| | | 476 | Total | | 61.6% |
| Improved quality of SBHS | D10: Total number of students attending facilities surveyed who had visited a SBHS health care professional in the last year | 114 | Note: survey and reporting required annually, due January. | 100% | 91.2% |
| | D11: Number of facilities with SBHS (secondary schools, composite schools, TPU and AE) | 14 | | 100% | 0.0% |
| Best value for public health system resources | D12: Number of secondary school aged students attending facilities with SBHS (as per N3) | 30 | TPU / AE | 1:200 | 1:158 |
| | | 1,231 | All decile schools | 1:750 | 1:672 |
| | D13: Number of secondary school aged students attending facilities with SBHS | 1,261 | All facilities | | \$0 |
| | D14: Total number of RN FTE for SBHS to secondary schools, TPU and AE | 0.19 | TPU / AE | | 115.8 |
| 1.83 | | All decile schools | | 189.5 | |

Focus area 3: Youth Primary Mental Health services

The reporting for this focus area is in MH04.

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This quarter we experienced an increase in referrals from the previous year

There has been the usual busy period before the closure of schools, the expected quietening just prior to the Christmas break did not occur and we found contact continued right up till Christmas.

Covid/Delta has continued to affect how SUPP operate within schools with more protocols about who can visit and how visits are conducted. SUPP have worked at relationships with schools so are considered a vital service and most of the schools continue to welcome their input.

Vaping continues to be an issue with young people who have never smoked but are taking up vaping and with the highest levels of nicotine. Young people new to nicotine are reporting using 60mg where chronic smokers are using 18-20 mgs. This is encouraged by the companies who make vape products by having pop flavours. It is the view of the team that this marketing towards young people should be closely monitored and in fact pop flavours should be banned. This is fostering a new level of addiction for young people. The use of high-level nicotine vapes, and energy drinks is leading to anxiety, poor concentration, poor sleep and the resulting impact on mental health.

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MENTAL WELLBEING

MH01: Improving the health status of people with severe mental illness through improved access

| | | 2020/21 Performance against target | | | 2021/22Q2 Performance against target | | |
|-----------|-----------|------------------------------------|--------|-----------|--------------------------------------|--------|-----------|
| Age Group | Ethnicity | 2020/21 | Target | Variance | 2021/22 Q2 | Target | Variance |
| 0-19 | Māori | 5.01% | 5.50% | - 0.49% ▼ | 5.04% | 5.50% | - 0.46% ▼ |
| | Other | 6.20% | 5.50% | 0.70% ▲ | 5.98% | 5.50% | 0.48% ▲ |
| | Total | 5.69% | 5.50% | 0.19% ▲ | 5.57% | 5.50% | 0.07% ▲ |
| 20-64 | Māori | 10.41% | 7.00% | 3.41% ▲ | 10.14% | 7.00% | 3.14% ▲ |
| | Other | 6.71% | 7.00% | - 0.29% ▼ | 6.48% | 7.00% | - 0.52% ▼ |
| | Total | 7.74% | 7.00% | 0.74% ▲ | 7.50% | 7.00% | 0.50% ▲ |
| 65+ | Total | 2.81% | 3.00% | - 0.19% ▼ | 2.90% | 3.00% | - 0.10% ▼ |

MH02: Improving mental health services using wellness and transition (discharge) planning.

Quarter 2 Reporting -12 Month Period to 30 September 2021.
Reporting 20 January 2022 – (data produced 1 quarter in arrears)

All clients will have at least one form of Wellness/Transition Plan on file

Audit of Wellness /Transition Plans in place - data to cover the 3 months to 30 September 2021.

Wellness (Relapse) Plans - data information (for those current clients who have been in the service more than 12 months) was extracted from JCC036 Mental Health Ethnicity Report which shows start and close dates for all referrals.

All clients have Wellness (Relapse) plans in at least one of the following forms – Letters to GP, Risk Assessments, CP Notes

Transition (Discharge) Plans - data information (for those clients who have been discharged from the service in the 12 months and had at least 3 face to face = minimal

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contact monthly been in service at least 3 months) was extracted from WDHB MHS JCC036 Ethnicity Report which shows start and close dates for all referrals.

All clients have Transition (Discharge) plans in at least one of the following forms –Transition Plans, Risk Assessments, CP Notes

Inpatient data information extracted from WDHB MHS JCC032 Admission-Discharge with LOS report . Plans found in Transition/Discharge CP Notes. Risk Assessments.

Note

- CMH Transition / Wellness Form still under review.
- Inpatient now have identified transition / discharge form being completed by RMOs usually found in CP notes not a CP form. Current Connecting Care Project reviewing forms using co design lens.

MH02 Quarter 2 – 12 months to 30 September 2021

| Percentage of MH&A clients discharged from MH&A community services with a transition (discharge) plan | | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Numerator | Denominator | Percentage |
| Number of MH&A clients discharged from the community with a transition (discharge) plan (Data Source: DHB) | Number of MH&A clients discharged from the community MH&A services (DHB data source DHB) | Percentage of MH&A clients discharged from the community with a transition (discharge) plan |
| 100 | 101 | 99% |
| Number of files audited with a transition (discharge) plan of acceptable standard (Data Source: DHB) | Number of files audited (Data Source: DHB) | Percentage with a transition plan of acceptable standard |
| 20 | 21 | 95% |

| Percentage of MH&A clients open to services for greater than 12 months with a wellness plan | | |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Numerator | Denominator | Percentage |
| Number of MH&A clients open to services for greater than 12 months with a wellness plan (Data Source: DHB) | Number of MH&A clients open to services for greater than 12 months (DHB data source DHB) | Percentage of MH&A clients open to services for greater than 12 months with a wellness plan |
| 112 | 115 | 97% |
| Number of files audited with a wellness plan of acceptable standard (Data Source: DHB) | Number of files audited (Data Source: DHB) | Percentage with a wellness plan of acceptable standard |
| 112 | 115 | 97% |

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| Percentage of MH&A clients discharged from MH&A adult inpatient services with a transition(discharge) plan | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Numerator | Denominator | Percentage |
| Number of clients discharged from MH&A inpatient services with a transition (discharge) plan (Data Source: DHB) | Number of clients discharged from MH&A inpatient services (DHB data source DHB) | Percentage of clients discharged from MH&A inpatient services with a transition (discharge) plan |
| 288 | 291 | 98% |
| Number of files audited with a transition (discharge) plan of acceptable standard (Data Source: DHB) | Number of files audited (Data Source: DHB) | Percentage with a transition (discharge) plan of acceptable standard |
| 77 | 79 | 97% |

MH03: Shorter waits for mental health services for under 25-year olds.

| Age/ethnicity | Number of new clients aged under 25 seen within three weeks this quarter reporting. | Total new clients aged under 25 this quarter reporting | Percentage seen within 3 weeks for this quarter reporting period. |
|----------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| Under 25-year olds Total | 85 | 101 | 84% |
| Under 25-year olds Māori | 22 | 26 | 85% |
| Under 25-year olds Pacific | 1 | 1 | 100% |
| Under 25-year olds Other | 62 | 74 | 84% |

| Balancing measure | |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Balancing measure e.g. waiting time to the 3rd face to face contact from the C&Y KPI programme | Measure this quarter e.g., Waiting time to the third face to face contact this quarter. |
| Balancing measure – waiting time from 1 st face to face 2 nd face to face | 80% seen within 3 weeks for this quarter reporting period 98% seen within 8 weeks for this quarter reporting period |
| | |

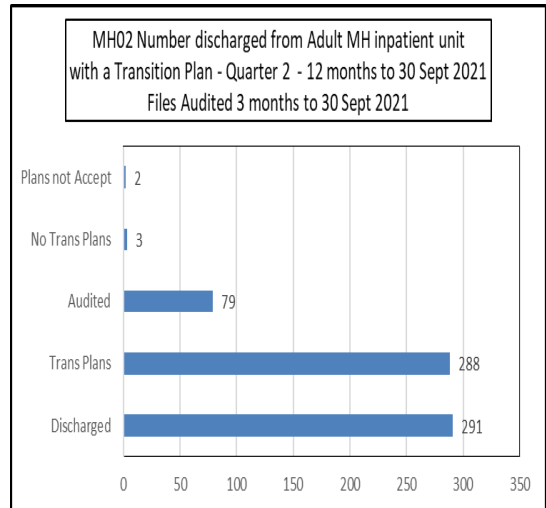
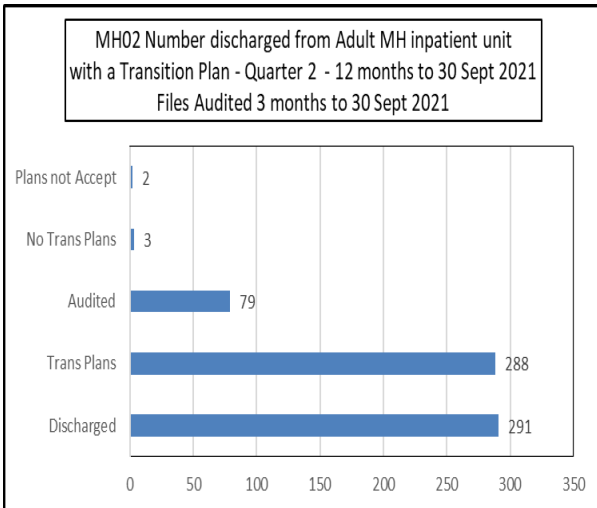
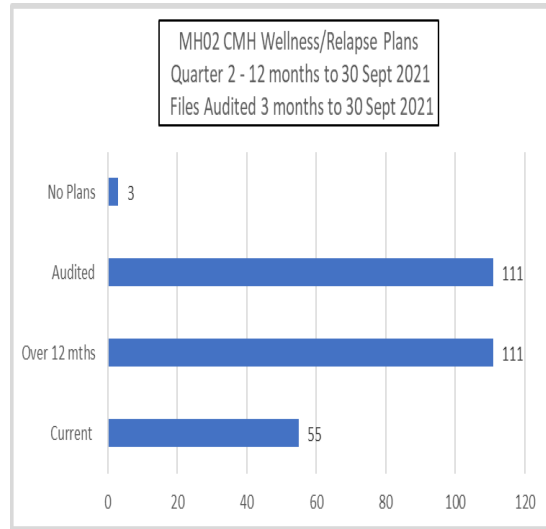
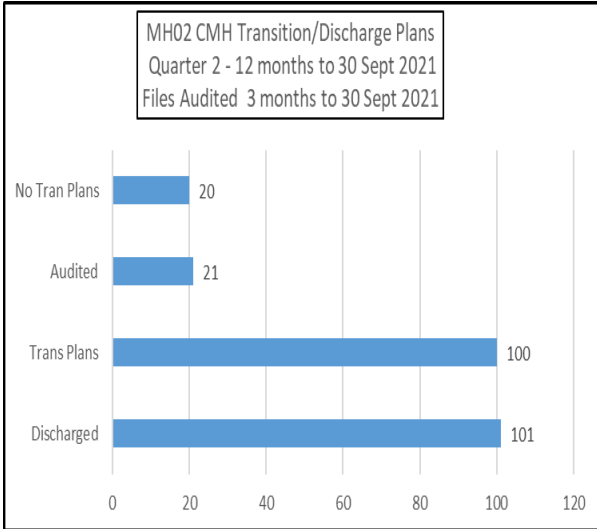
| Narrative | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| What actions are being undertaken to reduce waiting times for young people? | Previous actions taken such as the introduction of CAPA as a service model have improved wait times so annually targets are met |
| How is the DHB working across service boundaries (Adult and Child and Youth) to improve waiting times? | Clear communication and good working relationships between services |

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| <p>How are the DHB adult services prioritising the needs of 18-24-year olds?</p> | <p>There is an action in the WDHB Annual Plan for this which has not been progressed as there are too many vacancies within the service to be able to consider this at this stage.</p> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



MH04 Focus Area 1 Primary Mental Health and Addiction

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MH04 Focus Area 1

Quarterly Primary Mental Health and Addiction reporting template

DHB

Year

1 Client Information

The number of people where the service is begun or delivered in the quarter

Q1 Q2 Q3 Q4

People seen by service

Clients aged 12-19

- 1.1 Number of females seen
1.2 Number of males seen
1.3 Number of clients seen - unspecified gender
1.4 Total number of youth seen
1.5 People re-presenting to service

| | Q1 | Q2 | Q3 | Q4 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|
| 1.1 | 39 | 58 | | |
| 1.2 | 15 | 36 | | |
| 1.3 | 0 | 0 | | |
| 1.4 | 54 | 94 | 0 | 0 |
| 1.5 | Number of people who re-present and are seen by PMHI service within 6 months of concluding a course of treatment (note that this period is recorded across reporting years) | | | |

Clients aged 20+

- 1.11 Number of females seen
1.12 Number of males seen
1.13 Number of clients seen - unspecified gender
1.14 Total number of adults seen
1.15 People re-presenting to service

| | Q1 | Q2 | Q3 | Q4 |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| 1.11 | 286 | 317 | | |
| 1.12 | 140 | 132 | | |
| 1.13 | 0 | 1 | | |
| 1.14 | 426 | 450 | 0 | 0 |
| 1.15 | Number of people who re-present and are seen by PMHI service within 6 months of concluding a course of treatment (note that this period is recorded across reporting years) | | | |

Number of referrals

- 1.21 Number of referrals (12-19)
1.22 Number of referrals (20+)

| | Q1 | Q2 | Q3 | Q4 |
|------|-----|-----|----|----|
| 1.21 | 8 | 11 | | |
| 1.22 | 166 | 163 | | |

Ethnic group

Clients aged 12-19

- 1.23 NZ European
1.24 Maori
1.25 Pacific Island
1.26 Asian
1.27 Other

| | Q1 | Q2 | Q3 | Q4 |
|------|----|----|----|----|
| 1.23 | 32 | 42 | | |
| 1.24 | 22 | 48 | | |
| 1.25 | 0 | 0 | | |
| 1.26 | 0 | 0 | | |
| 1.27 | 0 | 0 | | |

Clients aged 20+

- 1.33 NZ European
1.34 Maori
1.35 Pacific Island
1.36 Asian
1.37 Other

| | Q1 | Q2 | Q3 | Q4 |
|------|-----|-----|----|----|
| 1.33 | 297 | 308 | | |
| 1.34 | 106 | 122 | | |
| 1.35 | 8 | 8 | | |
| 1.36 | 5 | 5 | | |
| 1.37 | 10 | 7 | | |

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| | | The average score at the start of care and at discharge for all clients discharged per quarter | |
|-------------------------|---------------------------|------------------------------------------------------------------------------------------------|---------|
| Kessler 10 Score | | Q2 at start | At exit |
| 1.43 | K10 average score (12-19) | | |
| 1.44 | K10 average score (20+) | 31 | 23 |

| | | Q2 at start | At exit |
|--------------------|-----------------------------|-------------|---------|
| PHQ-9 Score | | | |
| 1.45 | PHQ-9 average score (12-19) | | |
| 1.46 | PHQ-9 average score (20+) | | |

| | | Q2 at start | At exit |
|------------------------------|------------------------------|-------------|---------|
| Other outcome measure | | | |
| 1.47 | Average score (12-19) | | |
| 1.48 | Average score (20+) | | |
| 1.49 | What is the outcome measure? | | |

1.50 Please explain this measure

Note, K10 scores only for POC clients that have a score correctly recorded. It is average for scores recorded in the quarter rather than pre-post for clients discharged in the quarter. N=28 at start and n=21 at exit.

| Number of Referrals to | | Q1 | Q2 | Q3 | Q4 |
|-------------------------------|-----------------------------------------------------------------------|----|----|----|----|
| 1.51 | Psychologist/psychotherapist (youth 0-19) | 2 | 4 | | |
| 1.52 | Specialist CAMHS or Adult Mental Health Service (youth 12-19) | 3 | 2 | | |
| 1.53 | Psychologist/psychotherapist (youth 0-19) (PH/AV) | | | | |
| 1.54 | Specialist CAMHS or Adult Mental Health Service (youth 12-19) (PH/AV) | | | | |
| 1.55 | Psychologist/psychotherapist (adults 20+) | 18 | 23 | | |
| 1.56 | Specialist CAMHS or Adult Mental Health Service (adults 20+) | 30 | 24 | | |

2 Extended Consultations

Definition: The usual consultation period is extended to allow additional time for assessment and/or interventions. Delivered by a GP or Practice Nurse.

The number of consults delivered to those clients during reporting quarter:

| | | Q1 | Q2 | Q3 | Q4 |
|-----|-----------------------------------------------------|-----|-----|----|----|
| 2.1 | Youth (aged 12-19) who received an extended consult | 49 | 40 | | |
| 2.2 | Adults (aged 20+) who received an extended consult | 277 | 299 | | |
| 2.3 | Total | 326 | 339 | | |

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- 2.7 General Practitioner - number of consults
 2.8 Practice Nurse - number of consults
 2.9 Total

| | | | |
|-----|-----|--|--|
| 254 | 211 | | |
| 64 | 123 | | |
| 326 | 339 | | |

3 Brief Intervention Counselling (BIC)

Definition: Includes assessments, reviews and problem solving support or counselling provided by primary mental health clinicians or counsellors. Usually 1-2 sessions and can be planned or unplanned.

The number of BIC commenced and delivered to those in reporting quarter

| | Q1 | Q2 | Q3 | Q4 |
|-----------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 3.1 Number of BIC sessions for youth aged 12-19 | 4 | 4 | | |
| 3.2 Youth (12-19) average wait time from referral to first seen | NG | NG | | |
| 3.3 Youth (12-19) DNA Rate (%) | NG | NG | | |
| 3.7 Number of BIC sessions for Adults aged 20+ | NA | | | |
| 3.8 Adult (20+) average wait time from referral to first seen | NA | | | |
| 3.9 Adult (20+) DNA Rate (%) | NA | | | |
| 3.13 Total Number of BIC sessions | 4 | | | |
| 3.14 Total average wait time from referral to first seen | NG | Date referral received by the provider (e.g. GP) to the time of the first appointment. (Time of the first appointment may be influenced by the client choice as well as availability). | | |
| 3.15 Total number of clients that missed any session or DNA | NG | | | |
| 3.16 Total number of clients attending any session | NG | | | |
| 3.17 Total number enrolled (if different to total attending sessions) | NG | | | |
| 3.18 Total DNA Rate (%) | NG | Client did not turn up to a scheduled/agreed appointment, and/or did not postpone or cancel the appointment within 24 hours | | |

4 Alcohol Brief Intervention (ABI)

Definition: Structured assessment and screening, advice, ABC style brief intervention and/or referral to appropriate counselling or specialist AOD service, this may involve extended consultation. **Note:** ABC is a three step approach. **Ask** about the person's alcohol consumption; **Brief** advice is offered if there are concerns; **Counselling** referral if needed.

The number of BIC commenced and delivered in reporting quarter

| | Q1 | Q2 | Q3 | Q4 |
|---------------------------------------------------------|-----|----|----|----|
| 4.1 Number of ABI sessions for youth aged 12-19 | 3 | 2 | | |
| 4.2 Number of ABI sessions for adults aged 20+ | 113 | 93 | | |
| 4.3 Number of ABI sessions for youth aged 12-19 (PH/AV) | | | | |
| 4.4 Number of ABI sessions for adults aged 20+ (PH/AV) | | | | |

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4.5 Please describe the specific services being offered for the ABI service (youth)

| |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Alcohol SBI in general practice. Primary care staff can implement Alcohol screening brief intervention (SBI). This can be guided by Mohio |
|--------------------------------------------------------------------------------------------------------------------------------------------------|

4.6 Please describe the specific services being offered for the ABI service (adults)

| |
|--|
| |
|--|

5 Group Therapy

Number of group therapy sessions begun and delivered during reporting quarter

| | Q1 | Q2 | Q3 | Q4 |
|-----------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 5.1 Number of group therapy sessions for youth aged 12-19 | 55 | 22 | | |
| 5.2 Youth (12-19) average number of group sessions per client | 3 | 7 | | |
| 5.3 Youth (12-19) average wait time from referral to first seen | 0 | 0 | | |
| 5.4 Youth (12-19) DNA Rate (%) | 5% | 0% | | |
| 5.9 Number of group therapy sessions for adults aged 20+ | NA | | | |
| 5.10 Adults (20+) average number of group sessions per client | NA | | | |
| 5.11 Adults (20+) average wait time from referral to first seen | NA | | | |
| 5.12 Adults (20+) DNA Rate (%) | NA | | | |
| 5.17 Total number of group therapy sessions | 55 | | | |
| 5.18 Total number of clients that missed any session or DNA | NG | | | |
| 5.19 Total number of clients attending any session | NG | | | |
| 5.20 Total number enrolled (if different to total attending sessions) | NG | | | |
| 5.21 Total average number of group sessions per client | NG | | | |
| 5.22 Total average wait time from referral to first seen | NG | | | |
| | NG | Date referral received by the provider (e.g. GP) to the time of the first appointment. (Time of the first appointment may be influenced by the client choice as well as availability). | | |
| 5.23 Total DNA Rate (%) | 5% | Client did not turn up to a scheduled/agreed appointment, and/or did not postpone or cancel the appointment within 24 hours | | |

6 Packages of Care (POC)

Definition: Involves development of a care plan (i.e. an assessment is done to identify needs and a plan is developed, with the client/patient, that includes a timeframe for review and completion of the plan). Plan involves a series of interventions such as CBT, medication reviews, counselling and other psychosocial interventions (those that are not captured 2-6 above).

Number of POC begun and delivered in period

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| | Q1 | Q2 | Q3 | Q4 |
|-----------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------|----|----|
| 6.1 Number of POC for youth aged 12-19 | 31 | 44 | | |
| 6.2 Youth (12-19) average number of sessions per POC | 3 | 9 | | |
| 6.3 Youth (12-19) average wait time from referral to first seen | 14 | 22 | | |
| 6.4 Youth (12-19) DNA Rate (%) | 25% | 20% | | |
| 6.9 Number of POC for adults aged 20+ | 237 | 241 | | |
| 6.10 Adults (20+) average number of sessions per POC | 2 | 3 | | |
| 6.11 Adults (20+) average wait time from referral to first seen | 30 | 26 | | |
| 6.12 Adults (20+) DNA Rate (%) | 6% | 12% | | |
| 6.17 Total number of POC | 268 | 285 | | |
| 6.18 Total number of clients that missed any session or DNA | NG | NG | | |
| 6.19 Total number of clients attending any sessions | NG | NG | | |
| 6.20 Total number enrolled (if different to total attending sessions) | NG | NG | | |
| 6.21 Total average number of sessions per POC | NG | NG | | |
| 6.22 Total average wait time from referral to first seen | NG | NG | | |
| 6.23 Total DNA Rate (%) | 8% | Client did not turn up to a scheduled/agreed appointment, and/or did not postpone or cancel the appointment within 24 hours | | |

7 Youth PMH Narrative Report

- Overall Assessment of services delivered (including actions taken to enable early identification of mental health and/or addiction issues, better access to timely and appropriate treatment and follow up and equitable access for Maori, Pacific and low decile youth populations).
- 7.1

Overall youth PMH services appear adequate for the general practice setting. There were fewer extended consults but an increase in POC. Wait times for POC have reduced following the impact COVID alert levels had on wait times in Q1. Ethnicity of 12-19 year olds seen (28% Māori) indicates inequal access for Q2 by the enrolled youth population (38% Māori). IPMHA practices also improve timely access to early brief intervention through HIPs and HCs (these contacts are not reported here). The contact numbers over the three months was reduced from the last quarter due to Covid-19 restrictions imposed by the schools for group work and the end of year/ December breaks. There continues to be the use of the three contracts Mental Health and Addiction services have involving tamariki/rangatahi across three kaimahi offering the wider range of clinical, mentoring skills and gender mix. Referrals for specific work come from the range of places including self, whanau alternative education and Youth to Work (WINZ). Two of the kaimahi attend MICAMHS MDT meetings weekly where the relationship continues to be much improved. Issue themes include a lot of conflict with whanau changes (i.e. parents splitting, shifting, custody)and anxiety about school involving social phobia rather than worry around academic problems.

- 7.2 Any major achievements/successes

Wait times reduced following impact of COVID alert levels
A collaboration group provided by Te Oranganui Primary Mental Health Nurse and Mental Health and Wellbeing Support at Whanganui High School for Year 9 students has gone very well and will continue in 2022. It is aimed

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at resilience and wellness for all the group participants who may or may not have issue with mental health. The involvement in the whanau group at WHS for maori students and the ongoing work at Tupoho Kura who continue to be accepting of having the service involved.

7.3 Major issues that have affected the achievement of contracted services.

As per the last report Covid-19 affected the face to face group at Alert Level 3 and Whanganui High School, Y Alt Education and Tupoho were stopped and continued for Alert Level 2 and traffic light Red.

7.4 Whether the service has been externally evaluated/reviewed/audited and the status of recommendations made.

8 Adult PMH Narrative Report

8.1 Overall Assessment of services delivered.

Overall services appear good. Services have addressed the needs of an increase in volume of patients and increase in levels of distress for this quarter. Ethnicity of 20+ year olds seen (27% Maori) indicates service supporting equitable access for enrolled 20+ year old population (22% Māori). IPMHA practices also improve timely access to early brief intervention through HIPs and HCs (these contacts are not reported here).

8.2 Any major achievements/successes

Wait times reduced following impact of COVID alert levels

8.3 Major issues that have affected the achievement of contracted services.

Increase in volume of patients and severity of need. Demonstrated in K10 scores for the quarter and anecdotally. More has been provided in practice and average sessions for a POC has increased. Impacting financial sustainability of service.

8.4 Whether the service has been externally evaluated/reviewed/audited and the status of recommendations made.

MH04 Focus Area 2 District Suicide Prevention and Postvention

Q2 October – December 2021

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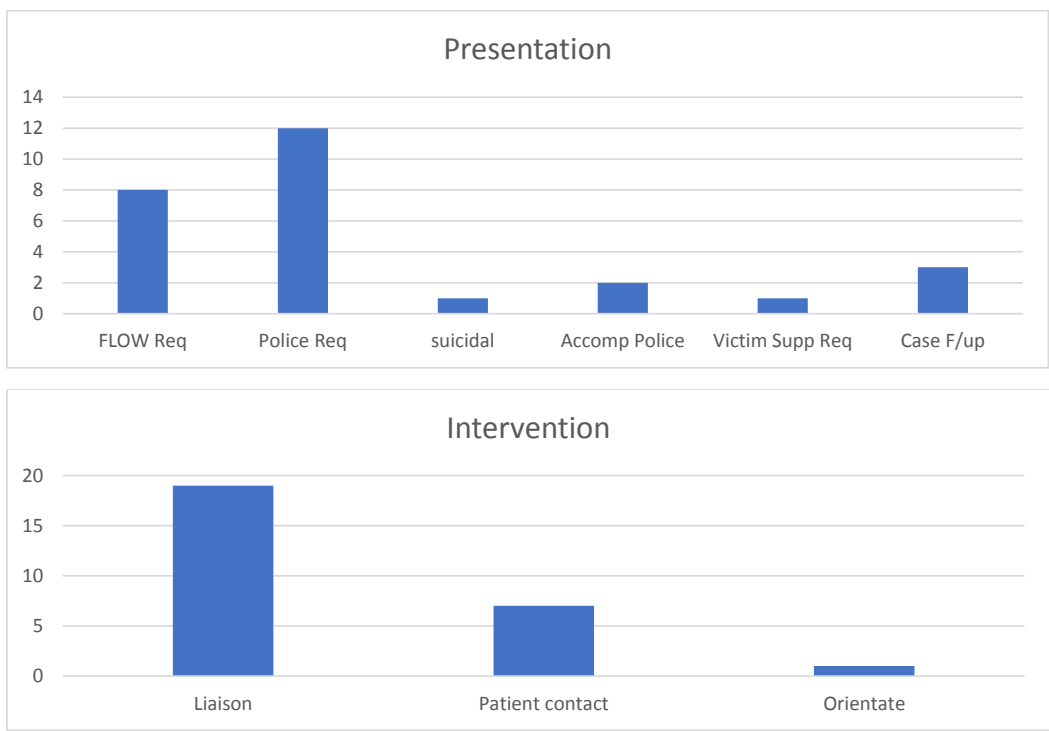
Organising suicide prevention training which falls under both categories of training/education and community initiatives. This will be held in May 2022 and be facilitated by Dr Annette Beautrais.

Three attended suicide prevention trainings by Barry Taylor. One workshop was titled Grey not Blue which dealt with suicide prevention of older adults.

MH04: FA3 Mental Health and Addiction Service Development CRISIS RESPONSE

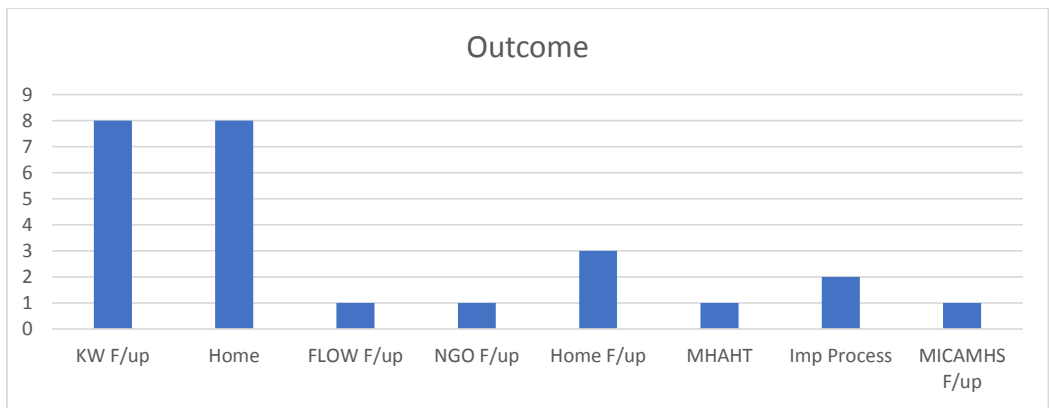
Reducing the demand on police for crisis support of known clients is an important interagency goal. There is a significant range in the rate of known clients referred by police crisis services. Please provide actions that have been undertaken to reduce the rate of known clients being referred by police to crisis teams and what difference have the above actions made to police referrals.

The police liaison role has made improvements to the working relationship between the police and the Whanganui crisis assessment team. A spreadsheet compiled by the police liaison health professional lists types of contacts and highlights various interventions that have reduced the need for police to contact crisis. The role provides early intervention, and promotes people staying safely in their own homes.

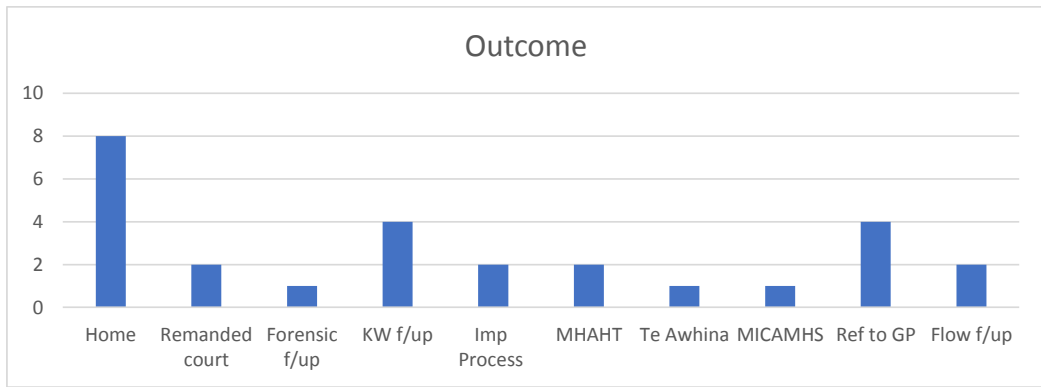
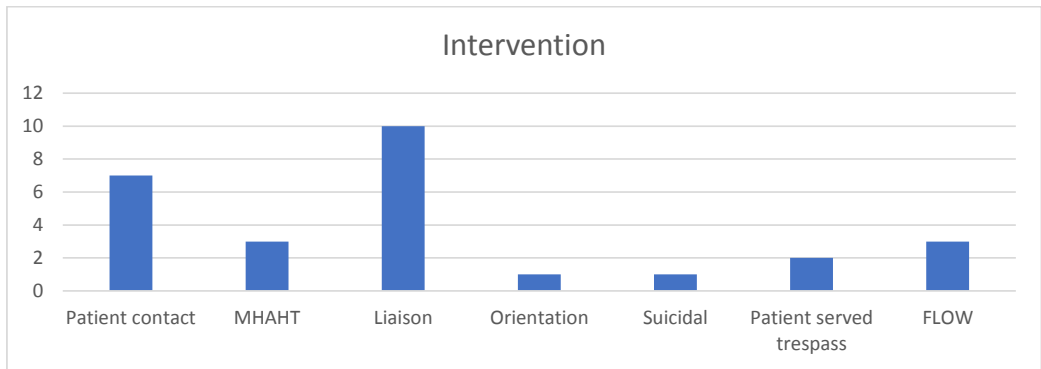
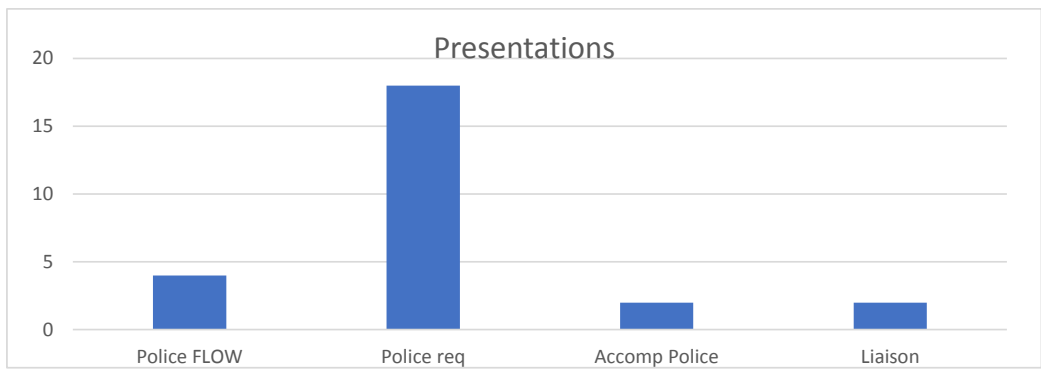


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December 2021



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There are gains for families who are referred to police for family harm incidents (FLOW) where the crisis management support becomes part of the safer community response service.

The Whakarongorau (Home Care Medical) crisis triage line ended its contract with WDHB December 2021 primarily due to the delays in emergency services who had to wait in a queue before their calls were answered. The MHAHT team have recommenced a 24/7 urgent mental health service that is more responsive directly by using their own answering service.

Focus area 5 improving employment and physical health needs of people with low prevalence conditions:

The four General Practice medical centres are continuing to strengthen working relationships with CMHAS psychiatrists who regularly meet with each practice to discuss patients jointly.

There is a weekly Relpreev Depot administration clinic held in the community where service users are provided a healthy morning snack. Physical monitoring performed and recorded when permission is provided by each service user.

The Clinical Portal Anthropometric Data records metabolic measurements so that physical health can be monitored.

The smoke cessation health professional representative maintains a stock of resources for people wanting to utilise nicotine replacement and quit smoking. Each psychiatrist outpatient appointment smoke cessation is promoted and referrals generated to the hospital quit coach as required.

MH04 Focus Area 4 – Improving Outcomes for Children Q1 2021/2022

WDHB Supporting Parents Healthy Children (COPMIA) MOH Quarterly Report 01/10/2021-31/12/2021

Requests for parenting support of parents experiencing mental illness and/or addiction have continued at a steady rate. Face-to face Triple P parenting program and Circle of Security continue to be offered. Unfortunately, free access to the online Triple P parenting program is no longer available to our region as Auckland and Hamilton have been prioritised to receive this free access.

Due to Covid19 face-to-face trainings for clinicians continued to be interrupted however did take place with the adult Mental Health and Addictions teams and nursing students (separately) at WDHB. Alternative methods (other than face-to-face) training are being explored for some of the SPHC related programs offered. The use of the following case studies in this training proved successful in encouraging clinicians who are working with families/whānau with parental mental illness/addictions;

Family A scenario one

- 'A' has severe depression and anxiety. Supportive husband and two primary school age children 11 years and 6 years. Planned admission to MH inpatient unit. Referral for SPHC input by Psychiatrist.
- Meeting one – with 'A' discussion about 5 most common worries of children and young people living with MI. Parent concerns. MI impact on parenting. COPMIA resources given.
- Meeting two – with 'A' and husband. Request by parents to plan discussion with children about 'A' MI and pending admission. Discussed simple descriptions to use at age appropriate language.

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- Meeting three – 'A', husband, close family member (also carer) and children present. 'A' led the meeting and informed children she was going to be away for a period of time in hospital. Oldest child burst into tears and asked if she had cancer. 'A' and husband able to reassure children and explain about depression and anxiety. Oldest child identified things he noticed when 'A' unwell such as sleeping a lot, not being able to do the cooking and not liking loud noise. Youngest child asked about the hospital and could they visit. Different strategies for keeping in touch explored. Youngest child also asked who was going to look after them - family member and husband able to answer these questions. Written SPHC COPMIA resources given to family member with contact details for primary community organisation and other services should it be needed.

Family B scenario two

- 'B' has depression and Borderline Personality Disorder. Was an inpatient at the time of contact. No current partner however supportive maternal grandmother who was caring for the four children aged 17 years, 15 years, 9 years and 7 years. Contact was made by the grandmother at the recommendation of the Psychiatrist. Parent too unwell to participate at the time.
- Meeting one- with grandmother. Discussion about 5 most common worries of children and young people living in the presence of MI, MI impact on parenting and carers. SPHC COPMIA resources given. Decision made to meet with the children in two groups due to differences in development ages and stages.
- Meeting two – with grandmother and two younger children. Children asked questions about how long their mother was going to stay in hospital (unknown), what was she doing to get better (explained about therapy, nurses, doctors, health care team and medication, sleeping, eating well, resting etc), explanations of what is mental illness in the broader sense given.
- Meeting three – with grandmother, 17-year-old and his girlfriend (also 17 years). 15-year-old (who was accessing MICAMHAS services at the time declined to participate). Discussion included what is depression and BPD. Teens asked about transmission of both these illnesses and support for when 'B' comes out of hospital. Short resource videos shown about both MIs. SPHC COPMIA resources and service information given to both teenagers.

POINTS TO REMEMBER for Clinicians

- All meetings can be a part of usual scheduled contacts
- All clinicians able to do basic information and give resources
- Single Session Family Consultation can provide a structured approach
- Preferable to have a meeting with adults only first to ascertain what they do/do not want talked about
- Can be short meetings (up to 30 minutes)
- Lots of resources available for clinicians to use including short videos made by teens for teens
- Document that the SPHC COPMIA discussions happened

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MH05: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders

Improving Employment

- Eight Paid employment outcomes for the quarter- one each for 40,30,28,21.5,20, 16,15 and 12 hours
- 43 people have been referred into service since 1 July 2021
- From these referrals we have seen 30 people enter the service this quarter
- Exit figures have seen 22 people leave the service for this quarter – 17 opting off because they did not require service anymore and 5 settled in employment
- 24 people are currently active within the service at the 17 December 2021, with a further four pending referrals
- We have continued service through raised Covid alert levels by reactivating our emergency response plans. We continued to work and support people, including new referrals for people requiring employment support.
- Workwise Whanganui Employment Consultant Helena Allen has been inducted.
- Connections within the community this quarter include: Work and Income case managers to have transition to work discussions; supported living case managers to have discussions on how we can help find employment for people on their caseloads; Connect Employment Liaison Advisor; Gonville Health; Te Oranganui; Whanganui Port Employment Precinct; Resource recovery (Recycle Centre); Education institutions, business breakfast event and Health network meeting attended.
- We have continued service through raised Covid alert levels by reactivating our emergency response plans. We continued to work and support people, including new referrals for people requiring employment support.

Improving physical health

The four General Practice medical centres are continuing to strengthen working relationships with CMHAS psychiatrists who regularly meet with each practice to discuss patients jointly.

There is a weekly Relpreev Depot administration clinic held in the community where service users are provided a healthy morning snack. Physical monitoring performed and recorded when permission is provided by each service user.

The Clinical Portal Anthropometric Data records metabolic measurements so that physical health can be monitored.

The smoke cessation health professional representative maintains a stock of resources for people wanting to utilise nicotine replacement and quit smoking. Each psychiatrist outpatient appointment smoke cessation is promoted, and referrals generated to the hospital quit coach as required.

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MH06 MH PRICE VOLUME SCHEDULE

| PU Code | Description | 2021/22 Vol | 2021/22 Prices | 2021/22 Total \$ | Unit of Measure | Contract Delivery FTE's or Available bed days 2021/22 | | | |
|---------|------------------------------------------------------------------------------------------------------|-------------|----------------|------------------|-----------------|-------------------------------------------------------|----------|----------|----------|
| | | | | | | Qtr 1 Vo | Qtr 2 Vo | Qtr 3 Vo | Qtr 4 Vo |
| MHA01 | Acute 24 Hour Clinical Intervention (inpatient) | 2,190.0 | 860 | 1,884,079 | Available bed d | 547.00 | 547.0 | 547.00 | 547.00 |
| MHA02 | Intensive Care | 2,190.0 | 995 | 2,179,160 | Available bed d | 547.00 | 547.0 | 547.00 | 547.00 |
| MHA04C | Crisis Intervention Service - Nursing and/or allied health staff | 8.5 | 125,294 | 1,064,996 | FTE | 8.50 | 8.5 | | |
| MHA06 | Acute Package of Care | 1.5 | 49,485 | 74,228 | Occupied bed d | 2.00 | 1.5 | | |
| MHA09A | Community Clinical Mental Health Service - Senior medical staff | 3.5 | 314,664 | 1,101,324 | FTE | 3.50 | 3.5 | | |
| MHA09C | Community Clinical Mental Health Service - Nursing and/or allied health staff | 13.0 | 125,294 | 1,628,818 | FTE | 13.00 | 13.5 | | |
| MHA11C | Mobile Intensive Treatment Service - Nursing and/or allied health | 2.0 | 125,294 | 250,587 | FTE | 1.80 | 1.9 | | |
| MHA18C | Needs Assessment and Service Coordination - Nursing and/or allied health staff | 0.6 | 125,294 | 75,176 | FTE | 1.00 | 0.9 | | |
| MHAD14C | Co-existing disorders (mental health & addiction) - Nursing and/or allied health staff | 3.1 | 125,294 | 388,410 | FTE | 3.20 | 3.2 | | |
| MHD69 | Alcohol & Other Drugs Service - Opioid Substitution Treatment – Primary Care Support Places | 45.0 | 2,767 | 124,495 | Client | 50.00 | 48.0 | | |
| MHD70 | Alcohol & Other Drugs Service – Opioid Substitution Treatment – Specialist Service | 90.0 | 3,663 | 329,629 | Client | 110.00 | 112.0 | | |
| MHD71C | Alcohol and other drug consultation liaison service – Nursing and allied health staff | 0.2 | 160,692 | 27,318 | FTE | 0.20 | 0.2 | | |
| MHD74A | Community based alcohol and other drug specialist services – Senior medical staff | 1.0 | 314,664 | 314,664 | FTE | 1.20 | 1.1 | | |
| MHD74C | Community based alcohol and other drug specialist services – Nursing and allied staff | 6.4 | 125,294 | 801,880 | FTE | 6.30 | 6.6 | | |
| MHD148C | Child, adolescent and youth alcohol and drug community services - Nursing and/or allied health staff | 1.0 | 125,294 | 125,294 | FTE | 1.10 | 1.2 | | |
| MHE30C | Community service for eating disorders - Nursing and/or allied health staff | 1.2 | 155,943 | 187,132 | FTE | 1.20 | 1.2 | | |
| MHF81 | Forensic Mental Health – Extended Secure Service | 5,285.6 | 1,069 | 5,649,725 | Available bed d | 1,321.00 | 1,321.0 | 1,321.00 | 1,321.00 |
| MHI44A | Infant, child, adolescent & youth community mental health services - Senior medical staff | 2.0 | 314,664 | 629,328 | FTE | 2.10 | 2.1 | | |
| MHI44C | Infant, child, adolescent & youth community mental health services - Nursing/allied health staff | 12.0 | 125,294 | 1,503,524 | FTE | 12.20 | 12.10 | | |
| MHM90C | Specialist Community Team – Perinatal Mental Health – Nurses & allied health | 1.5 | 136,494 | 204,741 | FTE | 1.80 | 1.80 | | |
| MHO101C | Mental Health Older People Dementia Behavioural Support – Nurses & allied health | 0.5 | 125,294 | 62,647 | FTE | 0.50 | 0.50 | | |
| MHO99A | Mental Health of Older People – Specialist Community Service – Senior medical staff | 0.5 | 314,664 | 157,332 | FTE | 0.50 | 0.50 | | |
| MHO99C | Mental Health of Older People - Specialist Community Service – Nurses & allied health | 2.0 | 125,294 | 250,587 | FTE | 2.10 | 2.20 | | |
| MHW68D | Family whanau support education, information and advocacy service – Non-clinical staff | 4.7 | 101,851 | 478,701 | FTE | 5.00 | 5.00 | | |

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MH07: Improving mental health services by improving inpatient post discharge follow-up rates

Inpatient 7-day follow-up post discharge measure.

The data comprise all eligible acute inpatient referrals discharged between Oct 1, 2020 and Sep 30, 2021

| Percentage of MH&A Total clients discharged from MH&A adult inpatient services that are followed up within 7 days. | | |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|
| 178 | 233 | 76.4% |
| Numerator defined as above. (Data Source: PRIMHD/KPI) | Count of acute inpatient discharges (Data Source: PRIMHD/KPI) | Percentage of clients follow up within 7days |

| Percentage of MH&A Maori clients discharged from MH&A adult inpatient services that are followed up within 7 days. | | |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|
| 73 | 95 | 76.8% |
| Numerator defined as above. (Data Source: PRIMHD/KPI) | Count of acute inpatient discharges (Data Source: PRIMHD/KPI) | Percentage of clients follow up within 7days |

| Percentage of MH&A Pacific discharged from MH&A adult inpatient services that are followed up within 7 days. | | |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|
| 2 | 2 | 100% |
| Numerator defined as above. (Data Source: PRIMHD/KPI) (Data Source: PRIMHD/KPI) | Count of acute inpatient discharges (Data Source: PRIMHD/KPI) | Percentage of clients follow up within 7days |

Narrative quarterly reporting

Data capture process improvements are slower to take hold than initially expected. The frequent turnover of RMO's who now have scheduled inpatient follow-up booked appointments within the 7 days and are often first to see discharged MH inpatients within that timeframe. By the time RMO's are up to speed with some of our quite complicated and time-consuming electronic requirements to record activities, they have gone on to another non mental health rotation and the new RMO's take a while to understand the processes. We have dedicated technical resources to this especially during alert level 3 restrictions and expect to see continued improvements in the next quarter.

The Community Mental Health and AOD services continue to have linkages with MH inpatient services discharging inpatients. However, since early in the year the bed utilisation rates in our single 12 bed inpatient unit has been over capacity, at times double the bed capacity and no additional corresponding staffing capacity. We think this may impact the ability to plan discharge as well as could be if the unit had 12 inpatients at most.

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The MH quality coordinator for HQSC project Connecting Care continues to work on identifying those not recorded as seen and understanding why inpatients discharged are not being recorded as seen within the 7 days and he has found that they have either been seen and a note written but the activity has not been recorded in the completely separate system, they have been seen but within 8-10 days or they have been discharged to different DHB or they are new to MH, or, they have been discharged off the MHA, do not want to engage with community services and have then DNA'd their RMO appointment within the 7 days and decline or ignore further contact.

Although only a small improvement is noted, the rate of Māori followed up within 7 days has improved. This is optimistically attributable to increased haumoana interaction with inpatients and their whānau, staff and MDT. Whanganui DHB quality coordinator continues to monitor and audit the 7 day follow up monthly and look for any trends or patterns which can be addressed and improved upon.

Whanganui DHB MH&AS are committed to engaging with whānau to improve engagement with community services post discharge and are dedicated to continuous work to improving inpatient post discharge follow-up rates by utilising a wide range of ways from technical input, team learning, service integration and interaction and consumer/whānau engagement principles.

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PRIMARY CARE**PH01 SYSTEM LEVEL MEASURES IMPROVEMENT PLAN REPORTING TEMPLATE FOR QUARTERS ONE, TWO AND THREE**

Name of District Alliance: WALT

Name of DHB reporting: Whanganui

| | |
|------------------------------------------------------|----|
| This report has been agreed by our District Alliance | No |
|------------------------------------------------------|----|

| SYSTEM LEVEL MEASURE | ON TRACK WITH THE IMPLEMENTATION OF THE PLAN | OFF TRACK WITH THE IMPLEMENTATION OF THE PLAN | IF OFF TRACK, MITIGATIONS TO GET ON TRACK WITH THE IMPLEMENTATION OF THE PLAN TO ACHIEVE THE AGREED IMPROVEMENT MILESTONE |
|----------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| ASH 0- 4 year olds | Y | | |
| Acute hospital bed days | Y | | |
| Amenable mortality | Y | | |
| Patient Experience of care | Y | | |
| Youth access to and utilisation of youth appropriate health services | Y | | |
| Babies living in smokefree homes | Y | | |

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PH03- Maori enrolment in a PHO

Result 17276 Maori enrolled in PHO from Population of 18700 = 92.4%

ACHIEVED



PHO Enrolment Demographics as at January 2022

| Lead DHB | (All) | |
|----------------------|---------------|---|
| DHB of Domicile | Whanganui DHB | ✓ |
| PHO ID | (All) | |
| PHO Name | (All) | |
| Funding Formula Type | (All) | |
| Funding Age Band | (All) | |
| Reporting Age Band | (All) | |
| Gender | (All) | |
| Deprivation Quintile | (All) | |
| HUHC Status | (All) | |
| CSC Status | (All) | |
| Maori/Pacific | (All) | |
| Highly Deprived | (All) | |
| High Needs | (All) | |

| Row Labels | Sum of ENROLCOUNT |
|--------------------|-------------------|
| Asian | 2,314 |
| European | 43,801 |
| Maori | 17,276 |
| Non Stated | 109 |
| Other | 436 |
| Pacific | 1,650 |
| Grand Total | 65,586 |

2019 Stats NZ Pop Projections: Summary Pivot

Note: 2019 Update uses Census 2013 as the base year for projections.

Financial Years use 31 December Projections produced by Statistics NZ for the first time in 2015

Ethnicity 2 merges 'Other' and 'Asian' ethnicity groupings when used as part of the PBFF model

Projections produced by Statistics New Zealand according to assumptions specified by the Ministry of Health. Please refer to the technical notes for Methodology and Assumptions

| | | |
|-----------|-----------|---|
| Sex | (All) | |
| Age_Group | (All) | |
| DHB_name | Whanganui | ✓ |

| Row Labels | Sum of pop2020_2021 |
|--------------------|---------------------|
| Asian | 2,620 |
| Maori | 18,700 |
| Other | 45,160 |
| Pacific | 1,915 |
| Grand Total | 68,395 |

PH04- Better Help for Smokers to Quit Health Target – Primary Care

| | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Better Help for Smokers to Quit Health Target – Primary Care <i>90% of enrolled patients who smoke and are seen by a health practitioner in primary care will be offered advice and help to quit</i> |
| Name of DHB | Whanganui |

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| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DHB contact person for this report | Name: Candace Sixtus Job title: Portfolio Manager Email: Candace.sixtus@wdhb.org.nz DDI: 06 3473400 / 027 2069500 |
| Quarter reported on | Q2 |
| Which PHOs does this report cover? | Whanganui Regional Health Network |
| Do you think you have met the overall target (as noted above) this quarter? If not, what issues are preventing the target from being met and sustained? What actions are being put in place to improve performance and how will these actions be monitored? | <p>Overall target has not been met and the percentage of patients who are current smokers who have been given brief advice and provided/referred for cessation is lower than expected.</p> <p>This quarter continues to be challenged by the impacts of COVID-19 including lockdown catch up of deferred health needs, the diversion of resource into the COVID-19 vaccination programme including on boarding of general practice.</p> <p>Clinicians are expected to opportunistically address multiple different issues when patients are being seen. The demand for appointments outstrips the availability and pressure is on clinicians to manage this time succinctly to ensure that their enrolled population have their needs met.</p> <p>What is being done?</p> <ul style="list-style-type: none"> - Increased phone outreach/support with a focus on the practices with low utilisation is being provided - Leadership continues to support connection and advancement of the SSPs involved in delivery of smoking cessation mahi. - Clinical lead continues to work in the regional and national smoking cessation advisory groups and feedback key messages each way - Training has continued with education of clinical staff followed by practical experience sitting in with quit coach to gain experience of smoking cessation conversations - Increased ABC support activity in early pregnancy prior to midwife referral - Pregnant wahine screened and smoking status updated using the Best Stat Tool - Enhanced outreach support provided |
| Do you think you have met the target for Māori and Pacific (as noted above) this quarter? If not, what issues are preventing the target from being | <p>Help for our enrolled Māori who are registered as smokers has been better from an equity perspective, with a greater percentage of Māori than non-Māori being provided with advice and referrals. We will continue to highlight the inequities in health outcomes and support increasing the volume of Maori who are being offered this advice & support to meet the MOH target.</p> |

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| | |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>met and sustained? What actions are being put in place to improve performance and how will these actions be monitored?</p> | <p>Enhanced Outreach support received eleven referrals for safe sleep spaces including three mama smoking and the remaining were whanau. Referrals were received from, self, lead maternity carer, DHB special care baby unit and Pregnancy and parenting classes. All were supported with tikanga antenatal advice and support along with safe sleep korero as well as offered quit smoking support and referred as agreed.</p> |
| <p>Is there any further support you require from the Ministry to achieve the target? If so, what support is required?</p> | |
| <p>Is there anything else you would like to tell the Ministry?</p> | |

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Strong and equitable public health and disability system

SS01: Faster cancer treatment (31 days)

| 31-day indicator (policy priority) | | | | | | | | | | | | | | | | |
|------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------|------|------|------|------|------|-------|----------------------------------|------|------|------|------|------|-------|-------------------------|
| DHB | Expected monthly cancer registrations | Number of records submitted <i>Patients within the 31-day FCT health target cohort, by month of first treatment</i> | | | | | | | Number of records within 31 days | | | | | | | Achievement |
| | | Jul | Aug | Sep | Oct | Nov | Dec | Total | Jul | Aug | Sep | Oct | Nov | Dec | Total | Jul - Dec 2021 Tracking |
| Auckland | 161 | 111 | 122 | 128 | 84 | 94 | 100 | 639 | 107 | 114 | 115 | 77 | 84 | 97 | 594 | 93.0% |
| Bay of Plenty | 115 | 97 | 99 | 105 | 86 | 85 | 83 | 555 | 80 | 84 | 90 | 70 | 76 | 70 | 470 | 84.7% |
| Canterbury | 246 | 142 | 177 | 154 | 118 | 162 | 106 | 859 | 128 | 165 | 140 | 110 | 145 | 97 | 785 | 91.4% |
| Capital and Coast | 107 | 79 | 104 | 122 | 83 | 120 | 73 | 581 | 66 | 86 | 103 | 72 | 111 | 70 | 508 | 87.4% |
| Counties Manukau | 177 | 153 | 133 | 140 | 131 | 159 | 130 | 846 | 127 | 113 | 124 | 106 | 135 | 118 | 723 | 85.5% |
| Hawkes Bay | 76 | 66 | 81 | 41 | 0 | 0 | 0 | 188 | 60 | 70 | 36 | 0 | 0 | 0 | 166 | 88.3% |
| Hutt Valley | 60 | 66 | 56 | 62 | 41 | 51 | 31 | 307 | 57 | 53 | 55 | 35 | 47 | 26 | 273 | 88.9% |
| Lakes | 47 | 36 | 41 | 25 | 26 | 27 | 33 | 188 | 32 | 38 | 23 | 25 | 26 | 30 | 174 | 92.6% |
| MidCentral | 81 | 87 | 72 | 81 | 66 | 78 | 71 | 455 | 81 | 63 | 72 | 64 | 68 | 66 | 414 | 91.0% |
| Nelson Marlborough | 74 | 86 | 80 | 85 | 62 | 82 | 57 | 452 | 72 | 71 | 75 | 50 | 74 | 51 | 393 | 86.9% |
| Northland | 84 | 95 | 79 | 79 | 56 | 81 | 59 | 449 | 71 | 71 | 71 | 53 | 73 | 49 | 388 | 86.4% |
| South Canterbury | 34 | 27 | 20 | 31 | 16 | 34 | 19 | 147 | 22 | 18 | 30 | 16 | 29 | 16 | 131 | 89.1% |
| Southern | 136 | 120 | 137 | 127 | 118 | 129 | 130 | 761 | 96 | 114 | 103 | 97 | 106 | 115 | 631 | 82.9% |
| Tairāwhiti | 20 | 19 | 11 | 18 | 15 | 21 | 11 | 95 | 18 | 11 | 14 | 14 | 19 | 9 | 85 | 89.5% |
| Taranaki | 57 | 56 | 55 | 76 | 53 | 57 | 43 | 340 | 47 | 49 | 69 | 45 | 53 | 38 | 301 | 88.5% |
| Waikato | 161 | 122 | 139 | 139 | 139 | 124 | 103 | 766 | 108 | 122 | 124 | 122 | 107 | 94 | 677 | 88.4% |
| Wairarapa | 22 | 17 | 23 | 20 | 19 | 30 | 15 | 124 | 17 | 22 | 17 | 17 | 25 | 14 | 112 | 90.3% |
| Waitemata | 222 | 192 | 191 | 183 | 122 | 157 | 152 | 997 | 174 | 160 | 164 | 109 | 145 | 146 | 898 | 90.1% |
| West Coast | 17 | 18 | 15 | 20 | 17 | 17 | 13 | 100 | 16 | 13 | 14 | 16 | 10 | 11 | 80 | 80.0% |
| Whanganui | 34 | 34 | 47 | 48 | 32 | 38 | 36 | 235 | 30 | 44 | 41 | 31 | 35 | 31 | 212 | 90.2% |
| National total | 1929 | 1623 | 1682 | 1684 | 1284 | 1546 | 1265 | 9084 | 1409 | 1481 | 1480 | 1129 | 1368 | 1148 | 8015 | 88.2% |

SS03: Ensuring delivery of service coverage

DHBs are asked to provide reports on the following areas as part of quarter two reports:
Reporting requirements

1. Confirm that your DHB is collecting data on urogynaecological procedures involving surgical mesh as per the minimum data set

RESPONSE: we confirm this is the case

2. For the period 1 July 2020 – 31 December 2020 please identify:
 - i. the number of surgeons that performed urogynaecological procedures involving surgical mesh
 - ii. RESPONSE: 1 July 2021 – 31 December 2021 here - 0

ii. the number of urogynaecological procedures involving surgical mesh performed by each of the surgeons identified in (i) above

REPSONSE: 1 July 2021 – 31 December 2021 – 0

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SS04: Implementing the Healthy Ageing Strategy

| Component | Classification | Number of people (Quarter) | Number of people (YTD) | Narrative from DHB |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Report the number of older people (65 and over, or younger if identified as a falls risk) that have received in-home strength and balance retraining services : | Number of people that received in-home strength and balance retraining (65-74, people under 65 if identified as a falls risk): | 10 | 20 | Youngest participant age 59yrs. There were another 38 people in both age groups who had home visits or phone contact and who either declined to participate in the in home S&B OEP, were referred directly to an exercise group or were already participating in group exercise classes but required inhome assessment and advice on personal/home environmental safety requirements. |
| Report the number of older people (65 and over, or younger if identified as a falls risk) that have received in-home strength and balance retraining services : | Number of people that received in-home strength and balance retraining (75+): | 24 | 44 | Oldest participant 100yrs. The number of referrals over 75's continues to increase particularly for those over 85 years. Referrals for the Falls Prevention Service in home assessment and interventions remains strong. |
| Report the number of older people (65 and over, or younger if identified as a falls risk) that have received community / group strength and balance retraining services : | Number of people that received community / group strength and balance retraining (65+, people under 65 if identified as a falls risk): | Attendance numbers not available due to the holiday period. Many classes not restarting until the beginning of the school year as participants are looking after children whilst parents return to work. SAYGo coordinator reports '10 groups were "on hold" during the quarter and places within 2 groups were reduced as distancing requirements reduced the available space'. Participants are referred to online exercise programmes if their class is unable to run. | | |
| Report the number of older people (65 and over, or younger if identified as a falls risk) that have been seen by the Fracture Liaison Service or similar fracture prevention service : | Number of people that have been seen by the Fracture Liaison Service or similar fracture prevention service (65-74, people under 65 if identified as a falls risk): | 52 | 71 | |

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| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----|----|--------------------------------------------|
| Report the number of older people (65 and over, or younger if identified as a falls risk) that have been seen by the Fracture Liaison Service or similar fracture prevention service: | Number of people that have been seen by the Fracture Liaison Service or similar fracture prevention service (75-84): | 19 | 36 | |
| Report the number of older people (65 and over, or younger if identified as a falls risk) that have been seen by the Fracture Liaison Service or similar fracture prevention service: | Number of people that have been seen by the Fracture Liaison Service or similar fracture prevention service (85+): | 27 | 43 | |
| Report the number of people (50 years or over) who have received a DEXA scan following identification of a fragility fracture | Number of people aged 50 – 74 years who received a DEXA scan following identification of a fragility fracture | 13 | 19 | 33 DEXA ordered by FLN and 1 ordered by GP |
| Report the number of people (50 years or over) who have received a DEXA scan following identification of a fragility fracture | Number of people 75 years or over who received a DEXA scan following identification of a fragility fracture | 4 | 8 | |
| Report the number of people (50 years or over) who received an infusion of IV Zoledronic acid following identification of a fragility fracture | Number of people aged 50 – 74 years who received an infusion of IV Zoledronic acid following identification of a fragility fracture | 7 | 9 | |
| Report the number of people (50 years or over) who received an infusion of IV Zoledronic acid following identification of a fragility fracture | Number of people 75 years or over who received an infusion of IV Zoledronic acid following identification of a fragility fracture | 2 | 2 | |

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| Q1 | | Q2 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.a COVID-19 | | |
| <p><i>The national roll out of the COVID-19 Vaccination Programme has been the key focus with the initially targeting people in our community who are disabled, complex, high risk, high need, receiving residential disability support or with underlying health conditions. Coordination and service delivery considerations ensures provision of safe, inclusive and accessible vaccination options for disabled people and their communities. This includes identifying with organisations the most appropriate approach which suits the people they support including mobile teams to familiar sites, home visits and low sensory options.</i></p> <p><i>COVID vaccination disability coordinator roles have been established that will assist to break down any system barriers which make it difficult for people to access vaccinations. They will also reach out to networks and whanau to help design different models/clinics</i></p> | | <p><i>Booster doses for WDHBS ARC providers have been completed. A nurse practitioner for health of older people employed by the PHO has been working across the sector to ensure that older people who contract COVID are well supported. Clinical pathways in community for COVID positive patients have been developed. The DHBs HOP portfolio manager has participated in the pathway development and has included a focus on ARC and HBS populations and how providers will be supported. Note that there are challenges due to existing workforce pressures. Work has also been undertaken to ensure NGO sector have access to Fit testing N95 masks</i></p> |
| 1.b Emerging Frailty | | |
| <p>Report on key actions in community and primary care settings to improve the identification of factors associated with early signs of emerging frailty, with a focus on Māori and Pacific peoples; and put interventions in place to retain and restore the function of older people.</p> | <p><i>WDHB has participated with Francis Health on the Regional Frailty Framework.</i></p> <p><i>General practice are looking at Implementing a frailty tool in General Practice called the Kare tool.</i></p> <p><i>This is a Comprehensive Geriatric Assessment for both Physical Frailty and Cognitive Impairment. The tool was developed in Waitemata in conjunction with General Practice, the DHB and Auckland University. The published research from this shows that it reduced inappropriate ED presentations, and delayed admission to ARC.</i></p> <p><i>There are three General Practices who are willing to trail this, with a focus on Māori and Pacifica.</i></p> <p><i>This tool and the general concept of Frailty has recently been presented at General Practice peer review.</i></p> <p><i>There has also been a talk on Frailty for the falls study day.</i></p> | <p><i>At the beginning of December 2021 a strategy paper was developed proposing a more formal focused approach on prevention and early intervention for older adults across the roho. The paper includes frailty including people dementia. The PHOs nurse practitioner for health of older people continues to raise awareness and is maintaining representation on the Regional Frailty Steering Group. The Kare tool has had a small trial in two General Practices. The response has been positive.</i></p> |
| 1.c Dementia Services | | |

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| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Report on actions to implement key priorities for dementia services, including regional priorities that your DHB contributes to, that progress the New Zealand Framework for Dementia Care and the sector's priorities in Improving Dementia Services in New Zealand – Dementia Action Plan 2020-2025.</p> | <p><i>The Whanganui District Health Board contributes to the central regions Mate wareware work programme for 2021/2022</i></p> <p><i>One of the Mate wareware workstreams was reviewing the Healthpathways for cognitive impairment.</i></p> <p><i>This is very timely for Whanganui (and Mid Central) has the healthpathway for cognitive impairment is about to 'go live'</i></p> <p><i>During the development phase it has been reviewed by a Mid Central Geriatrician and a Whanganui Gerontology Nurse Practitioner. The ADAPT-R tool has been incorporated and information on Cognitive Stimulation Therapy for Maori. Both are part of the Mate Wareware programme</i></p> <p><i>Mini Ace has been fully implemented. Links to training socialised, discussed at GP peer review as part of older adult education and included in the healthpathway</i></p> <p><i>The frailty tool that we are looking at implementing also covers off cognitive impairment and has links to the Mini Ace</i></p> <p><i>Anecdotally referrals that have a Cognitive Assessment included have used the mini ACE, though there is still the odd MOCA appearing</i></p> <p><i>The Whanganui District Health Board has been working in partnership with Alzheimer's Whanganui updating their service specifications utilising Canterbury's approach</i></p> | <p><i>Alzheimers Whanganui have a new agreement with the WDHB incorporating the new service specification. The current funding that is being passed on for services that support people with dementia is not sufficient to meet the need. The next peice of work is to address this. The following was published in a recent Alzheimers Whanganui Summer Newsletter 'On a positive note we have had our contract with the Whanganui District Health Board (WDHB) renewed for another two years.</i></p> <p><i>I would like to thank Andrea Bunn, our Portfolio Manager at the WDHB, for her support and guidance in getting this finalised. By renewing the contract, the WDHB acknowledges the important services we provide to our members to participate in normal activities within our community'.</i></p> |
| 1.d Early Supported Discharge Services (Please note additional questions on next tab) | | |
| <p>Report on key activity to improve your early supported discharge services.</p> | <ul style="list-style-type: none"> • <i>The DHB is considering the implications of required changes to ACC – NARP and alignment of early supported discharge initiatives to improve efficiencies and effectiveness both clinically and operationally.</i> • <i>The DHB has outlined a potential test change project for early supported discharge.</i> • <i>It is proposed this project will inform process improvements to the broader services</i> | <p><i>The DHB continues considering the implications of required changes to ACC-NARP.</i></p> <p><i>The DHB has conducted considerable investigation into the possible Test of Change Project. A new Deputy of Allied Health - Service Improvement has been appointed and progressing this work is anticipated to commence in Quarter 4.</i></p> |
| <p>Report any challenges your DHB is having in establishing rehabilitation or care services within the community and what approach your DHB is using to overcome these challenges.</p> | <p><i>The narrative on the above action applies to this one also</i></p> | <p style="text-align: center;"><i>Same</i></p> |

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| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <p>1.e DHB Identified Action</p> <p>Report on progress during the quarter (in brief) to deliver on one (or more) DHB-identified action (not included above that may or may not be included in the DHB's Annual Plan) that the DHB has prioritised locally to highlight implementation of the Healthy Ageing Strategy and expect to have the greatest impact on outcomes for older people locally. Older people should be included in service co-design, development and review and other decision-making processes.</p> | <p><i>In 20/21 the DHB reported on the Pressure Injury Program Pressure Injuries or people at risk of pressure injury continue to be a significant issue for the DHB with the total number of patients with PI or at risk was 164 for 1 July 2021 > 30th Sept 2021 During Covid-19 level 3 & 4 lockdown a Telehealth service was provided including photos of pressure injuries in order to determine the advice provided.</i></p> <p><i>Following a review of the service delivery for pressure injuries (and falls) a discussion Document was published in August The purpose of the review was to determine changes required to increase the effectiveness of the service and reduce both frequency and severity of injuries across hospital and community settings as there had been no demonstrable change since the inception of the pressure injury service.</i></p> <p><i>The feedback (released 17 October) from the discussion document has indicated that it needs to go to formal consultation on how services are delivered.</i></p> | <p><i>A MDT pressure injury programm continues but no formal process for implementation of change has occurred.</i></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

SS05: Ambulatory sensitive hospitalisations (ASH adult)

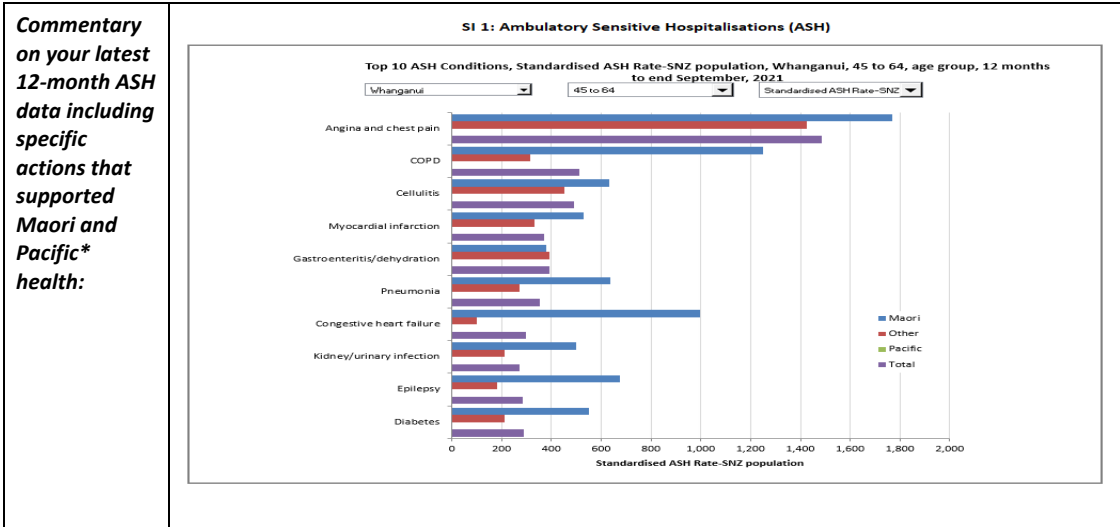
DHB Name: **WDHB** Quarter two

| Summary information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------|-------|-------|--------|-------|-------|--------|-----------|---------|---|---|---|---|---|-----------|-------|-------|-------|-------|-------|-------|-----------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|-------|-------|-------|
| Data Source: | Ministry to provide data via NSFL web site and the DHB quarterly reporting website. https://nsfl.health.govt.nz/accountability/performance-and-monitoring/data-quarterly-reports-and-reporting/ambulatory-sensitive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> • Target/expectation: as agreed in DHB Annual Plan • Please provide your standardised and non-standardised ASH rate result for the quarter | <p style="text-align: center;">SI 1: Ambulatory Sensitive Hospitalisations (ASH)</p> <table border="1"> <thead> <tr> <th>DHB</th> <th>Ethnic Group</th> <th>12 months to September 2017</th> <th>12 months to September 2018</th> <th>12 months to September 2019</th> <th>12 months to September 2020</th> <th>12 months to September 2021</th> </tr> </thead> <tbody> <tr> <td>Whanganui</td> <td>Maori</td> <td>8,451</td> <td>10,924</td> <td>9,962</td> <td>9,392</td> <td>10,058</td> </tr> <tr> <td>Whanganui</td> <td>Pacific</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Whanganui</td> <td>Other</td> <td>4,831</td> <td>5,139</td> <td>5,192</td> <td>4,706</td> <td>4,857</td> </tr> <tr> <td>Whanganui</td> <td>Total</td> <td>5,536</td> <td>6,284</td> <td>6,177</td> <td>5,674</td> <td>5,973</td> </tr> <tr> <td>National</td> <td>Total</td> <td>3,903</td> <td>3,874</td> <td>3,836</td> <td>3,537</td> <td>3,609</td> </tr> </tbody> </table> | DHB | Ethnic Group | 12 months to September 2017 | 12 months to September 2018 | 12 months to September 2019 | 12 months to September 2020 | 12 months to September 2021 | Whanganui | Maori | 8,451 | 10,924 | 9,962 | 9,392 | 10,058 | Whanganui | Pacific | - | - | - | - | - | Whanganui | Other | 4,831 | 5,139 | 5,192 | 4,706 | 4,857 | Whanganui | Total | 5,536 | 6,284 | 6,177 | 5,674 | 5,973 | National | Total | 3,903 | 3,874 | 3,836 | 3,537 | 3,609 |
| DHB | Ethnic Group | 12 months to September 2017 | 12 months to September 2018 | 12 months to September 2019 | 12 months to September 2020 | 12 months to September 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whanganui | Maori | 8,451 | 10,924 | 9,962 | 9,392 | 10,058 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whanganui | Pacific | - | - | - | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whanganui | Other | 4,831 | 5,139 | 5,192 | 4,706 | 4,857 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Whanganui | Total | 5,536 | 6,284 | 6,177 | 5,674 | 5,973 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National | Total | 3,903 | 3,874 | 3,836 | 3,537 | 3,609 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Whanganui District Health Board

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*Pacific – for the seven DHBs with the highest number of Pacific people. These are: Auckland, Waitemata, Counties Manukau, Waikato, Capital and Coast, Hutt, and Canterbury

SS06 Better help for smokers to quit (Hospital)

No report required this quarter

B SS07 Planned Care Measures 21/22

PLACEHOLDER_DELAYED TIMEFRAME REPORTING

SS09: Improving the quality of identity data PRIMHD

This measure is managed via TAS

SS10: Shorter stays in Emergency Departments

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Reporting sections: 1. Shorter Stays in ED data 2. Actions to improve SSED 3. Acute Demand actions from Annual Plans | |
| DHB name: Whanganui | Quarter: 2 |
| Name of person completing this template: Kath Fraser-Chapple | |

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1. Shorter Stays in ED Indicator: 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.

| Quarterly results | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|--------------------------|---------------------------------|---------------------|--------------------------|---------------------------------|---------------------|--------------------------|
| <i>- Please use the ethnicity provided at the time of the ED presentation. Where that is not available, please use the ethnicity listed on the patient's NHI</i> | | | | | | | | | |
| | Total Population | | | Maori ethnicity | | | Pacific ethnicity | | |
| Name of facility | Number stayed less than 6 hours | Total Presentations | % managed within 6 hours | Number stayed less than 6 hours | Total Presentations | % managed within 6 hours | Number stayed less than 6 hours | Total Presentations | % managed within 6 hours |
| Oct | 1764 | 1913 | 92% | 447 | 477 | 94% | 42 | 48 | 88% |
| Nov | 1713 | 1910 | 90% | 441 | 486 | 91% | 43 | 46 | 93% |
| Dec | 1810 | 1973 | 92% | 484 | 527 | 92% | 41 | 43 | 95% |
| DHB total | 5287 | 5796 | 91% | 1372 | 1490 | 92% | 126 | 137 | 92% |

Data on acutely admitted patients

- a) Provide your data on target performance split by those patients who are discharged from the Emergency Department directly and those who are admitted to an inpatient hospital ward (not a statistical 'admission' based on the three-hour funding rule)
- b)

| | Total Attendances | In ED over 6 hrs | % over 6hrs |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-------------|
| Not Admitted | | | |
| Admitted | | | |
| Total | | | |
| Target achievement in the next 6 months? (ie what improvement in SSED do you expect to achieve over the next two quarters?) | NA | | |

2. Actions to improve SSED - Please provide the Ministry of Health with further information on:

| Measure | Your actions, activities, issues |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Actions undertaken this quarter to maintain or improve the indicator | Performance has been maintained, however is not above the target |
| 2. Planned work for next quarter | Ongoing preparation to screen and stream covid potential patients through the emergency department, ensuring that the DHB maintain essential services |
| 3. Barriers to achieving or maintaining the indicator | Ongoing focus on COVID preparation has limited focus on other service improvements |

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| What support can the Ministry provide | |
|---------------------------------------|--|

3. Acute Demand actions from Annual Plans

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Acute Data Capturing: Please provide an update on your plan to implement SNOMED coding in Emergency Departments to submit to NNPAC by 2021. | |
| Ongoing ICT development | |
| To improve Patient Flow , please report on actions from your Annual Plan that: | |
| 1. improves patient flow for admitted patients | Implementation of the discharge navigator model is underway however staffing has been a key factor in underdelivery to date |
| 2. improves management of patients to ED with long-term conditions | |
| 3. improves wait times for patients requiring mental health and addiction services who have presented to the ED | |
| 4. improves Māori patients experience in ED | |

SS11: Faster cancer treatment (62 days)

SS11 62 Day Faster Cancer Treatment Target

Whanganui DHB – Target Not Met

For the reporting period 43 out of 50 eligible patients in the cohort met the target. The 90% target was 45 patients. All patients that breach the target timeframes have a tracer audit of contacts and delays in treatment pathway, this is analysed for themes across services and opportunities for improvement. Findings are discussed at the monthly FCT governance meeting for escalation where appropriate.

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| 62-day indicator achievement (Health Target) | | | | | | | | | | | | | | Achievement 6-month quarter | Achievement 3-month quarter | |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|----------------------------------|------------|------------|------------|------------|------------|-----------------------------|-----------------------------|-------------------------|
| DHB | Adjusted number of records submitted <i>Patients within the 62-day FCT health target cohort (excluding patients breaching with a delay code of clinical consideration or patient reason), by month of first treatment</i> | | | | | | | Number of records within 62 days | | | | | | | Jul - Dec 2021 Tracking | Oct - Dec 2021 Tracking |
| | Jul | Aug | Sep | Oct | Nov | Dec | Total | Jul | Aug | Sep | Oct | Nov | Dec | Total | | |
| Auckland | 22 | 25 | 30 | 23 | 27 | 30 | 157 | 21 | 23 | 30 | 23 | 25 | 28 | 150 | 95.5% | 95.0% |
| Bay of Plenty | 8 | 18 | 23 | 12 | 22 | 9 | 92 | 7 | 16 | 23 | 11 | 20 | 9 | 86 | 93.5% | 93.0% |
| Canterbury | 45 | 55 | 59 | 45 | 71 | 51 | 326 | 41 | 51 | 56 | 41 | 67 | 46 | 302 | 92.6% | 92.2% |
| Capital and Coast | 25 | 32 | 48 | 15 | 42 | 25 | 187 | 19 | 26 | 41 | 10 | 39 | 22 | 157 | 84.0% | 86.6% |
| Counties Manukau | 29 | 41 | 27 | 21 | 41 | 32 | 191 | 23 | 29 | 20 | 16 | 37 | 24 | 149 | 78.0% | 81.9% |
| Hawkes Bay | 5 | 8 | 1 | 0 | 0 | 0 | 14 | 5 | 7 | 1 | 0 | 0 | 0 | 13 | 92.9% | #DIV/0! |
| Hutt Valley | 19 | 13 | 13 | 9 | 12 | 5 | 71 | 15 | 11 | 10 | 6 | 10 | 5 | 57 | 80.3% | 80.8% |
| Lakes | 7 | 9 | 6 | 7 | 6 | 7 | 42 | 7 | 8 | 5 | 7 | 5 | 7 | 39 | 92.9% | 95.0% |
| MidCentral | 11 | 8 | 10 | 14 | 10 | 14 | 67 | 11 | 8 | 9 | 13 | 10 | 13 | 64 | 95.5% | 94.7% |
| Nelson Marlborough | 28 | 27 | 24 | 17 | 35 | 29 | 160 | 26 | 22 | 18 | 14 | 34 | 21 | 135 | 84.4% | 85.2% |
| Northland | 25 | 18 | 20 | 22 | 30 | 13 | 128 | 19 | 14 | 17 | 19 | 27 | 13 | 109 | 85.2% | 90.8% |
| South Canterbury | 10 | 3 | 6 | 2 | 5 | 5 | 31 | 10 | 2 | 3 | 1 | 4 | 3 | 23 | 74.2% | 66.7% |
| Southern | 19 | 19 | 28 | 30 | 25 | 27 | 148 | 14 | 17 | 22 | 21 | 24 | 21 | 119 | 80.4% | 80.5% |
| Tairāwhiti | 4 | 7 | 2 | 7 | 8 | 4 | 32 | 3 | 6 | 1 | 7 | 8 | 4 | 29 | 90.6% | 100.0% |
| Taranaki | 15 | 18 | 17 | 11 | 12 | 9 | 82 | 11 | 13 | 14 | 8 | 10 | 7 | 63 | 76.8% | 78.1% |
| Waikato | 24 | 28 | 24 | 30 | 29 | 29 | 164 | 10 | 15 | 19 | 21 | 20 | 20 | 105 | 64.0% | 69.3% |
| Wairarapa | 4 | 8 | 9 | 6 | 8 | 1 | 36 | 4 | 8 | 9 | 5 | 4 | 1 | 31 | 86.1% | 66.7% |
| Waitemata | 42 | 50 | 40 | 24 | 27 | 39 | 222 | 36 | 45 | 37 | 20 | 22 | 35 | 195 | 87.8% | 85.6% |
| West Coast | 6 | 0 | 1 | 4 | 3 | 3 | 17 | 5 | 0 | 1 | 4 | 0 | 1 | 11 | 64.7% | 50.0% |
| Whanganui | 7 | 7 | 8 | 7 | 13 | 8 | 50 | 6 | 6 | 6 | 6 | 12 | 7 | 43 | 86.0% | 89.3% |
| National total | 355 | 394 | 396 | 306 | 426 | 340 | 2217 | 293 | 327 | 342 | 253 | 378 | 287 | 1880 | 84.8% | 85.6% |
| | | | | | | | | | | | | | | | 0.0% | |

SS12: Engagement and obligations as a Treaty partner

Rowena Kui Q2

| | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Please update the blue shaded Cells in the Q_2 column only. Refer to annual plan if full context is not clear | MET |
| | PARTIAL |
| | NOT MET (please provide explanation) |

2.1.1 Engagement and obligations as a treaty partner

| Activity | deliverable | Q2 |
|-----------|--------------------------------------------------------------------------------------------------------------------------|----|
| Strategic | Maintain partnership and close working relationships between WDHB and Hauora Iwi (HAI), through: | |
| | Regular joint hui and chair to Chair hui | |
| | Enact the Mana Whenua Agreement strengthening partnership and active engagement. | |
| | Involvement of HAI members in all key DHB strategic discussions and decisions | |
| | Involvement of HAI in decision making related to the implementation of the recommendations from the H&DS review 2020. | |
| | Engagement of HAI in monitoring the implementation of He Hāpori Ora action plan. Regular reporting to joint board hui | |

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| | Joint board monitoring of equity measures in WDHB Annual Plan and pro-equity implementation work plan | |
| | Māori Health Outcomes Advisory Group (local Māori provider executive leads) representation on all interviews for executive positions | |
| | HAI representation on combined statutory advisory committees and performance review for chief executive | |
| Waitangi Tribunal | Continue to participate in the design and implementation of the proposed Ministry of Health Treaty framework, to be set out in the new Māori Health Action Plan, to ensure WDHB meets its statutory obligations, as prescribed by the Tribunal and its interpretation of the Treaty clauses under the NZ Public Health and Disability Act 2000. | |
| Partnership | Six months post implementation of the WDHB consumer group Te Pūkāea new structure with at least 50% Māori membership, review progress and what further support is required. | |

| | | |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | Implement Term of Reference for a Māori reference group to provide Māori community and health expertise advice to key service developments, service improvements, development of Māori health policy and frameworks to ensure that we have a wider Te Ao Māori lens applied to our work. <i>Draft TOR completed, ELT sign off, staff survey in progress</i> | |
| | Engage and work with the Māori Health Alliance (MOHAG) to implement the recommendations from the commissioning for kaupapa Māori Health Services Work plan 2021 and review the services that are achieving the equity and health outcomes for Māori. <i>Review of kaupapa māori services complet, uplift identified to be completed by end of Feb 2022.</i> | |
| | Develop a work programme between the WDHB and HAI boards to measure improvement in equity for Māori across annual plan equity-oriented activity indicators and the WDHB pro-equity work programme. <i>Workplan is focused on Health reforms, preparedness for transition and HAI on the establishment of IWMPB.</i> | |
| | Continue support for the Central Region's Iwi relationship boards Te Whiti ki te Uru forum and their alliance with the Central Region CEs and Chairs. <i>This forum is no longer in place as agreed by HAI.</i> | |
| | Continue participation in the Central Region GM Māori forum to influence across the region and share learnings and initiatives. <i>Whanganui GM Māori chairs this group.</i> | |
| | Continue participation in national Māori health leadership forum Tumu Whakarae. | |
| | Involve Hauora a Iwi in all decision making that is responding to the Health and Disability Review | |
| | Continue to implement the WDHB Pro-equity Implementation Plan, under He Hāpori Ora implementation, for 2021 – 2023 under the four priority areas: | |
| | - Strengthen organisational leadership and accountability for equity | |
| | - Build Māori workforce and Māori health and equity capability refer to workforce section page 98 | |
| | - Improve transparency in data and decision making | |
| | - Support more authentic partnership with Māori. | |
| Implementing and | Ongoing implementation of Korero Mai programme – evidenced in tracer audits. <i>Programme under review</i> | |

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| monitoring whanau centred approaches to care and services | | |
|--------------------------------------------------------------------------------------|--|--|

SS13: FA1 Long Term Conditions

| Description | Specific actions including timeframe and milestones | Progress, gaps, challenges |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Quarter 2 2021-2022 |
| <p>Actions with an equity focus to support people with LTC to self-manage.</p> <p>Reference: https://www.health.govt.nz/publication/self-management-support-people-long-term-conditions</p> | <p>Can you please describe what programmes are in place in your region to provide community outreach services to support people with long term conditions, in particular in how you are meeting the needs of our high-risk populations for Māori and Pasifika peoples and their whanau.</p> <p>In accordance with the Minister's Letter of Expectation for 20/21 can you describe how PHOs have been incentivised to improve equitable health outcomes from long term conditions, with a focus on our high-risk populations of Māori and Pasifika peoples.</p> | <ul style="list-style-type: none"> • Community Funding Options Programme phase one has been embedded. Claims associated with the programme have increased overtime as clinical staff have completed IV training • COPD and Asthma pathways are in final draft with long term conditions nurse and kaiawhina role in place to support a revised approach within the community and across the |

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| | | <p>continuum of care.</p> <ul style="list-style-type: none"> The revised program of care will be further refined as models of care, funding and workforce permit with the current focus on supporting people with long term conditions to be proactive in self-management through improved health literacy |
| <p>Actions with an equity focus to build health literacy.</p> <p>Reference: https://www.health.govt.nz/publication/framework-health-literacy</p> | <p>Please outline what health literacy approaches are used to ensure you are building capability for people with long term conditions. What tools and resources are you using, how are you monitoring the impact of what you are doing, and how are these being tailored to meet culturally diverse needs, especially for Māori and Pasifika peoples.</p> | <p>Instigated system from Medical Ward. All discharge NHI sent to LTC Clinical Lead to investigate via Clinical Portal for multiple ED presentations/admissions for respiratory conditions. Pilot running well capturing patients in need of health literacy resources and transitioned back to GP.</p> <p>Work completed with PHARMAC and Health Literacy NZ to revise national STOP GOUT booklet resource</p> |

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| | | <p>and Leni's story flip cards</p> <ul style="list-style-type: none"> • Flip cards printed and delivered to Pacifica group • Draft local gout posters developed but capacity issues has delayed the completion of these |
| <p>SPECIFIC SERVICES - OPTIONAL</p> <p>Gout: What specific services (if any) your DHB/PHOs are providing for gout in primary care and identify any barriers that prevent initiation or development of services.</p> <p>Chronic Kidney Disease (CKD): What specific services (if any) your DHB/PHOs are providing for CKD in primary care and identify: 1) any barriers that prevent initiation or development of services.2) actions with an equity focus to support people with CKD to self-manage.</p> | <p>Describe your programme/s to address improved gout outcomes, especially around medicine adherence, and specifically comment on whether any cost or other barriers are being experienced to achieve sustained medicine adherence for optimal gout management.</p> <p>Describe your approach in identifying early risk of CKD and what systems are in place to ensure people are supported with self-management and / or have timely access to specialist services.</p> <p>Comment on what system changes you would like to see, to improve integrated service delivery in this area and specific improvement initiatives you would like to see us focus on?</p> | <p>Please see attached report</p>  <p>GOUT WRHN Jan 2022.docx</p> <p>WRHN and WDHB Integrated plan for pulmonary rehabilitation and self-management programmes are underway.</p> <p>Design for virtual and telehealth groups to be completed Feb 2022</p> <p>All patients to be contacted by WRHN long term conditions team for GP follow up facilitation, rehab, and self-management.</p> |

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| | | Initial pilot plan working well. |
|--|--|----------------------------------|

SS13: FA2 Diabetes services

| | | | | | | | | |
|----------------------------------------------------------------------|----------------------------|-----------------------------------------|-------------------------------------------------------------|-----------------------------|----------------------------------------------------------|---------------------------------------------|--------------|--------------|
| Select DHB of Domicile: | | Whanganui | | Period | Q2 2021-22 | | | |
| PP20 Improved management for long term conditions (Diabetes) | | | | | | | | |
| Please see the Instructions tab and the Example Template tab | | | | | | | | |
| Numbers of people with diabetes | | | | | | | | |
| PHO register total (all PHOs) | | | VDR estimate count of diabetes prevalence as at 31 Dec 2020 | | Estimated completeness of diabetes ascertainment by PHOs | | | |
| Denominator | | | | | | | | |
| | Ages 15-74 only | All ages | | Ages 15-74 only | All ages | | | |
| Maori | 936 | 1,061 | Maori | 1079 | 1,224 | Maori | 86.7% | 86.7% |
| Pacific | 102 | 112 | Pacific | 114 | 124 | Pacific | 89.5% | 90.3% |
| Other | 1,720 | 2,426 | Other | 2206 | 3,084 | Other | 78.0% | 78.7% |
| Total | 2,758 | 3,599 | Total | 3,399 | 4,432 | Total | 81.1% | 81.2% |
| HbA1c measurement data- for people aged 15-74 years inclusive | | | | | | | | |
| Numerator | | | | | | | | |
| | Number with HbA1c ≤ 64mmol | Number with HbA1c ≥ 65mmol and ≤ 80mmol | Number with HbA1c ≥ 81mmol and ≤ 100mmol | Number with HbA1c ≥ 101mmol | Total number with any available HbA1c result | Total number with no available HbA1c result | | |
| Māori | 473 | 189 | 104 | 70 | 836 | 100 | | |
| Pacific | 51 | 17 | 15 | 6 | 89 | 13 | | |
| Other | 1,113 | 301 | 125 | 39 | 1,578 | 142 | | |
| Total | 1,637 | 507 | 244 | 115 | 2,503 | 255 | | |
| Rate based on total PHO/practice count rate | | | | | | | | |
| | % HbA1c ≤ 64mmol | % HbA1c ≥ 65mmol and ≤ 80mmol | % HbA1c ≥ 81mmol and ≤ 100mmol | % HbA1c ≥ 101mmol | Percentage with any available HbA1c result | Percentage with no available HbA1c result | | |
| Māori | 51% | 20% | 11% | 7% | 89% | 9% | | |
| Pacific | 50% | 17% | 15% | 6% | 87% | 12% | | |
| Other | 65% | 18% | 7% | 2% | 92% | 6% | | |
| Total | 59% | 18% | 9% | 4% | 91% | 7% | | |

SS13: FA3 Cardiovascular health

SS13 FA3 – Cardiovascular Disease Quarterly Reporting template 2021/22 – Quarter 2

Reporting requirements from two sources are included under this umbrella, from the quarterly non financial reporting under SS13, Focus Area 3, and also from the *HEART HEALTH: previously known as More Heart and Diabetes* contracts, between the Ministry and the DHBs. Reporting is by narrative, with the questions from the two reporting requirements combined in the template below.

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On 31 March 2021, the Ministry held a webinar for patient management system (PMS) integrators to launch the national cardiovascular disease (CVD) risk calculation tool. The tool is now available to all integrators, free of charge. Do you currently have a calculator based on the 2018 algorithms available for use? Has your PMS or CVD decision support provider indicated any time frame for integration, with the national CVD tool?

MOH: Do you currently have a calculator based on the 2018 algorithms available for use?

Yes, Predict CVD Diabetes has been aligned with the 2018, and then the 2019 published algorithms since before the National free Tool was created.

Has your PMS or CVD decision support provider indicated any time frame for integration, with the national CVD tool?

N/A - No need to integrate, it is already fully compliant with the 2018 Non-DM, and subsequent DM release in 2019 evidence base.

(HISO 10071:2019 Cardiovascular Disease Risk Assessment Data Standard)

Do PHOs and practices regularly report against any local CVD indicators? If so, please describe the indicators below.

Previously reported indicators continue to be available for practices though powerBi CVD Risk assessment completion rates.

Have you considered or implemented CVD risk assessment aligned to COVID vaccination? If so, how is this linked to CVD risk management conversations?

Best practice information from the ministry and via HealthPathways has been circulated to all general practice teams for discussion at their peer reviews

SS13: FA4 Acute heart services

Name of DHB: Whanganui DHB

Indicator 1: Door to cath - Door to cath within 3 days for $\geq 70\%$ of ACS patients undergoing coronary angiogram.

Indicator 2a: Registry completion- $\geq 95\%$ of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and

Indicator 2b: $\geq 99\%$ within 3 months.

Indicator 3: ACS LVEF assessment- $\geq 85\%$ of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (ie have had an echocardiogram or LVgram).

Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance $\geq 85\%$ of ACS patients who undergo coronary angiogram should be prescribed, at discharge -

- Aspirin*, a 2nd anti-platelet agent*, and a statin (3 classes) and
- an ACEI/ARB if any of the following – LVEF $< 50\%$, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes), and
- Beta-blocker if LVEF $< 40\%$ ((5-classes).

* An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.

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Indicator 5a: Device registry completion ≥ 99% of patients who have pacemaker replacement have completion of ANZACS-QI Device PPM forms completed within 2 months of the procedure.

Indicator 5b: Device registry completion ≥ 99% of patients who have implantable cardiac defibrillator implantation/replacement have completion of ANZACS-QI Device ICD forms completed within 2 months of the procedure.

Notes to indicators:

Indicator 2: *The requirement for ≥ 99% completion within 3 months added in 2018/19.*

Indicator 3: *new indicator in 2018/19.*

Indicator 4: *new indicator in 2018/19, and modified in 2019/20. Patients meet the indicator if they are recorded in the ANZACS-QI ACS form as either on the particular medication or recorded as having a known contraindication/intolerance to it. This is a "minimum" indicator. It may still be clinically appropriate to use a beta-blocker in the absence of LV dysfunction, but this is not required to meet the indicator. Patients referred for in-patient coronary artery bypass grafts (CABG) are excluded because prescribing data is recorded prior to surgery when the second antiplatelet agent has been stopped. Patients are also excluded where no LVEF is recorded.*

Indicator 5a and b: *new indicators in 2019/20.*

Indicator measures: Each DHB must provide a percentage measure from the most recently available quarterly ANZACS-QI report for each of the indicators, and an ethnicity breakdown.

| | TOTAL | Maori | Pacific | Indian | Asian | Eur/Other |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|--------|-------|-----------|
| INDICATOR 1 Quarterly percentage performance against indicator 1 (use KPI October 2021 quarterly detailed report) | 26% | 16.7% | Nil | Nil | 0% | 29.60% |
| INDICATOR 2a Quarterly percentage performance against indicator 2, (use KPI October 2021 quarterly detailed report): | 100% | 100% | Nil | 100% | 100% | 100% |
| INDICATOR 2b Percentage performance against indicator 2, for 90 days prior (use October 2021 quarterly detailed report, and record Quarter 4, 2020/21 result) | 100% | 100% | 100% | Nil | 100% | 100% |
| INDICATOR 3 Quarterly percentage performance indicator 3 (use KPI October 2021 quarterly detailed report) | 69% | 71.4% | Nil | 100% | 100% | 66.70% |
| INDICATOR 4 Quarterly percentage performance indicator 4, (use KPI October 2021 quarterly detailed report) | 77% | 80% | Nil | 100% | 0% | 80% |
| INDICATOR 5a Quarterly percentage performance indicator 5a, (use KPI October 2021 quarterly detailed report) which reports registry completion in May, June, July). | | | | | | |
| INDICATOR 5b Quarterly percentage performance indicator 5b, (use KPI July 2021 quarterly detailed report) which reports registry completion in May, June, July). | | | | | | |
| Where the indicator has not been met, identify the indicator and provide narrative on the barriers to achieving the indicator and what short, medium and | DHB comments We have been advised of ongoing increases in demand for Cardio-Thoracic services by our tertiary centre and this is impacting on waiting times. We continue to work with them. | | | | | |

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long term mitigation strategies are in place to improve this indicator.

Please sign your name below to confirm you have emailed your completed reporting template to your regional cardiac programme manager:

John Edmonds. cc 3/1/22.

Information on who to contact for your DHB:

Northern Region (Northland DHB, Counties Manakau DHB, Auckland DHB, Waitemata DHB)

- Natasha Gartner – (Natasha.Gartner@healthshare.co.nz)

Te Manawa Taki (Bay of Plenty DHB, Lakes DHB, Tairāwhiti DHB, Taranaki DHB, Waikato DHB)

- Helen McKenzie - (Helen.McKenzie@nra.health.nz)

Central Region (Capital & Coast DHB, Hawkes Bay DHB, Hutt Valley DHB, Mid Central DHB, Nelson Marlborough DHB)

- Jeanine Corke – (Jeanine.Corke@tas.health.nz)

Southern Region (Canterbury DHB, South Canterbury DHB, Southern DHB, West Coast DHB)

- As Alan Lloyd has recently left, please send your reports through to John Edmonds (John.Edmond@southerndhb.govt.nz)

SS13: FA5 Stroke services



SS13 FA5 (Stroke Services)

QTR 1

Reporting Template

2021-2022

Notes:

Please either complete this template or add your report (including ALL the following points) to the database. All DHBs are expected to submit a report.

Indicator results and numbers are for the previous quarter (ie Q1 results in Q2) with narrative to include comments around indicator results also narrative for current reporting quarter activities.

Name of DHB:

Indicator 1: 80% of acute stroke admissions admitted to an ASU or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital – Q4 confirmed data

Indicator 2: 12% Reperfusion – Thrombolysis /Stroke Clot Retrieval Service provision 24/7 – Q4 confirmed data

Indicator 3: 80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission – Q4 confirmed data

Indicator 4: 60% of patients referred for community rehabilitation are seen face to face by a member of the community rehab team within 7 calendar days of hospital discharge – Q4 confirmed data

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| Confirmed result indicator 1 for Q4 | Confirmed result indicator 2 for Q4 | Confirmed result indicator 3 for Q4 | Confirmed result indicator 4 for Q4 |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| ASU 80%: Percentage: Total 100% Māori-100% Denominator: Total- 31 Māori-6 Numerator: Total- 31 Māori-6 | Reperfusion – Thrombolysis /Stroke Clot Retrieval 12% 24/7: Percentage: 16 % Māori-0 Denominator: Total- 31 Māori-0 Numerator: Total-5 Māori-0 | Inpatient Rehabilitation 80%: Percentage: Total-67% Māori- 100% Denominator: Total-6 Māori-1 Numerator: Total-4 Māori-1 | Community Rehabilitation 60%: Percentage: Total-0 Māori-0% Denominator: Total-7 Māori-1 Numerator: Total-0 Māori-0 |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Indicator 1: ASU</p> <p>Numerator = number of acute stroke admissions admitted to an ASU or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital.</p> <p>Denominator = total acute stroke admissions (I61, I63, I64).</p> <ul style="list-style-type: none"> - Please provide narrative if any hospital in your DHB responsible for providing this service has not met this indicator, with your plan to achieve. - Please include here a breakdown of: % numerator and denominator by hospital providing this service. <p style="text-align: right;">(See Minimal Standards attached for guidance)</p> | |
| DHB Comments: | Indicator 1= met. Code stroke, Acute fast track stroke thrombolysis/thrombectomy protocol is working well supported by tele stroke via CCDHB. |
| <p>Indicator 2: Reperfusion – Thrombolysis /Stroke Clot Retrieval Service provision 24/7</p> <p>Numerator = number of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile.</p> <p>Denominator = number of stroke admissions eligible for thrombolysis or stroke clot retrieval (ICD Codes I63, I64)</p> <ul style="list-style-type: none"> - Please provide narrative if any hospital in your DHB responsible for providing this service has not met this indicator. - Please include here a breakdown of each hospital providing this service: % numerator and denominator. - NB: this is for the provision of a 24/7 thrombolysis service – if your DHB is not providing a 24/7 service please advise how/when you plan to achieve. | |
| DHB Comments: | Indicator 2= met The code stroke and acute stroke fast track pathway are working well in hours/afterhours .. |
| <p>Indicator 3: Rehabilitation</p> <p>Numerator = number of acute stroke admissions transferred to in-pt rehab within 7 days of acute admission.</p> <p>Denominator = number of stroke admissions eligible for rehabilitation (I61, I63, I64)</p> <ul style="list-style-type: none"> - Please provide narrative if any hospital in your DHB providing this service has not met this indicator with your plan to achieve. - Please include here a breakdown of each hospital in your DHB: % numerator and denominator. <p style="text-align: right;">(See Minimum Expectations attached for guidance)</p> | |
| DHB Comments: | Indicator 3 =67%. Out of 6 patients , 2 patients were medically unstable within first 7 days prior to transfer to rehabilitation. Our comprehensive stroke unit facilitates early access to rehabilitation services. Therefore, out of 25 patients who did not get transferred to in patient rehabilitation 16 pts dx home rom ASU not needing transfer to inpatient rehabilitation 2 patients deceased 2 were transferred to Other hospitals 3 were discharged to permanent rest home care 2 were transferred to Intermediate Care for Slow -stream Rehabilitation. |
| <p>Indicator 4: Community Rehabilitation</p> <p>Numerator = number of patients referred for community rehabilitation who are seen face to face by a member of the community rehab team within 7 calendar days of hospital discharge.</p> | |

Whanganui District Health Board

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| | |
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| Denominator = number of patients discharged from hospital with a primary stroke diagnosis (I61, I63, I64) who are referred within 2 weeks of discharge for community rehabilitation. (See Minimum Expectations attached for guidance) | |
| DHB Comments: | Indicator 4 = not met. Whanganui allied health community rehabilitation staffing capacity significantly compromises our ability to deliver community rehabilitation. Currently OT/SW services are unable to respond. PT is responding utilising the day ward service (DAR) and PT group class sessions. The stroke nurse is responding quickly, mainly via phone calls and telehealth. WDHB is currently developing a pilot project to facilitate ESD and stroke community rehabilitation |
| Other: | <ul style="list-style-type: none"> - Please indicate if you have a contact person in local Iwi or Pacific Church who you could work with to support and promote the FAST message for this year's campaign. If not are these relationships that you could develop? - Please comment on these services your DHB provides/participates in, either through services provided in your DHB or as part of an assisted regional service, or barriers that do not support your participation: <ul style="list-style-type: none"> - Telestroke activity - Stroke Clot Retrieval activity |
| DHB Comments | WDHB has localised the CCDHB Stroke Fast track thrombolysis-thrombectomy pathway document. Whanganui DHB has code stroke emergency 777 call in place 24/7. Once activated the stroke nurse (as able the stroke consultant) responds between 0800 – 2300 hours utilising telestroke. After 2300 hours the ED nurses activate tele-stroke via CCDHB. We send our patients to CCDHB/Auckland for stroke clot retrieval (thrombectomy). Our comprehensive acute stroke unit also provides Hyper acute stroke nursing care. Patients are usually thrombolysed in CT and then directly transferred to the acute stroke unit for post thrombolysis care. |

Signed off by:

Lead Stroke Physician: Dr Jan Gregson Clinical Nurse specialist Stroke : Akesh Pillai
Lead Allied Health:

SS15: Improving waiting times for colonoscopies

PLACEHOLDER_DELAYED TIMEFRAME REPORTING


SS17: Delivery of Whānau Ora

No report required this quarter

End of CSAC REPORT

February 2022

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------|
|  <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Pouri Hauora o Whanganui</i></p> | | Information Paper |
| | | Item No. |
| Author | Raju Gulab, Finance Manager | |
| Endorsed by | Andrew McKinnon, General Manager Corporate | |
| Subject | Detailed financial report – January 2022 | |
| <p>Recommendations</p> <p>That the Whanganui District Health Board:</p> <ol style="list-style-type: none"> Receive the report 'Detailed financial report – January 2022'. Note the January 2022 monthly result of \$25k deficit is favourable to budget by \$268k. Including COVID-19 and the Holiday Act Compliance provision, the result is \$254k favourable to budget. Note the year-to-date result of \$4,020k deficit is favourable to budget by \$204k. Including COVID-19 and the Holiday Act Compliance provision, the result is \$99k favourable to budget. | | |

Financial Overview – January 2022

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <p>YTD Performance</p> <p>Actual deficit \$4.0m (excluding COVID-19 and Holiday Act Compliance provision)</p> <p>Against budgeted deficit of \$4.2m, \$0.2m favourable to budget.</p> | <p>YTD IDF Net Flow</p> <p>\$29.5m expenditure</p> <p>Against budgeted expenditure of \$30.3m, \$0.8m favourable to budget.</p> | <p>YTD CWDs</p> <p>Estimated CWDs 7,220</p> <p>Against 7,006 budgeted CWDs, 3.14% ahead (IDF CWDs excluded).</p> |
| <p>YTD FTE</p> <p>Actual YTD FTE 933 (Total FTE 999, including COVID-FTE of 67)</p> <p>Budgeted FTE of 950 (Full year FTE 952)</p> | <p>YTD Capital Expenditure</p> <p>Actual spend \$3.5m</p> <p>Against budgeted expenditure of \$7.4m. \$3.9m underspent relates to delay in IT Intangible assets and Building projects.</p> | |

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Consolidated Statement of Financial Performance for the period ended 31 January 2022

| \$'000 | Month | | | Year to Date | | | Annual | Annual |
|---------------------------------------------------------------|-----------------|-----------------|---------------|------------------|------------------|------------------|-------------------|-------------------|
| | Actual | Budget | Var | Actual | Budget | Var | Budget 2021-22 | Actual 2020-21 |
| Revenue | 26,820 | 26,830 | (10) U | 187,946 | 183,061 | 4,885 F | 314,675 | 297,522 |
| Total Revenue | 26,820 | 26,830 | (10) U | 187,946 | 183,061 | 4,885 F | 314,675 | 297,522 |
| Less: | | | | | | | | |
| Provider Health Service | (13,099) | (13,228) | 129 F | (97,818) | (93,432) | (4,386) U | (158,385) | (151,506) |
| Corporate Service | (52) | (157) | 105 F | (636) | (953) | 317 F | (1,629) | (1,818) |
| Governance | (100) | (103) | 3 F | (771) | (725) | (46) U | (1,266) | (1,016) |
| DHB Funder Division (exl IDF outflow) | (9,313) | (9,299) | (14) U | (63,564) | (62,072) | (1,492) U | (106,099) | (99,499) |
| Inter-district Outflow | (4,310) | (4,334) | 24 F | (29,509) | (30,336) | 827 F | (52,005) | (46,989) |
| ACC Contract (net) | 29 | (2) | 31 F | 332 | 233 | 99 F | 408 | 511 |
| Total expenditure | (26,845) | (27,123) | 278 F | (191,966) | (187,285) | (4,681) U | (318,976) | (300,317) |
| Net Surplus/(Deficit) before COVID-19 & HolidayPay | (25) | (293) | 268 F | (4,020) | (4,224) | 204 F | (4,301) | (2,795) |
| Revenue- COVID-19 | 1,028 | - | 1,028 F | 6,166 | - | 6,166 F | - | 2,367 |
| Expenditure COVID-19 | (1,027) | - | (1,027) U | (6,246) | - | (6,246) U | - | (2,391) |
| COVID-19 | 1 | - | 1 F | (80) | - | (80) U | - | (24) |
| Holiday Act Costs | (68) | (53) | (15) U | (393) | (368) | (25) U | (644) | (2,028) |
| One-off | (68) | (53) | (15) U | (393) | (368) | (25) U | (644) | (2,028) |
| Net Surplus / (Deficit) | (92) | (346) | 254 F | (4,493) | (4,592) | 99 F | (4,945) | (4,847) |

Note :- F = Favourable variance; U = unfavourable variance

Overview

Month comments

The operating result for the month of January 2022 was favourable to budget by \$268k. When including COVID-19 and Holiday Act Compliance provision, the result is \$254k favourable to budget.

Revenue (Appendix 1)

Revenue was \$10k unfavourable to budget due to Ministry of Health clawback funding for the Combined Pharmaceutical Budget (CPB), community referrals charged to radiology for private and insurance funded patients and capturing surgical elective service revenue from other DHBs not eventuated yet. (Both revenues are unlikely to progress). These lower revenues were partly offset by MoH side contract revenue (offset by costs) and ACC revenue.

Revenue- COVID-19

Covid-19 revenue was \$1,028k favourable to budget due to funding for the vaccination programme, public health contact tracing and local community response to people who need to isolate within the community (SIQ). These increases in revenue were partly offset by costs which are expected to be fully funded by the Ministry of Health.

Provider health service (Appendix 2)

Inpatient estimated volumes were 110.8% to target in January 2022 with unplanned (acute) at 113.2% and planned (elective and arranged) at 101.7% of budget for the month. The value of this increased volume is approximately \$593k, or 97 CWD.

Provider division was \$129k favourable to budget due to lower Allied Health personnel costs, nursing costs, other personnel costs and clinical supplies costs. These favourable variances were partly offset by higher medical personnel costs, ward security and patient meals costs.

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Corporate service (Appendix 2)

Corporate was \$105k favourable to budget due to savings in personnel costs. These lower costs were partly offset by higher IT outsourcing costs.

Inter-district flows (Appendix 4)

Inter-district flows were \$24k favourable to budget due to inpatient activity.

Covid-19 expenditure

COVID-19 expenditure was \$1,027k unfavourable to budget with costs incurred mainly in operating the vaccination programme, community testing, PCR and antigen testing, public health contact tracing and local community response to people who need to isolate within the community (SIQ). Expenditure is expected to be fully funded by MoH (see Covid-19 revenue above).

Year-to-date comments

Year-to-date January 2022 operating result was favourable to budget by \$204k; when including COVID-19 and Holiday Act Compliance provision, the result is \$99k favourable to budget.

Revenue (Appendix 1)

Revenue was \$4,885k favourable to budget mainly due to the Ministry of Health (MoH) nurses and midwives pay equity settlement funding \$3,900k, MoH higher integrated mental health addiction service revenue \$547k (offset by costs), MoH addiction system collaborations design and implementation support revenue \$189k (offset by costs), primary health care funding \$242k, well child \$71k, financial sustainability improvement funding \$92k, planned care service improvement funding \$141k, child development funding \$52k, public health funding \$92k, various other MoH side contract funding \$51k, inter-district inflow revenue \$39k, other DHBs outpatient revenue \$186k, ACC revenue \$451k (mainly not acute rehab) and Ministry of Social Development Impact Collective revenue \$84k. These increases in revenue were partly offset by lower \$539k combined pharmaceutical revenue (*Ministry of Health clawback funding for Combined Pharmaceutical Budget (CPB) \$76m, Wanganui DHB's full year share is \$1.3m, however \$217k revenue used from last year's income in advance to offset increased pharmaceutical cost*), \$46k other government training did not eventuate due to COVID restrictions, \$258k community referrals charged to radiology for private and insurance funded patients, \$322k capturing surgical elective service revenue from other DHBs, dental co-payment \$20k and various other income \$67k.

Revenue- Covid-19 (Appendix 1)

Covid-19 revenue was \$6,166k favourable to budget due to ongoing support of operating CBAC facilities, community testing, local community response to people who need to isolate within the community (SIQ) and the vaccination programme.

Provider division (Appendix 2)

Inpatient estimated volumes were 103.1% to target year to date with unplanned (acute) 104.9% and planned (elective and arranged) 97.9% of budget year-to-date. The value of this overall increased volume is \$1.3 million, or 214 CWD.

Provider division was \$4,386k unfavourable to budget due to nurses and midwives pay equity settlement payment and higher medical personnel (including locum). These unfavourable variances were partly offset by lower Allied Health and management and administration personnel costs due to vacancies as well as lower clinical supplies and non-clinical supplies.

Corporate (Appendix 2)

Corporate was \$317k favourable to budget due to lower building insurance costs, personnel costs due to vacancies in IT and finance, capitalisation of data networking costs and lower depreciation costs. These lower costs were partly offset by higher IT outsourced costs.

Governance

Governance was \$46k unfavourable due to the Impact Collective programme costs (offset by revenue).

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DHB funder division (exl IDF outflow) (Appendix 3)

Funder division was \$1,492k unfavourable to budget due to health of older people, home-based support and hospital residential care support costs (volume and price increased), higher primary health organisation (PHO) costs (offset by revenue), integrated mental health addiction service (offset by revenue) and pharmaceutical (partly offset by rebate).

There has been an increase in aged care beds with an additional 10 beds coming on stream this year. Also, home-based support contract prices were renegotiated with a key supplier resulting in a 10% increase in cost price.

Inter-district flows (Appendix 4)

Inter-district flows were \$827k favourable to budget due mainly to inpatient activities.

Covid-19 expenditure

COVID-19 expenditure was \$6,246k unfavourable to budget due to costs incurred mainly in community testing, operating the CBAC facility, vaccination programme, local community response to people who need to isolate within the community (SIQ), and Māori health support. Expenditure is expected to be fully funded by MoH (see Covid-19 revenue above).

Holiday Act provision

Holiday Act remediation provision was \$125k unfavourable to budget due to project management consultancy costs.

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Appendix 1 - Revenue

| \$'000 | Month | | | Year to Date | | | Annual | Annual |
|-----------------------------------|---------------|---------------|----------------|----------------|----------------|-----------------|----------------|----------------|
| | Actual | Budget | Var | Actual | Budget | Var | Budget | Actual |
| | | | | | | | 2021-22 | 2020-21 |
| Ministry of Health | 25,447 | 25,270 | 177 F | 179,229 | 174,391 | 4,838 F | 298,278 | 283,156 |
| Inter-district inflow | 700 | 707 | (7) U | 4,989 | 4,950 | 39 F | 8,486 | 8,103 |
| Other District Health Board (DHB) | 99 | 38 | 61 F | 616 | 430 | 186 F | 780 | 1,123 |
| Accident Compensation (ACC) | 498 | 250 | 248 F | 2,257 | 1,806 | 451 F | 3,160 | 3,465 |
| Other Government | - | 73 | (73) U | 221 | 183 | 38 F | 223 | 276 |
| Patient consumer sourced | 12 | 92 | (80) U | 176 | 454 | (278) U | 922 | 360 |
| Other income | 64 | 400 | (336) U | 458 | 847 | (389) U | 2,826 | 1,039 |
| COVID-19 | 1,028 | - | 1,028 F | 6,166 | - | 6,166 F | - | 2,367 |
| Total revenue | 27,848 | 26,830 | 1,018 F | 194,112 | 183,061 | 11,051 F | 314,675 | 299,889 |

Note :- F = Favourable variance; U = unfavourable variance

Month comments

Ministry of Health

Revenue was \$177k favourable to budget due to the Ministry of Health (MoH) addiction system collaborations design and implementation support revenue and suicide postvention revenue. These higher revenue was partly offset by MoH Combined Pharmaceutical Budget (CPB).

Inter-district inflow

Inter-district inflow was \$7k unfavourable to budget due to lower inpatient service activity.

Other district health board

Revenue was \$61k favourable to budget due to higher outpatient clinics revenue.

Accident Compensation (ACC)

Revenue was \$248k favourable to budget due one-off non-acute inpatient revenue. This higher revenue was partly offset by lower ACC radiology revenue.

Other Government

Revenue was \$73k unfavourable to budget due to student training that did not eventuate due to COVID restrictions.

Patient consumer sourced

Revenue was \$80k unfavourable to budget due to revenue from community referrals to radiology for private and insurance funded patients not having eventuated yet.

Other income

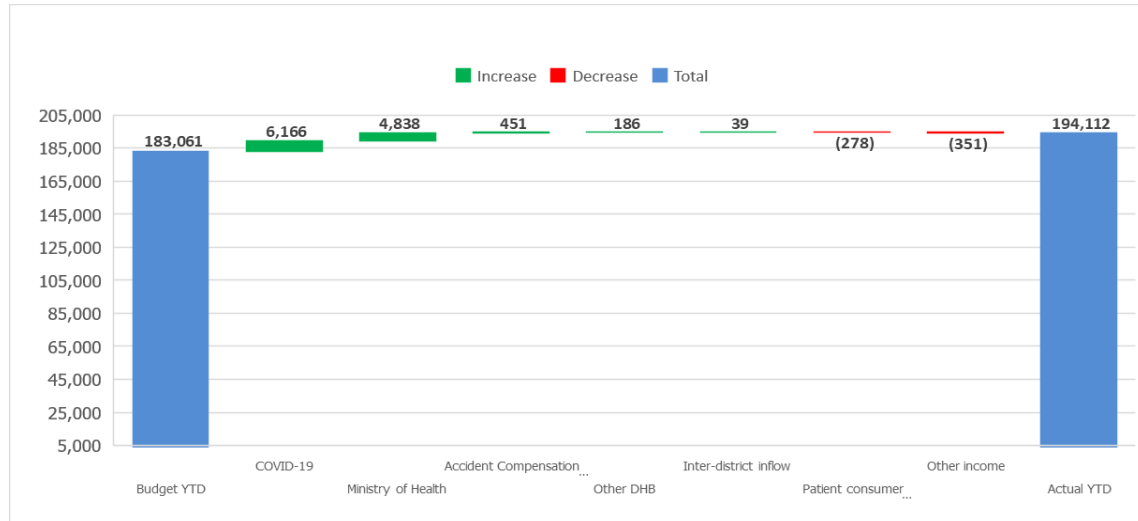
Revenue was \$336k unfavourable to budget due to capturing surgical elective service revenue from other DHB not eventuated yet, and unlikely to progress.

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Covid-19 revenue

COVID-19 expenditure was \$1,028k favourable to budget with costs incurred mainly in operating the vaccination programme, Public Health contact tracing and the local community response to people who need to isolate within the community (SIQ).

Year to date comments**Covid-19**

COVID-19 was \$6,166 favourable to budget due to Ministry of Health funding for:

- Vaccination estimated funding \$4,335k.
- Māori health support \$410k (this revenue passes on to community health providers)
- Public Health community testing \$312k
- GP based assessment \$408k
- Community testing and other associate cost re-imburement \$370k
- SIQ \$86k
- PCR and antigen testing \$245k

Ministry of Health

Revenue was \$4,838k favourable to budget mainly due to the Ministry of Health (MoH) nurses and midwives pay equity settlement funding \$3,900k, MoH higher integrated mental health addiction service revenue \$547k (offset by costs), MoH addiction system collaborations design and implementation support revenue \$189k (offset by costs), primary health care funding \$242k, well child \$71k, financial sustainability improvement funding \$92k, planned care service improvement funding \$141k, child development funding \$52k, public health funding \$92k, and various other \$51k. These increases in revenue were partly offset by lower \$539k combined pharmaceutical revenue.

Accident Compensation (ACC)

ACC revenue was \$451k favourable to budget due to higher ACC home-based nursing revenue, ACC non-acute inpatient rehabilitation revenue and ACC sexual abuse assessment and treatment revenue. These increases in revenue were partly offset by lower ACC radiology revenue.

Other district health board

Revenue was \$186k favourable to budget due to higher outpatient clinics revenue.

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Inter-district inflow

Inter-district inflow was \$39k favourable to budget due to higher inpatient service activity.

Patient Consumer sourced

Revenue was \$278k unfavourable to budget due to dental revenue, non-resident revenue and capturing revenue from community referrals to radiology for private and insurance funded patients having not eventuated yet.

Other

Other revenue was \$351k unfavourable to budget due to capturing surgical elective service revenue from other DHBs not eventuating yet, unlikely to progress (full year budgeted \$1.9m).

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Appendix 2 – Provider Health and Corporate Services

| | Month | | | | Year to Date | | | | Annual Budget | Annual Actual | | |
|----------------------------------------------------|---------------|---------------|--------------|----------|---------------|---------------|----------------|--------------|----------------|----------------|---------------|---------------|
| | Actual | Budget | Variance | Var % | Actual | Budget | Variance | Var % | 2021-22 | 2020-21 | | |
| Expenditure | | | | | | | | | | | | |
| Medical Personnel | 2,302 | 2,220 | (82) | U | 14,816 | 14,767 | (49) | U | 25,622 | 24,261 | | |
| Nursing Personnel | 3,928 | 4,038 | 110 | F | 30,156 | 25,537 | (4,619) | U | 43,441 | 44,352 | | |
| Allied Personnel | 1,003 | 1,165 | 162 | F | 7,632 | 8,282 | 650 | F | 14,109 | 12,867 | | |
| Support Personnel | 101 | 81 | (20) | U | 648 | 579 | (69) | U | 989 | 1,054 | | |
| Management & Admin Personnel | 921 | 1,083 | 162 | F | 6,960 | 7,677 | 717 | F | 13,073 | 11,893 | | |
| Total Personnel(Exl other & outsourced) | 8,255 | 8,587 | 332 | F | 60,212 | 56,842 | (3,370) | U | 97,234 | 94,427 | | |
| Personnel Other | 208 | 231 | 23 | F | 1,337 | 1,512 | 175 | F | 2,778 | 1,754 | | |
| Outsourced Medical Personnel | 431 | 348 | (83) | U | 3,413 | 2,492 | (921) | U | 4,288 | 5,784 | | |
| Outsourced Allied Personnel | 59 | 42 | (17) | U | 369 | 286 | (83) | U | 526 | 888 | | |
| Outsourced Manag & Admin Personnel | 75 | 33 | (42) | U | 626 | 229 | (397) | U | 393 | 726 | | |
| Total Personnel outsourced | 773 | 654 | (119) | U | 5,745 | 4,519 | (1,226) | U | 7,985 | 9,152 | | |
| Total Personnel Expenditure | 9,028 | 9,241 | 213 | F | 65,957 | 61,361 | (4,596) | U | 105,219 | 103,579 | | |
| Outsourced Clinical Service | 471 | 482 | 11 | F | 3,545 | 3,623 | 78 | F | 6,196 | 5,915 | | |
| Clinical Supplies | 1,380 | 1,395 | 15 | F | 10,986 | 11,200 | 214 | F | 18,893 | 18,299 | | |
| Infrastructure & Non Clinical Supplies Costs | 1,454 | 1,447 | (7) | U | 12,429 | 12,539 | 110 | F | 19,762 | 16,546 | | |
| Capital Charge | 186 | 193 | 7 | F | 1,409 | 1,452 | 43 | F | 2,415 | 2,342 | | |
| Depreciation & Interest | 626 | 621 | (5) | U | 4,110 | 4,192 | 82 | F | 7,446 | 6,441 | | |
| Internal Allocation | 6 | 6 | - | F | 18 | 18 | - | F | 83 | 202 | | |
| Total Other Expenditure | 4,123 | 4,144 | 21 | F | 32,497 | 33,024 | 527 | F | 54,795 | 49,745 | | |
| Total Expenditure | 13,151 | 13,385 | 234 | F | 98,454 | 94,385 | (4,069) | U | 160,014 | 153,324 | | |
| Expenditure | | | | | | | | | | | | |
| Medical personnel and Locum | 2,733 | 2,568 | (165) | U | 18,229 | 17,259 | (970) | U | 29,910 | 30,045 | | |
| Nursing Personnel | 3,928 | 4,038 | 110 | F | 30,156 | 25,537 | (4,619) | U | 43,441 | 44,352 | | |
| Allied Personnel | 1,062 | 1,207 | 145 | F | 8,001 | 8,568 | 567 | F | 14,635 | 13,755 | | |
| Management & Admin Personnel | 996 | 1,116 | 120 | F | 7,586 | 7,906 | 320 | F | 13,466 | 12,619 | | |
| Othe Personnel costs | 309 | 312 | 3 | F | 1,985 | 2,091 | 106 | F | 3,767 | 2,808 | | |
| Clinical Supplies | 1,380 | 1,395 | 15 | F | 10,986 | 11,200 | 214 | F | 18,893 | 18,299 | | |
| Outsourced Clinical Service | 471 | 482 | 11 | F | 3,545 | 3,623 | 78 | F | 6,196 | 5,915 | | |
| Infrastructure & Non Clinical Supplies Costs | 1,640 | 1,640 | - | F | 13,838 | 13,991 | 153 | F | 22,177 | 18,888 | | |
| Depreciation & Interest | 626 | 621 | (5) | U | 4,110 | 4,192 | 82 | F | 7,446 | 6,441 | | |
| Internal Allocation | 6 | 6 | - | F | 18 | 18 | - | F | 83 | 202 | | |
| Total Expenditure | 13,151 | 13,385 | 234 | F | 98,454 | 94,385 | (4,069) | U | 160,014 | 153,324 | | |
| FTEs | | | | | | | | | | | | |
| Medical | 111.6 | 113.4 | 2 | F | 112.7 | 111.7 | (1) | U | 112.9 | 111.5 | | |
| Nursing | 480.4 | 486.2 | 6 | F | 473.5 | 466.0 | (7) | U | 467.2 | 460.8 | | |
| Allied | 144.1 | 166.4 | 22 | F | 150.7 | 166.5 | 16 | F | 166.5 | 160.3 | | |
| Support | 20.5 | 16.3 | (4) | U | 18.3 | 16.3 | (2) | U | 16.3 | 18.0 | | |
| Management & Admin | 156.8 | 174.2 | 17 | F | 162.2 | 174.6 | 12 | F | 174.5 | 169.5 | | |
| Total FTEs | 913 | 957 | 43.1 | F | 917 | 935 | 17.7 | F | 937 | 920 | | |
| Case Weighted Discharges (CWD) | | | | | | | | | | | | |
| Unplanned (Acute) | 805 | 711 | (94) | U | -0.2% | 5,433 | 5,180 | (253) | U | -4.9% | 8,836 | 8,528 |
| Planned (Elective & Arranged) | 193 | 190 | (3) | U | -1.7% | 1,787 | 1,826 | 39 | U | 2.1% | 3,227 | 2,968 |
| Total CWD | 998 | 901 | (97) | U | -10.8% | 7,220 | 7,006 | (214) | U | -3.1% | 12,063 | 11,496 |
| Further information | | | | | | | | | | | | |
| General Medicine | 315 | 280 | (35) | U | -12.4% | 2,390 | 2,039 | (351) | U | -17.2% | 3,478 | 3,728 |
| General Surgery | 210 | 190 | (20) | U | -10.5% | 1,542 | 1,480 | (62) | U | -4.2% | 2,488 | 2,582 |
| Orthopaedics | 176 | 155 | (21) | U | -13.6% | 1,214 | 1,339 | 126 | F | 9.4% | 2,390 | 1,897 |
| Gynaecology | 32 | 24 | (8) | U | -32.6% | 213 | 197 | (16) | U | -8.1% | 350 | 388 |
| Emergency Medicine | 98 | 108 | 10 | F | 9.0% | 721 | 787 | 65 | F | 8.3% | 1,342 | 1,096 |
| Othter | 167 | 144 | (23) | U | -13.8% | 1,140 | 1,164 | 24 | F | 2.1% | 2,015 | 1,805 |
| Total CWD | 998 | 901 | (97) | U | -10.8% | 7,220 | 7,006 | (214) | U | -3.1% | 12,063 | 11,496 |

Month comments

The overall expenditure for January 2022 was \$234k favourable to budget.

Personnel

Total personnel costs were \$213k favourable to budget due mainly to Allied Health personnel vacancies and management and administration savings due to leave taken over the holiday period and unattended courses and conferences as a result of the Covid-19 pandemic.

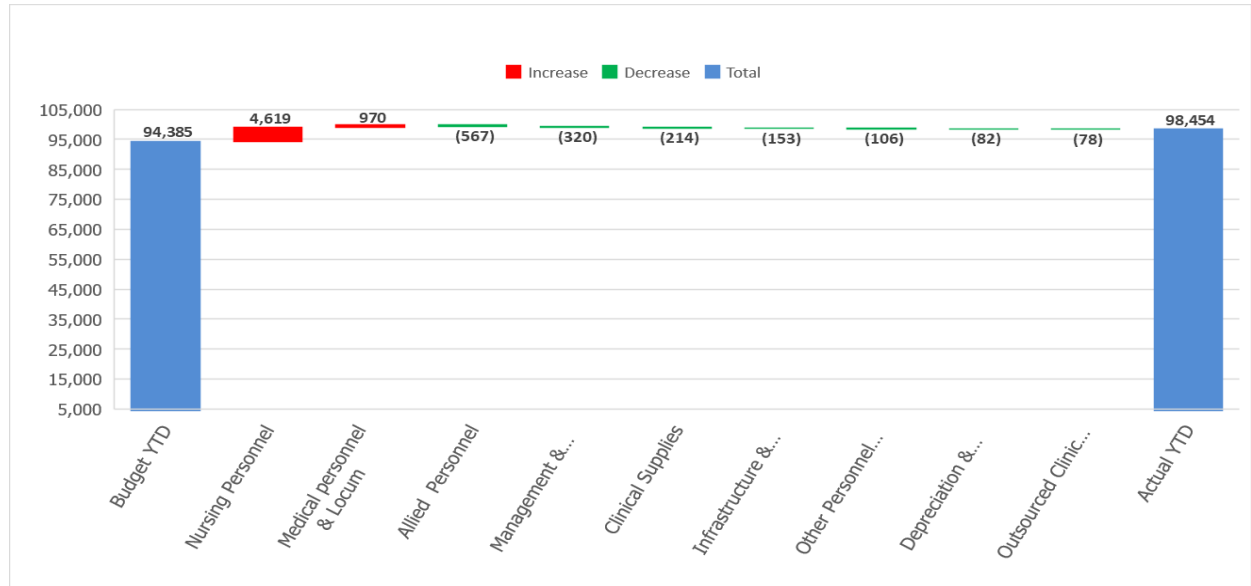
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Clinical supplies

Clinical supplies costs were \$15k unfavourable to budget due to theatre consumables (orthopaedic surgery 25.8% lower than target), district nursing consumables costs and patient travel costs. These unfavourable variances were partly offset by lower ward consumables and pharmaceutical costs.

Year-to-date comments



The overall year-to-date expenditure \$4,069k unfavourable to budget.

Nursing personnel

Nursing personnel was \$4,619k unfavourable to budget due to nurses and midwives pay equity settlement and high acute demand (inpatient activity 3.1% above target).

Medical personnel

The medical personnel net unfavourable variance of \$970k was due mainly to the use of locums to cover vacancies. Locum costs were made up of ophthalmology \$102k, general medicine \$170k, RMOs \$80, mental health SMO \$334k, gynaecology \$245k.

Allied personnel

Allied personnel costs net favourable variance of \$567k favourable to budget was mainly due to vacancies in audiology, radiology, occupational therapies, dental, physiotherapy, pharmacy, community mental health and health promotion. Favourable payroll savings of \$650k were partly offset by outsourced costs of \$83k mainly in the areas of radiology and physiotherapy.

Management and administration

Management and administration personnel costs net favourable variance of \$320k favourable to budget was mainly due to vacancies in IT, finance, patient safety and other areas. Favourable payroll savings of \$717k were partly offset by outsourced costs of \$397k mainly in IT, business manager and communication roles.

February 2022**Public****Clinical supplies**

Clinical supplies costs were \$214k favourable to budget due to lower theatre consumables (orthopaedic surgery YTD 9.4% lower than target), ward consumables, pharmaceuticals and district nursing consumables. These lower costs were partly offset by radiology costs.

Infrastructure and non-clinical supplies (including capital charge)

Infrastructure and non-clinical supplies costs were \$153k favourable to budget due to lower facility maintenance costs, transport costs, building and other insurance costs. These lower costs were partly offset by IT bureau, outsourced and costs and wards security costs.

Other personnel

Other personnel costs were \$106k favourable to budget due mainly to unattended courses and conferences as a result of the Covid-19 pandemic.

Depreciation and interest costs

Depreciation and interest costs were \$82k favourable to budget due to timing of clinical and IT equipment purchasing and interest costs.

Outsourced clinical and other services

Outsourced clinical service costs were \$78k favourable to budget mainly due dental, ophthalmology and audiology outsourced service costs. This favourable variance was partly offset by higher after-hours mental health telephone service costs and radiology costs.

Case weighted discharges

Year to Date estimated case weighted discharges (CWD) were 214 CWD, 3.1% higher than target. General medicine 351 CWD, was 17.2% higher than planned and Orthopaedics is 126 CWD 9.4% lower than planned.

Note that CWD above includes services provided at Whanganui Hospital. This CWD does not include IDF outflows and means it is not the complete result in relation to the Planned Care Target.

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Appendix 3 – DHB Funder Division

| | Month | | | Year to Date | | | Annual | Annual |
|-----------------------------------------|----------------|----------------|---------------|-----------------|-----------------|------------------|-------------------|-------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance | Budget 2021-22 | Actual 2020-21 |
| Expenditure by type | | | | | | | | |
| Pharmaceuticals | (1,616) | (1,469) | (147) U | (10,930) | (10,462) | (468) U | (17,723) | (17,355) |
| Primary Health Organisation (PHO) | (1,618) | (1,580) | (38) U | (11,418) | (11,118) | (300) U | (18,909) | (18,015) |
| Home Based Support (short Term) | (223) | (203) | (20) U | (1,183) | (1,419) | 236 F | (2,431) | (2,452) |
| Other Personal Health | (1,271) | (1,130) | (141) U | (8,184) | (8,045) | (139) U | (14,273) | (13,397) |
| Health of Older People | (3,135) | (3,363) | 228 F | (20,434) | (20,102) | (332) U | (34,187) | (31,490) |
| Mental Health | (837) | (1,087) | 250 F | (7,916) | (7,586) | (330) U | (12,981) | (11,436) |
| Public Health | (127) | (110) | (17) U | (681) | (673) | (8) U | (1,140) | (1,184) |
| Maori Services | (262) | (139) | (123) U | (1,166) | (1,060) | (106) U | (1,757) | (1,713) |
| Total Other provider expenditure | (9,089) | (9,081) | (8) U | (61,912) | (60,465) | (1,447) U | (103,401) | (97,042) |
| Funding Admin | (224) | (218) | (6) U | (1,652) | (1,607) | (45) U | (2,698) | (2,457) |
| Total funder expenditure | (9,313) | (9,299) | (14) U | (63,564) | (62,072) | (1,492) U | (106,099) | (99,499) |
| | - | - | - | - | - | - | - | - |
| Expenditure by service | | | | | | | | |
| Personal Health | (4,728) | (4,382) | (346) U | (31,715) | (31,044) | (671) U | (53,336) | (51,219) |
| Health of Older People | (3,135) | (3,363) | 228 F | (20,434) | (20,102) | (332) U | (34,187) | (31,490) |
| Mental Health | (837) | (1,087) | 250 F | (7,916) | (7,586) | (330) U | (12,981) | (11,436) |
| Public Health | (127) | (110) | (17) U | (681) | (673) | (8) U | (1,140) | (1,184) |
| Maori Services | (262) | (139) | (123) U | (1,166) | (1,060) | (106) U | (1,757) | (1,713) |
| Funding Admin | (224) | (218) | (6) U | (1,652) | (1,607) | (45) U | (2,698) | (2,457) |
| Total Expenditure | (9,313) | (9,299) | (14) U | (63,564) | (62,072) | (1,492) U | (106,099) | (99,499) |
| | - | - | - | - | - | - | - | - |

Month comments

The overall expenditure for the month of December was \$14k unfavourable to budget.

Pharmaceuticals

Pharmaceutical was \$147k unfavourable to budget due to the likely impact of Covid-19 on supply chain.

Primary Health Organisation

The Primary Health Organisation (PHO) was \$38k unfavourable to budget. This was offset by increased primary care funding.

Other personnel Health

Other personnel health \$141k unfavourable mainly due to equity costs initially budgeted in mental health and now transferred to other personal health.

Health of Older People (HOP)

Health of older people was \$228k favourable to budget due to lower demand for residential care hospital and rest home care.

Mental health

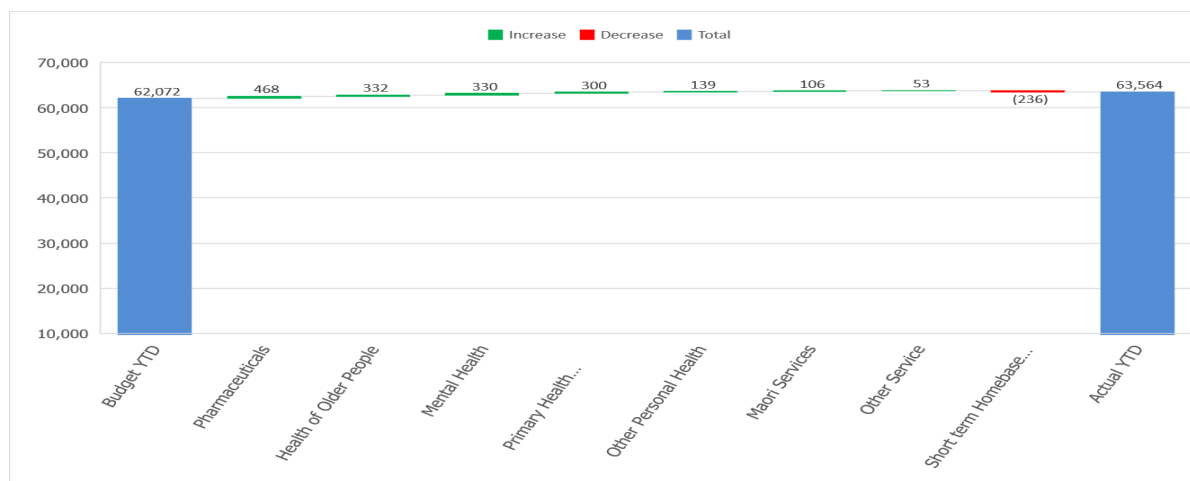
The mental health service was \$250k favourable to budget largely due to budgeted reversal of accrual provision of equity cost, now partly split between Māori health and personnel health.

Māori Health

Māori Health \$123k unfavourable mainly due to equity costs initially budgeted in Mental Health cost transfer to Māori Health.

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Year-to-date comments

The overall year-to-date expenditure was \$1,492k unfavourable to budget.

Pharmaceuticals

Pharmaceutical was \$468k unfavourable to budget due to likely impact of Covid-19.

Health of Older People (HOP)

Health of older people was \$332k unfavourable to budget due to home-based support and residential care hospital demand and a price increase.

Mental health

Mental health service was \$330k unfavourable to budget largely due to an increase in the integrated primary mental health and addiction service costs and addiction system collaborations design and implementation support costs. This was offset by higher revenue.

Primary Health Organisation

The Primary Health Organisation (PHO) was \$300k unfavourable to budget, due largely to an increased capitation first contact service payment which indicates increases in enrolment, and the timing of the PHO system level measure capability payment. This unfavourable cost variance was partly offset by increased primary care funding.

Other personnel Health

Other personnel health was \$139k unfavourable to budget due to equity costs initially budgeted in mental health and now transferred to other personal health.

Māori Health

Māori Health \$106k unfavourable mainly due to equity costs initially budgeted in mental health cost and transferred to Māori Health.

Other Service

Other service (including other personal health, public health and funding administration) \$53k unfavourable mainly due to funding and administration operation costs.

Home base support (short Term)

Home base support was \$236k favourable to budget due to the lower demand of short-term home-based and community service support. This favourable cost variance was partly offset by the health of older people unfavourable variance.

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Appendix 4 – Inter-district flows (IDFs)

| | Month | | | Year to Date | | | Annual | Annual |
|---------------------------|----------------|----------------|--------------|-----------------|-----------------|--------------|------------------|------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance | Budget | Actual |
| | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | 2020-21 \$000 | 2020-21 \$000 |
| Expenditure | | | | | | | | |
| Outflow inpatient | (\$ 2,211) | (\$ 2,239) | 28 F | (\$ 14,945) | (\$ 15,670) | 725 F | (\$ 26,864) | (\$ 24,045) |
| Outflow other | (\$ 2,099) | (\$ 2,095) | (4) U | (\$ 14,564) | (\$ 14,666) | 102 F | (\$ 25,141) | (\$ 22,944) |
| Total outflow | (4,310) | (4,334) | 24 F | (29,509) | (30,336) | 827 F | (52,005) | (46,989) |
| Inflow inpatient | \$287 | \$308 | (21) U | \$2,165 | \$2,154 | 11 F | \$3,694 | \$3,269 |
| Inflow other | \$413 | \$399 | 14 F | \$2,824 | \$2,796 | 28 F | \$4,792 | \$4,834 |
| Total inflow | 700 | 707 | (7) U | 4,989 | 4,950 | 39 F | 8,486 | 8,103 |
| Total IDF net flow | (3,610) | (3,627) | 17 F | (24,520) | (25,386) | 866 F | (43,519) | (38,886) |

Note :- F = Favourable variance; U = unfavourable variance

Year-to-date comments

Year-to-date IDF net flow was \$866k favourable to budget.

Year-to-date outflow IDF cost was \$827k favourable to budget.

- Inpatient IDF outflow was \$725k favourable to budget due to lower inpatient activity at Capital and Coast and Midcentral DHBs. Anticipated savings of \$1.8m are included in the budget.
- Other IDF outflow was \$102k favourable to budget due to service changes and mental health additional IDF budget which did not eventuate.

Year-to-date inflow IDF revenue was \$39k favourable to budget.

- Inter-district inpatient inflow \$11k favourable to budget relates to inpatient service.
- Inter-district other inflow \$28k favourable to budget due to service changes.

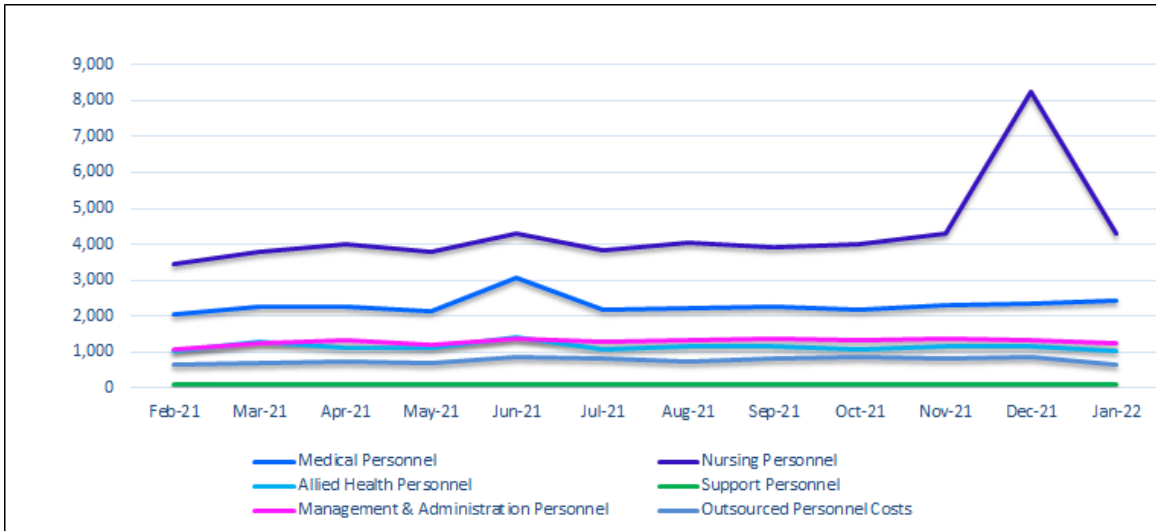
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Appendix 5 – Other information

Supplementary information on costs

Personnel cost trends

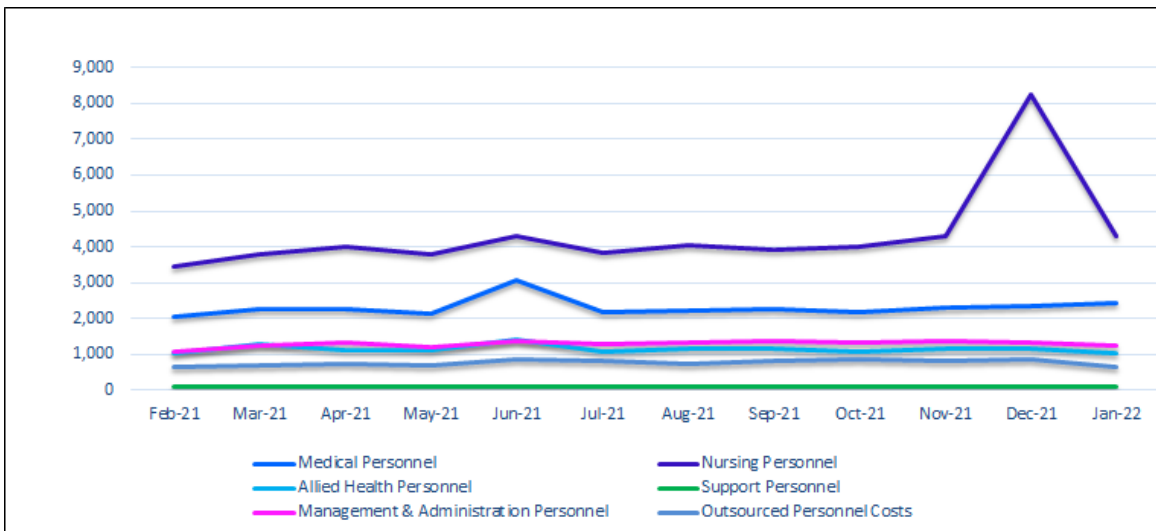


Nursing personnel costs downward trend in January compared to the prior month is due to MECA and pay equity settlement back-pay.

Other personnel costs trend in January is comparable to the prior month

Outsourced personnel costs downward trend in January compared to prior month is due to lower mental health locum costs.

FTE trends

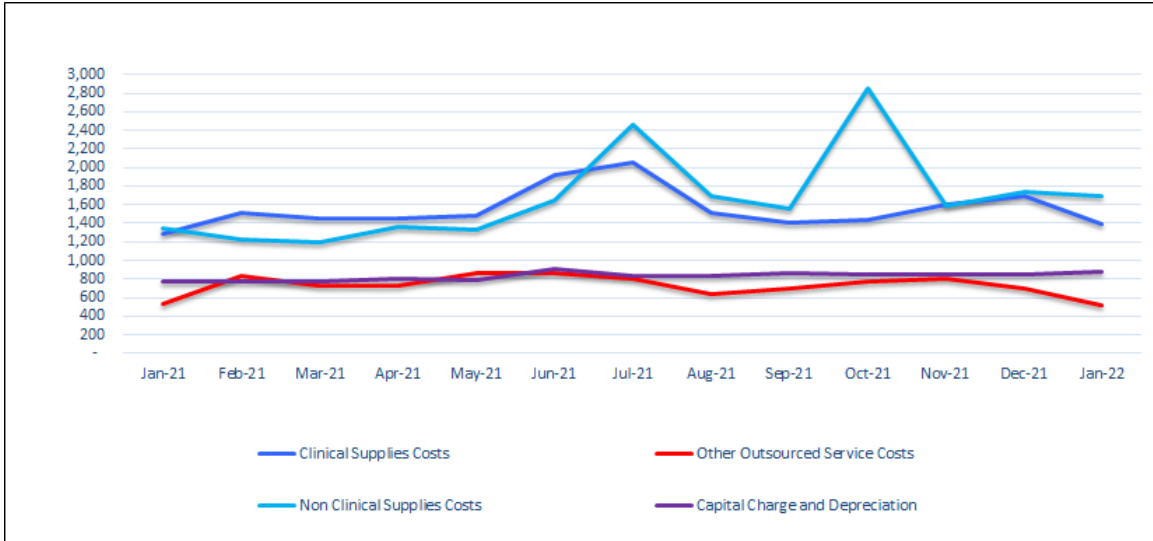


The FTE trend largely reflects the impact of statutory holidays and timing of leave, otherwise the trend is comparable to the prior period.

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Other operating costs



Clinical supplies downward trend in January compared to prior month is due lower theatre consumables and District nursing costs in January.

Non-clinical supplies slightly downward trend in January compared to the prior month is due lower telecommunication costs and professional fees.

Other outsourced service downward trend in January compared to the prior month is due to lower ACC contract and radiology costs.

Capital charge and depreciation is comparable to the prior month.

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Appendix 6 – Statement of financial position

Statement of Financial Position as at 31 Jan 2022 (\$000)

| | Actual 2020-21 \$000 | Actual 2021-22 \$000 | Budget 2021-22 \$000 | Varinace to Budget | Annau Budget 2021-22 \$000 |
|--------------------------------------|----------------------------|----------------------------|----------------------------|--------------------------|----------------------------------|
| Assets | | | | | |
| <i>Current assets</i> | | | | | |
| Cash and cash equivalents | - | 1,099 | 5 | 1,094 | 5 |
| Receivables & Prepayments | 10,888 | 13,640 | 7,835 | 5,805 | 6,575 |
| Investments | - | - | - | - | - |
| Inventories | 1,495 | 1,803 | 1,617 | 186 | 1,617 |
| Trust /special funds | 200 | 207 | 190 | 17 | 189 |
| Patient and restricted trust funds | 4 | 3 | 3 | - | 4 |
| Total current assets | 12,587 | 16,752 | 9,650 | 7,102 | 8,390 |
| <i>Non current assets</i> | | | | | |
| Property, plant and equipment | 88,806 | 88,931 | 93,057 | (4,126) | 96,445 |
| Intangible assets | 11,255 | 10,542 | 12,668 | (2,126) | 13,422 |
| Investments in associates | 1,173 | 1,173 | 1,220 | (47) | 1,255 |
| Total non current assets | 101,234 | 100,646 | 106,945 | (6,299) | 111,122 |
| Total assets | 113,821 | 117,398 | 116,595 | 803 | 119,512 |
| Liabilities | | | | | |
| <i>Current liabilities</i> | | | | | |
| Bank Overdraft | (1,355) | - | (8,877) | 8,877 | (8,577) |
| Payables | (20,655) | (28,535) | (19,828) | (8,707) | (21,526) |
| Borrowings | (100) | (100) | (103) | 3 | (103) |
| Employee entitlements | (26,435) | (28,048) | (26,476) | (1,572) | (27,299) |
| Provisions | - | - | - | - | - |
| Total current liabilities | (48,545) | (56,683) | (55,284) | (1,399) | (57,505) |
| <i>Non-current liabilities</i> | | | | | |
| Borrowings | (385) | (327) | (329) | 2 | (282) |
| Employee entitlements | (768) | (761) | (775) | 14 | (729) |
| Total non current liabilities | (1,153) | (1,088) | (1,104) | 16 | (1,011) |
| Total liabilities | (49,698) | (57,771) | (56,388) | (1,383) | (58,516) |
| Net assets | 64,123 | 59,627 | 60,207 | (580) | 60,996 |
| <i>Equity</i> | | | | | |
| Contributed Capital | (112,251) | (112,251) | (112,251) | - | (113,393) |
| Accumulated surplus / (deficit) | 87,556 | 92,058 | 91,816 | 242 | 92,169 |
| Property revaluation reserves | (39,230) | (39,230) | (39,577) | 347 | (39,577) |
| Hospital special funds | (198) | (204) | (195) | (9) | (195) |
| Total equity | (64,123) | (59,627) | (60,207) | 580 | (60,996) |

Total assets are \$803k higher than budget mainly due to a better cash position than forecasted overdraft. Property, plant, and equipment lower expenditure is due to the impact of actual 2020-21 capital expenditure being less than originally included in the 2021-22 Annual Plan forecast for 2020-21.

Total liabilities are \$580k higher than budget due to improvement in budgeted overdraft (better cash position relates to favourable prior year IDF wash-up and planned care funding), offset by increased payables and employee entitlement provisions.

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Appendix 7 – Cash flow

| Consolidated Summary Statement of Cash Flows for the period ended 31 Jan 2022 (\$000) | | | | | | |
|---------------------------------------------------------------------------------------|-------------------|-------------------|--------------------------|--------------------------|--------------|-----------------------------|
| | Actual 2019-20 | Actual 2020-21 | Actual YTD 2021-22 | Budget YTD 2021-22 | Variance | Annual Budget 2021-22 |
| Net surplus / (deficit) for year | (15,404) | (4,847) | (4,493) | (4,592) | 99 | F (4,945) |
| Add back non-cash items | | | | | | |
| Depreciation and assets written off on PPE | 5,565 | 6,366 | 4,077 | 4,141 | (64) | U 7,349 |
| Revaluation losses on PPE | - | - | - | - | - | F - |
| Total non cash movements | 5,565 | 6,366 | 4,077 | 4,141 | (64) | U 7,349 |
| Add back items classified as investment Activity | | | | | | |
| (loss) / gAmn on sale of PPE | 5 | 80 | 43 | - | 43 | F - |
| Profit from associates | (108) | (126) | - | - | - | F (85) |
| GAmn on sale of investments | - | - | - | - | - | F - |
| Write-down on initial recognition of financial asset | - | - | - | - | - | F - |
| Movements in accounts payable attributes to Ca | (127) | 271 | - | - | - | F - |
| Total Items classified as investment Activity | (230) | 225 | 43 | - | 43 | F (85) |
| Movements in working capital | | | | | | |
| Increase / (decrease) in trade and other payables | 2,301 | 120 | 7,880 | (203) | 8,083 | F 1,495 |
| Increase / (decrease) employee entitlements | 5,173 | 4,444 | 1,606 | 1,863 | (257) | U 2,640 |
| | | | | | | F - |
| (Increase) / decrease in trade and other receivable | 123 | (4,487) | (2,752) | (1,390) | (1,362) | U (45) |
| (Increase) / decrease in inventories | (190) | 122 | (308) | - | (308) | U - |
| Increase / (decrease) in provision | - | - | - | - | - | F - |
| Net movement in working capital | 7,407 | 199 | 6,426 | 270 | 6,156 | F 4,090 |
| Net cash inflow / (outflow) form operating activ | (2,662) | 1,943 | 6,053 | (181) | 6,234 | F 6,409 |
| | | | | | | |
| Net cash flow from Investing (capex) | (3,109) | (6,756) | (3,532) | (7,412) | 3,880 | F (14,762) |
| Net cash flow from Investing (Other) | (48) | 2 | (9) | 1 | (10) | U (34) |
| Net cash flow from Financing | (388) | (357) | (58) | (53) | (5) | U 1,042 |
| Net cash flow from deficit support | 7,000 | - | - | - | - | - |
| | | | | | | |
| Net cash flow | 793 | (5,168) | 2,454 | (7,645) | 10,099 | F (7,345) |
| Net cash (Opening) | 3,020 | 3,813 | (1,355) | (1,227) | (128) | U (1,227) |
| Cash (Closing) | 3,813 | (1,355) | 1,099 | (8,872) | 9,971 | F (8,572) |

Closing cash is ahead of budget due to the timing of receivables and payables working capital movements, reduced capital expenditure and receipt of the prior year's IDF wash-up.

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Capital Expenditure

| | Actual 2020-21 000 | Actual 2021-22 \$000 | Budget 2021-22 \$000 | Variance to Budget | Actual 2021-22 000 |
|----------------------------------|--------------------------|----------------------------|----------------------------|--------------------------|--------------------------|
| Buildings & Plant | 1,885 | 1,116 | 3,168 | 2,052 | 5,550 |
| Clinical Equipment | 2,400 | 1,187 | 1,485 | 298 | 4,474 |
| Other Equipment | 138 | 18 | 70 | 52 | 210 |
| Information Technology | 1,147 | 972 | 595 | (377) | 1,015 |
| Purchase of software | 1,186 | 140 | 1,894 | 1,754 | 3,273 |
| Motor Vehicles | - | 99 | 200 | 101 | 240 |
| Total capital expenditure | 6,756 | 3,532 | 7,412 | 3,880 | 14,762 |


Capital expenditure is \$3.9m lower than planned due to a delay in building-related projects. Building project and IT projects are also running behind schedule.

Andrew McKinnon
General Manager Corporate

February 2022

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| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Paari Hauora o Whanganui</i></p> | Information paper |
| | 25 February 2022 |
| Author | Jacqui Pennefather, Immunisation Lead Helen Connole, COVID response Lead |
| Endorsed by | Louise Allsopp, General Manager, Patient Safety, Quality and Innovation, SRO COVID-19 Vaccination Programme and Nadine Mackintosh Welfare Lead |
| Subject | COVID-19 update; 14 February 2022 |
| <p>Recommendations</p> <p>Management recommend that the board of Whanganui District Health Board:</p> <ol style="list-style-type: none"> a. Receive the report entitled 'COVID-19 update'. b. Note the testing model changes that will occur when we move to phase II c. Note the vaccination rates contained in the vaccination update | |

1 Purpose

To update the board on current COVID-19 (Omicron) preparedness measures undertaken by WDHB and its partners. This report on COVID-19 covers:

- vaccinations
- testing
- workforce
- resilience

2 Vaccinations

Local vaccination teams have delivered 129,154 doses of the Pfizer vaccine, 1,943 doses of Paediatric Pfizer and 190 doses of Astra Zeneca (14 February 2022). 92% of the local, eligible population have received at least one dose, 90% two doses and 65% have received boosters.

For Māori, 87% of the eligible population have received dose one and 83% dose two. This has been our area of focus and Te Ranga Tupua vaccination teams are in place, going from community to community. Most primary care practices are now offering COVID-19 vaccinations, as well as one pharmacy, and several others are being supported to come on board. Together with the DHB teams, including workplace vaccinations, this represents a good geographical spread.

Children aged 5-11 years have been included in the vaccination roll out since 19 January. Locally, uptake has been slow, with high levels of vaccine hesitancy and some anti-vax activity (from passive protests to egging of vaccination vehicles). 30% of all children and 18% of Māori children in this age group have received their first dose of vaccine, compared with 45% nationally. Te Ranga Tupua teams have focussed on 'having the conversation' first to ensure informed choice and decision making.

A separate vaccination power point is included within the Board papers and an updated version will be available at the meeting.

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The vaccination workforce is fluid with a limited number of vaccinators moving between providers. Whilst more vaccinators are constantly being trained, there are challenges with fixed term COVID roles being less attractive than permanent ones. A number of vaccinators who came out of retirement to support the vaccine roll out have remained on board and have provided a solid backbone to the vaccination workforce.

3 Testing

3.1 Phase I

The national testing strategy is available online at <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-testing-strategy-and-testing-guidance#strategy>

The strategy applies the following principles:

At an individual and whānau level, testing needs to:

- Be convenient, accessible, as comfortable as possible and provide a timely result.
- Provide an easily accessible record of testing for individuals, including digital by choice.
- Be reliable in the notification of results, including communication of what to do in the event of an indeterminate test result.
- Build trust, including supporting informed decision making and working with communities to support principles of Te Tiriti o Waitangi, including choice and availability of trusted, culturally safe providers.

At a provider level:

- Testing approaches need to be informed by modelling of potential demand for tests.
- Laboratory capacity needs to be supported in a sustainable manner to meet demand.
- Testing supply chains are managed effectively to enable the system to work to requirements.
- Testing Strategy and guidance needs to learn from provider experience and be informed by provider workforce capacity.
- Be culturally safe and, wherever possible, delivered by an appropriate provider for an individual's and family's cultural needs.
- Innovation needs to be supported where aligned with the Testing Strategy, including new technologies and approaches to support testing.
- Ensure equity of access to testing in both urban and rural settings, and to communities and individuals COVID-19 inequitably impacts.

At a health system level:

- There needs to be national active leadership and stewardship.
- Testing needs to align to wider COVID-19 response and strategic intent, including the 'COVID-19 Protection Framework' and the 'Surveillance Strategy'.
- Innovation, such as new testing modalities or technologies, needs to be supported and promoted where aligned with the Testing Strategy.
- The introduction of new testing modalities needs to be planned carefully considering provider intelligence on operational considerations and test result capture.
- The Testing Strategy needs to be sustainable, flexible and feasible.
- Te Tiriti o Waitangi should be upheld by working in partnership with Māori to actively support access to testing.
- Support equity, inclusion and prioritisation for Pacific peoples, disabled communities and other people who experience COVID-19 inequity.

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- IT infrastructure ensures test results are captured from across all providers and software systems.
- Collaboration occurs between community health providers and DHBs, the Ministry of Health or other agencies according to their specific needs.
- Where testing resources might become limited, allocation must be equitable and prioritise testing for individuals and communities at most risk of serious illness to ensure that test results are timely.

Factors for consideration when deciding which test to utilise

| Factor | Scenario | | |
|---------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| | Contained | Spreading | Unsustainable |
| Health system | Hospitalisations are manageable and the health system is ready to respond. | Increasing pressure on health system, which is focusing resources but can manage. | Health system facing unsustainable numbers of hospitalisations. |
| Prevalence of cases | Limited community transmission. | Increasing community transmission. | High or very high numbers of cases. |
| Laboratory workload | Manageable, with all samples able to be analysed quickly. | Workload high due to increasing symptomatic testing. Prioritisation increasingly important so high priority samples reported quickly. Other testing options necessary | Workload very high. Prioritisation essential to report on most urgent samples quickly. Other testing options increasingly necessary. |
| Likely CPF Level | Green | Orange | Red |
| Primary testing aim | Quickly find new clusters of cases | Detect spread, particularly amongst high-risk groups | Protect individuals and communities at highest risk and essential systems |

During phase one of the Omicron outbreak where the spread is contained, the focus has remained on PCR testing through community based assessment centres (CBACs), iwi providers, pop ups or primary care. We currently have three known PCR options available within the rohe:

- Nasopharyngeal swabs through the DHB and primary care providers
- Saliva testing through Tupoho Manaaki Whānau Team
- Saliva testing through Winstone Mill (staff and contractors only at this stage)

PCR tests are processed through MedLab or Rako Laboratories (contracted by Tupoho Manaaki Whānau Team) with Winstone Mill having their own lab on site.

Rapid Antigen (RAT) tests are available through some pharmacies for unvaccinated domestic travel and Justice purposes (unvaccinated people attending court need a negative test result). Some large employers are also using RAT tests as part of their business continuity processes.

Community RATs are not freely available in phase I.

3.2 Phase II

When Omicron is spreading in our community and the health system is starting to become overwhelmed, testing guidance changes. The current 'Testing Guidance for the Health Sector' document is effective from 3 February to 16 March 2022. On 14 February, New Zealanders were notified that we would move to phase II at 1159 the following day.

In Phase II, New Zealand moves from a 'Stamp it Out' phase to a 'Flatten the Curve' approach. The government will move us to phase II when case numbers are increasing significantly and there is growing

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but manageable pressure on the health system. The objective of testing is to reduce the rates of community transmission and to transition system responses.

Testing focuses on the following groups:

- Move ongoing asymptomatic surveillance testing to RATs e.g., healthcare workers or cease testing
- Continue use of PCR testing for border workforce and international arrivals (possibly with different timing/frequency)
- Engage stakeholders to prepare for transition to Phase Three
- “Test to return” to work if needed for asymptomatic critical workforce who are close contacts using RATs
- Anyone who is required to be tested under a Section 70 notice or a Border Order must be tested, unless exempted by a qualified health practitioner or a Medical Officer of Health.

Critical workers are those who work in food production and its supply chain, key public services like health and emergency, utilities like power and water, transport, financial services, news media, social welfare, and animal welfare. They include those working with Māori providers, health services and partner agencies such as Civil Defence and Police.

RAT test collection points have been agreed with local community hub leaders and include primary care, Māori providers, rural and urban pharmacies and CBACs. There are options for supervised or unsupervised RATs, depending on the circumstances. Equity has been a key consideration for RAT test collection sites.

RAT collection sites will be made available on Healthpoint and a delivery option is included for those who live rurally and to reduce access issues.

4. Resilience

Funding has been allocated to the Central Region to stand a up Central Region Hub. This proposal is currently being developed regionally and will be sent to the MOH for assessment/funding allocation. DHB provided services are deemed the provider of last resort and will need to maintain capacity to provide acute and trauma services. To support this each clinical service has undertaken a vulnerability assessment and completed a plan of how each service can reduce to maintain capacity across the system.

DHBs are working with the Ministry on recovery of Planned Care post service interruption, and what this will mean – particularly around capacity to do additional volumes. Our planning for planned care in the Hospital reduces planned care as other demand (including workforce and capacity) escalates. This is done based on a number of key trigger points, assessed daily.

All unit and organisation plans remain in place, hard copies have been placed on each unit/ward. Scenario testing has continued.

ED/WAM front entrance has been in full planning with triage moving to the entrance of ED/WAM and a security guard alongside. WAM (less acute) patients will be asked to wait in their vehicle and called in individually. Water, toilets and car parks are being provided.

Staff resilience and planning continues with the ADON talking a lead. The planning includes intersectoral support, reducing planned care and increasing knowledge.

Hospital operations has a daily whole of service ‘variance response meeting’ to understand system status and service vulnerability, followed by a clinical operations meeting at 1100 and 1600 and an IMT meeting

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1200. We have asked primary care and age residential care to feed data into this meeting with areas of pressure. This gives a “Big Picture” view of the continuum and where the DHB may be able to assist with resources to ensure system flow and service coverage.

Primary care and secondary care work closely together and work is underway to expand the functionality of the CBAC on hospital grounds to both support primary care and the hospital front door.

5. Workforce

The Ministry of Health confirmed that the first mandated date for Health Sector employees to receive their Booster was **extended to 25 February 2022**. Employees who have yet to receive the booster by today **14 February 2022**, will now have until **25 February 2022** to receive their Booster. Work is underway to draft the Amended Order and the Ministry will provide an official update.

The amended COVID-19 Public Health Response Order 2021 (Vaccinations Order) requires all health care workers covered under the original order to receive a booster within six months from their second vaccination.

Asymptomatic workers who are close contacts will be required to perform RAT tests at home during Phase II.

6. Care in the Community

Managing COVID-19 requires a whole of system community response with four cornerstones:

- Public Health
- Primary Care
- Welfare and Wellbeing
- Secondary Care (last resort)

The case example below demonstrates Care in the Community in action locally.

A notification was received by the laboratory that a positive COVID-19 test result had been processed. The CE was formally notified of this case by the Medical Officer of Health. Hub leaders and community stakeholders were subsequently notified by the DHB welfare lead.

Public Health commenced the case investigation and connected with Te Kotuku Hauora to provide support to the family. They also arranged for close household contacts of the case to be swabbed at their home by a mobile DHB team. Local contacts were quickly identified and were also swabbed at their home.


Whilst the teams were waiting for the test results from the contacts, a plan was put in place between the hub leaders and DHB COVID manager on call for a pop-up testing clinic, unfortunately, this clinic was later cancelled under the advice of Civil Defence, due to an extreme weather event.

Further positive results from close contacts were notified by MedLab to be positive, all were assessed as being able to stay at home, the assessment included welfare needs and took into account home safety due to the weather event. Case evaluation and escalation continued with referral to GP Te Kotuku Hauora for support at all times.

To support our response for this community saliva testing clinic was organised with Tupoho and Te Kotuku Hauora at the local school for a further close contacts and a further South Rangitikei pop up clinic organised following this testing.

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|  <p>WHANGANUI DISTRICT HEALTH BOARD Te Paari Hauora o Whanganui</p> | | Information paper |
| | | Item |
| Author | Glenys Fitzpatrick, Health and Safety Advisor, Patient Safety, Quality and Innovation | |
| Endorsed by | Louise Allsopp, General Manager, Patient Safety, Quality and Innovation | |
| Subject | Health and safety update | |
| <p>Recommendations</p> <p>Management recommend that the board:</p> <ol style="list-style-type: none"> a. Receive the report entitled 'Health and safety update'. b. Note there were no notifiable events reported to WorkSafe New Zealand in the 2017/18, 2018/19, 2019/20, 2020/21 financial years. One notifiable event was sent to WorkSafe in November 2021 as a precaution (not heard back from WorkSafe yet). c. Note the overall trend for the top five injury/incident categories indicates a slight decline over the three year period. d. Note the following trends for each of the five categories: <ul style="list-style-type: none"> - Aggression injuries/incidents increased over the three year period. - Manual handling injuries/incidents decreased over the three year period. - Infection control injuries/incidents decreased over the three year period. - Slip, trip, falls injuries/incidents decreased over the three year period. - Struck by, bumped injuries/incidents increased over the three year period. | | |

1 Purpose

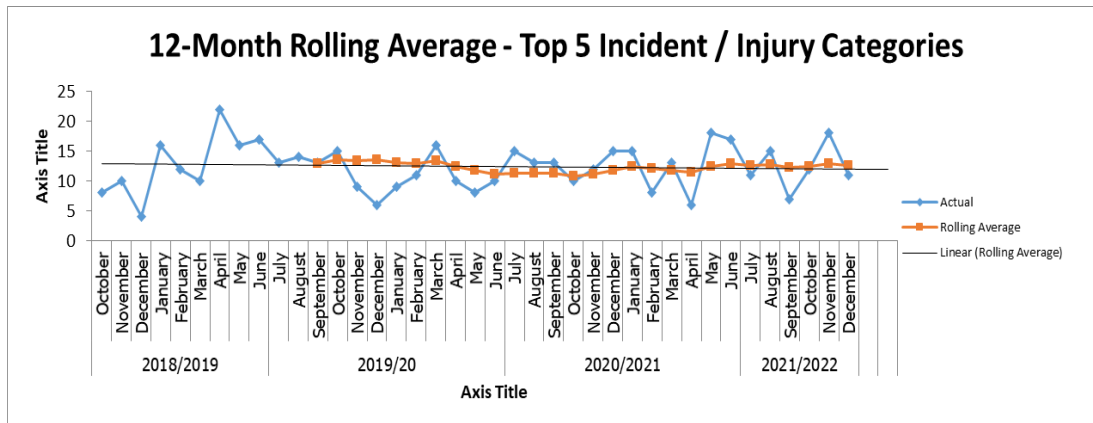
To enable the board to exercise due diligence on health and safety matters. This report on key health and safety system risks covers:

- incident/injury trends.
- incident/injury details.
- employee participation.
- contractor management.

2 Incident/injury trends

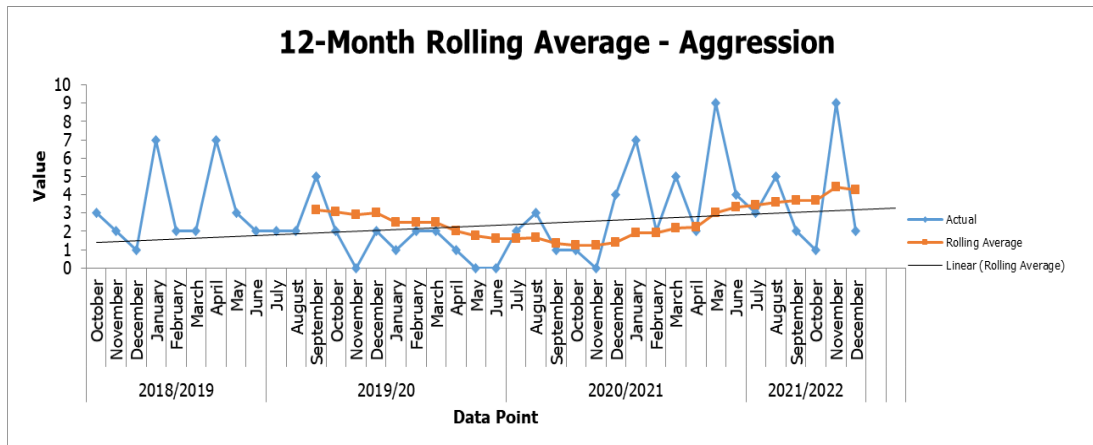
The graph below provides a rolling average, actual summary and trend line of the last three years' top five injury/incident trends.

The trend line (based on the rolling average) indicates a slight decline in the overall number of incidents/injuries (top five) over the three year period.



The following graphs provide a rolling average, actual three year breakdown of monthly incidents and trend line for each of the top five incident/injury categories.

2.1 Aggression



The trend line (based on the rolling average) shows an increase in the number of incidents/injuries over the three year period.

From November 2021 to December 2021 there were eight physical aggression injuries/incidents recorded on C-gov Te Awhina (3), Medical (2), ATR (1), Emergency (1) and Surgical (1) and three verbal in CMH (2) and Emergency (1).

2.2 Issues identified:

1. Some staff on the general side are not experienced in dealing with patients with mental health issues and some staff not are familiar with procedures in managing unpredictable confused patients.
2. Some clients (allegedly) deliberately assaulting staff as a means to exercise their angst, dismay and distress at their circumstances.
3. Staff have high tolerance to the behaviour and under report the number of incidents
4. Increase in the number of patients on the general wards requiring close supportive observation (CSO). Some staff are not familiar with the risks when monitoring these patients. In some cases incidents are reported to the police, no sanction has been effective. There is no treatment option for deliberate, calculated assault due to lack of remorse, ambivalence around authority.
5. Staff have high tolerance to the behaviour and under report the number of incidents
6. Patients presenting to emergency department under the influence of substance enhancers

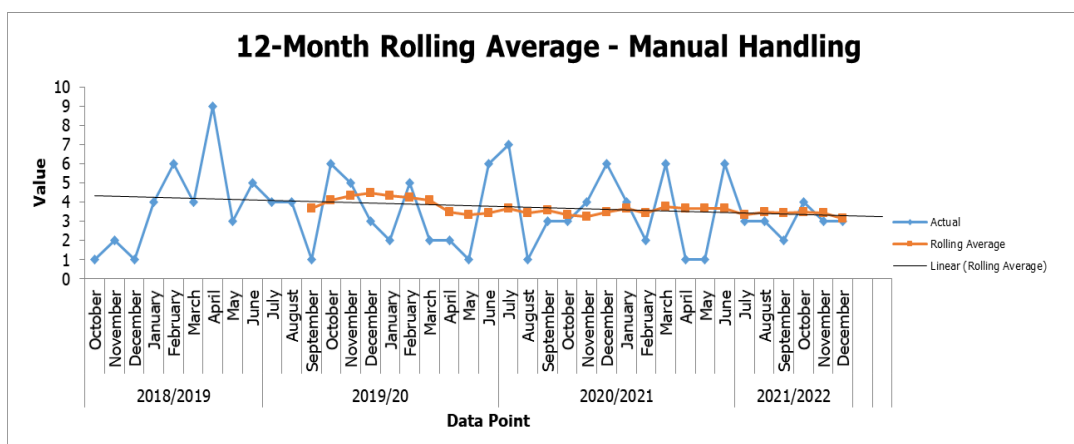
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2.3 Improved risk mitigations include:

1. Education for staff to remind them to be aware the unpredictability of patients requiring close observation and to follow the managing escalating situations procedure which includes completing the patient risk assessment escalating situations form.
2. Increased security in some situations
3. The Workplace Aggression Steering group has been re-established to monitor the incidents of aggression.
4. Education for staff to remind them to be aware the unpredictability of patients requiring close observation and to follow the managing escalating situations procedure which includes completing the patient risk assessment escalating situations form.
5. Increased security in some situations
6. SPEC training for staff is current.
7. IPC protocols and policy under review – to be updated to included improved debriefing following an incident

2.4 Manual handling



The trend line (based on the rolling average) shows a decrease in the number of incidents/injuries over the three year period.

From November 2021 to December 2021, there were three patient staff incidents; Medical (2) and ATR (1), 2 object related; Medical and Surgical, 1 OOS injury in Clinical Records.

2.5 Issues identified:

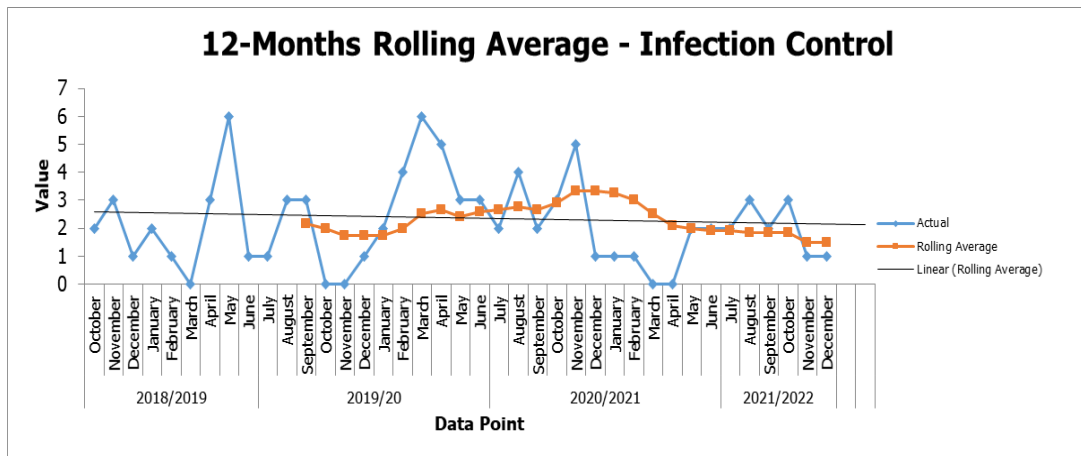
- Beds unsafe and not working due to a lack of maintenance of beds for a long period of time. Many beds are well past the due date for their next maintenance check.
- Occupational Overuse Syndrome – staff sitting for long periods of time typing notes instead of rotating tasks and taking regular breaks.
- Tasks in clinical records are physically demanding, repetitive and require bending, lifting and reaching. Alternative storage solutions have been explored – solution not yet reached.

2.6 Improved risk mitigations include:

- Specific moving and handling training by moving and handling training co-ordinator and the ward champions
NB: Moving and handling training position has been vacant since December 2021. This will be a risk of increased number of work injuries if the moving and handling training co-ordinator is not replaced in the near future.

- Reminding staff to take regular breaks and rotate tasks so not to sit in one position for extended periods of time.
- Workstation evaluations to ensure a good fit between staff and their workstation.³
- Clinical records with clinicians have looked at streamlining processes to reduce the number of patient records required by the clinics. Some patients have multiple volumes (2-16)

2.7 Infection prevention



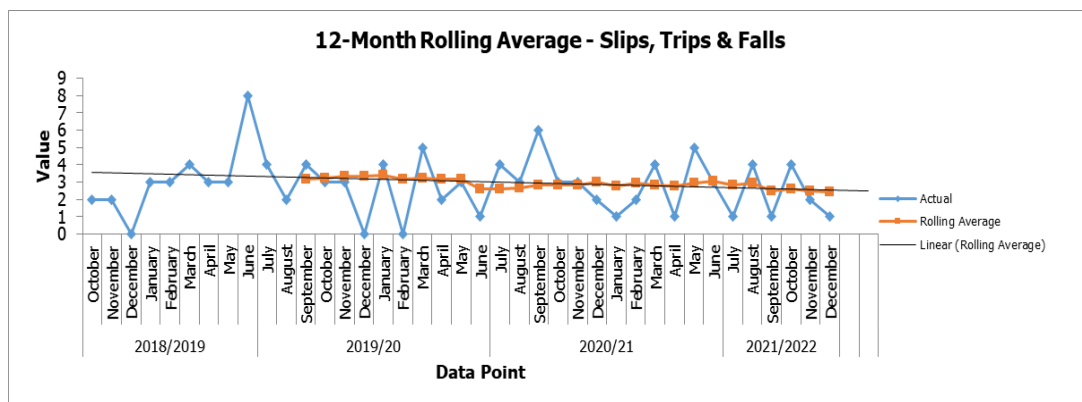
The trend line (based on the rolling average) shows a decrease in the number of infection control incidents/injuries over the three year period.

From November 2021 to December 2021 there were two needle-stick injuries

Each incident is reviewed and staff are followed up over the six months post needle stick event. To date no staff member has contracted a blood borne virus from any injury. Nor has a link between event been identified.

Reporting of any incidence is also routine, and this increase in incidence may be as a result of better reporting

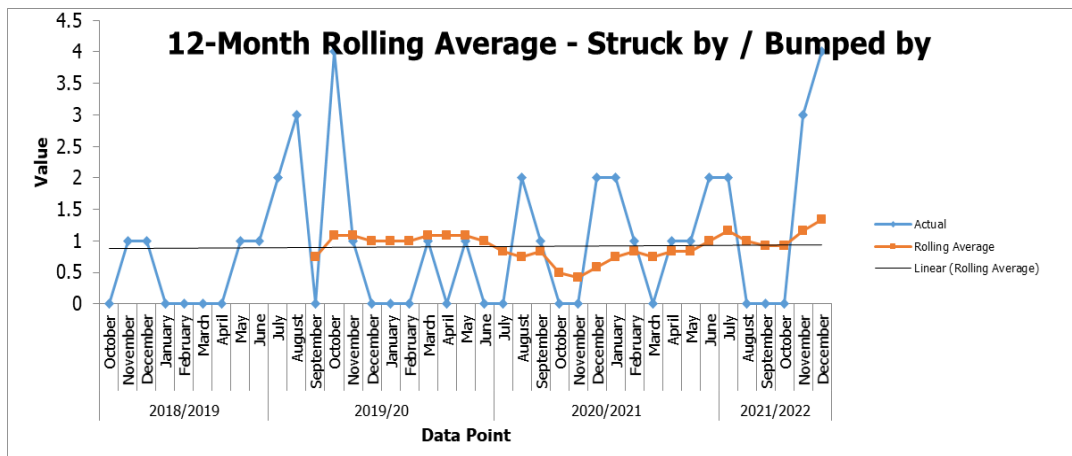
2.8 Slips, trips and falls



The trend line (based on the rolling average) shows a decrease in the number of slips, trips and falls incidents/injuries over the three year period.

From November 2021 to December 2021 three slips, trips and falls incidents/injuries were reported. Injuries/incidents included: wet surface, misstep on slight slope and tripped and fell over a cord.

2.9 Struck by or bumped by



The trend line (based on the rolling average) shows an increase in the number of struck by or bumped by incidents/injuries over the three year period.

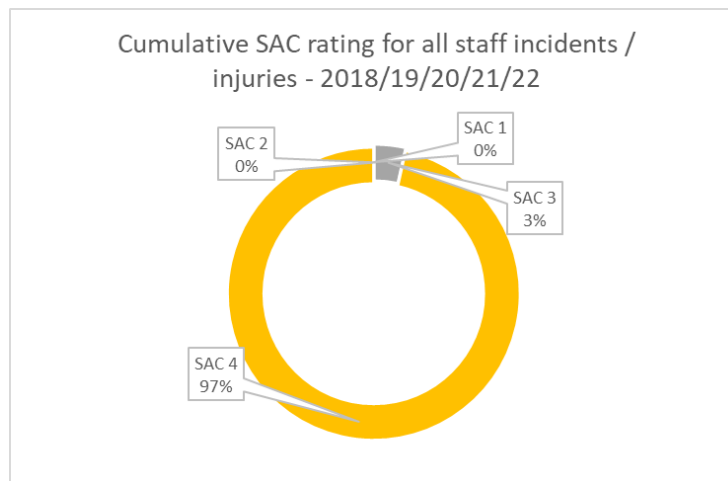
From November 2021 to December 2021 seven stuck bumped by incident/injuries were reported.

All the injuries/incidents were caused by staff catching fingers in objects or banging into objects

3 Incident/injury details

There were 35 staff incidents (injuries/potential injuries) recorded by staff on C-gov from November 2021 to December 2021.

The graph below provides a cumulative SAC rating (Likelihood x Consequence) for all staff incidents/injuries for 2018/19/20/21/22.



Definitions used in the graph:

- SAC 4 Minor/minimal – no injury
- SAC 3 Moderate – permanent moderate or temporary loss of function
- SAC 2 Major – permanent major or temporary severe loss of function
- SAC 1 Severe – death or permanent severe loss of function.

SAC 1 incidents/injuries (and potentially SAC 2 incidents/injuries) require WorkSafe notification. No notifiable events were reported to WorkSafe New Zealand in the 2017/18 or 2018/19 financial years. For all SAC 1 and 2

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incidents/injuries, a Critical Systems Analysis (CSA) is undertaken. All injuries reported to Wellnz (tertiary ACC provider) are investigated.

4 Employee participation

The WDHB Health and Safety Committee met in August, September, October and December

The following issues were discussed at the WDHB Health and Safety Committee meeting.

- Wellness programme
- Review of monthly incident trends
- Rolling average trends and graphs for board report
- Monitor and update of health and safety objectives for 2020/2021
- Moving and handling – training, equipment and equipment maintenance
- COVID-19 updates
- WorkSafe court cases
- Excellence and innovation in health and safety
- Safe365 health and safety assessment summary - Baseline project
- Aggression workgroup
- Health and safety representative training
- ACC accredited employer programme audit June 2022
- Feedback from the board
- Contractor reports – Ventia and MedLab

5 Contractor management update

Ventia and MedLab have representatives on the WDHB Health and Safety Committee meeting. Report not available from Ventia as Ventia unable to attend the last four meetings. MedLab attended the November and December and safety meeting.

MedLab managers, health and safety representative and WDHB health and safety advisor met with WorkSafe inspectors in November to discuss the Xylene exposure incident.

Three notifications issued to MedLab by WorkSafe:

1. Review and update the hazardous substance register by March 2022
2. Worker engagement - Engage and consult with staff in the health and safety processes by April 2022
3. Worker engagement – Engage and consult with staff to identify and review hazardous substances

Medlab management advised that are no longer using xylene.

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|  <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Paari Hauora o Whanganui</i></p> | | Information Paper |
| | | 25 February 2022 |
| Author | Kath Fraser-Chapple, Acting Chief Operating Officer | |
| Subject | Faster Cancer Treatment Targets | |
| Recommendations Management recommend that the Board of Whanganui District Health Board <ul style="list-style-type: none"> a. Receive the paper Faster Cancer Treatment Targets b. Note that Ministry of Health Faster Cancer Treatment Health Target reporting for Q2 indicates 86.0% compliance with the FCT Target. | | |
| Appendix 1. Ministry of Health Faster Cancer Treatment Report for Q2 21-22 | | |

1 Purpose

This paper provides an update on Faster Cancer Treatment (FCT) Health Target Results for Q2 2021-22.

2 Summary

Results for the Faster Cancer Treatment target for quarter one are 86.0% of patients referred with high suspicion of cancer starting their treatment within 62 days of their referral.

3 Background

The Health Target reporting is compiled by the Ministry of Health on a DHB of domicile basis and returned to us quarterly, as an interim report followed by a final report. The information from the Ministry of Health (MoH) SS-11 report is then used to fulfil our quarterly reporting obligations around the Faster Cancer Treatment 62 Day Target and 31 Day Target measures.

The 62-day target measures the time taken for a patient referred with high suspicion of cancer or a confirmed cancer diagnosis to receive their first treatment. This is expected to be approximately 25% of all cancer patients. Patients where treatment is delayed due to patient choice or clinical considerations (eg co-morbidities or staged treatment) are excluded from the target. Of all patients in the cohort 90% are expected to have received their treatment within 62 days of referral.

The 31-day target measures the time taken between decision to treat and the patient receiving their first treatment. Patients where treatment is delayed due to patient choice or clinical considerations are excluded from the target. Patients are expected to receive their first treatment within 31 days of decision to treat.

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4 SS-11 Faster Cancer Treatment (62-day target)

Results received from Te Aho o te Kahu for quarter two 2021-22 show that 86.0% of patients referred with high suspicion of cancer received their first treatment within 62 days of referral. National results were also below target with 84.8% of patients receiving treatment within the guidelines, only seven DHB's achieved above 90%.

A total of 50 referrals were within the 62-day target cohort. Of these 43 received their treatment within the timeframe against the 90% target of 45 patients.

These results closely reflect our previously reported internal calculation of 84% compliance. Due to the different collection methods between the MoH data (submitted nationally and calculated as a rolling 6-month quarter) and our local data collected by our cancer nursing team there can be variances in final numbers reported. For clarity we use the Ministry of Health reporting as our definitive results.

5 Faster Cancer Treatment (31-day target)

The results for Q2 have been received from the agency, for data collected up to 31 December 2021. We had a total of 235 patients in the FCT cohort for the reported timeframe with 212 receiving their treatment within 31 days of decision to treat, with a result of 90.2% against the target of 85%.

Of note August and September had particularly high numbers of cancer registrations, with registrations trending down in recent months.

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Appendix 1.

62-day indicator achievement (Health Target)

| DHB | Adjusted number of records submitted <i>Patients within the 62-day FCT health target cohort (excluding patients breaching with a delay code of clinical consideration or patient reason), by month of first treatment</i> | | | | | | | Number of records within 62 days | | | | | | | Achievement 6-month quarter | Achievement 3-month quarter |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|----------------------------------|------------|------------|------------|------------|------------|-------------|--------------------------------|--------------------------------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Total | Jul | Aug | Sep | Oct | Nov | Dec | Total | Jul - Dec 2021 Tracking | Oct - Dec 2021 Tracking |
| Auckland | 22 | 25 | 30 | 23 | 27 | 30 | 157 | 21 | 23 | 30 | 23 | 25 | 28 | 150 | 95.5% | 95.0% |
| Bay of Plenty | 8 | 18 | 23 | 12 | 22 | 9 | 92 | 7 | 16 | 23 | 11 | 20 | 9 | 86 | 93.5% | 93.0% |
| Canterbury | 45 | 55 | 59 | 45 | 71 | 51 | 326 | 41 | 51 | 56 | 41 | 67 | 46 | 302 | 92.6% | 92.2% |
| Capital and Coast | 25 | 32 | 48 | 15 | 42 | 25 | 187 | 19 | 26 | 41 | 10 | 39 | 22 | 157 | 84.0% | 86.6% |
| Counties Manukau | 29 | 41 | 27 | 21 | 41 | 32 | 191 | 23 | 29 | 20 | 16 | 37 | 24 | 149 | 78.0% | 81.9% |
| Hawkes Bay | 5 | 8 | 1 | 0 | 0 | 0 | 14 | 5 | 7 | 1 | 0 | 0 | 0 | 13 | 92.9% | #DIV/0! |
| Hutt Valley | 19 | 13 | 13 | 9 | 12 | 5 | 71 | 15 | 11 | 10 | 6 | 10 | 5 | 57 | 80.3% | 80.8% |
| Lakes | 7 | 9 | 6 | 7 | 6 | 7 | 42 | 7 | 8 | 5 | 7 | 5 | 7 | 39 | 92.9% | 95.0% |
| MidCentral | 11 | 8 | 10 | 14 | 10 | 14 | 67 | 11 | 8 | 9 | 13 | 10 | 13 | 64 | 95.5% | 94.7% |
| Nelson Marlborough | 28 | 27 | 24 | 17 | 35 | 29 | 160 | 26 | 22 | 18 | 14 | 34 | 21 | 135 | 84.4% | 85.2% |
| Northland | 25 | 18 | 20 | 22 | 30 | 13 | 128 | 19 | 14 | 17 | 19 | 27 | 13 | 109 | 85.2% | 90.8% |
| South Canterbury | 10 | 3 | 6 | 2 | 5 | 5 | 31 | 10 | 2 | 3 | 1 | 4 | 3 | 23 | 74.2% | 66.7% |
| Southern | 19 | 19 | 28 | 30 | 25 | 27 | 148 | 14 | 17 | 22 | 21 | 24 | 21 | 119 | 80.4% | 80.5% |
| Tairāwhiti | 4 | 7 | 2 | 7 | 8 | 4 | 32 | 3 | 6 | 1 | 7 | 8 | 4 | 29 | 90.6% | 100.0% |
| Taranaki | 15 | 18 | 17 | 11 | 12 | 9 | 82 | 11 | 13 | 14 | 8 | 10 | 7 | 63 | 76.8% | 78.1% |
| Waikato | 24 | 28 | 24 | 30 | 29 | 29 | 164 | 10 | 15 | 19 | 21 | 20 | 20 | 105 | 64.0% | 69.3% |
| Wairarapa | 4 | 8 | 9 | 6 | 8 | 1 | 36 | 4 | 8 | 9 | 5 | 4 | 1 | 31 | 86.1% | 66.7% |
| Waitemata | 42 | 50 | 40 | 24 | 27 | 39 | 222 | 36 | 45 | 37 | 20 | 22 | 35 | 195 | 87.8% | 85.6% |
| West Coast | 6 | 0 | 1 | 4 | 3 | 3 | 17 | 5 | 0 | 1 | 4 | 0 | 1 | 11 | 64.7% | 50.0% |
| Whanganui | 7 | 7 | 8 | 7 | 13 | 8 | 50 | 6 | 6 | 6 | 6 | 12 | 7 | 43 | 86.0% | 89.3% |
| National total | 355 | 394 | 396 | 306 | 426 | 340 | 2217 | 293 | 327 | 342 | 253 | 378 | 287 | 1880 | 84.8% | 85.6% |

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31-day indicator (policy priority)

| DHB | Expected monthly can | Number of records submitted <i>Patients within the 31-day FCT health target cohort, by month of first treatment</i> | | | | | | | Number of records within 31 days | | | | | | | Achievement |
|-----------------------|----------------------|------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------------------|
| | | Jul | Aug | Sep | Oct | Nov | Dec | Total | Jul | Aug | Sep | Oct | Nov | Dec | Total | Jul - Dec 2021 Tracking |
| Auckland | 161 | 111 | 122 | 128 | 84 | 94 | 100 | 639 | 107 | 114 | 115 | 77 | 84 | 97 | 594 | 93.0% |
| Bay of Plenty | 115 | 97 | 99 | 105 | 86 | 85 | 83 | 555 | 80 | 84 | 90 | 70 | 76 | 70 | 470 | 84.7% |
| Canterbury | 246 | 142 | 177 | 154 | 118 | 162 | 106 | 859 | 128 | 165 | 140 | 110 | 145 | 97 | 785 | 91.4% |
| Capital and Coast | 107 | 79 | 104 | 122 | 83 | 120 | 73 | 581 | 66 | 86 | 103 | 72 | 111 | 70 | 508 | 87.4% |
| Counties Manukau | 177 | 153 | 133 | 140 | 131 | 159 | 130 | 846 | 127 | 113 | 124 | 106 | 135 | 118 | 723 | 85.5% |
| Hawkes Bay | 76 | 66 | 81 | 41 | 0 | 0 | 0 | 188 | 60 | 70 | 36 | 0 | 0 | 0 | 166 | 88.3% |
| Hutt Valley | 60 | 66 | 56 | 62 | 41 | 51 | 31 | 307 | 57 | 53 | 55 | 35 | 47 | 26 | 273 | 88.9% |
| Lakes | 47 | 36 | 41 | 25 | 26 | 27 | 33 | 188 | 32 | 38 | 23 | 25 | 26 | 30 | 174 | 92.6% |
| MidCentral | 81 | 87 | 72 | 81 | 66 | 78 | 71 | 455 | 81 | 63 | 72 | 64 | 68 | 66 | 414 | 91.0% |
| Nelson Marlborough | 74 | 86 | 80 | 85 | 62 | 82 | 57 | 452 | 72 | 71 | 75 | 50 | 74 | 51 | 393 | 86.9% |
| Northland | 84 | 95 | 79 | 79 | 56 | 81 | 59 | 449 | 71 | 71 | 71 | 53 | 73 | 49 | 388 | 86.4% |
| South Canterbury | 34 | 27 | 20 | 31 | 16 | 34 | 19 | 147 | 22 | 18 | 30 | 16 | 29 | 16 | 131 | 89.1% |
| Southern | 136 | 120 | 137 | 127 | 118 | 129 | 130 | 761 | 96 | 114 | 103 | 97 | 106 | 115 | 631 | 82.9% |
| Tairāwhiti | 20 | 19 | 11 | 18 | 15 | 21 | 11 | 95 | 18 | 11 | 14 | 14 | 19 | 9 | 85 | 89.5% |
| Taranaki | 57 | 56 | 55 | 76 | 53 | 57 | 43 | 340 | 47 | 49 | 69 | 45 | 53 | 38 | 301 | 88.5% |
| Waikato | 161 | 122 | 139 | 139 | 139 | 124 | 103 | 766 | 108 | 122 | 124 | 122 | 107 | 94 | 677 | 88.4% |
| Wairarapa | 22 | 17 | 23 | 20 | 19 | 30 | 15 | 124 | 17 | 22 | 17 | 17 | 25 | 14 | 112 | 90.3% |
| Waitemata | 222 | 192 | 191 | 183 | 122 | 157 | 152 | 997 | 174 | 160 | 164 | 109 | 145 | 146 | 898 | 90.1% |
| West Coast | 17 | 18 | 15 | 20 | 17 | 17 | 13 | 100 | 16 | 13 | 14 | 16 | 10 | 11 | 80 | 80.0% |
| Whanganui | 34 | 34 | 47 | 48 | 32 | 38 | 36 | 235 | 30 | 44 | 41 | 31 | 35 | 31 | 212 | 90.2% |
| National total | ### | 1623 | 1682 | 1684 | 1284 | 1546 | 1265 | 9084 | 1409 | 1481 | 1480 | 1129 | 1368 | 1148 | 8015 | 88.2% |

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|  <p>WHANGANUI DISTRICT HEALTH BOARD <i>Te Poari Hauora o Whanganui</i></p> | | Agenda item |
| Author | Manager, Patient Safety, Quality and Innovation | |
| Endorsed by | General Manager, Patient Safety, Quality and Innovation | |
| Subject | OIA complaint report 1 July to 31 December 2021 | |
| Recommendations <i>That the Board</i> <ol style="list-style-type: none"> Receive the OIA complaint report 1 July to 31 December 2021 | | |

Purpose

The purpose of this report is to present the Board with the six-monthly results from the Chief Ombudsman that will be published on 9 March 2022.

Summary

The Chief Ombudsman promotes greater transparency in the operation of the OIA as a means of improving agency performance and compliance with the Act. Data on OIA complaints will be published on a six-monthly basis. This report covers the period from 1 July to 31 December 2021.

There were no OIA complaints received in this time period for WDHB.

One OIA response went to Ombudsman in first half of last year but their decision to close was made in second half of the year. This response was prepared in consultation with Mid Central DHB and was a refusal to provide information.

| Case ID | Ground ID | Agency | Nature of Complaint Made | Complaint From | Outcome | Reason for Outcome |
|---------|-----------|---------------------------------|--------------------------|----------------------------------------------|------------------------------------------------|-----------------------------------------|
| 551283 | 551284 | Whanganui District Health Board | Refusal in full | Company, association or incorporated society | Investigation finalised (final opinion formed) | No administrative deficiency identified |

We continue to monitor all complaints and provide regular updates to FRAC and the clinical board.

Contact Lottie Thompson
3 February 2022

Russell Simpson
Chief Executive
Whanganui District Health Board
By email: oia@wdhb.org.nz



Dear Mr Simpson

Publication of Official Information Act (OIA) complaints data

As you will be aware, I am promoting greater transparency in the operation of the OIA as a means of improving agency performance and compliance with the Act.

As part of this, I am publishing data on OIA complaints on a six-monthly basis. The data for 1 July 2021 to 31 December 2021 will be published on 9 March 2022. Please find enclosed a copy of the data to be published.

You will find a document covering [frequently asked questions](#) available on the Ombudsman website. If you have any queries or concerns about the data as it relates to your agency, please contact Lottie Thompson (04 889 8849/ Lottie.Thompson@ombudsman.parliament.nz) by 23 February 2022.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Boshier', is written over a faint, larger version of the signature.

Peter Boshier
Chief Ombudsman

Encl: OIA complaints received
OIA complaints completed


Office of the Ombudsman
Tari o te Kaitiaki Mana Tangata

17, 70 The Terrace, Wellington 6011
PO Box 10 152, Wellington 6145
New Zealand

Tel: 64 4 473 9533 Fax: 64 4 471 2254
Free phone: 0800 002 602
www.ombudsman.parliament.nz

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|  <p>WHANGANUI DISTRICT HEALTH BOARD Te Poari Hauora o Whanganui</p> | | Decision paper |
| | | 25 February 2022 |
| Author | Nadine Mackintosh, Executive officer | |
| Endorsed by | Russell Simpson, Chief Executive | |
| Subject | Resolution to exclude the public | |
| <p>Recommendations</p> <p>Management recommend that the Whanganui District Health Board:</p> <ol style="list-style-type: none"> Agrees that the public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 (“the Act”) where the Board is considering subject matter in the following table; Notes that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act, believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists for withholding under the Official Information Act 1982 (OIA), as referenced in the following table. | | |

| Agenda item | Reason | OIA reference |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Whanganui District Health Board minutes of meeting held on 28 October 2021 | For reasons set out in the board’s agenda of 28 October 2021 | As per the board agenda of 28 October 2021 |
| Chief executive’s report | To protect the privacy of natural persons, including that of deceased natural persons | Section 9(2)(a) |
| Committee Chair update | To avoid prejudice to measures protecting the health or safety of members of the public | Section 9(2)(c) |
| Covid-19 | To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest. | Section 9(2)(ba) |
| Mental Health Facilities | | |
| MRI Procurement WebPAS as a Service ACC High Tech Imaging Services Laboratories and Pathology | To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations) | Section 9(2)(i) and 9(2)(j) |

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|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Iwi Māori Relationship Boards Regional Services Plan Sustainability Initiatives. | To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty | Section 9 (2) (g) (i) |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|

Persons permitted to remain during the public excluded session

That the following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge is possessed by the following persons and relevance of that knowledge to the matters to be discussed follows:

| Person(s) | Knowledge possessed | Relevance to discussion |
|---------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Chief executive, senior managers and clinicians present | Management and operational information about Whanganui District Health Board | Management and operational reporting and advice to the board |
| Executive officer | Minute taking, procedural and legal advice and information | Recording minutes of board meetings, advice and information as requested by the board |

CONFIDENTIAL

Complaints to HDC involving District Health Boards

Whanganui District Health Board

Report and Analysis for period 1 January to 30 June 2021



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

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Commissioner's Foreword

Tēnā koutou

I am pleased to present my Office's latest complaint trend report for DHBs. This report details the trends in complaints HDC received about DHBs between 1 January and 30 June 2021.

At the outset I wish to acknowledge the ongoing work and commitment of health and disability service providers in responding to the pandemic, with all its pressures and stresses, while at the same time delivering core services and planning for upcoming reform. Ngā mihi nui.

There has been a significant increase in the number of complaints received in this period. The 532 complaints received were a 21% increase on the average volume of complaints, and were the highest number of complaints ever received about DHBs in a six-month period. However, it is important to note that this is generally in line with an overall increase in complaints to HDC. HDC experienced a 14% volume increase in 2020/21, and increases look set to continue with HDC receiving an unprecedented 43% increase in complaints in the first five months of 2021/22. There are likely many reasons for this, but recent increases seem to be particularly related to the COVID-19 pandemic and associated vaccine roll-out.

The general trends in this report are consistent with previous reports. Surgery and mental health remain the most commonly complained about services, and communication continues to be the most common issue raised by complainants.

I note that in 17% of complaints about DHBs, people continue to raise concerns about the DHB's complaints management process. In my view, the early resolution of complaints by providers, where appropriate, represents a win-win for both parties. It can increase effectiveness of quality improvement measures, and potentially reduces escalation to HDC. Our data tells us that the things that consumers need for effective complaint resolution are a timely response, acknowledgement of their concerns, commitment to preventative action, and above all to be heard — to have a voice.

Right 10 of the Code requires all providers to facilitate the fair, simple, speedy, and efficient resolution of complaints. I acknowledge that the current pressure the healthcare system is under, particularly in the context of rapidly changing circumstances, can place pressure on the time it takes to resolve complaints. In these circumstances, communication with people is particularly important, and complainants should be provided with regular progress updates and given reasons for any delays.

I trust that these reports continue to be of assistance in understanding complaint patterns for your DHB and nationally, with a view to improving the quality and safety of services.

Morag McDowell
Health and Disability Commissioner

National Data for all District Health Boards

1. How many complaints were received?

1.1 Number of complaints received

In the period Jan–Jun 2021, HDC received **532**¹ complaints about care provided by District Health Boards. Numbers of complaints received in previous six-month periods are reported in Table 1.

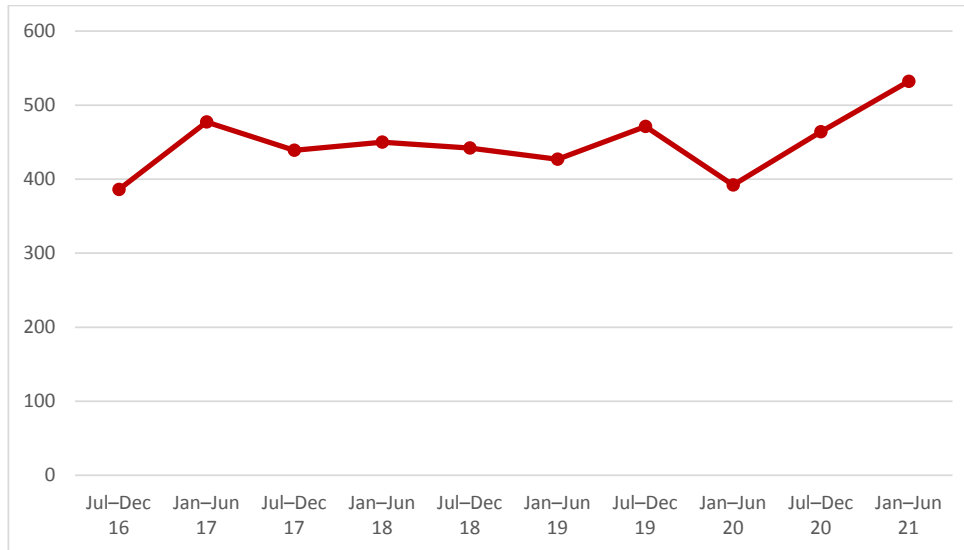
Table 1. Number of complaints received in the last five years

| | Jul– Dec 16 | Jan– Jun 17 | Jul– Dec 17 | Jan– Jun 18 | Jul– Dec 18 | Jan– Jun 19 | Jul– Dec 19 | Jan– Jun 20 | Jul– Dec 20 | Average of last 4 6-month periods | Jan– Jun 21 |
|---------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------------------------------|-------------------|
| Number of complaints | 386 | 477 | 439 | 450 | 442 | 427 | 471 | 392 | 464 | 438 | 532 |

The total number of complaints received in Jan–Jun 2021 (532) shows a 21% increase over the average number of complaints received in the previous four periods, and is the highest number of complaints ever received about DHBs in a six-month period.

The number of complaints received in Jan–Jun 2021 and previous six-month periods is also displayed below in Figure 1.

Figure 1. Number of complaints received over the last five years



¹ Provisional as of date of extraction (30 August 2021).

1.2 Rate of complaints received

When numbers of complaints to HDC are expressed as a rate per 100,000 discharges, comparisons can be made between DHBs and within DHBs over time, enabling any trends to be observed.

Complaint rate calculations are made using discharge data provided by the Ministry of Health. This data is provisional as at the date of extraction (2 November 2021) and is likely incomplete; it will be updated in the next six-monthly report. It should be noted that this discharge data excludes short-stay emergency department discharges and patients attending outpatient clinics.

Table 2. Rate of complaints received per 100,000 discharges

| Number of complaints received | Total number of discharges | Rate per 100,000 discharges |
|-------------------------------|----------------------------|-----------------------------|
| 532 | 498,268 | 106.77 |

Table 3 shows the rate of complaints received by HDC per 100,000 discharges, for Jan–Jun 2021 and previous six-month periods.

Table 3. Rate of complaints received in the last five years

| | Jul–Dec 16 | Jan–Jun 17 | Jul–Dec 17 | Jan–Jun 18 | Jul–Dec 18 | Jan–Jun 19 | Jul–Dec 19 | Jan–Jun 20 | Jul–Dec 20 ² | Average of last 4 6-month periods | Jan–Jun 21 |
|-----------------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------------------|-----------------------------------|------------|
| Rate per 100,000 discharges | 78.79 | 99.08 | 88.23 | 93.80 | 88.47 | 87.97 | 92.92 | 90.35 | 92.00 | 90.81 | 106.77 |

The rate of complaints received during Jan–Jun 2021 (106.77) is 18% higher than the average rate of complaints received for the previous four periods, and is the highest rate of complaints ever received in a six-month period.

Table 4 shows the number and rate of complaints received by HDC for each DHB.³

² The rate for Jul–Dec 2020 has been recalculated based on the most recent discharge data.

³ Please note that some complaints will involve more than one DHB, and therefore the total number of complaints received for each DHB will be larger than the number of complaints received about care provided by DHBs.

Table 4. Number and rate of complaints received for each DHB in Jan–Jun 2021

| DHB | Number of complaints received | Number of discharges | Rate of complaints to HDC per 100,000 discharges |
|--------------------|-------------------------------|----------------------|--------------------------------------------------|
| Auckland | 83 | 62,507 | 132.79 |
| Bay of Plenty | 27 | 29,415 | 91.79 |
| Canterbury | 53 | 57,503 | 92.17 |
| Capital and Coast | 49 | 29,794 | 164.46 |
| Counties Manukau | 50 | 49,891 | 100.22 |
| Hauora Tairāwhiti | 10 | 5,387 | 185.63 |
| Hawke's Bay | 25 | 18,657 | 134.00 |
| Hutt Valley | 23 | 16,754 | 137.28 |
| Lakes | 10 | 12,629 | 79.18 |
| MidCentral | 16 | 15,715 | 101.81 |
| Nelson Marlborough | 14 | 13,142 | 106.53 |
| Northland | 21 | 21,791 | 96.37 |
| South Canterbury | 5 | 6,046 | 82.70 |
| Southern | 40 | 27,173 | 147.20 |
| Taranaki | 10 | 14,555 | 68.70 |
| Waikato | 46 | 49,411 | 93.10 |
| Wairarapa | 12 | 4,611 | 260.25 |
| Waitematā | 43 | 54,202 | 79.33 |
| West Coast | 4 | 3,279 | 121.99 |
| Whanganui | 7 | 6,256 | 111.89 |

Notes on DHB's number and rate of complaints

It should be noted that a DHB's number and rate of complaints can vary considerably from one six-month period to the next. Therefore, care should be taken before drawing conclusions on the basis of one six-month period. Further, for smaller DHBs, a very small absolute increase or decrease in the number of complaints received can dramatically affect the rate of complaints. Accordingly, much of the value in this data lies in how it changes over time, as such analysis allows trends to emerge that may point to areas that require further attention.

It is also important to note that the number of complaints received by HDC is not always a good proxy for quality of care provided, and may instead, for example, be an indicator of the effectiveness of a DHB's complaints system or features of the services provided by a particular DHB. Additionally, complaints received within a single six-month period will sometimes relate to care provided within quite a different time period. From time to time, some DHBs may also be the subject of a number of complaints from a single complainant within one reporting period. This is important context that is taken into account by DHBs when considering their own complaint patterns.

2. Who complained?

2.1 Consumer gender

The gender of consumers in complaints to HDC about DHB services in Jan–Jun 2021 is detailed below.

Table 5. Consumer gender

| Consumer gender | Number of complaints | Proportion of complaints |
|--------------------------------|----------------------|--------------------------|
| Female | 311 | 58% |
| Male | 210 | 39% |
| Another gender | 9 | 2% |
| Unknown/did not wish to answer | 2 | 0.4% |

2.2 Consumer age

The age of consumers in complaints to HDC about DHB services in Jan–Jun 2021 is detailed below.

Table 6. Consumer age

| Consumer age | Number of complaints | Proportion of complaints |
|--------------------------------|----------------------|--------------------------|
| 0 to 17 years | 32 | 6% |
| 18 to 24 years | 32 | 6% |
| 25 to 34 years | 71 | 13% |
| 35 to 49 years | 108 | 20% |
| 50 to 64 years | 69 | 13% |
| 65+ years | 118 | 22% |
| Unknown/did not wish to answer | 102 | 19% |

2.3 Consumer ethnicity

The ethnicity of consumers in complaints to HDC about DHB services in Jan–Jun 2021 is detailed below.

Table 7. Consumer ethnicity

| Consumer ethnicity | Number of complaints | Proportion of complaints |
|---------------------------------------|----------------------|--------------------------|
| Māori | 72 | 13% |
| Pacific | 12 | 2% |
| Middle Eastern/African/Latin American | 12 | 2% |
| Asian | 47 | 9% |
| Other European | 25 | 5% |
| New Zealand European | 227 | 43% |
| Unknown/did not wish to answer | 137 | 26% |

3. Which DHB services were complained about?

3.1 DHB service types complained about

Please note that some complaints involve more than one DHB and/or more than one service or hospital; therefore, although there were 532 complaints about DHBs, 551 services were complained about. Figure 2 below shows the most commonly complained about service types in Jan–Jun 2021. A more nuanced picture of service types complained about, including individual surgery and medicine services, is provided in Table 8.

Surgery (26%) and mental health (23%) services received the greatest number of complaints in Jan–Jun 2021, with general surgery (7%) and orthopaedics (7%) being the surgical specialties most commonly complained about.

In Jul–Dec 2020 the proportion of complaints about surgery services dropped for the first time. Complaints about this service increased slightly in Jan–Jun 2021, but were still lower than the 30% seen previous to July 2020.

Other commonly complained about services included medicine (16%), and emergency department (12%) services.

Figure 2. Service types complained about

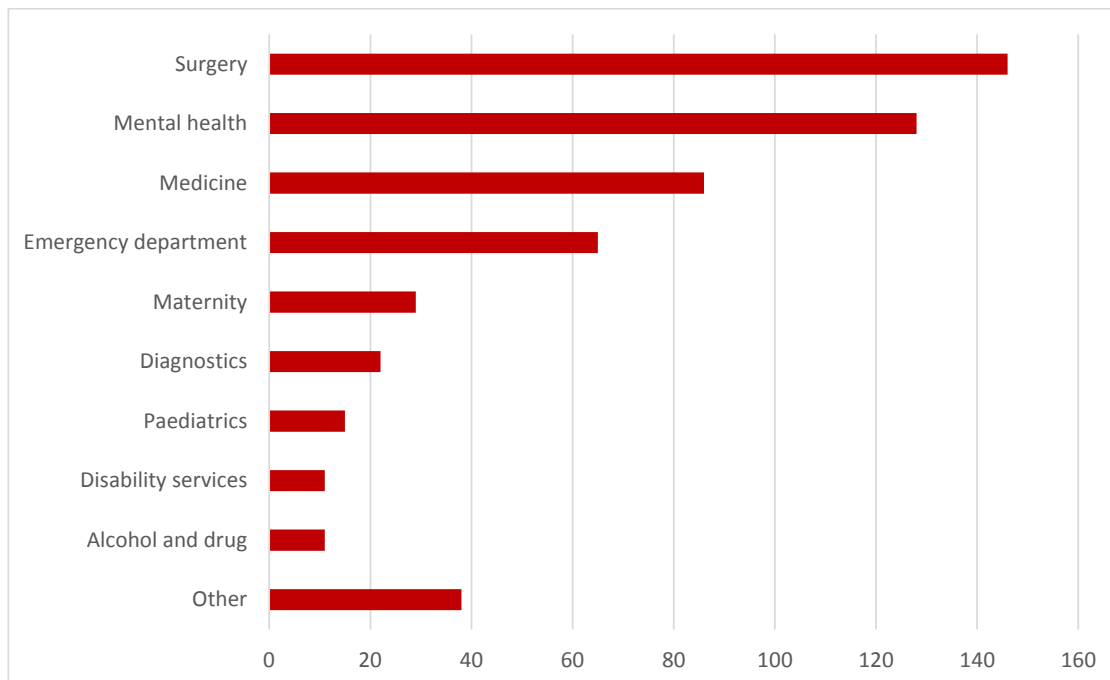


Table 6. Service types complained about

| Service type | Number of complaints | Percentage |
|-------------------------------------|----------------------|--------------|
| Alcohol and drug | 11 | 2.0% |
| Anaesthetics/pain medicine | 3 | 0.5% |
| COVID-19 vaccination centre | 6 | 1.1% |
| Dental | 4 | 0.7% |
| Diagnostics | 22 | 4.0% |
| Disability services | 11 | 2.0% |
| District nursing | 5 | 0.9% |
| Emergency department | 65 | 11.8% |
| Intensive care/critical care | 2 | 0.4% |
| Maternity | 29 | 5.3% |
| Medicine | 86 | 15.6% |
| General medicine | 19 | 3.4% |
| Cardiology | 8 | 1.5% |
| Endocrinology | 1 | 0.2% |
| Gastroenterology | 18 | 3.3% |
| Geriatric medicine | 5 | 0.9% |
| Haematology | 1 | 0.2% |
| Neurology | 9 | 1.6% |
| Oncology | 9 | 1.6% |
| Renal/nephrology | 2 | 0.4% |
| Respiratory | 5 | 0.9% |
| Rheumatology | 2 | 0.4% |
| Other/unspecified | 7 | 1.3% |
| Mental health | 128 | 23.3% |
| Paediatrics (not surgical) | 15 | 2.7% |
| Rehabilitation services | 2 | 0.4% |
| Sexual health | 2 | 0.4% |
| Surgery | 146 | 26.5% |
| Cardiothoracic | 5 | 0.9% |
| General | 40 | 7.3% |
| Gynaecology | 21 | 3.8% |
| Neurosurgery | 6 | 1.1% |
| Ophthalmology | 7 | 1.3% |
| Oral/Maxillofacial | 1 | 0.2% |
| Orthopaedics | 37 | 6.7% |
| Otolaryngology | 2 | 0.4% |
| Plastic and Reconstructive | 11 | 2.0% |
| Urology | 12 | 2.2% |
| Vascular | 2 | 0.4% |
| Other/unknown | 2 | 0.4% |
| Other/unknown health service | 14 | 2.5% |
| TOTAL | 551 | |

Table 7 below shows a comparison of the proportion of complaints received over time for the most commonly complained about service types. As can be seen from this table, complaints about surgical services started to decrease for the first time in Jul–Dec 2020.

Table 7. Comparison of the proportion of complaints received about the most commonly complained about service types

| Service type | Jan–Jun 2019 | Jul–Dec 2019 | Jan–Jun 2020 | Jul–Dec 2020 | Jan–Jun 2021 |
|-----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Surgery | 31% | 31% | 31% | 23% | 26% |
| Mental health | 22% | 25% | 22% | 24% | 23% |
| General medicine | 18% | 16% | 18% | 19% | 16% |
| Emergency department | 12% | 11% | 11% | 15% | 12% |
| Maternity | 6% | 5% | 7% | 5% | 5% |

4. What did people complain about?

4.1 Primary issues identified in complaints

For each complaint received by HDC, one primary complaint issue is identified. The primary issues identified in complaints received in Jan–Jun 2021 are listed below in Table 8. It should be noted that the issues included are as articulated by the complainant to HDC. While not all issues raised in complaints are subsequently factually and/or clinically substantiated, they provide a valuable insight into consumers' experience of services provided and the issues they care about most.

The most common primary issue categories were:

- Care/treatment (48%)
- Access/funding (16%)
- Consent/information (11%)
- Communication (7%)

The most common specific primary issues complained about were:

- Missed/incorrect/delayed diagnosis (11%)
- Unexpected treatment outcome (8%)
- Lack of access to services (8%)
- Waiting list/prioritisation issue (6%)
- Inadequate/inappropriate treatment (6%)

This is very similar to what was seen in the previous six-month period.

Table 8. Primary issues complained about

| Primary issue in complaints | Number of complaints | Percentage |
|-----------------------------------------------------------------------|-----------------------------|-------------------|
| <i>Access/Funding</i> | 83 | 15.6% |
| Lack of access to services | 41 | 7.7% |
| Lack of access to subsidies/funding | 8 | 1.5% |
| Waiting list/prioritisation issue | 34 | 6.4% |
| <i>Boundary violation</i> | 2 | 0.4% |
| <i>Care/Treatment</i> | 257 | 48.3% |
| Delay in treatment | 20 | 3.8% |
| Delayed/inadequate/inappropriate referral | 2 | 0.4% |
| Inadequate coordination of care/treatment | 9 | 1.7% |
| Inadequate/inappropriate clinical treatment | 33 | 6.2% |
| Inadequate/inappropriate examination/assessment | 19 | 3.6% |
| Inadequate/inappropriate follow-up | 14 | 2.6% |
| Inadequate/inappropriate monitoring | 10 | 1.9% |
| Inadequate/inappropriate non-clinical care | 5 | 0.9% |
| Inadequate/inappropriate testing | 1 | 0.2% |
| Inappropriate admission/failure to admit | 4 | 0.7% |
| Inappropriate/delayed discharge/transfer | 22 | 4.1% |
| Inappropriate withdrawal of treatment | 3 | 0.6% |
| Missed/incorrect/delayed diagnosis | 57 | 10.7% |
| Personal privacy not respected | 1 | 0.2% |
| Refusal to assist/attend | 4 | 0.7% |
| Refusal to treat | 4 | 0.7% |
| Rough/painful care or treatment | 5 | 0.9% |
| Unexpected treatment outcome | 42 | 7.9% |
| Unnecessary treatment | 2 | 0.4% |
| <i>Communication</i> | 38 | 7.1% |
| Disrespectful manner/attitude | 21 | 3.9% |
| Failure to accommodate cultural/language needs | 1 | 0.2% |
| Failure to communicate openly/honestly/effectively with consumer | 9 | 1.7% |
| Failure to communicate openly/honestly/effectively with family/whānau | 7 | 1.3% |
| <i>Complaints process</i> | 2 | 0.4% |
| Inadequate response to complaint | 2 | 0.4% |
| <i>Consent/Information</i> | 56 | 10.5% |
| Consent not obtained/adequate | 18 | 3.4% |
| Failure to assess capacity to consent | 1 | 0.2% |
| Inadequate information provided regarding adverse event | 2 | 0.4% |
| Inadequate information provided regarding fees/costs | 2 | 0.4% |
| Inadequate information provided regarding options | 3 | 0.6% |
| Inadequate information provided regarding provider | 1 | 0.2% |
| Inadequate information provided regarding results | 1 | 0.2% |
| Inadequate information provided regarding treatment | 4 | 0.7% |
| Issues with involuntary admission/treatment | 24 | 4.5% |
| <i>Documentation</i> | 6 | 1.1% |
| Inadequate/inaccurate documentation | 4 | 0.7% |
| Inappropriate maintenance/disposal of documentation | 2 | 0.4% |

| Primary issue in complaints | Number of complaints | Percentage |
|--------------------------------------------------------|----------------------|-------------|
| Facility issues | 26 | 4.9% |
| Cleanliness/hygiene issue | 2 | 0.4% |
| General safety issue for consumer in facility | 15 | 2.8% |
| Inadequate/inappropriate policies/procedures | 7 | 1.3% |
| Other | 2 | 0.4% |
| Medication | 37 | 6.9% |
| Administration error | 7 | 1.3% |
| Inappropriate administration | 3 | 0.6% |
| Inappropriate prescribing | 18 | 3.4% |
| Prescribing error | 2 | 0.4% |
| Refusal to prescribe/dispense/supply | 7 | 1.3% |
| Reports/certificates | 6 | 1.1% |
| Inaccurate report/certificate | 6 | 1.1% |
| Professional conduct issues | 18 | 3.4% |
| Disrespectful behaviour | 6 | 1.1% |
| Inappropriate collection/use/disclosure of information | 11 | 2.1% |
| Threatening/bullying/harassing behaviour | 1 | 0.2% |
| Disability-related issues | 1 | 0.2% |
| TOTAL | 532 | |

Table 9 shows a comparison over time for the top five primary issues complained about.

Table 9. Top five primary issues in complaints received over the last four six-month periods

| Top five primary issues in all complaints (%) | | | | | | | |
|-----------------------------------------------|-----|---------------------------------|-----|---------------------------------|-----|---------------------------------|-----|
| Jul–Dec 19 n=472 | | Jan–Jun 20 n=392 | | Jul–Dec 20 n=464 | | Jul–Dec 20 n=464 | |
| Misdiagnosis | 14% | Lack of access to services | 12% | Misdiagnosis | 13% | Misdiagnosis | 11% |
| Unexpected treatment outcome | 9% | Misdiagnosis | 10% | Lack of access to services | 8% | Unexpected treatment outcome | 8% |
| Waiting list/ Prioritisation | 8% | Unexpected treatment outcome | 8% | Unexpected treatment outcome | 7% | Lack of access to services | 8% |
| Inadequate treatment | 8% | Waiting list/ prioritisation | 7% | Waiting list/ prioritisation | 7% | Waiting list/ prioritisation | 6% |
| Lack of access to services | 8% | Inadequate treatment | 5% | Inadequate treatment | 6% | Inadequate treatment | 6% |

4.2 All issues identified in complaints

As well as the primary complaint issue, up to six additional complaint issues are identified for each complaint received by HDC. Table 10 includes these additional complaint issues, as well as the primary complaint issues, to show all issues identified in complaints received.

Table 10. All issues identified in complaints

| All issues in complaints | Number of complaints | Percentage |
|-----------------------------------------------------------------------|----------------------|--------------|
| Access/Funding | 130 | 24.4% |
| Lack of access to services | 66 | 12.4% |
| Lack of access to subsidies/funding | 12 | 2.2% |
| Waiting list/prioritisation issue | 53 | 10.0% |
| Boundary violation | 2 | 0.4% |
| Care/Treatment | 418 | 78.6% |
| Delay in treatment | 118 | 22.2% |
| Delayed/inadequate/inappropriate referral | 21 | 3.9% |
| Inadequate coordination of care/treatment | 98 | 18.4% |
| Inadequate/inappropriate clinical treatment | 179 | 33.6% |
| Inadequate/inappropriate examination/assessment | 148 | 27.8% |
| Inadequate/inappropriate follow-up | 73 | 13.7% |
| Inadequate/inappropriate monitoring | 53 | 10.0% |
| Inadequate/inappropriate non-clinical care | 32 | 6.0% |
| Inadequate/inappropriate testing | 58 | 10.9% |
| Inappropriate admission/failure to admit | 11 | 2.1% |
| Inappropriate/delayed discharge/transfer | 65 | 12.2% |
| Inappropriate withdrawal of treatment | 7 | 1.3% |
| Missed/incorrect/delayed diagnosis | 89 | 16.7% |
| Personal privacy not respected | 5 | 0.9% |
| Refusal to assist/attend | 9 | 1.7% |
| Refusal to treat | 12 | 2.2% |
| Rough/painful care or treatment | 18 | 3.4% |
| Unexpected treatment outcome | 76 | 14.3% |
| Unnecessary treatment | 6 | 1.1% |
| Communication | 360 | 67.7% |
| Disrespectful manner/attitude | 94 | 17.7% |
| Failure to accommodate cultural/language needs | 13 | 2.4% |
| Failure to communicate openly/honestly/effectively with consumer | 193 | 36.3% |
| Failure to communicate openly/honestly/effectively with family/whānau | 113 | 21.2% |
| Complaints process | 95 | 17.9% |
| Inadequate response to complaint | 92 | 17.3% |
| Retaliation/discrimination as a result of a complaint | 3 | 0.6% |
| Consent/Information | 131 | 24.6% |
| Consent not obtained/adequate | 38 | 7.1% |
| Failure to assess capacity to consent | 2 | 0.4% |
| Inadequate information provided regarding adverse event | 21 | 3.9% |
| Inadequate information provided regarding fees/costs | 3 | 0.6% |
| Inadequate information provided regarding condition | 2 | 0.4% |
| Inadequate information provided regarding options | 19 | 3.6% |

| All issues in complaints | Number of complaints | Percentage |
|--------------------------------------------------------|----------------------|--------------|
| Inadequate information provided regarding provider | 8 | 1.5% |
| Inadequate information provided regarding results | 5 | 0.9% |
| Inadequate information provided regarding treatment | 40 | 7.5% |
| Incorrect/misleading information provided | 9 | 1.7% |
| Issues with involuntary admission/treatment | 30 | 5.6% |
| Documentation | 34 | 6.4% |
| Delay/failure to disclose documentation | 4 | 0.7% |
| Delay/failure to transfer documentation | 12 | 2.2% |
| Inadequate/inaccurate documentation | 16 | 3.0% |
| Inappropriate maintenance/disposal of documentation | 2 | 0.4% |
| Facility issues | 87 | 16.3% |
| Accreditation/statutory obligations not met | 2 | 0.4% |
| Cleanliness/hygiene issue | 9 | 1.7% |
| Failure to follow policies/procedures | 10 | 1.9% |
| General safety issue for consumer in facility | 34 | 6.4% |
| Inadequate/inappropriate policies/procedures | 31 | 5.8% |
| Issue with quality of aids/equipment | 5 | 0.9% |
| Issue with sharing facility with other consumers | 3 | 0.6% |
| Staffing/rostering/other HR issue | 5 | 0.9% |
| Other | 2 | 0.4% |
| Medication | 79 | 14.8% |
| Administration error | 9 | 1.7% |
| Inappropriate administration | 9 | 1.7% |
| Inappropriate prescribing | 49 | 9.2% |
| Prescribing error | 3 | 0.6% |
| Refusal to prescribe/dispense/supply | 12 | 2.2% |
| Reports/certificates | 9 | 1.7% |
| Inaccurate report/certificate | 9 | 1.7% |
| Teamwork/supervision | 7 | 1.3% |
| Inadequate supervision/oversight | 7 | 1.3% |
| Professional conduct issues | 38 | 7.1% |
| Disrespectful behaviour | 11 | 2.1% |
| Inappropriate collection/use/disclosure of information | 21 | 3.9% |
| Other | 6 | 1.1% |
| Disability-related issues | 5 | |
| Other | 21 | |

On analysis of all issues identified in complaints about DHBs, the most common complaint issue categories were:

- Care/treatment (present for 79% of all complaints)
- Communication (present for 68% of all complaints)
- Consent/information (present for 25% of all complaints)
- Access/funding (present for 24% of all complaints)

The most common *specific* issues were:

- Failure to communicate effectively with consumer (36%)
- Inadequate/inappropriate clinical treatment (34%)
- Inadequate/inappropriate examination/assessment (28%)
- Delay in treatment (22%)
- Failure to communicate effectively with family/whānau (21%)
- Inadequate coordination of care/treatment (19%)
- Disrespectful manner/attitude (18%)
- Inadequate response to complaint (17%)
- Missed/incorrect/delayed diagnosis (17%)

This is broadly similar to what was seen in the last period.

Issues complained about in relation to COVID-19

HDC received 29 complaints about COVID-19-related issues at DHBs in Jan–Jun 2021. This represents 36% of all complaints about COVID-19 received by HDC during this time period, and is a decrease on the 44 COVID-19-related complaints received in Jul–Dec 2020.

The most common issues complained about for DHBs in regard to COVID-19 in Jan–Jun 2021 were:

- Lack of access to services/delayed treatment (24%)
- Vaccine-related issues (primarily issues regarding access to the vaccine and manner of staff at vaccine centres) (24%)
- Testing-related issues (primarily delays in receiving results and manner of staff at testing centres) (17%)

COVID-19 vaccine-related issues appeared for the first time in Jan–Jun 2021.

4.3 Primary issues by service type

Table 11 shows the top three primary issues in complaints concerning the most commonly complained about service types.

This is broadly similar to what was seen in previous periods. However, inappropriate/delayed discharge/transfer appeared in the top issues for medicine services for the first time. This issue often relates to complaints about inadequate discharge planning.

Table 11. Three most common primary issues in complaints by service type

| Surgery n=145 | | Mental health n=128 | | Medicine n=86 | | Emergency department n=65 | |
|------------------------------------|-----|-----------------------------------------------|-----|------------------------------------------|-----|----------------------------------------|-----|
| Unexpected treatment outcome | 19% | Issues with involuntary admission/treatment | 19% | Missed/incorrect/delayed diagnosis | 10% | Missed/incorrect/delayed diagnosis | 34% |
| Lack of access to services | 12% | General safety issue for consumer in facility | 12% | Unexpected treatment outcome | 9% | Disrespectful manner/attitude | 9% |
| Inadequate/inappropriate treatment | 10% | Lack of access to services | 9% | Inappropriate/delayed discharge/transfer | 8% | Waiting list management/prioritisation | 8% |

5. What were the outcomes of the complaints closed?

HDC is focused on fair and early resolution of complaints. Each complaint received by HDC is assessed carefully and resolved in the most appropriate manner, bearing in mind the issues raised and the evidence available. The assessment process can involve a number of steps, including obtaining a response from the provider/s, seeking clinical advice, and asking for information from the consumer or other people.

A number of options are available to the Commissioner for the resolution of complaints. These include referring the complaint to the Advocacy Service, to a professional body, or to another agency. HDC may also refer a complaint back to the provider to resolve directly. In line with their responsibilities under the Code, DHBs have increasingly developed good systems to address complaints in a timely and appropriate way. Where complaints are assessed as suitable for resolution between the parties, it is often appropriate for HDC to refer a complaint to the DHB to resolve, with a requirement that the DHB report back to HDC on the outcome of its handling of the complaint.

The Commissioner also has a wide discretion to take no further action on a complaint. For example, the Commissioner may take no further action because careful assessment indicates that a provider's actions were reasonable in the circumstances; a more appropriate outcome can be achieved in a more flexible and timely way than by means of investigation; or the matters that are the subject of the complaint have been, are being, or will be, addressed appropriately by other means. Often a decision to take no further action will be accompanied by an educational comment or recommendations designed to assist the provider to improve services in future.

Where appropriate, the Commissioner may investigate a complaint, which may result in a DHB being found in breach of the Code. Notification of investigation generally indicates more serious issues.

5.1 Number of complaints closed

In the period Jan–Jun 2021, HDC closed **478**⁴ complaints involving DHBs. Table 12 shows the number of complaints closed in previous six-month periods.

Table 12. Number of complaints about DHBs closed in the last five years

| | Jul– Dec 16 | Jan– Jun 17 | Jul– Dec 17 | Jan– Jun 18 | Jul– Dec 18 | Jan– Jun 19 | Jul– Dec 19 | Jan– Jun 20 | Jul– Dec 20 | Average of last 4 6-month periods | Jan– Jun 21 |
|--------------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------------------------------|-------------------|
| Number of complaints closed | 316 | 465 | 383 | 476 | 449 | 444 | 423 | 428 | 390 | 421 | 478 |

⁴ Note that complaints may be received in one six-month period and closed in another six-month period — therefore, the number of complaints received will not correlate with the number of complaints closed.

5.2 Outcomes of complaints closed

In the Jan–Jun 2021 period, 5 DHBs had no investigations closed, 8 DHBs had one investigation closed, 5 DHBs had two investigations closed, 1 DHB had three investigations closed, and 1 DHB had four investigations closed.

The manner of resolution and outcomes of all complaints about DHBs closed in Jan–Jun 2021 is shown in Table 13.

Table 13. Outcome for DHBs of complaints closed by complaint type⁵

| Outcome for DHBs | Number of complaints closed |
|---------------------------------------------------------------|-----------------------------|
| <i>Investigation</i> | 23 |
| Breach finding — referred to Director of Proceedings | 3 |
| Breach finding | 11 |
| No breach finding with adverse comment and recommendations | 2 |
| No breach finding with recommendations | 6 |
| No further action | 1 |
| <i>Other resolution following assessment</i> | 455 |
| No further action with recommendations or educational comment | 61 |
| Referred to District Inspector | 22 |
| Referred to other agency | 3 |
| Referred to DHB | 106 |
| Referred to Advocacy | 93 |
| No further action | 164 |
| Withdrawn | 6 |
| TOTAL | 478 |

5.3 Recommendations made to DHBs by HDC

Regardless of whether or not a complaint has been investigated, the Commissioner may make recommendations to a DHB. HDC then follows up with the DHB to ensure that these recommendations have been acted upon.

Table 14 shows the recommendations made to DHBs for complaints closed in Jan–Jun 2021. Please note that more than one recommendation may be made in relation to a single complaint.

⁵ Note that outcomes are displayed in descending order. If there is more than one outcome for a DHB upon resolution of a complaint, then only the outcome that is listed highest in the table is included.

Table 14. Recommendations made to DHBs following a complaint

| Recommendation | Number of recommendations made |
|-------------------------------------------------------------------|--------------------------------|
| Apology | 19 |
| Audit | 15 |
| Evaluation of change | 12 |
| Meeting with consumer/complainant | 3 |
| Presentation/discussion of complaint and improvements with others | 14 |
| Provision of evidence of change to HDC | 28 |
| Review/implementation of policies/procedures | 32 |
| Training/professional development | 24 |
| TOTAL | 147 |

The most common recommendations made to DHBs were that they: review or implement new policies and procedures (32 recommendations); provide evidence of change made in response to the complaint to HDC (28 recommendations); conduct staff training (24 recommendations); and apologise to the consumer/complainant (19 recommendations). Recommendations for staff training were most often in regard to clinical issues identified in the complaint, followed by training on new policies/procedures. Often HDC will ask the DHB to use an anonymised version of the complaint as the basis for the training.

6. Learning from complaints

6.1 Emergency department care of girl with septic arthritis⁶

This case reflects a number of themes seen in HDC complaints around the management of recurrent presentations to ED, including the need to think critically with regard to the wider clinical picture, the importance of robust triage processes, and the importance of SMO review in the context of multiple presentations with worsening symptoms.

Background

A girl aged in her teens presented to the ED of a public hospital complaining of intense pain in her right knee and leg. She was unable to sleep or weight-bear on her right knee, and was experiencing chills and vomiting. She had not experienced an injury prior to developing this pain. She was seen by a triage nurse, who did not document the nausea and chills or record any vital signs. The girl was then seen by a clinical nurse specialist, who diagnosed her with a knee sprain/strain and gave soft tissue injury advice. The girl was discharged home, and although she was told to follow up with her GP, she was not given specific advice about returning to ED.

The pain in the girl's knee increased that evening, despite pain relief, and spread to her shin. She decided to return to ED. The triage nurse documented the girl's pain, but did not record her vital signs. While waiting to be seen by the ED registrar, the girl was given morphine for her pain. The registrar reviewed the girl's notes but did not see that she had been given morphine, and he assumed in error that she had been given codeine. Following his assessment, the registrar diagnosed her with a meniscal injury and sent her home with written advice to see a physiotherapist if her pain did not settle.

A couple of days later, the girl's mother called the ED as her daughter was in "terrible pain". However, the girl's mother found the ED staff unhelpful, and decided to take her daughter to an after-hours medical centre. The GP at the centre discussed the girl's case with the orthopaedic registrar at the public hospital, who advised that she return to ED for X-rays. The following morning, the girl returned to the ED. Her observations were recorded by the triage nurse and they were all in the normal range. The girl was reviewed by an ED registrar, who diagnosed Osgood-Schlatter disease, despite this diagnosis not being supported by the X-ray. The registrar discussed the girl's care with the SMO, but he did not tell the SMO that the girl was unable to sleep because of the pain and could not weight-bear. The girl was discharged with a sports medicine referral.

Over the next couple of days, the girl's mother made several calls to a telehealth service in regard to swelling in her daughter's knee, and was advised to take her back to ED. Later that day, the girl returned to ED via ambulance. She had red swollen knees, chest pain, an abnormally rapid heartbeat, and decreased oxygen saturations. Her care was escalated rapidly because of concerns that she had a severe bacterial infection and sepsis. Following surgery to drain her knees, she was transferred to the Intensive Care Unit and diagnosed with septic arthritis in both knees. The girl remained in hospital for several months and requires on-going rehabilitation.

Findings

Before the extent and nature of the girl's disease was identified, she presented to ED three times and, each time, she was sent home with a different incorrect diagnosis. The Commissioner accepted that the illness the girl had developed was rare and that the signs and symptoms may have been subtle, but considered that there were a number of short-comings in the care the girl received across the three ED presentations, specifically:

- At the first ED presentation:
 - The girl's nausea and chills were not documented by the triage nurse

⁶ Case 19HDC02034.

- Vital signs were not taken by the triage nurse
- No safety-netting advice about when to return to ED was given
- At the second ED presentation:
 - Vital signs were not taken by the triage nurse
 - It was assumed that the girl had been given codeine in the ED, when actually she had been given morphine (despite the administration of morphine being recorded in the medication chart and notes)
 - There was a lack of recognition of the possibility of more serious pathology, and in particular there was a failure to question for infective symptoms in the presence of red flags (repeat presentation and increased pain severity)
- At the third ED presentation:
 - There was no documentation of infective symptoms
 - There was a lack of critical thinking regarding the wider clinical picture — a previously healthy teenager with an atraumatic presentation, increasing pain spreading to both knees, and an inability to weight bear. She was receiving strong analgesia, this was her third presentation in three days, and the X-ray and level of pain did not support the presumed diagnosis of Osgood-Schlatter disease
 - The SMO was not advised that the girl was unable to sleep with pain despite taking analgesics, and could not weight bear (red flag symptoms).

The Commissioner considered that the DHB was responsible for the inadequacies in the service provided, and therefore failed to provide services to the girl with reasonable care and skill, in breach of Right 4(1).

The Commissioner noted that the pressure on staff, in light of high patient acuity and staffing levels at the time, likely affected the quality of services the girl received.

Recommendations

The DHB advised that at the time of these events there was no system for automatic SMO review for patients with multiple re-presentations, and that its triage processes were not as robust as they could have been. The DHB made a number of changes to address these issues.

Bearing in mind these changes, the Commissioner made the following recommendations to the DHB:

- Using an anonymised version of this case, provide training to clinical staff on the importance of carrying out vital signs routinely on ED presentations unless it is clearly not clinically indicated, and of considering possible serious pathologies, particularly in the context of atraumatic pain
- Perform a random audit of ED presentations to confirm whether vital signs were performed where clinically indicated; discharge instructions included ED return criteria; and any recurrent presentations within 48 hours were reviewed in person by the SMO.
- Consider whether a review of its ED staffing levels is warranted.
- Provide a written apology to the girl and her family for the issues identified.

6.2 Failure of two DHBs caring for a premature baby⁷

This case highlights the critical importance of clear and effective communication systems between clinicians and DHBs, including processes that support robust discharge planning and transfer of information.

Background

A baby was born at DHB1 at 24 weeks' gestation. He was the second of twins and weighed 675g. The baby had a number of complications and was transferred to DHB2 owing to his extreme prematurity. Given his low birthweight, his prematurity, and the complications he experienced, the baby was at an increased risk of developing retinopathy of prematurity (ROP) — an abnormality in the growth of blood vessels in the eye, which if untreated can lead to retinal detachment and loss of vision. In order to be successful, treatment should occur when the baby is between 34 and 38 weeks old.

The baby was screened for ROP at DHB2 at 30 and 32 weeks. At 32 weeks, Stage 1 ROP was detected, and this finding was recorded in the Eye Book that was held at NICU, but was not recorded in the clinical notes. A plan was made for further ophthalmology review at 34 weeks. However, when the baby was 33 weeks old he was transferred back to DHB1. During transfer, a discharge letter was generated to assist with the handover of the baby's care from DHB2 to DHB1. Because the baby's ROP status was not documented in the clinical notes, it was not automatically included in the discharge letter.

The neonatal paediatrician at DHB2 called a paediatrician at DHB1 to discuss the baby's transfer. The neonatal paediatrician did not discuss the baby's ROP status or the timing for follow-up of the ROP examination. The neonatal paediatrician advised that the main focus during transfer was on maintaining a stable respiratory status and ensuring growth.

The baby was then admitted to DHB1. The receiving paediatrician wrote a management plan for the baby. The paediatrician noted that the documentation showed no indication that an ROP assessment was required urgently, but he was aware of the guidelines for the management of ROP, and he documented ROP follow-up as part of the management plan. However, the paediatrician did not arrange an ROP assessment.

The baby's father reported that a nurse at DHB2 had told him to "make sure they test his eyes", and that as a result he mentioned it numerous times to doctors and nurses at DHB1. One of these queries was documented. However, an ROP assessment was not arranged or undertaken.

When the baby was 39 weeks old, DHB1 considered that he was fit for discharge. Prior to discharge he was reviewed by a paediatrician, who recognised that ROP screening had not been undertaken. A referral asking for the baby to receive an assessment in 1–2 weeks' time was faxed to the referral centre. The baby was discharged home.

The triaging ophthalmologist marked the referral as having insufficient information, and asked for it to be sent back to the paediatric department; however, accidentally it was sent to the baby's GP. The GP realised the error and sent it back to the DHB. The referral was returned to the paediatric department, but an ophthalmology appointment was not secured until ten days later. The baby was then aged 44 weeks and was outside the parameters for effective treatment of ROP. He was found to have suffered total retinal detachment in the right eye and partial detachment in the left eye.

Findings

The development of ROP was a known risk for the baby. Despite this, a number of administrative and communication failures meant that the baby was not screened and treated in the critical period between 34 and 39 weeks. The systems at the two DHBs did not ensure that appropriate and timely

⁷ Case 19HDC00239.

ROP screening was undertaken. There were a number of occasions during the baby's admission at DHB1 and DHB2 when the failure to arrange follow-up ROP screening could have been rectified. The baby now has a lifelong disability that could have been prevented. This case highlights the devastating consequences of poor communication between clinicians and organisations, and the importance of implementing robust and effective screening systems for ROP, particularly at hospitals that may be less familiar with the condition and its management.

The Commissioner commented that when a baby is at risk of developing ROP, and care is to be transferred to another provider, it is especially important that systems are in place to ensure that all relevant information is captured by the discharging hospital and shared with the receiving hospital. She found that the system at DHB2 was not robust, and as a result the need for ongoing ROP screening was not communicated to DHB1. Accordingly, the Commissioner considered that DHB2 failed to ensure quality and continuity of services to the baby, in breach of Right 4(5) of the Code.

DHB1 recognised the need for ROP screening at admission and documented the family's query about eye tests for the baby. However, through a series of medical and administrative errors by multiple staff, DHB1 failed to screen the baby for ROP at the critical 34-week mark, or at any other time throughout his five-week admission. The DHB did not refer the baby for screening until the point of discharge from hospital, and even then there was no sense of urgency. Once the referral was eventually arranged, it was inappropriately rejected and misdirected. As a result, the baby was not screened for ROP until he was 44 weeks old — ten weeks after he was transferred to DHB1's care. Tragically, by that time it was too late for successful treatment.

In the Commissioner's view, this outcome could have been prevented if adequate mechanisms had been in place for ROP screening at DHB1. The series of errors indicate a system that lacked adequate safety-netting or clear protocols to ensure that babies did not fall through the cracks. The Commissioner found that DHB1 failed to provide the baby with services with reasonable care and skill, in breach of Right 4(1). The Commissioner referred DHB1 to the Director of Proceedings to consider whether any proceedings should be taken.

Recommendations

Following this event, DHB2 developed NICU discharge letter guidelines for generating electronic discharge letters that specifically refer to an ROP check for at-risk babies. DHB2 also implemented a process whereby all babies admitted to NICU are admitted under a named SMO, who is responsible for checking all results, letters, and documentation.

The Commissioner recommended that DHB2:

- Conduct an audit of its discharge letters for premature babies on transfer to another hospital, to ensure that ROP details were included.
- Institute a system to ensure that the staff member responsible for collating and printing a patient's discharge summary is reliably and easily identified.
- Ensure that the results of ROP screening are included in the clinical notes.
- Consider whether it is appropriate to have a specific person responsible for ROP screening within NICU.
- Provide a written apology to the baby and his family.

DHB1 told HDC that it had made a number of changes following the events in this complaint, including: reviewing the ROP procedure; ensuring that the clinical nurse manager co-ordinates ROP screening; implementing a process whereby a medical referral checklist is created for each baby on admission; requiring a written referral and a specialist-to-specialist conversation for all ROP screening referrals; and launching Kōrero Mai (a process to support patient and whānau escalation of concerns) in the paediatric department.

In response to the Commissioner's recommendations, DHB 1 undertook audits of: ROP screening for all at-risk babies; the effectiveness and timeliness of ROP referral processing; and the adequacy of triaging for ROP. DHB1 also provided the baby and his family with an apology.

6.3 DHB failures lead to woman's hepatitis relapse⁸

This case highlights the importance of clarifying roles and responsibilities to enable continuity of care for a complex clinical picture, and of ensuring that patients are communicated with in a way that supports their understanding of the information given and allows them to be a partner in their care.

Background

A woman with lymphoma was under the care of a DHB's medical oncology service. She had a history of hepatitis B infection, which was monitored with six-monthly blood tests. Before commencing chemotherapy, the oncologist started the woman on the medication lamivudine to prevent her hepatitis from reactivating. The intention was for the woman to take lamivudine during chemotherapy and for one year following chemotherapy.

The woman recalls being told at her last chemotherapy oncology clinic that she did not need to take any more pills, and she was not given a prescription at the clinic.

At the completion of chemotherapy, the woman moved on to the radiation therapy component of her care. The problem list in her clinic letter stated: "Hepatitis B carrier, on lamivudine." However, there was no reference to lamivudine needing to be continued for one year after chemotherapy.

A toxicity review was planned with medical oncology, but the woman requested that this follow-up appointment be cancelled as she was undergoing radiotherapy and wanted to avoid duplication. The appointment was deferred for three months.

The woman came to the end of her latest prescription for lamivudine while under radiotherapy treatment. No further prescription was given, and it was the woman's understanding that she was on lamivudine only while undertaking chemotherapy. Accordingly, the planned one-year course after chemotherapy was not completed.

The woman was later admitted to hospital with deteriorating liver function secondary to hepatitis B reactivation. Subsequently, she underwent a liver transplant.

Findings

The system at the DHB did not support the co-ordination of care the woman required across a number of different teams. Issues identified included:

- A lack of clarity around roles and responsibilities, with no clinician seeing it as their primary responsibility to manage the prevention of hepatitis B reactivation once the woman had finished chemotherapy.
- The lack of a formal protocol for the prevention of hepatitis B reactivation in patients undergoing immunosuppressive therapy. A draft document was being followed informally, but this did not specify responsibilities for managing viral hepatitis prophylaxis.
- Medication prescribing in medical oncology was paper-based, which limited the accessibility and visibility of prescribing. The paper-based system also did not include prompts for when a patient required a new prescription.
- There was no clear plan to ensure that the woman stayed on lamivudine following chemotherapy.

⁸ Case 19HDC01210.

- Insufficient information was provided to the woman regarding the risk of hepatitis B reactivation. The information provided was verbal only. She was not provided with appropriate information in a form that supported and reinforced her understanding, and she was not able to advocate for herself when the medication was stopped, and therefore was not empowered to be an active participant in her health and well-being.
- Her toxicity review was deferred, and no “end of treatment” summary was provided to the woman or her GP.

These systems issues meant that the stopping of lamivudine went unnoticed, and the woman’s hepatitis B reactivated. Accordingly, the Commissioner found that the DHB failed to provide the woman with services with reasonable care and skill, in breach of Right 4(1) of the Code. The Commissioner also considered that the DHB failed to ensure quality and continuity of services for the woman, in breach of Right 4(5) of the Code.

The woman in this case identified as Cook Island Māori, and the complainant raised issues regarding institutional racism, and that the experience of the woman aligned with the poorer outcomes experienced by Pacific peoples in New Zealand’s health system. The DHB acknowledged that it had an obligation to do better for Māori and Pacific patients, who unquestionably experience inequitable health outcomes. The Commissioner agreed, and noted that the way in which the woman was communicated with failed to support her understanding of the care she was receiving, and did not allow her to be a partner in her own care.

Recommendations

Following this event, the DHB made a number of changes, including:

- Developing a new protocol on hepatitis B in patients with cancer, which clearly defines roles and responsibilities.
- Implementing an electronic care management system for medical oncology and haematology, which includes prompts for medication to be continued.
- Appointing a Māori health cancer nurse coordinator.
- Developing a written patient information sheet about the duration of prophylaxis treatment for hepatitis B.
- Ensuring that treatment summaries to GPs and patients include a clear delineation of the handover for high-risk patients to ensure that the patient knows who to contact if they have a problem, and the threshold for contacting their GP.

The Commissioner asked the DHB to apologise to the woman for the deficiencies identified, and to use an anonymised version of this case to encourage reflection and discussion during education sessions.

6.4 Woman's liver lesion not followed up⁹

This case highlights the vulnerabilities and complexities of test result follow-up for tests ordered in the ED, and the importance of building safety-nets into the system to ensure follow-up.

Background

A woman who had recently undergone a left femoral angiogram presented to the ED of a public hospital with left groin pain and swelling. Following an assessment, the ED doctor referred the woman for a CT angiogram of her left leg and abdomen to assess for a retroperitoneal (abdominal) bleed.

The radiologist who reported the CT scan noted a pseudoaneurysm in the left femoral artery, no significant bleeding, and a heterogeneous lesion within the right lobe of the liver. Regarding the liver lesion, the radiologist recommended comparison with prior imaging or "non-urgent dedicated liver imaging".

The radiologist called the ED doctor and provided an informal verbal report of his findings. The radiologist could not recall what he told the ED doctor, but stated that it was his usual practice to bring to the attention of the referring doctor all the findings listed in the conclusion of his report (where the liver lesion was detailed). The ED doctor reported that he was advised of the presence of the pseudoaneurysm, but felt it was unlikely that he was made aware of the liver lesion, as he had not documented it.

The ED doctor referred the woman to the vascular surgery team. He documented the presence of the pseudoaneurysm, but did not document the liver lesion. The ED doctor reviewed and accepted the CT report on the electronic system 27 hours after the woman had been transferred and admitted under another team. The electronic system showed that five other clinicians had also reviewed the report before the ED doctor had accepted it.

The woman was discharged home with a plan to undertake a procedure to treat the pseudoaneurysm. No further follow-up was arranged in relation to the liver lesion.

A few months later, the woman presented to ED with chest and abdominal pain, and a CT scan showed a liver mass. Unfortunately, she was diagnosed with inoperable cancer of the bile duct.

Findings

This case highlights vulnerabilities in a system where, despite apparently reasonable processes being in place, a woman's clearly identified liver lesion was not followed up in a timely manner.

HDC's expert advisors in this case highlighted the complexities of test result follow-up in the ED, with one stating: "[T]he practicalities of an ED SMO handing responsibility for following up a non-urgent finding to a surgical SMO in the early hours of the morning are problematic ... [T]he realities of being a shift worker engaged in episodic acute care make it difficult to implement this consistently."

The Commissioner noted that although there was a clear responsibility for the ED doctor to delegate the follow-up of the test result to another clinician, there are obvious challenges in absolute compliance with this policy when taking into account a busy ED setting, and where the test results come in after a patient has been referred to another team. The Commissioner considered that redundancies need to be built into the system to ameliorate these challenges and associated risks.

It was the Commissioner's view that in a situation such as this, it could be reasonably expected that the receiving team would act as a safety-net and take responsibility for following up any unaddressed test results. However, despite the woman being an inpatient for four days, and a number of staff

⁹ Case 19HDC01900.

reviewing the CT report, no one took steps to follow up the liver lesion. There was a collective failure to act on the reported abnormality.

The Commissioner found that fallibilities in the DHB's test result management system and the collective failure of several clinicians resulted in the woman not receiving services with reasonable care and skill, and so found the DHB in breach of Right 4(1) of the Code.

Recommendations

The Commissioner recommended that the DHB:

- Provide HDC with an update on its progress towards introducing a system to monitor abnormal radiology results for ED patients.
- Provide HDC with an update on its progress towards extending its procedure of radiologists notifying ordering clinicians of abnormal findings (including incidental findings) to include after-hours contracted radiologists.
- Consider introducing a mandatory review of all test results ordered during an episode of inpatient care prior to discharge, to ensure that any follow-up is actioned appropriately.

Data for Whanganui District Health Board

Please note that data reported captures only those complaints in which the DHB was identified as a provider by the complainant or was subsequently identified by HDC as a party. Where a complaint is made about an individual practitioner at a DHB and the DHB is not identified, the complaint may not be included in these reports.

7. Complaints received about Whanganui DHB

7.1 Number of complaints received

In the period Jan–Jun 2021, HDC received a total of 7¹⁰ complaints about care provided by Whanganui District Health Board.

7.1 Rate of complaints received

Table 15 shows the rate of complaints to HDC per total discharges from Whanganui DHB (6,256) compared to the rate of complaints per total discharges nationally (498,268).

The number of total discharges excludes short-stay discharges from emergency departments, and patients attending outpatient units and clinics.

Table 15. Number and rate of complaints per total discharges

| Whanganui DHB | | | National (All DHBs) |
|----------------------|----------------------|-----------------------------|-----------------------------|
| Number of complaints | Number of discharges | Rate per 100,000 discharges | Rate per 100,000 discharges |
| 7 | 6,256 | 111.89 | 106.78 |

When DHBs were ranked according to their rate of complaints, Whanganui DHB was **DHB 12**. Whanganui DHB was also DHB 12 in the previous six month period. As can be seen from the above table, Whanganui DHB's complaint rate for Jan–Jun 2021 was slightly higher than the national complaint rate for the same period.

Table 16 shows the number and rate of complaints about Whanganui DHB received by HDC per 100,000 discharges, for Jan–Jun 2021 and previous six month periods.

¹⁰ Provisional as of date of extraction (30 August 2021).

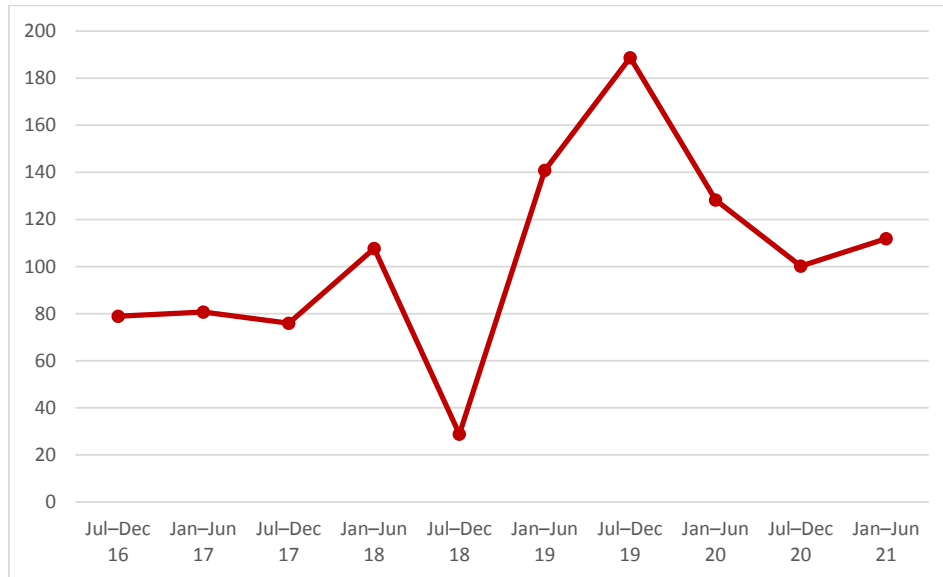
Table 16. Number and rate of complaints received in last five years

| | Jul-Dec 16 | Jan-Jun 17 | Jul-Dec 17 | Jan-Jun 18 | Jul-Dec 18 | Jan-Jun 19 | Jul-Dec 19 | Jan-Jun 20 | Jul-Dec 20 ¹¹ | Average of last 4 periods | Jan-Jun 21 |
|-----------------------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------------------|---------------------------|------------|
| Complaints received | 5 | 5 | 5 | 7 | 2 | 9 | 13 | 8 | 7 | 9 | 7 |
| Rate per 100,000 discharges | 78.93 | 80.66 | 75.93 | 107.64 | 28.80 | 140.87 | 188.76 | 128.25 | 100.16 | 139.51 | 111.89 |

The rate for Jan-Jun 2021 (111.89) was a 20% decrease over the average rate of complaints received for the previous four periods, but was similar to the rate of complaints received in the previous period.

Figure 3 shows the rate of complaints received about Whanganui DHB for Jan-Jun 2021 and previous six month periods.

Figure 3. Rate of complaints received per 100,000 discharges in last five years



¹¹ The rate for Jul-Dec 2020 has been recalculated based on the most recent discharge data.

8. Service types complained about at Whanganui DHB

8.1 Service type

For the complaints received, the services concerned, and the numbers of complaints about these services, are shown in Table 17. Please note that some complaints involve more than one facility/department, therefore, although 7 complaints were received about Whanganui DHB, 8 services were complained about.

Table 17. Service types complained about

| Service type | Number of complaints | Percentage |
|----------------------|----------------------|------------|
| Alcohol and drug | 1 | 12.5% |
| Diagnostics | 1 | 12.5% |
| Emergency department | 1 | 12.5% |
| Maternity | 1 | 12.5% |
| Mental health | 2 | 25.0% |
| Paediatrics | 1 | 12.5% |
| Surgery – General | 1 | 12.5% |
| TOTAL | 8 | |

8.2 Facility complained about

All services complained about at Whanganui DHB in Jan–Jun 2021 were located at Whanganui Hospital.

9. Issues complained about for Whanganui DHB

9.1 Primary issues

For each complaint received by HDC, one primary complaint issue is identified. The primary issues identified in complaints received about Whanganui DHB are listed in Table 18.

Table 18. Primary issues complained about

| Primary Issue | Number of complaints | Percentage |
|-----------------------------------------------|----------------------|--------------|
| Access/funding | 2 | 28.6% |
| Waiting list/prioritisation issue | 2 | 28.6% |
| Care/treatment | 3 | 42.9% |
| Inadequate/inappropriate clinical treatment | 1 | 14.3% |
| Missed/incorrect/delayed diagnosis | 2 | 28.6% |
| Facility | 1 | 14.3% |
| General safety issue for consumer in facility | 1 | 14.3% |
| Medication | 1 | 14.3% |
| Refusal to prescribe/dispense/supply | 1 | 14.3% |
| TOTAL | 7 | |

9.2 Primary issues complained about by service type

The primary issues complained about in relation to each service are set out in Table 19.

Table 19. Primary issues complained about by service type

| Service type | Number of complaints | Primary issues identified in each complaint |
|----------------------|----------------------|-------------------------------------------------------------------------------------|
| Alcohol and drug | 1 | Refusal to prescribe/dispense/supply medication |
| Diagnostics | 1 | Waiting list/prioritisation issue |
| Emergency department | 1 | Missed/incorrect/delayed diagnosis |
| Maternity | 1 | Inadequate/inappropriate treatment |
| Mental health | 2 | General safety issue for consumer in facility Inadequate/inappropriate treatment |
| Paediatrics | 1 | Missed/incorrect/delayed diagnosis |
| Surgery – General | 1 | Waiting list/prioritisation issue |

10. Complaints closed about Whanganui DHB

10.1 Number of complaints closed

HDC closed **11** complaints about Whanganui DHB in Jan–Jun 2021. HDC closed **1** complaint about Whanganui DHB following investigation in this period.

Table 20 shows the total number of complaints closed and complaints closed following investigation for Jan–Jun 2021 and previous six month periods.

Table 20. Total number of complaints and formal investigations closed in last five years

| | Whanganui DHB | | | | | | | | | | All DHBs | |
|-------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------------------------|-------------------|-------------------|
| | Jul– Dec 16 | Jan– Jun 17 | Jul– Dec 17 | Jan– Jun 18 | Jul– Dec 18 | Jan– Jun 19 | Jul– Dec 19 | Jan– Jun 20 | Jul– Dec 20 | Average of last 4 6-month periods | Jan– Jun 21 | Jan– Jun 21 |
| Total complaints closed | 4 | 8 | 5 | 9 | 3 | 9 | 11 | 6 | 7 | 8 | 11 | 478 |
| Investigations closed | 1 | 0 | 1 | 4 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 23 |

10.2 Outcomes of complaints closed

The outcomes of all complaints closed about Whanganui DHB in Jan–Jun 2021 are shown in Table 21.

Table 21. Outcomes for Whanganui DHB of complaints closed¹²

| Outcome for Whanganui DHB | Number of complaints |
|---------------------------------------------------------------|----------------------|
| <i>Investigation</i> | 1 |
| Breach finding – referred to Director of Proceedings | 1 |
| <i>Other resolution following assessment</i> | 10 |
| No further action with recommendations or educational comment | 2 |
| Referred to Advocacy | 4 |
| Referred to DHB | 1 |
| No further action | 3 |
| TOTAL | 11 |

¹² Note that outcomes are displayed in descending order. If there is more than one outcome for a DHB upon resolution of a complaint then only the outcome listed highest up in the table is included.