Public Board Meeting

Meeting Date: Monday 30th August 2021

Meeting Time: 09:30am

Venue: Wairarapa District Health Board
Zoom

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**AGENDA** Held on Monday 30th August 2021 Commencing at 09:30am				
BOARD		**PUBLIC SESSION**			
	Item	**Action**	**Lead**	**Min**	**Allocation**
1.	**Procedural Business**				
1.1	Karakia				
1.2	Apologies	Accept Confirm	Chair	10	09:30am
1.3	Health, Safety & Privacy Updates				
1.4	Interest/Conflict Register				
1.5	Previous Minutes				
1.6	Chief Executive Report	Note	D Oliff		
2.	**Cancelled: Patient Story**				
3.	**Information**				
3.1	Planning & Performance Report	Receive	S Williams	10	10:00am
3.2	Hospital & Community Services Report		K McCann	10	10:10am
3.3	Quality & Risk Report		D Mazey	10	10:20am
4.	**Other**				
4.1	General Business			5	10:30am
4.2	Resolution to Exclude the Public	Agree	Chair		

Wairarapa District Health Board

Disclosure of Interests Register - as at .June 2021

Name	Appointment Date	Health Sector Interests Disclosed	Other Interests Disclosed
Board Member			
Sir Paul Collins *Board Chair*	December 2019	• Director, New Zealand Health Partnerships Limited • Trustee of the Malaghan Institute of Medical Research • Member to Governance Board for Health Finance, Procurement & Information Management System Programme (FPIM) • Director of Technical Advisory Services Limited (TAS)	• Director of: Active Equity Holdings Limited (Chair) Hurricanes GP Limited Ides Limited Shott Beverages Limited • Director and shareholder of: AEL Managers Limited Beverage Holdings Limited Cohiba Traders Limited Ecopoint Limited Tofino Trustee Limited
Dr Tony Becker *Deputy Chair*	December 2019	• Shareholder and Director (Clinical) Masterton Medical Limited • Shareholder and Director Wairarapa Skin Clinic • Wairarapa GP Trustee Tū Ora Compass Health	• Wife contracts to Wairarapa District Health Board • Trustee, Hau Kainga • Sister in law is an Associate Director of Nursing at Surgery Women's and Children's Directorate at CCDHB
Helen Pocknall *Member*	December 2019	• Contractor with Ministry of Health	• Nil Interests declared
Ryan Soriano *Member*	December 2019	• Clinical Services Manager, HealthCare NZ	• Member, Board Trustee for Saint Patrick School Board, Masterton • Wife Employed as Senior Caregiver at Lansdowne Park Aged Care Facility
Joy Cooper *Member*	December 2019	• Nil Interests declared	• Chairperson Wharekaka Trust Board Incorporated
Yvette Grace *Member*	December 2019	• Member, Hutt Valley District Health Board • Member Concurrent FRAC Hutt Valley and Capital and Coast DHBs • Member 3DHB Disabilities Committee for Hutt Valley DHB • Member Wairarapa CPHAC Committee • He Kāhui Wairarapa, Board member • Te Hauora Rūnanga o Wairarapa, Board member • Wairarapa Child and Youth Mortality Review Committee, Local Review member	• Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board • Sister-in-law is a Nurse at Hutt Hospital • Sister-in-law is a Private Physiotherapist in Upper Hutt • Trustee House of Science Wairarapa • Trustee Equippers Church and Oasis Trust • House of Science, Wairarapa Trustee

Name	Appointment Date	Health Sector Interests Disclosed	Other Interests Disclosed
Board Member			
Jill Stringer *Member*	December 2019	• Member, Wairarapa DHB CPHAC committee • Member, 3DHB DSAC committee • Employed by Wairarapa DHB as Immunisation Vaccination	• Director, Touchwood Services Limited • Husband employed by Rigg-Zschokke Ltd • Trustee, Wellington Welfare Guardian Trust
Jill Pettis *Member*	December 2019	• Nil Interests declared	• Nil Interests declared
Leanne Southey *Board Member*	December 2019	• Chair, Wairarapa District Health Board, Finance Risk & Audit Committee • Chartered Accountant to Health Professionals including Selina Sutherland Hospital and Selina Sutherland Trust • Trustee, Wairarapa Community Health Trust • Board Member, Wellington Free Ambulance	• Chair of Lands Trust Masterton *(15 February 2016)* • Director, Southey Sayer Limited • Shareholder of Mangan Graphics Ltd • Director of Wellington Water Ltd
Ronald Karaitiana *Board Member*	December 2019	• Member, Wairarapa District Health Board • Member, Wairarapa Te Iwi Kainga Committee • Member, Wairarapa District Health Board, Finance Risk & Audit Committee • Extended family members work in varying roles at DHB • Chief Executive, Te Hauora Runanga o Wairarapa • Whanau ora Collective Member Te Hauora and Whaiora via Te Pou Matakana • Board Director from Presbytarian Support Central	• Akura Lands Trust Chairman • RK Consulting Ltd, Business owner
Dr Norman Gray *Board Member*	December 2019	• Association of Salaried Medical Specialists (ASMS) Branch Representative for Wairarapa • Emergency Consultant and Clinical Lead, Wairarapa DHB • Board member MidCentral DHB	• Nil Interests declared

Name	Appointment	Health Sector Interests Disclosed	Other Interests Disclosed
Wairarapa DHB Management			
Dale Oliff Chief Executive	July 2019	• Nil to declare	• Daughter is an employee of Ministry of Health for planned Care funding
Frank van Ham Executive Leader Finance & Non Clinical Support Services	November 2019	• Nil to declare	• Sole Director and shareholder of "Stadtholder Limited'
Kieran McCann Executive Leader Operations	March 2018	• Partner works part time as an Registered Nurse at the Wairarapa DHB	• Nil to declare
Sandra Williams Executive Leader Planning & Performance	December 2019	• Nil to declare	• Nil to declare
Karla Bergguist General Manager, Mental Health Addictions & Intellectual Disability Service, 3DHB	April 2021	• Nil to declare	• Nil to declare
Jason Kerehi Executive Leader Māori Health	February 2015	• Partner is employed as a school nurse by Compass Health	• Negotiator, Rangitane Settlement Negotiations Trust
Martin Catterall Chief Digital Officer, 3DHB	May 2019	• Nil to declare	•

Name	Appointment	Health Sector Interests Disclosed	Other Interests Disclosed
Wairarapa DHB Management			
Phill Halligan Director of Nursing	September 2020	• Wife is an employee of MOH Border Health	• Nil to declare
Nigel Broom Executive Advisor	July 2019	• Nil to declare	• Treasurer, Martinborough School Board of Trustees
Keri Titherington Executive Leader People, Capability & Organisational Development	July 2020	• Nil to declare	• Board Member – Trinity Schools Trust Board
Anna Cardno Communications Manager	December 2015	• Nil to declare	• Nil to declare
Shawn Sturland Chief Medical Officer	July 2019	• Intensive Care Specialist Capital and Coast DHB • Partner, Holly Brindle, is a DNM at Wairarapa Hospital	• Nil to declare
Dianne Mazey Acting Executive Leader Quality, Risk & Innovation		• Nil to declare	• Nil to declare

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	Held on Monday 26th July 2021 Wairarapa District Health Board Board Room, Ground Floor, CSSB + Zoom
Board Meeting	**Public**

Board Members Present		
Sir Paul Collins	Chairperson	On-site
Dr Tony Becker	Deputy Chairperson	On-site
Ron Karaitiana	Member	On-site
Joy Cooper	Member	On-site
Jill Pettis	Member	On-site
Helen Pocknall	Member	On-site
Leanne Southey	Member	On-site
Jill Stringer	Member	On-site
Yvette Grace	Member	On-site Late (arrived 9:48am)
Dr Norman Gray	Member	On-site
Executive Leadership Team Present		
Dale Oliff	Chief Executive Officer	On-site
Kieran McCann	Chief Operating Officer	On-site
Sandra Williams	Executive Leader Planning & Performance	On-site
Steven Earnshaw	Action Chief Digital & Data	Zoom
Apologies		
Deborah Davidson	Chair, Te Oranga o Te Iwi Kainga	
Ryan Soriano	Member	

1. Karakia

1.2 Apologies As noted above

1.3 Privacy and Health & Safety Updates

- The Board **NOTED** no updates

1.4 Interest Register

- The Board **RESOLVED** to **APPROVE** the interest register.
- The Board **CONFIRMED** current conflicts prior to discussion on each item of the agenda are accurate.

1.5 Minutes from previous meeting

- The Board **RESOLVED** to **APPROVE** the minutes from the previous meeting as a true record of the meeting.

Moved	R Karaitiana	**Seconded**	J Pettis	**Carried**

Chief Executive Reports

The report was taken as **READ** and the Board **NOTED** the following

- **Notes** the general updates from the Chief Executive on various projects through the DHB
- **Notes** meeting with the Mayors regarding COVID-19 and there was a good response and future collaborations

2. Decision

Health Infrastructure Investment Package projects

The report was taken as **READ** and the Board **NOTED** the following

- **Approves** the Chief Executive to approve all project related expenditure within the agreed $1.7m budget for the Ministry of Health funded Health Infrastructure Investment Package projects

Moved	H Pocknall	**Seconded**	J Stringer	**Carried**

Wairarapa DHB Health System Plan, Clinical Services Plan

The report was taken as **READ** and the Board **NOTED** the following

- **Notes** the latest draft Health System Plan document
- **Notes** this paper has gone through CPHAC for endorsement
- **Notes** this plan lies at an intermediate level between the Hauora Mō Tātou and specific service planning work
- **Notes** this plan focuses on services and how they change over time and considers two key areas identified under Hauora Mō Tātou- a fit for purpose hospital and strengthening primary care including issues around extended hours access and improving geographical access
- **Agrees** to recommend the draft Wairarapa DHB Health System Plan be submitted to the Board for endorsement and provides any final input
- **Notes** could we strengthen the collaborations and history with other DHBs (Palmerston North) to provide further information for readers on the Wairarapa DHB relationships and supports
- **Notes** there will be another report that is more clinically explicit which is being led by the Chief Operating Officer to ensure that there is a long term sustainable service in the Wairarapa
- Notes the Board would like to see a matrix with the recommendations

Moved	Dr N Gray	**Seconded**	H Pocknall	**Carried**

3. Information

Planning & Performance Report

The report was taken as **READ** and the Board **NOTED** the following

- **Note** the 2021/22 Annual Plan was submitted to the Ministry of Health on the 2 July 2021.
- **Note** a plan is due to the MOH on the 20 July outlining how we will improve the childhood immunisation coverage in the Wairarapa.
- **Note** influenza vaccinations are underway, with 69.7% of eligible over 65 year olds receiving their vaccinations in the community as at 8 July.
- **Note** the work for COVID 19 vaccination planning continues at pace with 17,395 doses delivered to Wairarapa DHB residents as at 15 July 21.
- **Note** the Māori Health Inquiry Report is expected to be completed in January 2022.
- **Note** the Ministry of Health is leading out the work on implementing the End of Life Choice Act with assisted dying becoming legal on the 7 November 2021.
- **Notes** COVID-19 update, the Featherston site will move to a full week, Kaupapa Māori site is up and running. Group 3 have had notifications for saying they are in group 3 and an invitation (sent week of 19th July)

Hospital & Community Services Report

The report was taken as **READ** and the Board **NOTED** the following

- **Notes** Vacancy and sickness pressures
- **Notes** Acute activity for June and Orthopaedic displacement
- **Notes** Maintenance of planned care wait time targets
- **Notes** Positive results of Planned care equity review for Wairarapa DHB
- **Notes** Oral Health Board information paper

3DHB Data & Digital Quarterly Update
The report was taken as **READ** and the Board **NOTED** the following • **Notes** the 3DHB ICT Team have received sign off from Ministers for Clinical portal, which will consolidate to a single programme • **Notes** the 3DHB ICT Team have received sign off and installation of e-prescribing for outpatients • **Notes** on-going work to ensure all systems and processes in ICT are secure and further discussion with local healthcare providers • **Notes** Oracle system updates are occurring and there needs to be a connection between ICT and Finance • **Notes** with Cyber security there is a need to ensure other Local Health providers are included
4. Other
General Business
• **Notes** the Chief Executive and Executive Leader People & Capability are leading the 3DHB Digital & Data recruitment

Resolution to Exclude the Public				
SUBJECT		**REASON**		**REFERENCE**
Public Excluded Minutes		Information provided in confidence		Section 9(2)(ba)
Excluded Chief Executive Report				
Finance Report		Information on change processes that may enable affected individuals to be identified		Section 9(2)(a)
People, Capability and Organisational Development Report				
Moved	Sir P Collins	**Seconded**	R Karaitiana	**Carried**

Meeting Closed: 11:21am

CONFIRMED that these minutes constitute a true and accurate record

Sir Paul Collins
Chair, Wairarapa District Health Board

DRAFT

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**BOARD INFORMATION PAPER** **Date: July 2021**
Author	Dale Oliff, Chief Executive Wairarapa District Health Board
Subject	**Chief Executive Public Report to the Board**

RECOMMENDATION It is recommended that the Board:

a. **Notes** this paper and discusses as appropriate

b. **Notes** the general updates from the Chief Executive on various projects through the DHB

APPENDICIES

1. July Wairarapa DHB Director of Nursing update

1 PURPOSE

The purpose of this paper is to provide the Board with updates from across the hospital and wider Wairarapa Health Community. It highlights work that is occurring at the Wairarapa District Health Board (WrDHB).

2 COVID DELTA RESPONSE

The Wairarapa has responded to the latest OVID-19 Delta outbreak in line with the Government direction of lockdown level 4.

The Incident Management Team (IMT) has been formally implemented and meets daily at 10:30am. This includes Public Health, Primary Health, Wellington Free Ambulance service and Local Council staff.

Currently the hospital is at “yellow level” as per the hospital COVID-19 protocol and reviewed on a daily basis.

3 HOSPITAL FRONT DOOR INITIATIVE

The hospital front door initiative that both supports and protects the function of our emergency department is progressing.

Currently we are exploring the model of care and staffing requirements and plan to bring thjis to conclusion in the next few weeks.

Recruitment is proving to be a challenge, as most applicants are from overseas.

4 ANNUAL PLAN AND BUDGET 2021/22

The final Annual plan and budget has been agreed with the Ministry of Health and has been submitted for sign off.

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**BOARD INFORMATION PAPER** **Date: August 2021**

Author	Sandra Williams, Executive Leader, Planning & Performance
Endorsed By	Dale Oliff, Chief Executive Officer, Wairarapa District Health Board
Subject	Planning and Performance Report

RECOMMENDATION It is recommended that the Board:

a. **Note** the Annual Plan 2021/22 will be resubmitted to the Ministry 26 August with a couple of minor changes and is expected to be signed by the Minister in the first tranche of plans.

b. **Note** the reporting against the Annual Plan activities for the year.

c. **Note** the Annual Report preparation cycle is underway and will be presented to the September Board meeting.

d. **Note** childhood immunisations remain an area of improvement focus as our rates are below target although Wairarapa is doing better than the national average.

e. **Note** influenza vaccinations are underway, with 70.2% of eligible over 65 year olds receiving their vaccinations in the community as at 10 August.

f. **Note** the work for COVID 19 vaccination planning continues at pace with 31,811 doses delivered to Wairarapa DHB residents as at 17 August 2021.

APPENDIX

1. Quarterly Update on 2020/21 Annual Plan Actions (Q4) reported to MoH

1 PURPOSE

This paper provides an update to the Wairarapa District Health Board (WrDHB) on the work being progressed by Planning & Performance.

2 ACCOUNTABILITY

2.1 Annual Plan 2021/22

The final version of the Annual Plan was submitted to the Ministry of Health (the Ministry) on the 10 of August. We have a couple of minor alterations advised to us on the 20 August to incorporate by 26 August. This version should then be ready for the Ministers approval. Our Annual Plan is expected to be in the first tranche of Annual Plans approved and signed by the Ministers.

2.2 Annual Plan 2020/21 Reporting

Reporting on our progress and achievements against the Annual Plan for the 2020/21 year is attached as Appendix 1. The information is traffic lighted to show where activity is on track- green being on track, orange being behind but planned to be on track by year end, red indicating this activity will not be completed in the 2020/21 year. The reporting comment section is an exception report where performance is either orange or red. Grey is an indication that this activity is not due to be reported on in the quarter. A red star is an indication of a key success for the quarter.

2.3 Annual Report 2020/21

The preparation of the Annual Report for 2020/21 is underway. The timelines for this are:

1. An electronic copy of the pre-audited draft Annual Report is to be forwarded to the Ministry of Health by email by 8 October 21.
2. DHBs and subsidiaries receive audit report from the auditor [CE Act s156(2)(b)] by 30 October 2021.
3. A signed electronic copy of the finalised Annual Report should be sent to the Ministry after Board approval to enable a brief to be prepared for the Minister by 5 November.
4. The WrDHB forwards hard copies of the signed Annual Report by 19 November.
5. The Minister presents Annual Report to the House of Representatives [CE Act s150(3)] within 5 working days of the last step.

3 IMMUNISATION PROGRAMME

3.1 Childhood Immunisation

The Ministry of Health requested an action plan from all DHBs to improve the immunisation achievements. The plan is attached to the CPHAC papers for the August meeting.

3.2 Immunisation coverage at 8 months

The target was not achieved for 8 month olds this quarter although we have done better than the national average:

- 87% of 8 month olds are fully vaccinated. 17/127 are not fully vaccinated. Of the 17 not fully vaccinated, nine have declined one or more of the immunisations on this schedule.
- 78% of Māori eight month olds are fully vaccinated. 11/50 are not fully vaccinated. Of the 11 not fully vaccinated, five have declined one or more of the immunisations on the schedule.
- 50% of Pacific eight month olds are fully vaccinated. 1/2 are not fully vaccinated. This baby is currently overseas.
- The equity gap for Māori is 9% for the quarter and 4% for the year.
- The national total of eight month olds fully vaccinated is 87.3%.

3.3 Immunisation coverage at two (2) years.

The target was partially achieved for 2 year olds this quarter and once again we have done better than the national average:

- 90% of 2 years olds are fully vaccinated. 14/141 are not fully vaccinated. Of the 14 not fully vaccinated 8 have declined one or more immunisations on this schedule.
- 91% of Māori 2 year olds are fully vaccinated. 5/54 are not fully vaccinated. Of the 5 not fully vaccinated 2 have declined one or more immunisations on this schedule.
- 100% of Pacific 2 year olds are fully vaccinated.
- The equity gap for the quarter for Māori is 1% positive and for the year is 2%.
- Q4 shows improvement from Q3 for Māori and Pacific 2 year olds.
- The national total of 2 year olds fully vaccinated is 85.4%

3.4 Immunisation coverage at 5 years

The target was not achieved for 5 year olds this quarter although once again we have done better than the national average:

- 89% of 5 year olds are fully vaccinated with 16/139 not fully vaccinated. Of the 16 not fully vaccinated 10 have declined one or more immunisations on this schedule.
- 90% of Māori 5 year olds are fully vaccinated with 5/51 not fully vaccinated. Of the 5 not fully vaccinated 4 have declined one or more immunisations on this schedule.
- 90% of Pacific 5 year olds are fully vaccinated with 1/10 not fully vaccinated.
- The equity gap for Māori is 1% positive and for the year is 0%.
- Q4 shows improvement from Q3 for Māori, Pacific and Dep 9-10 5 year olds.
- The national total of 5 year olds fully vaccinated is 85%.

3.5 Influenza

The influenza vaccination programme commenced on 14 April, for those aged 65 and over. As of 10 August, the total of over 65 years olds vaccinated for influenza was 70.2%.

The vaccine for those aged under 65, which is not the same vaccine, is now available and medical centres are busy vaccinating those eligible. Medical centres and pharmacies are actively promoting this vaccination. As of 10 August, the total number of those aged under 65 with an eligible medical condition vaccinate for influenza was 28.8%.

Providers can claim for funded vaccinations administered through to December 31.

The DHB staff influenza vaccination programme is underway with clinics held onsite and in the occupational health clinic, as well as ward-based vaccinators offering opportunistic vaccinations. 52% of DHB staff had been vaccinated as at 9 August 2021. The Occupational health report there has been a slower than usual uptake of the flu vaccine by staff this year. Other DHBs are reporting this trend also. There is some hesitancy with DHB staff around having the influenza vaccine this year and wanting to wait longer after getting their COVID-19 vaccine.

3.6 COVID-19 Vaccination

The COVID-19 vaccination programme operational roll out continues with numbers ramping up as capacity builds. July saw us focus on people in Group 3- people over 65 years and with long term conditions and disabilities. Our focus is now on Group 4 with over 60 years becoming eligible for vaccination on the 27 July, over 55 years became eligible the following week and people aged 50 and over will be able to book their vaccinations from Friday, 13 August. The next age band is people aged 40 and over — bookings for this age band opened August 19. People aged 30 and over will be able to book their vaccine from 25 August. Everyone else over 16 will be able to book from 1 September.

It has also been announced that the standard time between doses will move to six weeks. People with the current three week between doses are well protected and people do not need to change their second dose appointment. There is good evidence on the dose timing from overseas and the change will also enable more people to get their first dose earlier.

The total population of Wairarapa residents currently eligible for the vaccination programme is 39,940 (16 years and older). Of this cohort, as at 17 August Wairarapa DHB has delivered 31,811 doses of vaccine and 19,255 people have had at least one dose (48%). 12,556 (31%) have completed two doses of the Pfizer vaccination.

As of the 19 August 12 to 15 year olds became eligible for the vaccination and will add another estimated 2,500 to the eligible population.

Rural populations - Further planning is underway to provide vaccination opportunities at temporary sites.

Outreach options are also available to those eligible - people who find it difficult to attend clinics or are unable to leave their place of residence with capacity at this stage, to vaccinate 50 people a week.

Alert Level 4 has meant some changes to the layout of our clinics at all sites and reduced the number of people we can move through these clinics. Essential workers such as supermarket, dairy, taxi drivers etc. became eligible along with their household contacts a part of the Alert Level 4 response.

3.7 Communications

Local flyers outlining booking options have been distributed to all letterboxes in Wairarapa. The go to site for Wairarapa is www.rph.org.nz/public-health-topics/vaccinate-greater-wellington

4 FEEDBACK FROM THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MAY MEETING

4.1 Pharmaceuticals Overview

A presentation was given covering the major pharmaceuticals drugs used in our community and areas of focus such as the new clinical pharmacy service being established this year.

4.2 Update on Immunisation services

The Committee:

Noted the contents of the report.

4.3 System Level Measures Improvement (SLM) Plan update

The Committee:

Noted the progress made against the 2020/21 System Level Improvement Plan in Quarter Four.

4.4 Update on Mental Health & Addiction Services

A presentation was given covering

- Services available to tangata whaiora across the Wairarapa.
- Provider information and current $ investment.
- What is driving development of MH&A services locally, regionally and nationally.
- Data showing utilization of services resourced by the WrDHB.
- Ideas to move us from idealistic goal setting, to realistic growth and improvement.

The Committee expressed interest in understanding more about self-healing communities.

4.5 Wairarapa DHB's Mental Health & Addiction Services – Service Investments 2019, 2020, 2021

The Committee:

Noted the increase in investment in Mental Health and Addiction Services over the last 2 years of $1m.

Noted the services currently invested in by Wairarapa DHB for its population ($15.3m for 2020/21).

WAIRARAPA DHB ANNUAL PLAN 2020/21 - WORKPLAN			STATUS OPTIONS					
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				• Orange = completion of action delayed mitigation in place				
				• Red = completion of action delayed mitigation not expected to allow completion in 2020/21				
				• Grey = not applicable as the action is not expected to start until later.				
			★	*Use a red star to identify **one** action from each of the 5 Govt Planning Areas to be included on the DHB per*				
			Wairarapa DHB Key Response Actions to Deliver Improved Performance				MOH QUARTERLY UPDATE	
Section No	**Govt Planning Priority (Specific)**	**Activity No**	**DHB Activity**	**Milestones**	**Measures**	**EOA (Equity of Outcome Action)**	**Q4 STATUS**	**Q4 COMMENT**
	Engagement and obligations as a Treaty partner	2.5.1.1.1	1. Work in partnership with Māori to define and co-design the best mechanisms for Māori to participate and contribute to decision making in the WrDHB.	Q1-Q4: Refresh our current relationship documentation i.e. MOU's.	1. Survey Māori.			
		2.5.1.1.2	2. Review our policy platform and resolve any gaps related to the Treaty of Waitangi, and the Principles of the Treaty.	Q1: Complete review and fill any gaps in policy platform.	2. The proliferation of the Treaty of Waitangi in WrDHB policy.			
		2.5.1.1.3	3. Outline and execute a plan for the development of a comprehensive strategy to address Māori health needs within WrDHB.	Q1-Q3: Outline a staged approach for delivery of a Māori Health Plan. Approve a Māori Health Plan acceptable to Māori.	3. Survey Māori.			
		2.5.1.1.4	4. Provide specific training and upskilling for Board members and Senior Management on operationalising the Treaty in their collective work programmes.	Q1-Q4: Invest in specified training for Board members and Senior Management.	4. Survey Board & Senior management.			Avaliable, still to be organised with Iwi Kainga and carried forward to 21/22
	Māori Health Action Plan – Accelerate the spread and delivery of Kaupapa Māori services	2.5.1.2.1	1. Facilitate Māori health providers seeking to expand capacity and strengthen capability by:	Q3-Q4: Wānanga with Māori Health Providers.	1. Status Report.			
		2.5.1.2.1a	a. supporting Māori Provider Development Scheme (MPDS) applications					
		2.5.1.2.1b	b. supporting HWNZ Hauora Māori applications					
		2.5.1.2.1c	c. connecting to Hauora Māori scholarships					
		2.5.1.2.1d	d. promoting other development opportunities.					
		2.5.1.2.2	2. In partnership with Māori, define what Kaupapa Māori services are within the WrDHB	Q1: Wānanga with Iwi Māori to define Kaupapa Māori.	2. The definition is fit for purpose ad acceptable to Māori.			Will progress when Iwi are ready and will carry forward to 21/22
		2.5.1.2.3	3. Commission Iwi to design a Kaupapa Māori Framework for implementation across the WrDHB.	Q2-Q3: Draw up and implement a Kaupapa Māori Framework prescribed by local Iwi.	3. The Kaupapa Māori Framework is implemented as prescribed by Iwi Māori.			Will progress when Iwi are ready and will carry forward to 21/22

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			★	*Use a red star to identify **one** action from each of the 5 Govt Planning Areas to be included on the DHB per*				
			Wairarapa DHB Key Response Actions to Deliver Improved Performance				MOH QUARTERLY UPDATE	
Section No	**Govt Planning Priority (Specific)**	**Activity No**	**DHB Activity**	**Milestones**	**Measures**	**EOA (Equity of Outcome Action)**	**Q4 STATUS**	**Q4 COMMENT**
		2.5.1.2.4	4. Formulate a model of service commissioning that draws on the strengths of Māori Health Providers in the WrDHB region.	Q3-Q4: Wānanga with Māori Health Providers.	4. A Māori model of service commissioning is designed and implemented.			Burgeoning discussion with Rangitane PSGE around co-
		2.5.1.3.1	1. Continue the delivery of Treaty of Waitangi [TOW] training to all staff and investigate the opportunities to grow the training package	Q1-Q4: Continue TOW training. Q1: Provide options paper for a more comprehensive training package to CE & Board.	1. Attendance and survey staff experience.			TOW training continues as planned.

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				*Use a red star to identify **one** action from each of the 5 Govt Planning Areas to be included on the DHB per*				
			Wairarapa DHB Key Response Actions to Deliver Improved Performance				MOH QUARTERLY UPDATE	
Section No	**Govt Planning Priority (Specific)**	**Activity No**	**DHB Activity**	**Milestones**	**Measures**	**EOA (Equity of Outcome Action)**	**Q4 STATUS**	**Q4 COMMENT**
		2.5.1.3.2	2. Provide a training package that is tailored to the Board and Senior Managers.	Q4: Deliver new training package. Survey staff & Board members.	2. Options paper is supported and resourced.			

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2.5.1	Māori Health Action Plan – Shifting cultural and social norms	2.5.1.3.3	3. Investigate the opportunity to build the Māori health workforce with an emphasis on cultural advice.	Q1-Q2: Produce a description of the quality of input to the CE, Iwi Kainga and Board.	3. Attendance and survey experience.			
		2.5.1.3.4	4. Modify the WrDHB physical environment to be conducive to tikanga Māori.	Q2-Q4: Make necessary changes to agreements, mandates and positions.	4. Māori are at all levels and expectations are clear.			not progressed this year
		2.5.1.3.5	5. Incorporate aspect of tikanga Māori into the operating environment of the WrDHB.	Q1-Q3: Conduct a cultural audit. Q4: Report back on the outcome of a cultural audit to the CE, Iwi Kainga and Board. Q1-2: Secure theatre space and dental support.	5-7. An audit is conducted and reviewed. Culture change can be seen in the WrDHB.			On track with recruitment of Kaumatua into MHAIDs and Taurima into Maori Health team. However, a proper cultural audit will require specific expertise and there is no funding assigned to this
		2.5.1.3.6	6. Choose and install cultural signs and symbols to reinforce culture change.					
		2.5.1.3.7	7. Identify gaps in the fitness of the WrDHB workforce to deliver on culture change and partner with Māori.					

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		2.5.1.4.1	1. Implement a kaupapa Māori programme of work focussed on whānau during pregnancy out to the first thousand days of a child's life.					
		2.5.1.4.2	2. Investigate options for providing micro-suctioning to vulnerable children, Māori, Pacific and Low-Socioeconomic.				★	

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	P milestone	2.5.1.4.3	3. Survey South Wairarapa Māori leaders to better understand local solutions to hauora Māori.	Q1-4: Contract for service. Q1-4: Increase funding to programme. Q1-2: Secure theatre space and dental support.	Status report. Increased numbers accessing service			continue to make progress in 21/22
		2.5.1.4.4	4. Continue to invest in the Tapu Te Ha programme of work focussed on increasing Māori quit rates and smokefree kainga.					
		2.5.1.4.5	5. Design an improved dental service for the delivery of high needs surgical care to address long wait times for Māori, Pacific and Low-Socioeconomic children.					Short-term solution in place and longer term to be considered in 21/22
	Māori Health Action Plan – Strengthening system settings	2.5.1.5.1	1. Continue to provide support and engage with the Tihei Wairarapa Alliance.	Q1-Q4: Business as usual status report.	1. Survey Participants.			
		2.5.1.5.2	2. Investigate the opportunity to resource a multidisciplinary analytical and insights team focussed on Māori health and Equity.	Q1: Draw up draft terms of reference. Q2-Q4: Align with CE and implement.	2. Test with CE and Te Iwi Kainga.			
		2.5.1.5.3	3. Increase support to the Wairarapa DHB Whānau Ora Collective to deliver Whānau Ora on the ground in WrDHB.	Q1: Meet with the Whānau Ora Collective. Q2-Q4: Partner with the Whānau Ora Collective.	3. Survey Whānau Ora Collective members.			Will progress when Iwi are ready
		2.5.1.5.4	4. Work in partnership with Māori to define and co-design the best mechanisms for Māori to participate and contribute to decision making in the WrDHB.	Q1-Q4: Refresh our current relationship documentation i.e. MOU's.	4. Survey Māori.			
		2.5.1.5.5	5. Formulate a model of service commissioning that draws on the strengths of Māori Health Providers in the WrDHB region.	Q1-Q2: Wānanga with Māori Health Providers.	5. A Māori model of service commissioning is designed.			

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		2.5.2.1.1	1. Embedding a quarterly out years perspective as part of a continuous planning cycle (rather than once a year as part of the AP).	Q2				

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	Improved out year planning processes	2.5.2.1.2	2. Completing the strategic planning process with a Long Term Investment Plan (assets) driven by both a current state perspective as well as a future state perspective.	Q2	Status Update Reports			
		2.5.2.1.3	1. Identify effective people management systems to support increased data analytics and planning, including:	1a. Q4				This is connected to the upgrade of our Payroll system and the Holidays Act remediation. We are moving WrDHB payroll into CCDHB, once this is complete and system upgrades implemented we will be able to access better people data and analytics
		2.5.2.1.3a	a) Exit interview reporting.					This hasn't progressed as far as we would have liked because of other priorities and resourcing constraints. This will be looked at in 2021/22

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		2.5.2.1.3b	b) Increased access to and utilisation of people data by Managers.	1b. Q2				This is connected to the upgrade of our Payroll system and the Holidays Act remediation. We are moving WrDHB payroll into CCDHB, once this is complete and system upgrades implemented we will be able to access better people data and analytics
		2.5.2.1.4	2. Continue work on DHB Values specifically in relation to recruitment & on boarding of new staff.	2. Q2				
		2.5.2.1.5	3. Work with Managers to understand evolving new models of care in order to Support the business with future workforce needs.	3. Q1-Q4				
		2.5.2.1.6	Formally establish Tūhono (specialist Māori advice capability) inside the office of the Chief Executive to provide robust planning support from a kaupapa Māori perspective to inform decision making across the WrDHB work programme.	Q1: Finalise Terms of Reference, confirm investment, formalise membership	Terms of Reference are signed by the Board & Iwi Kainga by September 2020			
		2.5.2.2.1	1. Establishment of a Long Term Sustainability Action Group (LTSAG) to provide direction, oversight and decision making for continuous improvements of our financial sustainability aimed at achieving budget break even by financial year 2022/23.	1. Q1 LTSAG work plan in place. Q1-4: 2/3 Weekly action group meetings.	1. 3 years savings plan achieving budget break even by FY 2022/23.		★	

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2.5.2	Savings plans – in-year gains	2.5.2.2.2	2. Labour cost analysis and savings initiatives for increased efficiency, optimised sourcing and allocation and overall reduction of waste in using our workforce, through better planning, workflow and process management, use of (smart) technology and aligned roles and responsibilities.	2. Q1 Cost analysis done and savings initiatives included in LTSAG work plan. Q1-4: ongoing improvement per work plan.	2. Savings target set at $1.8m to be achieved in 3 years: Y1- $0.7m, Y2-$0.5m, Y3-$0.6m			Our financial performance for 20/21 is favourable to budget. Going forward ongoing analysis and actions required as part of the LTSAG work plan.
		2.5.2.2.3	3. Care protocol analysis and savings initiatives for improved efficiency in patient flow, workforce planning and reduction of avoidable intervention rates / IDF outflows etc. and collaboration with our primary care partners to lower unnecessary hospitalisation.	3. Q1 Cost analysis done and savings initiatives included in LTSAG work plan. Q1-4: ongoing improvement per work plan.	3. Savings target set at $1.8m to be achieved in 3 years: Y1- $1.0m, Y2-$1.0m, Y3-$1.2m			Our financial performance for 20/21 is favourable to budget. Going forward ongoing analysis and actions required as part of the LTSAG work plan.
		2.5.2.2.4	4. Clinical supply chain analysis and savings initiatives for reduction of waste through leveraging product change opportunities from PHARMAC hospital devices, implementation of Choosing Wisely program, trading disposables for reusable supplies, improving team/staff 'waste awareness'.	4. Q1 Cost analysis done and savings initiatives included in LTSAG work plan. Q1-4: ongoing improvement per work plan.	4. Savings target set at $1.9m to be achieved in 3 years: Y1- $0.6m, Y2-$0.6m, Y3-$0.7m			Our financial performance for 20/21 is favourable to budget. Going forward ongoing analysis and actions required as part of the LTSAG work plan.

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		2.5.2.2.5	5. Unfavourable contracts analysis and savings initiatives to improve performance by exiting contracts that no longer meet the strategic direction and/or meet the service customer requirements, better managing all contacts to agreed volumes and service levels, pursuing opportunities for smart local contract negotiations, partnering with other DHB's and blocking preferential physician supplies.	5. Q1 Cost analysis done and savings initiatives included in LTSAG work plan. Q1-4: ongoing improvement per work plan.	5. Savings target set at $3.3m to be achieved in 3 years: Y1- $1.0m, Y2-$1.0m, Y3-$1.3m			Our financial performance for 20/21 is favourable to budget. Going forward ongoing analysis and actions required as part of the LTSAG work plan.
		2.5.2.3	Please refer to out-year savings initiatives as presented in previous schedule ('in year savings') - Labour, Care Protocols, Supply / Waste, Unfavourable contracts	as above	as above			
		2.5.2.3.1	1. All vacancies reviewed for appropriate skill mix/profession to ensure position is configured for top of scope practice. Activities include:					
		2.5.2.3.1a	a) Analyse recruitment and selection practices (Q2)					

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	Savings plans – out-year gains	2.5.2.3.1b	b) Enhanced recruitment reporting established (Q3)	1. Q1-Q4	1. Quarterly Status Report.			Reporting is limited due to manual systems. Continually looking at opportunities to get informative data where possible.
		2.5.2.3.1c	c) Refine recruitment processes to improve quality of hiring decisions and skill match to role requirements (Q3-4)					
		2.5.2.3.2	2. Development and implementation of Allied Health career frameworks (CSSD, Pharmacy and Oral Health) working with central region Directors of Allied Health Scientific and Technical.	2. Q2-Q3	2. Quarterly Status Report.			

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		2.5.2.3.3	3. Continue to support Wairarapa Māori Health Directorate with implementation of Kia Ora Hauora, including identifying graduates who have completed the program as potential employees of the DHB.	3. Q1-Q4	3. Quarterly Status Report.			
	Working with sector partners to support sustainable system improvements	2.5.2.4.1	1. Working in partnership with our health sector colleagues and refining practices and processes to provide seamless support for whānau.	1. Q1-4: Documented practice/ process changes.	1. Status report.			
		2.5.2.4.2	2. Co-design and contract our Māori providers to deliver a programme focussed on whānau ora centred on creating the best start in life for tamariki mokopuna.	2. Q1-2: Contract for services with Māori health provider as defined by Māori.	2. Prototype project implemented over 2 years.			
		2.5.2.4.3	3. Working in partnership with Māori health providers extend the healthy homes project to include a greater number of vulnerable whānau.	3. Q1-2 Contract Whaiora Whanui to increase volume and quality of delivery of the Kainga Ora project to vulnerable whānau.	3. Prototype project implemented over 2 years.			
		2.5.2.4.4	4. Investigate opportunities to build a closer relationship with the Pacific community representatives in order to improve service delivery to whānau Pacifica.	4. Q1-2: With the guidance of the Pacific leaders invest in an FTE to provide engagement with whānau Pacifica.	4. Meetings held.			
		2.5.3.1.1	1. Implement the National Hauora Coalition Generation 2040 initiative across primary care.	1. Q1–Q4 Practice and Midwifery Engagement; practices implementing initiative.				Full implementation carried forward to 21/22
		2.5.3.1.2	2. Provide a kaupapa Māori training opportunity for local midwives to engage with whānau Māori on local marae using traditional art forms (weaving) as a vehicle of antenatal teaching and learning. **(EOA)**	2. Q1-Q4 Provide at least 3 opportunities for midwives to engage directly with whānau Māori on local marae.		EOA (Equity of Outcome Action)		
		2.5.3.1.3	3. Undertake a review of Māori Health Services within the Wairarapa DHB region and include Maternity Services and Midwives. **(EOA)**	3. Q1-Q2 Design of a Māori Health Services Review including maternity services.		EOA (Equity of Outcome Action)		

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	Maternity and Midwifery workforce	2.5.3.1.4	4. Co-design and deliver a marae based kaupapa Māori antenatal programme to deliver to Māori women and their whānau.	4. Q1-Q2 Co-design of a kaupapa Māori antenatal programme. Q3-Q4 Delivery of a kaupapa Māori antenatal programme.	Number of Early Pregnancy Assessments completed for Hapū Mama of Māori pēpi / Closer relationships with whānau Māori and marae communities / Numbers of whānau attending the programme / Numbers of midwives engaging with the hapūtanga programme / Increase in the understanding of local midwives of the needs of Māori women and their whānau / Co-design (Māori & Midwifery) of a programme for delivery whānau Māori / A Māori Health Service Review includes maternity services.		★	
		2.5.3.1.5	5. Participate in the joint sub-regional Maternity Quality Safety programme (MQSP), which will develop an action to reduce pre-term births. The action will be informed by retrospective data collection and research undertaken in 2019/20 on reducing the preterm birth rate for Māori women over a 5-year period. **(EOA)**	5. Q2-Q4		EOA (Equity of Outcome Action)		
		2.5.3.1.6	6. WrDHB is committed to producing a Midwifery Workforce Strategy document that will: ensure engagement with education providers to ensure undergraduates have support for clinical placements in the rural setting, provide the opportunity for a new-graduate position annually and foster relationships with new-graduates at CCDHB and HVDHB and the option of a period of time in these facilities in a supported role for exposure to complex care, Ensure midwifery workforce have capacity and capability to be responsive to Māori and continue to recruit Māori midwives with a process that values their cultural and clinical expertise and thus enhancing kaupapa Māori.	6. Q2-Q4				New Graduates invited to be part of CCDHB new-graduate programme. Supporting student midwives from Otago and Victoria University, increased numbers wanting to come on placement here.
		2.5.3.1.7	7. Continue to manage fluctuation in service demands with the ability to explore options for addressing the seasonal impacts such as over the November – February period. Flexibility to expand Antenatal care is provided by the newly appointed Antenatal clinic FTE, with labour/birth covered by identified LMC's/Core midwives with scope to claim under section 88 or additional staffing on maternity will ensure service coverage.	7. Q2-Q4				Fluctuation changing dramatically for midwifery workforce. The need to be creative with DHB primary caseload is necessary as numbers registered now are the highest on record.

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	Maternity and early years	2.5.3.2.1	1. Design and implement a tailored and targeted two [2] year prototype of a Hapūtanga - *first thousand days programme,* by, with and for whānau Māori, focussed on the journey through pregnancy and the first few crucial years of life for a child.	1. Q1-4: Contract Māori provider to deliver and evaluate.	Feedback from Māori / Numbers of whānau attending the programme / Numbers of midwives engaging with the hapūtanga programme / Increase in the understanding of local midwives of the needs of Māori women and their whānau / Co-design (Māori & Midwifery) of a programme for delivery whānau Māori / Immunisation rates / B4SC rates / Number of families engaged with TOWC services / A Wairarapa provider completes and implements a plan for SUDI in Wairarapa			
		2.5.3.2.2	2. Design and implement a child health coordination service within primary care that tracks children from birth through to aged 5. The service will ensure all Wairarapa children are connected to and accessing the health services and screening required to live a happy health life. Māori, Pacific and those living in the most deprived areas will be priority.	2. Q1-4: Establishment of the service 2. Q2-4: Implement Child Health Coordination Service.				
		2.5.3.2.3	Co-design and write a tailored and targeted plan for SUDI, by, with and for whānau Māori in the Wairarapa based around the wahakura, mareikura and whatukura. The plan titled Kura Pounamu will use kaupapa Māori pedagogy to provide SUDI education and support to whānau.	3. Q1 Set up a Wairarapa provider / Q2 Contract a Wairarapa provider to deliver a plan for SUDI / Q3-4 Start the implementation of the plan				
		2.5.3.3.1	1. Continue implementation of the Wairarapa Childhood Immunisation plan which includes proactive automatic referral to outreach services for babies where the family is not engaged in immunisation via their primary care practice.	1. Q1-4				
		2.5.3.3.2	2. Integrated Childhood Immunisation Services (both NIR and outreach services) with the new Child Health Coordination Service.	2. Q1-4				

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	Immunisation	2.5.3.3.3	3. Purchase an FTE over the next 24 months to provide engagement with Pacific communities in order to increase the uptake and likelihood of accessing Pacific whānau especially hard to reach whānau.	3. Q1: Engage with the Pacific leaders to design an role that is suitable for the Pacific community. Q2: Fund a role alongside the PHO to focus on Pacific communities and access to screening and early treatment services. Q2-Q4: Support the new Pacific role to engage whānau Pacific.	8 month immunisation rates / 24 month immunisation rates / 5 year old immunisation rates / Pacific Leaders endorse the WrDHB to fund Pacific role / Pacific Leaders confirm the successes in accessing whānau Pacific / We understand what has worked in the past for whānau Māori.			

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2.5.3		2.5.3.3.4	4. Engage with the Wairarapa Māori Womens Welfare League to understand the lessons that have been learnt in increasing immunisation rates amongst Māori communities and seek advice about future immunisation programmes targeting Māori.	4. Q1-Q4 Discuss immunisation with the Wairarapa Māori Womens Welfare League.				
	School-Based Health Services	2.5.3.4.1	1. WrDHB will provide quantitative reports in Q2 and Q4 on the implementation of **school based health services (SBHS)** in decile 1-5 secondary schools, including Chanel College (decile 5), the teen parent unit and alternative education facilities as well as additional schools with DHB funded SBHS. **(EOA)**	1. Q2 & Q4	CW12 / New Youth Health Service contract in place / Group established / Strategy approved / Clinic opened / Contract in place / New service in place.	EOA (Equity of Outcome Action)		
		2.5.3.4.2	2. WrDHB will continue to implement **Youth Health Care in Secondary Schools**, including developing an integrated Wairarapa-wide Youth Health Service which will work across a variety of settings, including supporting decile 6 and 7 colleges.	2. Q3				
		2.5.3.4.3	3. WrDHB will provide quarterly narrative reports on the actions of the **Youth SLA** to improve the health of the DHB's youth population. Headline actions for 2020/21 include:	3. Q1 – Q4				
		2.5.3.4.3a	a) Re-form the existing Child and Youth SLA to a Youth Health Advisory Group	a)Q1				
		2.5.3.4.3b	b) Refresh the DHB Youth Health Strategy	b)Q2				carried over to 21/22
		2.5.3.4.3c	c) Relocate the Youth Kinnex Clinic	c)Q3				
		2.5.3.4.3d	d) Commence establishment of the integrated Youth Health Service	d)Q4				

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		2.5.3.4.4	4. Subject to new MOH funding, WrDHB will contract for **additional mental health support** to work in SBHS, including Wairarapa College. **(EOA)**	4. Q4		EOA (Equity of Outcome Action)		

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	Family violence and sexual violence	2.5.3.5.1	1. Increase awareness and implementation of the Violence Intervention Programme (VIP) across the DHB by;		CW: Child wellbeing measures / Whānau violence is discussed on marae in an antenatal programme setting / Whānau violence is a key feature of the suicide prevention and postvention plan.			
		2.5.3.5.1a	a) Developing a policy to support DHB Staff impacted by family violence	1a. Q2-3				Employees Impacted by Family Violence policy endorsed Feb 2021 and implemented over Q4.
		2.5.3.5.1b	b) Implement a Peer support group for DHB staff, impacted by violence, professionally or personally on a monthly basis	1b. Q2-3 to develop pilot framework. Q3 – to hold first meeting.				Formal peer support group not progressed to date. Mitigation in place focuses on 1:1 support when an employee need is identified, via VIP pathways already in place.
		2.5.3.5.1c	c) For senior leaders within the WrDHB to complete the VIP training programme within the year.	1c. Q4 – For 50% of ELT to have completed VIP training.				Progress has been made with ELT attending VIP training, however turnover within ELT has impacted achievement of planned target of 50%. This will be carried over into 21-22 year.
		2.5.3.5.2a	2. Provide a culturally appropriate, effective and timely response to those affected by family violence by strengthening relationships and creating clear pathways for clinicians to effectively utilise services available for Māori. This will be achieved by;					

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		2.5.3.5.2b	• Hui with kaumātua to explore how we can better support/ work alongside whānau members when they present to ED after a family harm incident.	2. Q1-4 (ongoing) Hui being held with kaumātua				
		2.5.3.5.2c	• Explore the possibility of partnering with iwi services in providing support when whānau present at hospital due to family violence.					Invitations to be sent to iwi health providers to come together to discuss services and capacity by 20 Aug 2021.
		2.5.3.5.3	3. Incorporate whānau violence into a comprehensive antenatal programme that is kaupapa Māori and marae based.	3. Q1-Q4 understanding whānau violence is a feature of a kaupapa Māori antenatal programme				

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		2.5.3.5.4	4. Incorporate whānau violence into a comprehensive suicide prevention and postvention plan across the Wairarapa with an initial focus on Wairarapa Rugby Union Clubs.	4. Q1-Q4 Plan for suicide prevention and postvention includes a focus on whānau violence and trauma.				
		2.5.4.1.1	**1) Placing people at the centre of all service planning, implementation and monitoring programmes:** Work with co-design principles to ensure lived experience from service users and family / whānau is incorporated into planning and development, and seek regular input into key strategic and transformational projects from the 3DHB Lived Experience Advisory Group (LEAG). The LEAG membership is diverse and includes members who represent Māori, Pacific, youth and rainbow communities. In addition to providing feedback into key pieces of work the Co- chairs have agreed to add a recruitment function (for key roles) to their work programme for 20/21. (3DHB). Strengthen the link between LEAG and provider arm clinical services consumer advisor roles with a specific goal of supporting greater service user leadership in monitoring consumer rights in clinical services. Continue to work closely with the Māori, Pacific and Disability directorates, and with groups that support service development for priority populations to support the delivery of their respective strategic priorities in relation to MH& Addictions. This includes: Continue to work closely with the Māori, Pacific and Disability directorates, and with groups that support service development for priority populations to support the delivery of their respective strategic priorities in relation to MH& Addictions. This includes: The Wairarapa Youth Health Advisory Group, Te Iwi Kainga (Māori relationship Board) & the Sex and Gender	1. Q1 – Q4				
		2.5.4.1.2	**2) Embedding a wellbeing and equity focus (EOA):**			EOA (Equity of Outcome Action)		

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		2.5.4.1.2a	a) WrDHB will provide support to Māori providers responding to the Ministry of Health Primary mental Health and Addictions RFP. The DHB will also support implementation of any new initiatives. These actions are subject to MoH funding. **(EOA)**	2a. Q1 - 4		EOA (Equity of Outcome Action)		
		2.5.4.1.2b	b) Subject to Ministry of Health funding, WrDHB will support the development of a kaupapa Māori youth primary mental health team which will work across a range of youth specific settings ,including school based services and the youth health clinic. **(EOA)**	2b.Q1 – Q4		EOA (Equity of Outcome Action)		
		2.5.4.1.2c	c) WrDHB will work with providers working with young people to develop of an integrated youth health team, which is able to provide services in a range of settings appropriate to young people **(EOA).**	2c. Q2		EOA (Equity of Outcome Action)		
		2.5.4.1.2d	d) We will partner with our intersectoral and education partners to develop an integrated community approach to developing resilience and wellbeing in families and schools.	2d. Q1 – Q4				
		2.5.4.1.2e	e) We will build on the DHB's Strategic Plan to develop a Wellbeing Plan, including addressing mental health needs across our system.	2e. Q1 – Q4				
		2.5.4.1.3	**3) Increasing access and choice of sustainable, quality, integrated services across the continuum:**					

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		2.5.4.1.3a	a) Refresh the terms of reference and work programme of the Wairarapa Mental Health and Addictions Leadership Group, to provide oversight of initiatives to better integrate mental health and addictions services across the continuum.	3a. Q1				
		2.5.4.1.3b	b) Along with CCDHB and HVDHB, WrDHB is a member of the recently established Greater Wellington Regional Collaborative (GWRC) which has been established to support the implementation of the integrated primary mental health and addictions service (Te Tumu Waiora model) which will improve access into primary care/GP services for those presenting in distress. GP practices with high Māori, Pacific, Youth and rural populations will be prioritised in the first tranche. (3DHB)	3b. Q4				
		2.5.4.1.3c	c) Implement additional psychiatrist position to the MHAIDS GP Liaison service to support, and provide advice to GPS in the Wellington, Hutt Valley and Wairarapa areas.	3c. Q4			★	
		2.5.4.1.3d	d) WrDHB will work with local and sub-regional providers to align and streamline psychological therapies services in primary care (Piki, Te Tumu Waiora, To Be Heard).	3d. Q4				
		2.5.4.1.3e	e) Implement the 'Acute Continuum of Care' to better match need to service provision, enhance coordinated service provision across a range of providers, and improve integration and patient flow through the system both locally and across 3DHBs. This will include supporting prioritised pathways for responding to Māori mental health needs. (3DHB)	3e. Q4				carried over to 21/22
		2.5.4.1.3f	f) Collaborate with CCDHB and HVDHB to consider options for an integrated community mental health and wellbeing hub model that will provide a timely response at a local community level to those who present in distress (3DHB).	3f. Q2 – 4				carried over to 21/22
	Mental Health and Addiction System Transformation	2.5.4.1.4	**4) Suicide prevention:**		MH01, MH02, MH03, MH05, MH06 Status Update reports			

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		2.5.4.1.4a	a) Develop and begin implementation of a 3DHB suicide prevention and postvention plan. This plan and subsequent actions will incorporate goals from the national suicide prevention strategic plan 'Every Life Matters', and will focus on population groups at higher risk of suicide. **(EOA)** (3DHB)			EOA (Equity of Outcome Action)		
		2.5.4.1.4b	b) Streamline and improve data collection and reporting on suicide numbers/self-harm presentations across the 3DHBs. This will include standardising documentation and electronic data capture to reflect sector standards. (3DHB)					
		2.5.4.1.4c	c) Design a programme of work alongside the UCOL STAR team to target vulnerable youth and young adults, specifically LGBTQ and the rainbow community					carried forward 21/22
		2.5.4.1.4d	d) Co-ordinate and build a strong network of peer supporters by offering free local training (e.g. Custodians of Hope, Life Keepers, LEVA, Blueprint for Mental Health and Addictions 101, Suicide First Aid Training)					

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2.5.4		2.5.4.1.4e	e) Investigate opportunities to have promotional speakers come to Wairarapa and provide keynote address such as: Dr Rose Pere, Sir Mason Durie	4. Q1-Q4				
		2.5.4.1.4f	f) Design a plan of work alongside the business community to address suicide and suicide awareness within the local business community. Starting with education for Health and Safety co-ordinators and Management (e.g. JNL, Loaders Engineering, Fulton Hogan, Farming, Forestry)					
		2.5.4.1.4g	g) Work alongside the Wairarapa Bush Rugby Union Chief Executive to design a suicide prevention programme for Clubs, Captains, Management and Staff.					
		2.5.4.1.4h	h) Liaise with local Schools, Alternate Education, & Kura to support policy writing and implementation					
		2.5.4.1.4i	i) Bolster the WAVES programme locally through the current provider Supporting Families					
		2.5.4.1.4j	j) Work alongside and fund the rural trust to target and tailor psychosocial services to the farming community					Rural Trust not ready to increase capacity
		2.5.4.1.4k	k) Train more peer support advocates in order to offer more support to those in need within the community					
		2.5.4.1.4l	l) Investigate the formation of a more comprehensive and co-ordinated approach to Suicide Prevention and Postvention within the region					
		2.5.4.1.4m	m) Implement a fundraising event promoting Mens Mental health alongside Brett Kenny and the RapaNats. A drifting event to be held at the Drag Park Motorplex in Masterton					due to COVID 19 issues this will not happen this year

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		2.5.4.1.5	**5) Workforce:** a) Undertake workforce planning in partnership with NGO providers, including the development of a collective workforce development plan that will consider opportunities for investment. The plan will also include support for NZQA recognised peer support training, and links with training institutions.	5. Q1-Q4				carried forward to 21/22
		2.5.4.1.6	**6) Forensics:**					
		2.5.4.1.6a	a) Work with the Ministry to improve and expand the capacity of forensic responses from Budget 2020.	6a. Q1 – 4				
		2.5.4.1.6b	b) Contribute, where appropriate, to the Forensic Framework project.	6b. Q1 - 4				
		2.5.4.1.7	**7) Commitment to demonstrating quality services and positive outcomes:**					
		2.5.4.1.7a	a) Support and contribute to the National KPI Programme, established to focus on improvements in specific Key performance indicators. Whānau Engagement- Adult services are focusing on improving Whānau engagement across the services by establishing practise standards, auditing against those standards, and using data to inform improvement work.	7a. Q2 – 4				

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		2.5.4.1.7b	b) Undertake a Connecting Care project, which focuses on service transitions and the coordinated transfer of care between one health care or social service provider and another. The project aims to ensure that mental health and addiction service consumers receive continuous quality care between providers.	7b. Q2 – 4				
		2.5.4.1.7c	c) Implement a Creating Safety Through Practice project to improve the way we learn from adverse events. This project will engage all stakeholders and improve the experience of consumers, family and whānau and staff involved in an adverse event, as well as supporting DHBs to define a consistent approach to responding to events which result in harm or have the potential to. The focus is on improving the review process to ensure we review events appropriately and in a timely way. We will also be looking at how we action any resulting recommendations.	7c. Q2 - 4				
		2.5.4.2.1	1. **Toward Zero Seclusion (TZS)** Complete TZS the National collaborative between District Health Board (DHB) teams, mental health and addiction service consumers, the Health Quality & Safety Commission and Te Pou o te Whakaaro Nui (Te Pou), towards the elimination of seclusion by 2020 (3DHB – MHAIDS). **Note:** There is no inpatient service in the Wairarapa. Wairarapa domiciled patients are treated at either HVDHB or CCDHB and if a Wairarapa patient is secluded they are counted in the HV or CC DHB figures.	1. Q1-Q4				
		2.5.4.2.2	2. **Improving Māori and Pacific Health Workforce** Grow the Māori and Pacific workforce by increasing the number of scholarships offered to support workers and administrators to engage in the Bachelor of Nursing Programme. Increase the number of New Entrant to Specialist MH positions in Mental Health and Addictions and target Māori and Pacific graduates. **(EOA)**	2. Q2 and Q4		EOA (Equity of Outcome Action)		

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	Mental health and addictions improvement activities	2.5.4.2.3	3. **Marama RTF** Complete implementation of the Marama Real Time Feedback project to collect client and Whānau experience of the service in real time. Data collected will inform service performance and improvements.	3. Q2	MH02, MH05, Status Update Reports			
		2.5.4.2.4	4. **Client Pathway** Continue to develop and implement quality improvements for the He Ara Oranga (client pathway), ensuring best practise standards and high quality care for clients while providing visibility of digital client records that are accessible to GPs	4. Q3				
		2.5.4.2.5	5. **ICT** Implementation of the MH digital and data Intelligence projects, advancing and enabling an integrated system across the 3 DHBs, improved visibility, monitoring, and reporting through technology.	5. Q2				
		2.5.4.2.6	6. **Learning from Adverse Events** Creating safety through practice – improving the way we learn from adverse events. This project is engage all stakeholders and improve the experience of consumers, family and whānau and staff involved in an adverse event, as well as supporting district health boards (DHBs) to define a consistent approach to responding to events which result in harm or have the potential to. Focus is on improving the review process to ensure we review events appropriately and in a timely way. We will also be looking at how we action any resulting recommendations.	6. Q4				
		2.5.4.2.7	7. **Talking Therapies** A project to increase the skills of current staff to deliver strong evidence based talking therapies and to improve access for clients to those therapies	7. Q2 & Q4				

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		2.5.4.2.8	8. **Supporting Parents Healthy Children** A project that aims to support MHAIDS to develop a workforce that is confident and competent to have conversations with people about their parenting and their children; knows about the SPHC resources and links to local parenting and community supports and services; is able to recognise and respond to the needs of children and their family and Whānau	8. Q2 & Q4				
		2.5.4.2.9	9. **DNAs** Younger persons services are focusing on reducing the number of non-attendances (DNA)	9. Q2 & Q4				

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	Addiction	2.5.4.3.1	1. Complete the 3DHB AOD Model of care and priority pathways for Māori, Pacific, Youth, Rural and Remote areas, and Severe AOD. **(EOA)** (3DHB)	1. Q3	MH03	EOA (Equity of Outcome Action)		
		2.5.4.3.2	2. Investigate Māori provider reporting options that ensure accurate reporting of waiting times and facilitate alignment with Whānau ora activities.	2. Q1				
	Maternal mental health services	2.5.4.4.1	In 2020/21, we will develop and expand existing maternal mental health services through the following activities: 1) Implement Hapu Wananga service, including parenting support that engages the mother and her whānau from conception through to the first thousand days of a child's life. **(EOA)**	1.Q1 – Q4	Status Update Reports	EOA (Equity of Outcome Action)		
		2.5.4.4.2	2 Consider options to improve effective access to services according to presenting need, and enhance service integration to ensure the seamless transition of	2. Q1 – Q4				
	Environmental sustainability	2.5.5.1.1	1. Reviewing our car fleet (57 vehicles) to reduce average fleet CO2 emissions by 20% by migrating to hybrid or electronic vehicles and having fewer vehicles	1. Q1: Analysis done, Q2-Q4: Fleet reduction, Q2-Q4: car fleet replaced with hybrid or EV	10 cars less, 20% lower car fleet emissions, 65 e-bike purchases (10% of staff)			
		2.5.5.1.2	2. Employer e-bike purchase support scheme for our employees to help lower our carbon footprint and our staff to stay healthy.	2. Q1 E-bike program completed				
	Antimicrobial Resistance (AMR)	2.5.5.2.1	1. Update 3DHB antimicrobial empiric therapy guidelines	1. Q2	Status Update Reports			
		2.5.5.2.2	2. Surveillance of antimicrobial usage, including annual inpatient consumption report and point prevalence survey.	2. Q3				
		2.5.5.2.3	3. Continue surveillance of multidrug resistant organisms and Clostridium difficile.	3. Q1-4				

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		2.5.5.2.4	4. Maintain hand hygiene compliance above 80 percent across Wairarapa Hospital.	4. Q1-4			★	
		2.5.5.2.5	5. Provide education on AMR and IPC to primary care and residential care services through a study day and continuing medical education sessions.	5. Q2				
		2.5.5.3.1	1. Provide a drinking water programme as per the Environmental and Border Health Exemplar for Public Health Units. (RPH) (Core function -health protection)	Q1-4				Completion of action delayed due to COVID-19 and influenced by the planned transfer of responsibilities to Tuamata Arowai. Implementation will continue during 2021/22 and is expected to return to on track during that period.

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	Drinking water	2.5.5.3.2	2. Use a Drinking Water Plan to identify and target vulnerable populations (including communities with high Māori and Pacific peoples populations. (RPH) (Core function -health protection) **(EOA).**	Q1-4	Status update report Q2 and Q4 (and as per environmental and border health exemplar). Number, quality and usability of Public Health Risk Management Plans (PHRMP's). Public Health Risk Assessments endorsed by local iwi.	EOA (Equity of Outcome Action)		Completion of action delayed due to COVID-19. Implementation will continue during 2021/22 and is expected to return to on track during that period.
		2.5.5.3.3	3. Visit all marae throughout the region to discuss their Drinking Water Plans (RPH) (Core function -health protection) **(EOA).**	Q1-4		EOA (Equity of Outcome Action)		Completion of action delayed due to COVID-19. Implementation will continue during 2021/22 and is expected to return to on track during that period.
		2.5.5.3.4	4. Undertake a Drinking Water Plan alongside Ngāti Kahungunu and Rangitāne to understand iwi perspective on water values and cultural impacts (RPH) (Core function -health protection) **(EOA).**	Q1-4		EOA (Equity of Outcome Action)		Completion of action delayed due to COVID-19. Implementation will continue during 2021/22 and is expected to return to on track during that period.
		2.5.5.4.1	1. Undertake activities as per the Environmental and Border Health Exemplar for Public Health Units including hazardous substances; border health; emergency planning and response; resource management, regulatory environments and sanitary works; and other regulatory issues (also refer to the drinking water section). (RPH) (Core function -health protection)	Q1-4				

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	Environmental and Border Health	2.5.5.4.2	2. Use public health risk assessment to identify and target vulnerable populations (including communities with high Māori and Pacific people's populations. (RPH) (Core function -health protection) **(EOA)**	Q1-4	Status update report Q2 and Q4 (and as per environmental and border health exemplar). Number, quality and usability of PHRMP's.	EOA (Equity of Outcome Action)		Completion of action delayed due to COVID-19. Implementation will continue during 2021/22 and is expected to return to on track during that period.
		2.5.5.4.3	3. Visit all marae throughout the region to discuss their Public Health Risk Management Plans [PHRMP] (RPH) (Core function -health protection) **(EOA)**	Q1-4		EOA (Equity of Outcome Action)		Completion of action delayed due to COVID-19. Implementation will continue during 2021/22 and is expected to return to on track during that period.
		2.5.5.5.1	1. Update DHB Food and Beverage Guidelines to align with National Healthy Food and Drink Policy (drinks will remain stricter than the national policy). (Including RPH).	Q2	Status update: Q2 and Q4. Water-only polices and food policies consistent with guidelines.			delayed due to RPH focusing on COVID 19
		2.5.5.5.2	2. Develop a standard clause stipulating an expectation that service providers have a Healthy Food and Drink Policy covering all food and drinks sold on site/s and provided by their organisation to clients/service users/patients, staff and visitors.	Q2				
		2.5.5.5.3	3. Include the standard clause in all contracts and licences to occupy, as and when these contracts are agreed or renewed. The clause will becomes a standard inclusion in procurement and property related templates.	Q2-4				
		2.5.5.5.4	4. Work with food service providers operating on site at Wairarapa DHB to ensure that they are 100% compliant with the updated Food and Beverage Guidelines by Q4.	Q4				

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	Healthy food and drink	2.5.5.5.5	5. Work in partnership with Sport Wellington and the Ministry of Education to provide the Healthy Active Learning programme to schools and early learning services, with a continued emphasis on (a) water-only and (b) low decile schools with higher numbers of Māori and Pacific students. Report on the number of Early Learning Services, primary, intermediate and secondary schools that have current water-only (including plain milk) policies and healthy food policies (that are consistent with the Ministry of Health's Eating and Activity Guidelines**. (EOA)** (RPH) (core function - health promotion).	Q1-4		EOA (Equity of Outcome Action)		Completion of action delayed due to COVID-19. Implementation will continue during 2021/22 and is expected to return to on track during that period.
		2.5.5.5.6	6. Provide healthy food and drink promotion to all local kohanga reo and kura kaupapa Māori in te reo Māori. **(EOA)** (RPH) (core function - health promotion)	Q1-4	Q4: Ability to deliver messaging in Te Reo Māori to Kohanga Reo and Kura Kaupapa Māori.	EOA (Equity of Outcome Action)		Completion of action delayed due to COVID-19. Implementation will continue during 2021/22 and is expected to return to on track during that period.

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	Smokefree 2025	2.5.5.6.1	1. Undertake compliance and enforcement activities relating to the Smokefree Environments Act 1990. (RPH) (core function – health protection)	1. Report in Q2 and Q4.	1. Number of compliance and enforcement activities. 2. Survey Māori			
		2.5.5.6.2	2. Promote access to stop smoking services, particularly for priority populations (including RPH) (core function- health promotion) **(EOA)**	2. Report in Q2 and Q4.		EOA (Equity of Outcome Action)		
		2.5.5.6.3	3. Provide administrative support and resource to the *hapūtanga first thousand days* project alongside a Māori Health Provider and Tū Ora Compass Health.	3. Q1-4.				
		2.5.5.6.4	4. Continue to support the implementation of Tapu te Hā the WrDHB Tobacco Control Plan.	4. Q1-4.				
		2.5.5.6.5	5. Work with hapū wāhine and Māori to co-design wrap-around stop smoking services that will work for them.	5. Q1				
		2.5.5.6.6	6. Continue Hapu Mama stop smoking incentive programme.	6. Q1-Q4				
		2.5.5.6.7	7. Review the Kohanga Reo initiative co-designed to support Kaiako to quit smoking using the concept of shared medical appointments/group work integrated with the local stop smoking service.	7. Q1				

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2.5.5		2.5.5.6.8	8. Implement place based solutions to support Māori to quit smoking i.e. kura, sports clubs and kapa haka.	8. Q2-Q4				
		2.5.5.6.9	9. Review the smoke free outdoor dining café initiative led by the Cancer Society in terms of resourcing.	9. Q1				
		2.5.5.6.10	10. Continue to support smoking brief advice and cessation support delivered by community pharmacy.	10. Q1-Q4				
		2.5.5.6.11	11. Continue to report on the Vital Few.	11. Q1-Q4				
		2.5.5.7.1	1. Regional Screening Services will continue to provide six **weekend breast-screening** clinics at each of the DHBs and aim to screen a target of 40 women at each clinic (dependent on medical imaging technologist resource). (Also a Cancer Services activity) (2DHB).	1. Q2: 2 weekend breast screening clinics will occur by December 2020.				
		2.5.5.7.2	2. Regional Screening Service will implement more regular monthly **evening breast-screening** clinics during the working week and aim to screen a target of 15-20 women at each clinic (dependent on medical imaging technologist resource). (2DHB).	2.Q1-Q4: Regular late clinics on the mobile at Wairarapa				

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	Breast Screening	2.5.5.7.3	3. To support the national (BreastScreen Aotearoa) two-year pathway to achieve the 70% **screening target for Māori and Pacific women**, Regional Screening Services' recruitment and retention team will aim to support as many additional Māori and Pacific women as possible who are overdue or unscreened to attend a breast screening clinic. **(EOA)** (2DHB) Across the 3 DHBs ----R&R home visit hard to reach overdue and unscreened priority women. Transport to screening appointments and assessment is also provided if needed. We will continue to invite and **support overdue and unscreened women** to breast screening sessions and work in partnership with clients to find appointment days and times that best suit them. R&R refer priority women to ISP's who have contracts with the NSU or the RSS. There is no ISP for the Wairarapa DHB to refer to which is a gap for equity. However we are in the process of supporting the PHO with funding for FTE to address this in order to provide a Wairarapa based support to screening service	3.Q4: Support PHO to employ a support to screening role to engage Māori and Pacific in Wairarapa	A qualitative status update report will be provided on the progress of all activities in Q2 and Q4 which will include Breast screening and DNA rates by ethnicity with an aim to achieve 70% coverage.	EOA (Equity of Outcome Action)		Support role has been busy with COVID 19 but will focus more on this activity in year 21/22
		2.5.5.7.4	4. Regional Screening Services will use the results of the BreastScreen Central Mammography Project to inform changes enabling provision of the most effective and efficient way of **increasing access to breast screening services,** with a particular focus on improving access for Māori and Pacific women. The project will look at additional fixed sites and/or a replacement mobile unit. **(EOA)** (2DHB).	4. Q2: RSS has agreement to establish a fixed screening site in Wairarapa by December 2020		EOA (Equity of Outcome Action)		
		2.5.5.7.5	5. Regional Screening Services will continue to trial same day biopsies and first specialist appointments at the breast symptomatic clinic to facilitate access and faster cancer treatments depending on surgeon and radiologist resource. (Also a Cancer Services activity) (2DHB).	5. Q1: Hutt base will support one stop shop clinic for Wairarapa clients by September 2020.				

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	Cervical Screening	2.5.5.8.1	1. Regional Screening Services will continue to **promote the key messages** around the importance and benefits of cervical screening by attending events where priority populations gather, and educating and supporting women into the screening pathway.	Q1-Q4	NCSP Coverage Reports. Status Update Report of events and outcomes in Q2 & Q4. Report on Practices Data-matched. Align to Māori Health Plan			
		2.5.5.8.2	2. Regional Screening Services will **increase linkages with general practices** in the Wairarapa region and will work with them using data matching reports to identify and offer support to priority group Māori, Pacific, and Asian women who are unscreened and under screened**. (EOA)** (Also a Cancer Services activity)	Q1-Q4		EOA (Equity of Outcome Action)		
		2.5.5.8.3	3. Invite and support overdue and unscreened women to **combined breast and cervical screening** Saturdays. **(EOA)** (Also a Cervical Screening activity and a Cancer Services activity)	Q1-Q4		EOA (Equity of Outcome Action)		
		2.5.5.8.4	4. Provide Support to Services i.e. transport and support for women to Colposcopy Services, follow-up of overdue and not screened women identified via the PHO Data Match Reports.	Q1-Q4				
		2.5.5.9.1	1. Provide analytical support to by developing trends and insights for decision making from using hospital and emergency department data. (RPH) (core function – health assessment and surveillance).	1. Q1-4				

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	Reducing alcohol related harm	2.5.5.9.2	2. Provide health protection activities relating to the Sale and Supply of Alcohol Act 2012. (RPH) (core function – health protection).	2. Q2 and 4 as per health protection reporting template	Status update: Q2 and Q4			
		2.5.5.9.3	3. Influence policies related to reducing alcohol related harm, e.g. Councils' local alcohol policies. (RPH) (core function – health promotion).	3. Q1-4				
		2.5.5.9.4	4. Support communities to have a voice in local alcohol licensing decisions, alcohol and drug policy and legislation development. Communities with a high proportion of Māori, Pacific, or people on low incomes are prioritised**. (EOA)** (RPH) (core function – health promotion).	4. Q1-4		EOA (Equity of Outcome Action)		
		2.5.5.9.5	5. Continue implementing the PHO led multi-agency what about you campaign focusing in on Rugby clubs.	5. Q1-Q4				
	Sexual health	2.5.5.10.1	1. Provide information and advice to communities and health providers for sexually transmitted infections (STIs) outbreaks. (RPH) (core function – health promotion)	Q1-Q4	Status update: Q2 and Q4			
		2.5.5.10.2	2. Lead collaboration with relevant sexual health services and stakeholders to support the sexual health workforce to be able to respond to the sexual health issues identified by Māori and Pacific populations. **(EOA)** (RPH) (core function – health promotion)	Q1-Q4		EOA (Equity of Outcome Action)		
		2.5.5.10.3	3. Support stakeholders to respond to sexual health issues identified by Māori and Pacific populations by providing advice, information and linking with relevant agencies and experts. **(EOA)** (RPH) (core function – health promotion)	Q1-Q4		EOA (Equity of Outcome Action)		

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	Sexual health	2.5.5.10.4	4. Implement the National Syphilis Action Plan. (including RPH) (core function - health promotion)	Q1-Q4	Status update: Q2 and Q4			Completion has been delayed due to RPH working on COVID-19 responses. Implementation will continue during 2021/22 and is expected to return to on track during that period.
		2.5.5.10.5	5. Provide contact tracing/partner notification (RPH)	Q1-Q4				
		2.5.5.11.1	1. Improve access to infectious disease related services for Māori and Pacific peoples (RPH) (core function – health promotion) **(EOA)**	Q1-Q4		EOA (Equity of Outcome Action)		

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	Communicable Diseases	2.5.5.11.2	2. Provide a notifiable communicable disease programme to prevent, identify and respond to exiting/emerging communicable diseases including prompt follow up of notifiable communicable diseases; detect and control of outbreaks; facilitate TB drug regimens completion; and promote infection prevention, control and immunisation in community and healthcare settings. (RPH) (core function – Health Promotion, Health Protection, Health Assessment & Surveillance, Public Health Capacity Development and Preventive Interventions)	Q1-Q4	Status update: Q2 and Q4			
	Cross Sectoral Collaboration including Health in All Policies	2.5.5.12.1	1. Provide the Health in All Policies programme (HiAP) focusing on influencing Councils' spatial planning and district plan reviews. **(EOA)** (RPH) (core function – health promotion)	Q1-Q4	Status update: Q2 and Q4 – report on how the DHB is addressing the wider determinants of health that are outside actual health service provision and the impact this is having, or is intended to have, on improving health outcomes.	EOA (Equity of Outcome Action)		
		2.5.5.12.2	2. Continue to support and grow the Tihei Wairarapa Alliance, Te Iwi Kainga and Tūhono to design a (HiAP) process for WrDHB.	Q1-Q4				
		2.5.5.12.3	3. Co-plan and implement activities as a member of the Wellington Regional Healthy Housing Group. (RPH) (core function – health promotion) (3DHB)	Q1-Q4				
		2.5.6.1.1	1. Review all Māori health services, programmes and people currently funded by the WrDHB to deliver targeted and tailored services to whānau Māori.	1. Q1 Confirm scope for review. Q2-Q4 Contract review of services.				
		2.5.6.1.2	2. Review all other generic health services, programmes and people currently funded by the WrDHB to deliver targeted and tailored services to whānau	2. Q1 Sign off on scope for planning				
		2.5.6.1.3	3. Complete a new Māori Health Plan that includes an analysis of Māori Health need, investments, workforce and configuration.	3. Q2-Q4 Complete planning				On Track October 2021
		2.5.6.1.4	4. Implement the new Treaty of Waitangi policy through the changes in tier two accountabilities and Key Performance Indicators to include indicators and measures relating specifically to Equity and Māori health.	4. Q1 Undertake review of tier 2 KPI's include equity and Māori Health measures.				Carried forward to 21/22

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	Delivery of Whānau Ora	2.5.6.1.5	5. Implement Hapūtanga [marae based antenatal programme] target pregnant Māori women and whānau. Marae based teaching and learning that includes all generic and Māori specific facets of antenatal education.	5-13. Q1 Contract providers for equity focussed programmes and services. Q2-Q4 Monitor progress	Quarterly Update Reports			
		2.5.6.1.6	6. Implement Kura Pounamu [marae based weaving for maternity] target pregnant Māori women and whānau. Utilising traditional weaving as the vehicle, for learning that includes all generic facets and Māori specific facets of SUDI protection and education.					
		2.5.6.1.7	7. Implement Kaumātuatanga [whānau advanced care planning] target older 55+ Māori, Pacific and whānau. Promoting and delivering on care plans that engage and involve the whānau as a whole unit and holding a conference in Masterton to promote Advanced Care Planning.					
		2.5.6.1.8	8. Implement Kāinga Ora [Home Assessment and Remedies] target low socioeconomic, vulnerable whānau. Providing home assessments and remedial work to improve living conditions for vulnerable whānau.					
		2.5.6.1.9	9. Implement Te Whakauruora [Suicide Prevention & Postvention] target Māori, Men & Youth. Designing a programme of work focussed on outcomes for Māori, Men & Youth.					
		2.5.6.1.10	10. Implement Niho Taniwha [Oral Health] target Māori, Pacific, LSE. Providing sufficient, early care and treatment for those children requiring specialist oral surgery.					

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		2.5.6.1.11	11. Implement Tāringa Whakarongo [Ear Health] target Māori, Pacific, LSE. Providing sufficient, early care and treatment for those children requiring specialist micro suctioning of earwax.					
		2.5.6.1.12	12. Implement Tapū Te Hā [Smoking Cessation] target Youth at Risk, Alternate Education. A targeted health promotion programme aimed at youth engaged in alternate education using smoking as a vehicle for further work.					
		2.5.6.1.13	13. Implement E Tūhono [Māori Health Analytics & Insights] target Māori health data, analytics and insights for decision makers. Utilising Māori expertise to understand and design Māori health service provision into the future.					
		2.5.6.1.14	14. Furnish a project plan to address adverse childhood experiences through a trauma informed health approach across two hospital services with a focus on Māori and Pacific children (maternity & paediatric services).	14: Q4 Project charter completed				review this action and consider it for 21/22
	Pacific Health Action Plan	2.5.6.2.1	1. Co-design, support and develop services that best meet the needs of our Pacific population, especially services delivered locally in primary care.	Q1-Q4	Status Reports. Increase in Pacific representation on decision making tables. Increase in uptake of free screening for Pacific women			
		2.5.6.2.2	2. Investigate opportunities to grow local leadership alongside support from the Director Pacific Health.	Q1-Q4				
		2.5.6.2.3	3. Resource Pacific Health promotion opportunities in breast and cervical screening.	Q1-Q4				
		2.5.6.2.4	4. Wairarapa DHB commits to supporting delivery of the new Pacific Health Action Plan - Ola Manuia 2020-2025: Pacific Health and Wellbeing Action Plan. **(EOA)**	Q1-Q4		EOA (Equity of Outcome Action)		
		2.5.6.3.1	1. Prioritise ICT system support for CCDM implementation; then achieve required level of ICT system interface and functionality to enable CCDM systems to be embedded.	Q1				Not able to complete during FY 20/21 due to a lack of capacity

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	Care Capacity Demand Management (CCDM)	2.5.6.3.2	2. Complete TrendCare version 3.6 upgrade project for all inpatient areas.	Q1	Achievement of Planned Activities			
		2.5.6.3.3	3. Complete FTE calculations, roster adjustments and business cases for any required additions to FTE.	Q2				
		2.5.6.3.4	4. Scope end user requirement and develop business case for ICT hardware support to CCDM establishment of variance response management systems (integrated operations centre, electronic white boards, and hospital at a glance technology).	Q2				Project unable to be completed by 3DHB ICT during FY 20/21. Now planned to commence during Q2 FY 21/22.
		2.5.6.3.5	5. Expand TrendCare system engagement alongside and aligned to CCDM programme expansion.	Q2				
		2.5.6.3.6	6. Complete governance framework with establishment of inpatient quality group BAU activities aligned to quality improvement, safety, professional development. (**EOA)** – These groups will be developing improvement initiatives designed to improve health outcomes and equity; promote relationship centred care; and enhance healthcare environments.	Q2		EOA (Equity of Outcome Action)		
		2.5.6.3.7	7. Establish 'paper-based' variance response management processes and systems in preparation for the introduction of automated variance response management.	Q3				
		2.5.6.3.8	8. Consolidate current CCDM Council approved Core Data Set across the inpatient area and expand to incorporate all 23 Core Data Set measures.	Q3				Expansion of CDS to continue during FY 21/22.
		2.5.6.4.1	1. Extend data governance working group.	Q1				A member of the Disaiblity Team is in the Data Governance workig group

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	Disability Action Plan	2.5.6.4.2	2. Source and secure Data points across the 3 DHBs and external partners.	Q2	Status Update Report			Due to the Vaccination Roll Out process there have been delays however the vaccination process is allowing us to pilot some data gathering measures.
		2.5.6.4.3	3. Redesign information requirements of referrals ensuring disability is detailed and appropriate to inform a data strategy for the purpose of improving health outcomes.	Q4				
		2.5.6.4.4	4. Education processes to enhance data capture are developed and actioned across the DHBs.	Q4				
	Disability	2.5.6.5.1	1. Provide a human rights based staff training framework, one that promotes equity and barrier free engagement with health services by disabled people. This will result in significant attitudinal change across the DHB's. Core disability responsive education will comprise of an initial e-learning programme of three modules that all staff must complete. This programme will ensure that all staff have foundational knowledge about disability, the rights based approach, the importance of attitude and how to make reasonable accommodations. Once this core learning has been completed additional modules can be provided that gradually build on knowledge and information as required - this can be taken to advanced levels.	Q2	Status Update Report			
		2.5.6.5.2	2. Deployment of effective disability alert system that is evident on all patient records. This will include a launch and education program for the workforce.	Q4				Design complete, part of the e-referral project

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		2.5.6.5.3	3. Collaborate with the Ministry on targeted engagement by DHB's with disabled people in each region.	Q2				
		2.5.6.5.4	4. Health information is to be accessible for disabled people in ways that promote their independence and dignity. The DHB is committed to working progressively to ensure all information intended for the public is accessible to everyone and that everyone can interact with services in a way that meets the individual need to promote their independence and dignity. NZSL will be used to convey public alerts across the DHB.	Q4				
		2.5.6.5.5	5. Finalise the revised hard copy Health Passport and launch, with education program for public and staff across the 3 DHBs:	Q3				
		2.5.6.5.5a	(a) Agree version of prototype e-version of Health Passport	Q4				
		2.5.6.6.1	In 2020/21, the DHB will be implementing the first year of its Three-Year Plan to improve Planned Care delivery.	Q1-Q4				
		2.5.6.6.2	**Maintain Compliance for Access to Planned Service Assessments against ESPI 2**	**Q1-Q4**				
		2.5.6.6.3	Maintain Increased uptake of Virtual Care/Telehealth options for non-contact clinic appointments	Q1-Q4				Delays continue with IT set up and implementation. Expected resolution in Q1 2021/22

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		2.5.6.6.4	Implement Txt and reminder systems for ambulatory care models	Q3				
		2.5.6.6.5	Provide outreach ambulatory care clinics in Community/Primary Care facilities closer to patient neighbourhoods	Q1-Q4				Following reporioritisation of Public Health Service no alternative options indentified for 2020/21 year. Will continue to explore in 2021/22
		2.5.6.6.6	Transfer common Hospital Day Procedure Infusions to Primary Care	Q4				Limited Primary Care capacity has slowed down ability to transfer work. Will remain on plan for coming year
		2.5.6.6.7	**Restore and maintain ESPI 5 access to Planned Care treatment compliance for all Services**	**Q2-Q4**				
		2.5.6.6.8	Achieved by					

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		2.5.6.6.9	• Improving Flow and efficiency					
		2.5.6.6.10	○ SAFER Inpatient care management project	Q1				
	Planned Care	2.5.6.6.11	○ Hospital at Home	Q1-Q2	SS07, Planned Care Measures			Hospital at Home activity ceased early in Q4 and a decision was made to put further development of this model on hold. Resourcing (particularly medical) was not available to continue to support this work resulting in very low referral numbers during Q3. The intent is to revisit this approach should additional resource be available for development of an Acute Assessment Unit, as Hospital at Home is a community extension of this.

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		2.5.6.6.12	○ Theatre Productivity Project	Q3				
		2.5.6.6.13	• Agreeing revised sub regional and externally provided care agreements for vulnerable services (ENT, Urology, Gastro)	Q2				Progress continues on 2 of the 3 priority services with Urology at white paper stage for subregional service development. ENT in process however ongoing delays to Gastro due to sub regional capacity constraint
		2.5.6.6.14	**Achieve compliance with waiting time access to MRI scanning for Wairarapa Patients with 85% receiving scans within recommended time frames**.	Q4				Waiting times have imporved with the additional private capcity purchased. Remains a key area of focus for 2021/22
		2.5.6.6.15	• Access and negotiate with sub regional and extremal providers to increase and improve access to MRI scanning.	Q1				

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		2.5.6.6.16	• Realise additional capacity to improve performance by 15% per Quarter	Q3 –Q4				Surgeon constraint enduring will roll over for area of ficus to 2021/22
		2.5.6.6.17	**Roll out of Non -Surgical Management for common orthopaedic conditions**	Q2				
		2.5.6.6.18	**Address areas of inequity**	Q1-Q4				
		2.5.6.6.19	Embedded monitoring of Equity access measures through Operational management (will increase and be informed by CSP development) **(EOA)**	Q1-Q4		EOA (Equity of Outcome Action)		
		2.5.6.6.20	Address inequity on DNA rates	Q1-Q4				
		2.5.6.6.21	Cause and Analysis	Q1-Q4				
		2.5.6.6.22	Design and implementation	Q1-Q4				
		2.5.6.7.1	1. Reduce inappropriate hospital readmissions by providing safe and supportive post discharge processes for those identified at risk of readmission.					
		2.5.6.7.1a	a) Implement trial of post discharge navigation with people identified at risk of readmission and their whānau to increase health literacy, self-management and resilience. **(EOA)**	1.a. Q1 -Q4		EOA (Equity of Outcome Action)		
		2.5.6.7.2	2. Continue to Support rehabilitation closer to home following an acute episode.					

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		2.5.6.7.2a	a) Develop service for rehabilitation in the community and align with other community based developments – To encompass ACC non-Acute rehab (NAR), MAP and implementation of national community stroke rehabilitation guidelines.	2a. Q4				Initial work on development of community rehabiltation service has commenced, further activity pending approval of 21/22 budget bid for investment in new resource to support ongoing development and delivery of this model.
		2.5.6.7.3	3. Post COVID-19 review to minimise infection rates while delivering services during pandemic, maximise lessons learned on					
		2.5.6.7.3a	a) Implementing Virtual care / telehealth (including acute management specialist review) Orthopaedics	3a.Q1 – Q4				Orthopaedics Surgeon staffing chnages have paused developemnts in Telehealth support for this service

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		2.5.6.7.3b	b) Streamlining patients into appropriate care streams rather than default to ED.					
		2.5.6.7.3b 1	i. Physical Reconfiguration of front door layout and waiting areas to;	3b1.Q1 – Q2				Ongoing delays with access to archtects and contractors means that thsi
		2.5.6.7.3b 2	ii. create areas for triage, assessment and redirection	3b2. Q1				Ongoing delays with access to archtects and contractors means that thsi developemnt will be pushed out into Q1 and 2 of 2021/22 year
		2.5.6.7.3b 3	iii. Retain rapid capacity to physically separate streams for rapid Pandemic Response	3b3. Q1				
		2.5.6.7.4	4. Monitor implementation and outcomes of Health Care Home model, including the measure of reduction of acute presentations (specifically with an equity lens).	4. Q1-Q4				
		2.5.6.7.5	5. Roll out Hospital @ Home programme					

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		2.5.6.7.5a	a) 2 nominated ARC Facilities	5a. Q1				Refer to comment against activity no 2.5.6.6.11

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	Acute Demand	2.5.6.7.5b	b) Wider ARC Sector	5b. Q2-Q3	SS04: Implementing the Healthy Ageing Strategy, SS10: Shorter stays in emergency departments, SS05: Ambulatory Sensitive Admissions (ASH adults)			Refer to comment against activity no 2.5.6.6.11
		2.5.6.7.5c	c) Domiciliary Capacity	5c. Q4				Refer to comment against activity no 2.5.6.6.11
		2.5.6.7.5d	d) Align to provide support and opportunity with Medical Community Based Training	5d. Q1				Initial engagement, however insufficient resourcing (primarily SMO capacity) to support CBA in this work on an ongoing basis.
		2.5.6.7.6	6. Introduction of the SAFER care bundle for inpatient care,					

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		2.5.6.7.6a	a) Review of Senior medical cover at the front door (ED),	6a.Q1-Q4				Budget constraint has deferred implementation of this component in 2020/21 year. Has been added to prioritisation list for any addditional funding in 2021/22
		2.5.6.7.6b	b) Systematic MDT review of patients with extended length of stay and implementing criteria for discharge (CCD) and	6b. Q1-Q2				
		2.5.6.7.6c	c) nurse lead discharge to eliminate waiting and aid early discharge	6c. Q1-4				Will carry over to 2021/22 Finiancial year. Disruption to Physician Model change due to vacancies and sickness has hampered speed of progress in this area.

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2.5.6		2.5.6.7.7	7. Establish a single point of contact to provide advice to patients and clinicians on the most appropriate patient pathway co-ordinating primary secondary and community services. Begin with acute care for 24/7 access.	7. Q2				Work transferred to broader scope of work as part of CSP and Primary care developments thorugh the DHB PHO alliance. Will be encompassed in the emerging scope of the Tier 1 service development work
		2.5.6.7.8a	8. Implement SNOMED in the Emergency Department, including both triage codes and discharge codes.	8. Q1-Q4				Mapping complete. Awaiting Intelplus to allow extract through NMPAC
		2.5.6.7.8b	We commit to the July 2021 reporting mandate for SNOMED coding in ED. WaiDHB Costpro data warehouse is not configured for coding SNOMED through NNPAC in the current environment.	8. Q1-Q4				
		2.5.6.7.8c	Completion of work to achieve compliance of SNOMED will be in 3 phases over the 202/21 year.	8. Q1-Q4				
		2.5.6.7.8d	Stage 1 Upgrade data warehouse and COSTPRO including installation of Intel Plus to enable SOMED reporting for NPF	Stage 1: Q1;				
		2.5.6.7.8e	Stage 2 Analysis and Process flow mapping and testing for all systems including clinical Systems (Concerto). Development of reference and training guides	Stage 2: Q2-Q3				
		2.5.6.7.8f	Stage 3 Roll out of training programme for clinical staff transition from ICD10- to SNOMED for coding clinical activity. Commence and confirm reporting feed using SNOMED.	Stage 3: Q4				
		2.5.6.8.1	1. Continue the South Wairarapa practices collaboration to provide extended hours to the South Wairarapa population.	1. Q1-Q4				

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		2.5.6.8.2	2. Work with rural practices to implement annual rural alliance plan focusing on Workforce sustainability and facility development to ensure good access to primary care remains for rural communities.	2. Q1-Q4				
		2.5.6.8.3	3. Survey community leaders in South Wairarapa to understand the best approach to youth health service delivery.	3. Q2				
		2.5.6.8.4	4. Extend reach of psycho-social support for people with life limiting conditions, especially family/whānau carers to South Wairarapa	4. Q1-Q2				
		2.5.6.8.5	5. Extend reach of Kaupapa Māori antenatal education programme to South Wairarapa targeting young Māori mothers to be.**(EOA)**	5. Q3	Rural Health quarterly report. SSO4: Implementing the Healthy	EOA (Equity of Outcome Action)		

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	Rural health	2.5.6.8.6	6. Optimise local community connections to improve senior's wellness and social connectivity and to address the growing rates of senior loneliness and social isolation.	6. Q1-Q4	SSO4: Implementing the Healthy Ageing Strategy. SS05: Ambulatory Sensitive Admissions (ASH adults). CW09: Better Help for Smokers to Quit (Maternity). CW10: Raising Healthy kids.			
		2.5.6.8.7	7. Establishment of Day Activity Programme in the community for older people and those with long term conditions to support family carers in South Wairarapa.	7. Q2				
		2.5.6.8.8	8. Optimise capacity of rural dental bus to provide treatments for targeted populations e.g. removal of ear wax for children of low-decile families.	8. Q1-Q4				
		2.5.6.8.9	9. Increase the availability of clinical psychological support to the Wairarapa farming community.	9. Q1-Q2				Rural Trust not ready for extended work programme indefinitely
		2.5.6.8.10	10. Provide joined-up suicide prevention support alongside the Ministry of Primary Industries to support rural whānau.	10. Q1-Q2				Rural Trust not ready for extended work programme indefinitely
		2.5.6.9.1	1. Continue working with ACC to implement the Wairarapa programme for reducing the incidence and impact of falls across Primary Care, Community and in home settings and hospital services.	1. Q1-Q4: Primary care quality indicator and patient dashboard is used to prompt for screening for falls risk, with priority focus for Māori and Pacific Island people. Data driven osteoporosis management is achieved in primary care through using our alliance to promote and facilitate attainment of the target for fragility fracture protocol.	SSO4: Implementing the Healthy Ageing Strategy: 1. Ageing well		★	

WAIRARAPA DHB ANNUAL PLAN 2020/21 - WORKPLAN			STATUS OPTIONS					
Shaded columns =extract from 20/21 AP				• Green = action complete or on track				
				• Orange = completion of action delayed mitigation in place				
				• Red = completion of action delayed mitigation not expected to allow completion in 2020/21				
				• Grey = not applicable as the action is not expected to start until later.				
			★	*Use a red star to identify **one** action from each of the 5 Govt Planning Areas to be included on the DHB per*				
			Wairarapa DHB Key Response Actions to Deliver Improved Performance				MOH QUARTERLY UPDATE	
Section No	**Govt Planning Priority (Specific)**	**Activity No**	**DHB Activity**	**Milestones**	**Measures**	**EOA (Equity of Outcome Action)**	**Q4 STATUS**	**Q4 COMMENT**
		2.5.6.9.2	2. Support rehabilitation closer to home. Develop service for rehabilitation in the community and align with other community based developments – To encompass ACC non-Acute rehab (NAR), MAP and implementation of national community stroke rehabilitation guidelines.	2. Q4: Review current non-acute rehab pathways. Develop implementation plan for community based rehabilitation.	2. Ageing well			

WAIRARAPA DHB ANNUAL PLAN 2020/21 - WORKPLAN			STATUS OPTIONS					
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		2.5.6.9.3	3. Ensure HQSC Frailty Care Guides are referenced in the localised Health Pathway for "Frail but Stable Older People"	3. Q1	3. Acute and Restorative Care			
		2.5.6.9.4	4. Participate in a Regional Equity forum, using dementia as the area of focus.	4. Q2	4. Living well with long term conditions			
		2.5.6.9.5	5. Identify future equity actions arising from the Regional Equity forum and the findings of the National Dementia Stock-take.	5. Q3	5. Living well with long term conditions			
		2.5.6.9.6	6. Reduce inappropriate hospital admissions by:	6. Q2 & Q4:	6. A Respectful end of Life			
		2.5.6.9.6a	a. Continuing to support primary care to avoid admissions through the established Health Recovery Programme.	a) Monitor outcomes 6 monthly				
	Healthy Ageing	2.5.6.9.6b	b. Implement a trial for hospital at home (secondary HOP team supporting primary care in the community).	b) Initiation of trial and formative evaluation process				

WAIRARAPA DHB ANNUAL PLAN 2020/21 - WORKPLAN			STATUS OPTIONS					
Shaded columns =extract from 20/21 AP				• Green = action complete or on track				
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Section No	**Govt Planning Priority (Specific)**	**Activity No**	**DHB Activity**	**Milestones**	**Measures**	**EOA (Equity of Outcome Action)**	**Q4 STATUS**	**Q4 COMMENT**
		2.5.6.9.6c	c. Implement trial of post discharge navigation with people identified at risk of readmission and their whānau to ensure their risks are addressed – working with primary care (Health Care Home), providing guidance related to increased health literacy, self-management and resilience.	c) Refinement of readmission risk screening tool. c) Implementation of trial and formative evaluation				
		2.5.6.9.7	7. Align the Wairarapa model for integrated support of older people with the National framework for Home and Community Support services.	7. Q2: Develop transition plan for implementation of case mix resource allocation. 7. Q4: Scope impact for adopting the national service specification for home and community support.				
		2.5.6.9.8	8. Support the Māori Women's Welfare league to design advance care planning for older Māori.	8. Q1: Hold Hui				
		2.5.6.9.9	9. Establish a palliative care 'coach' role to support ARC providers to strengthen knowledge and skill of the workforce and endorse their role in the Wairarapa integrated palliative care model.	9. Q1: ARC staff are supported to participate in anticipatory care planning and included in the primary care multidisciplinary management of palliative patients.				

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Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**BOARD INFORMATION PAPER** **Date: August 2021**

Author	Kieran McCann, Chief Operating Officer
Endorsed By	Dale Oliff, Chief Executive Officer, Wairarapa District Health Board
Subject	**Hospital & Community Services Report**

RECOMMENDATION It is recommended that the Board:

a. **Notes** the content of this report
b. **Notes** Vacancy and sickness pressures
c. **Notes** High Acute volumes presentations

APPENDICIES

1. Executive Dashboard July 2021
2. Planned Care Performance June 2021
3. Tables and Charts

1. PROVIDER OVERVIEW

July has been a very busy month for the Hospital and particularly in relation to the increasing prevalence of RSV presentations for infants and general acute presentations to the Emergency Department (ED). Rising sickness and staff vacancies continue to put pressure on the hospital teams with areas such as Acute Services and Maternity particularly impacted. Whilst recruitment is actively underway across all areas with vacancies, availability of casual/locum and overtime staffing has been affected by the continuing high levels of sick leave.

Displacement of acute orthopaedic cases to other hospitals has been particularly challenging due to the disruption for patients and the acute pressures also being felt by our neighbouring DHBs. We have seen a rise in cancellations as capacity has been impacted by our ability to staff inpatient ward areas. This impact has flowed through to theatre utilisation and ESPI performance for the month of July.

In summary our hospital occupancy levels have risen over the month of July and in parallel with reduced staffing availability has put significant pressure upon the services within the Provider Arm.

2. PERFORMANCE

	Results	Improvement focus
Operational Performance	Planned Care targets whilst continuing to perform well overall with no patients breaching ESPI2 is seeing the impact of Orthopaedic issues in relation to patients for ESPI5. Orthopaedic Acute and Planned Care delivery and performance continue to be impacted by staffing vacancies. ED 6hr target has improved marginally from last month to 87% but remains below target of 95% and continues to remain a priority area for improvement. Ongoing pressure on ED target achievement nationally is noted.	ED 6 Hr Target MRI Wait Times DNA Outpatient rates CWD Targets

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3. KEY AREAS OF FOCUS

Focus	Action Points
Balanced Scorecard 6 Hr Waits	• ED redirection to Primary Care continues • Revised ED staff configuration 24/7 SMO and Ambulatory Care Model continues to await funding confirmation for 2021/22 year
Endoscopy	• Optimising sessions through theatres • All endoscopy targets have been
Diagnostics MRI	• Increased MRI capacity by additional volumes provided by outsourced to Private Provider as below • All 100 patients outsourced to a private provider, have been scanned
Equity	• See attached update
Orthopaedic Services	• Acute cover roster agreed with neighbouring DHBs • Seeking joint appointments and vocationally registered staffing support • Interim Supervision processes in place • Clinically led Regional meetings underway • Additional Inter Hospital Transfer support from WFA in progress • Additional NTA support for patient travel

4. PERFORMANCE

4.1. PLANNED SERVICES

Activity & Operational Performance	Commentary / Action Points
ESPI 2 & 5	July (Provisional) * *Note final results are 1 month in arrears and are included in appendixes to this report)* ESPI Two – Green – Compliant ✓ - No patients waiting longer than 4 months for first specialist appointment (FSA) ESPI Five – Orange – Partially Compliant ✗ - 8 Orthopaedic patients waiting longer than 4 months for surgery
Diagnostic Wait Times Colonoscopy and Radiology	**Colonoscopy** 100% achieved for Urgent – target 90% ✓ 89% achieved for Semi Urgent – target 70% ✓ 79% achieved for Surveillance – target 70% ✓ **CT/MRI** **CT** – 96.3% achieved – target 95% ✓ CT continues to improve from the previous noted performance dip at start of year. As expected this service returned to compliance in April.

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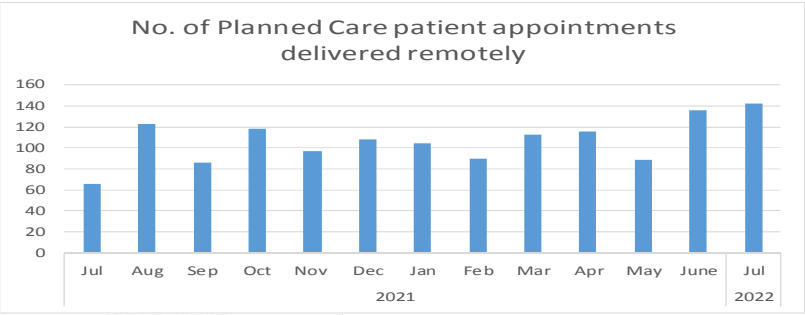
Activity & Operational Performance	Commentary / Action Points
Diagnostic Wait Times Colonoscopy and Radiology	**MRI** – 48.8% not achieved - target 90% ✕ 100 MRI scans have been referred through to a private provider and appointments have now been completed in April. The MRI results above do not currently reflect any of these outsourced referrals as performance reporting is provided by Hutt Valley DHB against referred volumes through the DHB contract.
Theatre Utilisation and Day of Surgery Cancelations **ALOS**	69.2% Theatre utilisation, this is consistent with previous months and theatre utilisation was at 76.4% for the FY. The altered Orthopaedic Acute work and the lack of inpatient capacity in July contributing to the lower utilisation. Resourced theatre utilisation is more likely to sit higher than the reported percentages as this figure does not take into account when theatres are not staffed (i.e. un-resourced capacity). Work is currently being done to set the principles of theatre utilisation when we move into the new Focus Pro application. Day of Surgery Cancellation = 5.2% - 18 patients cancelled on the day of surgery. This is an increase on the last months 2.9%. This month's result was predominantly driven by hospital capacity issues with 11 patients cancelled due to staffing and bed availability. Monitoring of surgical lists are ongoing with Service improvement reviews underway to continue to improve the rates of Day of Surgery cancellations and late starts. Acute ALOS continues being achieved being below the targeted 3.50 days currently at 2.99 days for July.
Virtual Clinics & use of remote technology	Estimated patient kilometres saved in the 2021 financial year were 36,634 and patient hours saved from not travelling to outpatients 1,979. There has been a steady increase in the number of planned care appointments being delivered remotely. 

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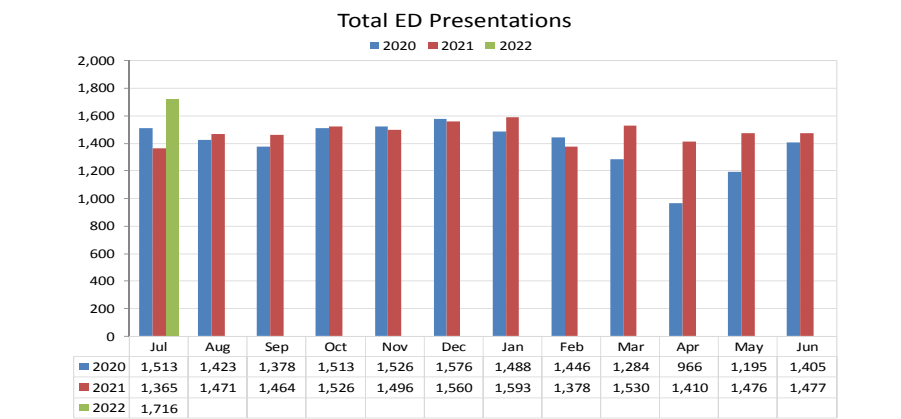
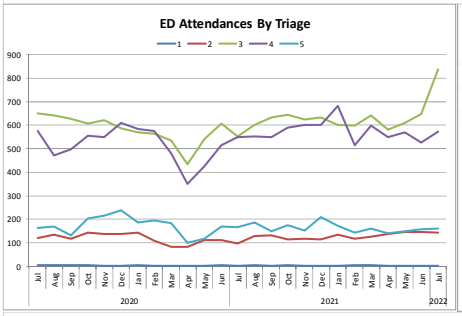
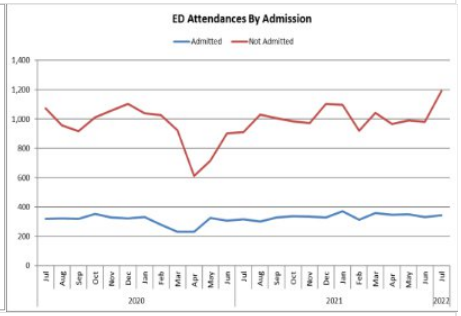
4.2. ACUTE SERVICES

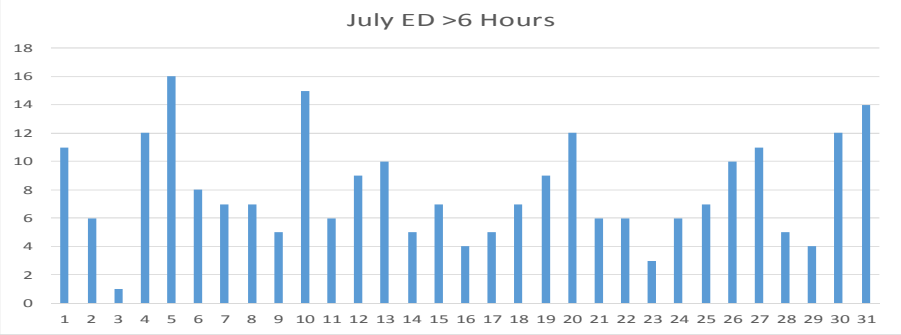
Activity & Operational Performance	Commentary / Action Points
ED 6hr wait	1,716 patients presented to our emergency department, excluding those that did not wait and 1,228 of these were seen within 6 hours resulting in a not achieved result of 83.3%. This is a decrease on June's 86.6%. Given the rise in volumes the admission rates has decreased to 29% from previous rates in the mid 30's with the overall numbers of acute admissions remains consistent. The largest spike was in triage 3 patients and we have seen "did not wait" numbers for July reach 14% compared to an average of 9% for the preceding year.



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2020	1,513	1,423	1,378	1,513	1,526	1,576	1,488	1,446	1,284	966	1,195	1,405
2021	1,365	1,471	1,464	1,526	1,496	1,560	1,593	1,378	1,530	1,410	1,476	1,477
2022	1,716											







For July, 42% of those who were treated outside of target waiting times were triage 4 or 5 patients with 29% arriving on the weekends and over half of these (62%) were patients who presented to the emergency department after 5.30pm and before 7.30am or on Public holidays or weekends.

Sick leave within the junior and senior doctor work force through July has contributed to extended wait times due to base roster gaps unable to be filled by locums.

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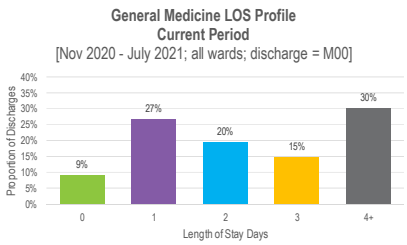
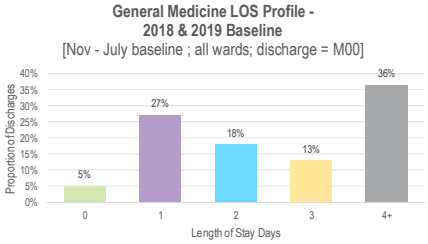
Activity & Operational Performance	Commentary / Action Points
Maternity Services	There were 35 births in July (coding still to be finalised) and 49 Maternity ward discharges. Total hospital births for 2020 were 461, slightly more than 2019 at 456 births. Forecast births for 2021 is 530 if current annual YTD trends continue. The standard primiparae C-section rate was 16.9% for the FY, with 130 primiparae births, 22 by C-section. The YTD track of rolling previous 12 month averages for this target is provided in the refreshed Dashboard.
ALOS	Overall General Medicine Average Length of Stay (ALOS) continues to see improvements though increased on last month's 2.78 days to 3.00 days In July. Averaging 2.81 days for the full financial year in 2021 comparable to 3.26 days in FY2020. There has been a month on month improvement on this ALOS since July at which point ALOS was 3.33 days.   MSW shows a Bed utilisation of 92.7% for July which is an increase on last month's 87.6% with average LOS across all services showing an increase from 3.02 days last month to 3.19 days in July, averaging 3.21 for the full financial year.

4.3. COMMUNITY & INTEGRATION SERVICES

Activity & Operational Performance	Commentary / Action Points
Allied Health	Allied Health PVS volumes for outpatient and community for the full financial YTD were ahead of contract by 596 contacts. FY2022 volumes are not available at the time of writing this report. 25 patients were discharged from AT&R (Rehab) in July with an average length of stay of 9.88 days and 247 bed nights. The FY ALOS is 12.42 days which is higher than last year's 12.03 days. This has been impacted by several patients with highly complex needs and challenging discharge arrangements where confirming residential care placements has taken an extended time.
Community Nursing	**Community nursing referral volumes for July 2021:** Community nursing new referrals: 233 Community nursing discharges: 200 Palliative referrals: 15 referrals, 2 declined, 11 deaths (6 at home) **Community nursing visit activity for July2021:** Registered Nurse home visits: 1794 Registered Nurse clinic appointments: 494 HCA / support worker visits: 2857 in total (572 for personal cares, 43 for home management, 2242 for med run).

Activity & Operational Performance	Commentary / Action Points
Improvement Work streams	The Community Nursing project is underway, with Sandra Williams as project sponsor. Data analysis has commenced and workshops are scheduled with the Community Nursing teams in early September. The project is due to be completed by the end of September. This project will examine the current demand and supply metrics, alongside models of care to support a well-integrated, sustainable and effective community nursing service that is positioned to meet current and future community needs. Revised referral criteria for the Community Nursing service have been introduced to referrers over July (this is a 3DHB referral criteria) and work continues in conjunction with ICT on implementing electronic referrals processes for key referrers. **Musculoskeletal non-operative model Pilot** We are four months into this six month pilot, with solid patient engagement to date and positive patient feedback. The weekly FSA clinic continues to be fully booked with 4 people a week attending for a multidisciplinary FSA assessment conducted by the Orthopaedic Clinical Nurse Specialist. The fourth group class cohort started on 16 June. A report is being finalised to confirm outcomes, along with further developments to build on the success of this work. Based on outcomes to date we will look to seek a recommendation for investment to continue this model. **Oral Health** The Oral Health Clinical Manager is working with Planning and Performance and Regional Public Health on development of a Kaiawhina role to work directly with families who have high needs and low engagement with the oral health service. The role will support whanau to access the oral health service, provide practical support, health education and promotion to help whanau minimise ongoing oral health issues, and reduce DNAs. Resourcing has been confirmed for this 1.0FTE role and work continues on shaping deliverables and outcomes, and determining how and where the role will be positioned to ensure outcomes are achieved.

5. STAFFING

STAFFING	Monthly changes / Commentary
Sick Leave	The WrDHB Provider arm, sick leave rate continues to sit well above target at 4.1% of worked hours for July. Perioperative is 4.7%. MSW increased to 4.0% in July after 3.8% for June. Acute Unit at 4.2% up from 2.9% last month, Maternity at 3.2% and Radiology has been 8.6% for June and July. The DHB wide staffing sick leave target is 2.5%. In relation to Nursing sickness some 197 shifts were absent over the month averaging more than 6 sick calls each day and totalling 1541 hrs for the month alone.

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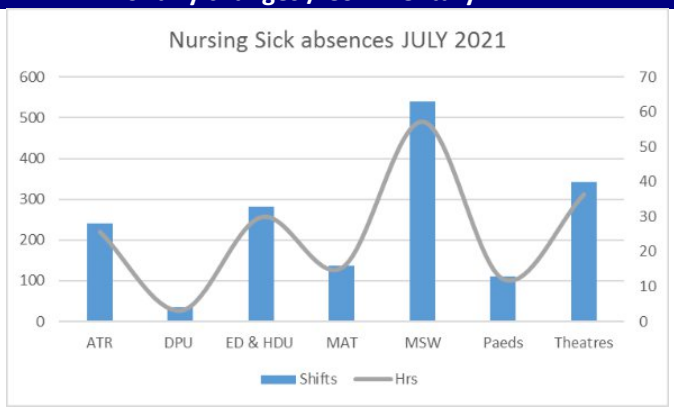
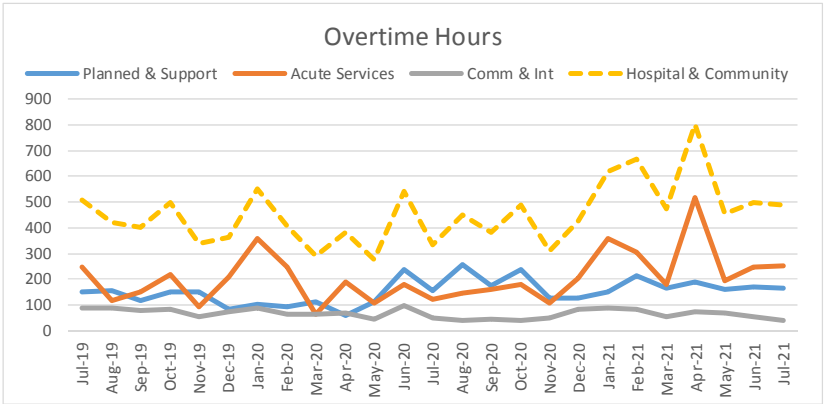
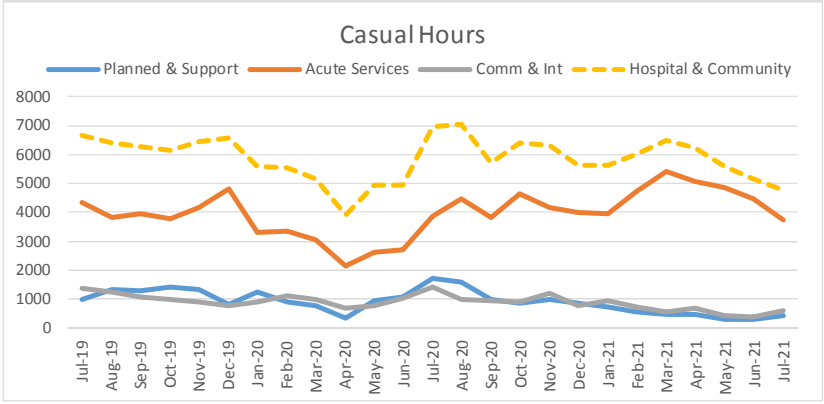
STAFFING	Monthly changes / Commentary
Sick Leave	 In addition to the Nursing sick absences over July, reported above, there were also 28 absences across Junior and Senior Medical staff for the period.
Annual	DHB Targets remain under development for monitoring and reporting management and we will commence reporting performance as soon as these are available.
Overtime	Overtime hours are at similar levels to last month and remain high for the overall quarter. Casual utilisation continues to tail off due to availability and sickness.   The current vacancy rate and reduced availability of casual staffing has meant that roster gaps are increasing. Across the hospital this has nearly doubled since June with July showing (40%) of morning shifts and over a quarter of afternoon shifts (26%) having staffing numbers less than the base roster. There are currently, at the time of writing, 19.8FTE Nursing and midwifery vacancies across the Provider arm.

Key Changes Staff & Recruitment	
Orthopaedic	• Currently there are 3 permanent surgeons in place. With one on extended sick leave. An offer of employment remains active with a UK trained surgeon based in Australia pending Medical Council clearance. Successful recruitment to this role will be contingent on obtaining supervisory support from neighbouring DHB Orthopaedic Departments.
General Physicians	• Recruitment active for two Generals Physicians to replace one resignation as well as an additional role included this year to support the growing workload on General Medicine.
Acute Services	• Recruitment is active for ED SMOs position to replace a current vacancy resulting from retirement as well as considering enabling a revised 24/7 Senior Decision maker for our Emergency Department going forward.
General Surgery	• Currently we have 2 permanent surgeons in place and another for a 1 year fixed term contract. Recruitment underway for permanent Surgeon. • Locums available and being used to cover gaps.
Allied Health	• Two fixed term external contractors continue to provide adult and paediatric speech-language therapy cover pending the arriving of the new 0.9FTE Speech-Language Therapist anticipated to be November 2021, pending visa and MIQ arrangements. • Recruitment to a 1.0FTE Occupational Therapy vacancy continues, with the closing date being extended due to lack of applicants. • A Physiotherapist vacancy of 0.7FTE will be advertised shortly.
FOCUS	• The new FOCUS Manager is due to commence on 6th September. Recruitment to a 0.5FTE Disability Coordinator vacancy remains on hold until the new Manager is on board.
Community Nursing	• The Palliative Clinical Nurse Educator FTE has transferred back to the Professional Development Unit and recruitment to this role has been completed (led by the DoN). • Recruitment is underway to a 0.7FTE Community Nurse RN position.
AT&R	• The CNS Older Persons job description is being reviewed, and this will be followed by recruitment to the role which will sit in the Community Nursing team. • Recruitment to a 0.8FTE RN vacancy was completed in late July, with the successful applicant starting in the role on 23rd August. • The reconfigured rehabilitation leadership model has been communicated to the team, however the recommended optimal leadership and role titles for the rehabilitation service has not been approved. Recruitment will commence immediately once an outcome is confirmed.
Oral Health	• Recruitment to a 0.4FTE Oral Health Therapist vacancy is ongoing. Casual staffing continues to fill this vacancy in the interim. • Work continues on the development of the newly resourced Kaiawhina role.
Nursing	• Nursing and Midwifery vacancies have continued to climb on the previously high levels last month of 17.1 to 19.8 at the time of writing. This is placing very high pressure on areas particularly Maternity where the workforce is under

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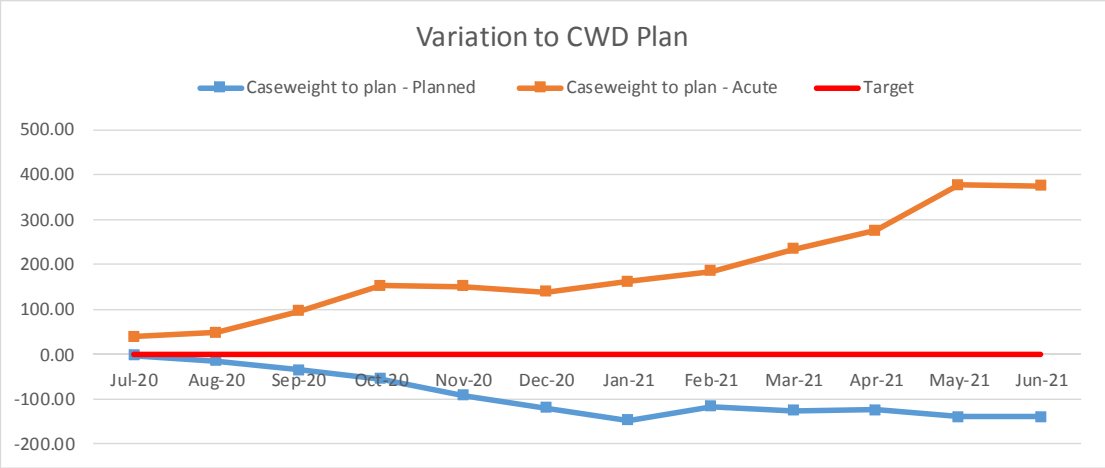
significant stress.

Department:	TOTAL Vacant FTE:	Department:	TOTAL Vacant FTE:
MSW	3.1 FTE	Paediatrics	0.8 FTE
Acutes	4.2 FTE	Perioperative	4.1 FTE
Outpatients	0.4 FTE	Rehabilitation	0.8FTE
Maternity	4.1 FTE	Community Nursing	0.7 FTE
Duty Team	1.6FTE		
		TOTAL:	**FTE 19.8**

6. VOLUMES TO CONTRACT

	Variance to contract YTD														
	FY $ Variance	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	FY $ Variance	Target
Caseweight to plan - Planned	-$ 137,448	-3.2	-14.2	-34.6	-54.8	-91.9	-118.7	-146.8	-115.9	-124.8	-123.6	-138.7	-147.2	-$ 816,268	0
Caseweight to plan - Acute	-$ 1,214,363	39.2	47.6	95.2	152.3	151.1	138.8	162.8	184.8	234.1	276.5	376.2	401.9	$ 2,228,830	0
Outpatients - First Assessments	-$ 297,553	-81	-138	-222	-294	-379	-561	-716	-771	-723	-829	-968	-1092	-$ 257,328	0
Outpatients - Subsequent Assessments	-$ 142,476	238	336	448	508	686	623	582	548	784	783	885	983	$ 175,885	0
Allied Therapies (Diet, Speech, OT, PT, Social Work)	$ 46,287	25	156	307	399	449	523	398	396	556	562	553	596	$ 112,285	0
Community-referred radiology	$ 104,912	478	911	1515	2146	2837	3346	3705	3953	2016	5373	6258	6937	$ 469,982	0

Final June numbers are included above for high level performance to contract. Please note that July's numbers are not as yet available.

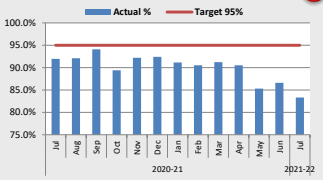


Overall the trend trajectory shows acute CWDs over delivery offsetting a reduction to planned volumes.

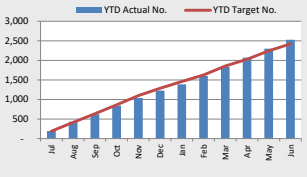
Wairarapa DHB: Dashboard Report - July 2021

MOH PERFORMANCE MEASURES

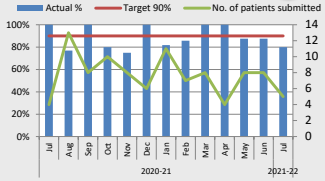
95% of patients will be admitted, discharged or transferred from ED within six hours.



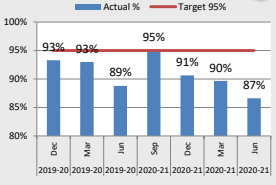
2020/21 Planned Care - Inpatient Surgical Discharges



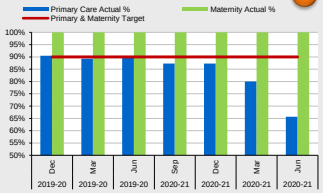
90% of patients receive their first cancer treatment within 62 days



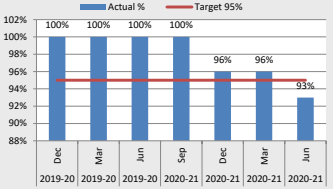
95% of children fully immunised at 8 months (quarterly)



90% of Maternity & PHO identified smokers are offered advice and support to quit (quarterly)

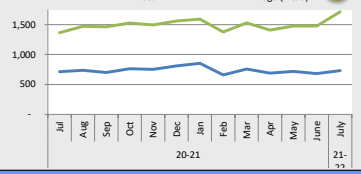


95% of identified obese children will be referred for assessment (quarterly)

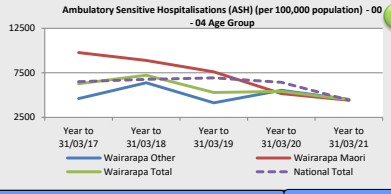


KEY INDICATORS

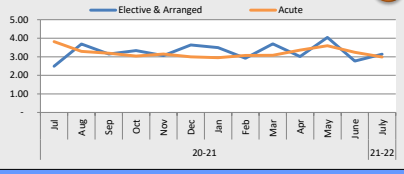
ED Presentations



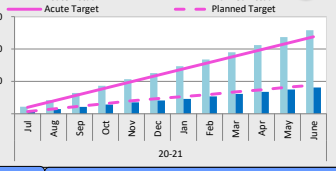
Ambulatory Sensitive Hospitalisations (ASH) (per 100,000 population) - 00 - 04 Age Group



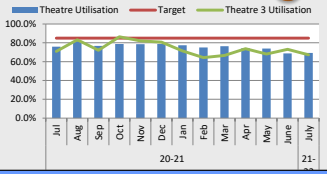
Average Length of Stay (ALOS)



Caseweight (local delivery)

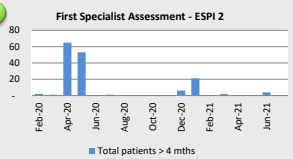


Theatre Utilisation

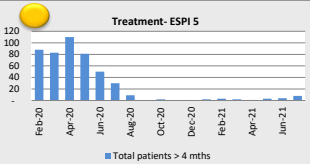


NUMBER LONG WAIT PATIENTS (>4 Months)

First Specialist Assessment - ESPI 2



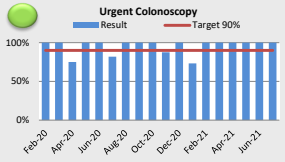
Treatment- ESPI 5



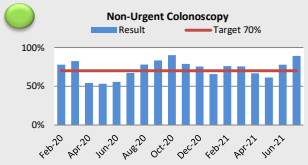
DIAGNOSTIC WAIT TIMES

Diagnostics	Target	Actual	
MRI Wait List seen in 42 days	90.0%	48.8%	✖
Ultrasound Waitlist seen in 42 days	85.0%	50.2%	✖
CT Waitlist seen in 42 days	95.0%	96.3%	✔✔
Urgent Colonoscopy - Wait or Procedure within 14 Days	90.0%	100.0%	✔✔
Non-Urgent Colonoscopy - Wait or Procedure within 42 Days	70.0%	89.2%	✔✔
Surveillance Colonoscopy - Wait or Procedure within 84 Days	70.0%	79.3%	✔✔

Urgent Colonoscopy



Non-Urgent Colonoscopy

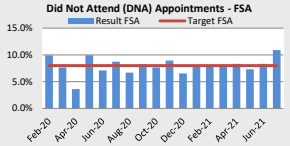


PROCESS & EFFICIENCY

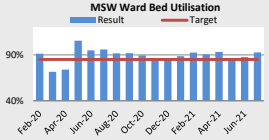
	Actual Target	Actual Mnth	Actual YTD	YTD vs Target
Elective/Arranged Day Surgery rate	62%	67.2%	67.2%	✔✔
Ward Bed Utilisation - MSW	85%	92.7%	92.7%	✔✔
Caesarean Rate (Elective & Acute)	25%	37.1%	37.1%	✖
Acute Readmission Rate	8%	6.1%	5.6%	✔✔
Theatre Sessions Starting on Time	90%	85.7%	85.7%	✖
Theatre Session Utilisation (Time in Theatre)	85%	69.2%	69.2%	✖
Cancellation on Day of Surgery	5%	5.2%	5.2%	✖
Did Not Attend (DNA) Rate - FSA	8.0%	10.9%	10.9%	✖
Did Not Attend (DNA) Rate - FUP	6.0%	7.1%	7.1%	✖
Did Not Attend (DNA) Rate - Maori all	8.0%	20.0%	20.0%	✖

✔ = Meets Target ✔✔ = Exceeds Target ✖ = Does Not Meet Target

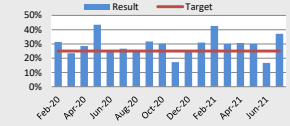
Did Not Attend (DNA) Appointments - FSA



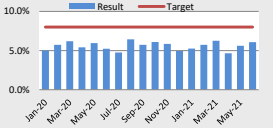
MSW Ward Bed Utilisation



C-Section Rate

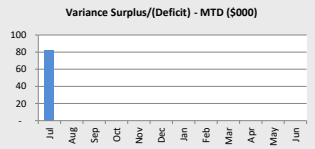


Acute Readmissions

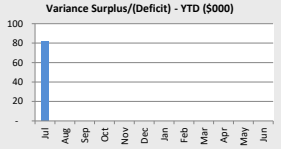


FINANCIAL RESULT

Variance Surplus/(Deficit) - MTD ($000)



Variance Surplus/(Deficit) - YTD ($000)



MTD ($000) Actual	Budget	Variance	Actual vs Budget
(400)	(482)	82	✔✔

PROVIDER MTD ($000) Actual	Budget	Variance	Actual vs Budget
(529)	(599)	70	✔✔

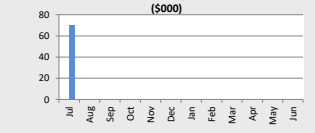
FUNDER MTD ($000) Actual	Budget	Variance	Actual vs Budget
137	126	11	✔✔

YTD ($000) Actual	Budget	Variance	Actual vs Budget
(400)	(482)	82	✔✔

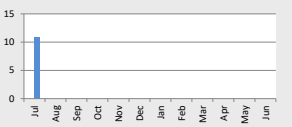
PROVIDER YTD ($000) Actual	Budget	Variance	Actual vs Budget
(529)	(599)	70	✔✔

FUNDER YTD ($000) Actual	Budget	Variance	Actual vs Budget
137	126	11	✔✔

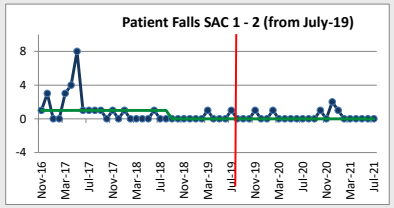
PROVIDER - Variance Surplus/(Deficit) - YTD ($000)

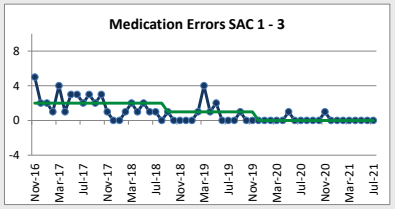


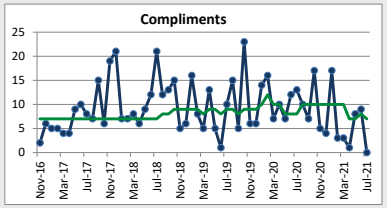
FUNDER - Variance Surplus/(Deficit) - YTD ($000)

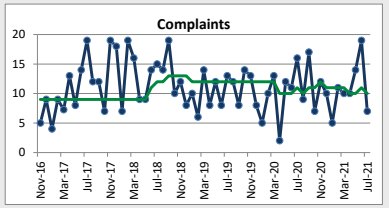


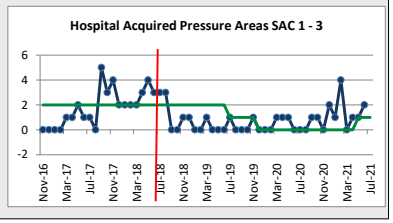
QUALITY MEASURES









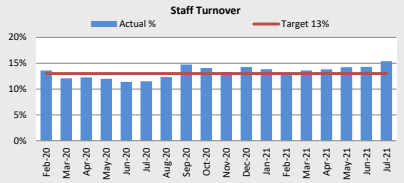


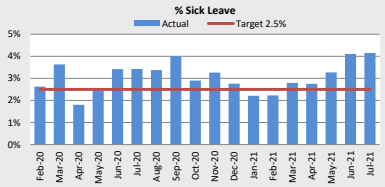
STAFF

YTD FTE

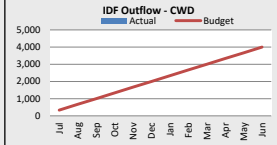
	Actual	Budget	Var
Medical	45.3	46.7	1.3
Nursing	253.6	241.0	- 12.6
Allied	65.9	75.8	9.9
Support	15.2	15.8	0.6
Mgmt/Admin	129.4	109.5	- 19.9
Total	509.3	488.7	- 20.6

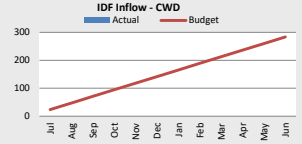
Appraisals Last 14m: 41%





INTER DISTRICT FLOWS





NOTES - JULY 2021

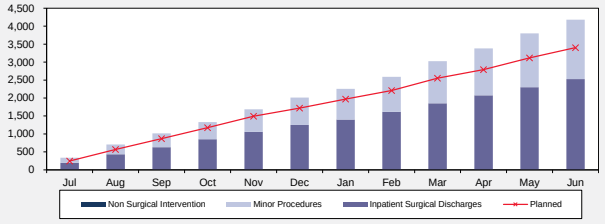
Some financial year 21/22 measure are not available. From July-18 the definitions for Hospital Acquired Pressure Areas and Patient Falls have been redefined. Faster Cancer and Planned Care are impacted by timing of data submission.

Wairarapa DHB Planned Care Performance for June 21

ACCESS, QUALITY, EXPERIENCE

PLANNED CARE INTERVENTIONS ▲ 122.8%

	2020						2021					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Planned	247	568	871	1,176	1,492	1,720	1,971	2,210	2,551	2,793	3,118	3,404
Actual	337	706	1,015	1,331	1,687	2,011	2,257	2,591	3,026	3,380	3,799	4,181
Variance	90	138	144	155	195	291	286	381	475	587	681	777
%Achievement	136%	124%	117%	113%	113%	117%	115%	117%	119%	121%	122%	123%



PLANNED CARE INTERVENTIONS / ACUTE READMISSION AR ▲ 11.2%

	Interventions			Caseweights		
	Plan	Actual	%	Plan	Actual	%
Non Surgical PUC with Surgical DRG	84	86	102.4%	226.1	191.8	84.8%
Surgical PUC	2,339	2,440	104.3%	3,143.4	3,179.3	101.1%
Inpatient Surgical Discharges	**2,423**	**2,526**	104.3%	**3,369.6**	**3,371.1**	100.0%
Inpatient Minor Procedures	349	186	53.3%			
Outpatient Minor Procedures Hospital	599	1,466	244.7%			
Outpatient Minor Procedures Community	0	3	0.0%			
Minor Procedures	**948**	**1,655**	174.6%			
Non Surgical Interventions	33	0	0.0%			
Total	**3,404**	**4,181**	122.8%			

Acute Readmission Measure (0 - 28 days)	Standardized Acute Readmission Rate	Number of Readmissions	Agreed AR Target Rate
Year to Mar 2021	11.2%	879	10.5%
Year to Mar 2020	10.6%	794	

PATIENT EXPERIENCE SURVEYS PERIOD: November 2019

Inpatient Experience Survey questions:	Response (% Yes, completely / Yes, always)			
	Feb 19	May 19	Aug 19	Nov 19
Before the operation did staff explain the risks and benefits in a way you could understand?	84.8	87.0	91.2	92.0
Did staff tell you how the operation went in a way you could understand?	71.9	82.6	82.9	85.2
Did hospital staff include your family/whānau or someone close to you in discussions about your care?	61.8	64.0	54.9	57.6

Primary Care Patient Experience Survey questions:	Response (% , Nov 2019)			
	< 1 week	1-4 weeks	1-3 months	> 3 months
1. How long did you wait to see the specialist doctor?	35.4	34.3	14.1	16.2

2. When you received care or treatment from specialist doctors, did they do the following:	Response (% Yes, always)			
	Feb 19	May 19	Aug 19	Nov 19
a) Ask what is important to you?	55.9	52.2	46.6	54.9
b) Tell you about treatment choices in ways you could understand?	74.0	71.4	60.8	74.2
c) Involve you in decisions about your care or treatment as much as you wanted to be?	70.9	71.4	59.2	71.4
3. Does your GP/nurse seem informed about the care you get from specialist doctors?	67.3	66.0	69.4	78.0

For more information regarding the patient experience surveys please contact your DHB's System Level Measure (SLM) team or visit your DHB's patient experience survey reporting portals.

ACCESS, TIMELINESS

ESPI RESULTS 0 Consecutive Months Red FCT (31 DAY) 88.9%

	2020		2021						Consecutive months red ESPI to Jun 21	3 month trend
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
ESPI 1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0	–
Level	0	0	0	0	0	0	0	0		
ESPI 2	0.0%	0.5%	1.8%	0.0%	0.2%	0.0%	0.0%	0.4%	0	▲
Level	0	6	21	0	2	0	0	4		
ESPI 3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	–
Level	0	0	0	0	0	0	0	0		
ESPI 5	0.0%	0.3%	0.6%	0.9%	0.6%	0.3%	1.0%	2.2%	0	▲
Level	0	1	2	3	2	1	3	6		
ESPI 8	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0	–
Level	0	0	0	0	0	0	0	0		

Faster Cancer Treatment	2020		2021						3 month trend
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
FCT %	96.2%	88.5%	91.7%	90.0%	84.0%	85.0%	90.9%	88.9%	▲
Level	25	23	22	27	21	17	20	24	

ESPI 2 - BY SERVICE 2 Non Compliant Services

	2020		2021						Imp Req	3 mth Trend
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Orthopaedics	0.0%	1.5%	0.0%	0.0%	1.3%	0.0%	0.0%	1.9%	3	▲
General Surgery	0.0%	0.0%	8.5%	0.0%	0.0%	0.0%	0.0%	0.5%	1	▲

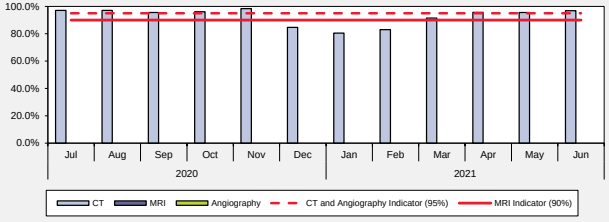
ESPI 5 - BY SERVICE 1 Non Compliant Service

	2020		2021						Imp Req	3 mth Trend
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Orthopaedics	0.0%	1.1%	2.1%	0.0%	0.0%	1.3%	3.4%	7.1%	6	▲

TIMELINESS

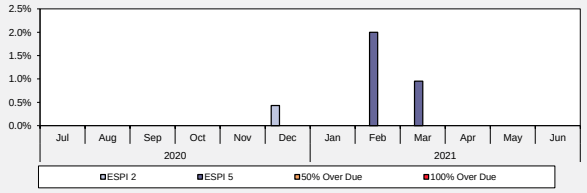
DIAGNOSTICS PERFORMANCE CT 96.8% MRI 0.0%

	2020						2021					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
CT	97.1%	97.1%	95.5%	96.1%	98.4%	84.7%	80.5%	83.1%	91.5%	95.7%	95.6%	96.8%
MRI	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



OPHTHALMOLOGY WAITING TIMES ESPI 2 0.0% ESPI 5 0.0% FUA (50%) 0.0%

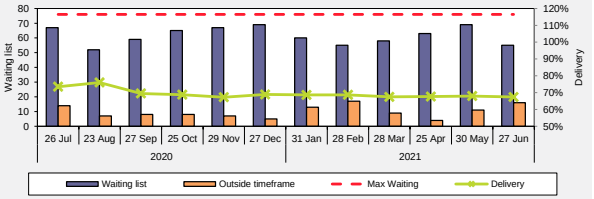
	2020						2021					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ESPI 2	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ESPI 5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	1.0%	0.0%	0.0%	0.0%
Overdue Followups	0	0	0	0	0	0	0	0	0	0	0	0
50% Overdue	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
100% Overdue	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



CARDIAC SURGERY DELIVERY 67.4% WAITING OVER TIMEFRAME 16

Cardiac Provider: Capital and Coast DHB

	2020						2021					
	26 Jul	23 Aug	27 Sep	25 Oct	29 Nov	27 Dec	31 Jan	28 Feb	28 Mar	25 Apr	30 May	27 Jun
Delivery	73.5%	76.0%	69.5%	68.8%	67.3%	68.9%	68.6%	68.7%	67.5%	67.7%	68.0%	67.4%
Waiting list	67	52	59	65	67	69	60	55	58	63	69	55
Max Waiting	76	76	76	76	76	76	76	76	76	76	76	76
OverTimeframe	14	7	8	8	7	5	13	17	9	4	11	16



Report to: Jun 21

Data Extracted on: 02/08/21

Definitions & Information

ACCESS, QUALITY, EXPERIENCE

PLANNED CARE INTERVENTIONS

Data Source - Planned Care Interventions

This data is sourced from the DHB monthly Planned Care Interventions (PCI) report summary page. This table and graph shows monthly YTD delivery against the planned YTD delivery.

What do the colours mean?

The colour code below determines whether the performance meets expectations (green) or does not (red). This is the same as in the Planned Care Interventions reports.

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

PLANNED CARE INTERVENTIONS / ACUTE READMISSION

Data Source

This data is sourced from the DHB monthly PCI report and YTD performance against plan for the Planned Care Intervention Groups, YTD Caseweight Summary for Inpatient Surgical Discharges

What do the colours mean?

The colour code below determines whether the performance meets expectations (green) or does not (red). This is the same as in the Planned Care Interventions reports.

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

Data Source - Acute Readmissions

This data is sourced from the quarterly Acute Readmission (AR) reporting. The figures are the most recent quarter's Standardised Acute Readmission rate and number of Observed Readmissions for the 0-28 days measure, and the same numbers for the same period 12 months ago.

What do the colours mean?

In the top right hand corner of this box next to the title is the % result for the latest period, the colour code below determines whether the performance meets expectations (green) or does not (red).

Green	Less than or equal to planned AR rate	–, ▲, or ▼	Change from previous period's standardised rate
Red	Greater than planned AR rate		

PATIENT EXPERIENCE SURVEYS

Data Source

These data are sourced from the Health Quality and Safety Commission's (the Commission) quarterly national adult inpatient and primary care patient experience surveys. Selected questions from both surveys have been chosen to recognise the Experience and Equity principles within the Planned Care Programme. A rolling four quarters of data are displayed.

For the wait time to see a specialist question, the percent of respondents who selected each response option in the latest quarter is provided. For all other questions, the percentage displayed is the percentage providing the most positive response to the question.

What other information is available regarding the patient experience surveys?

For more information regarding the patient experience surveys please contact your DHB's System Level Measure (SLM) team; visit your DHB's patient experience survey reporting portals; or visit the Commission's website

(https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience)

ACCESS, TIMELINESS

ESPI - DHB LEVEL / FCT (31 DAY)

Data Source - Elective Services Patient Flow Indicator (ESPIs)

This data is sourced from the DHB Final ESPI Reports. Also included is the Total number of consecutive months of Red ESPI performance, and a 3 month trend of ESPI performance for each ESPI.

What do the colours mean in the title bar?

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

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

What do the colours mean in the table?

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

Data Source - Faster Cancer Treatment (FCT) 31 Day Indicator

This data is sourced from the DHB Faster Cancer Treatment (FCT) Reporting Database. This measure indicates whether 85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat. Please note that the FCT data may vary from the SS01 Quarterly Reporting measure due to the date of extraction.

What do the colours mean in the title bar?

Green	DHB met 85% Indicator for the latest month.	Red	DHB not met 85% Indicator for the latest month.

What do the colours mean in the table?

Green	DHB met 85% Indicator for the month.	Red	DHB not met 85% Indicator for the month.

ESPI 2 - BY SERVICE

Data Source

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

What do the colours mean in the title bar?

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

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

What do the colours mean in the table?

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

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

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

ESPI 5 - BY SERVICE

Data Source

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

What do the colours mean in the title bar?

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

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

What do the colours mean in the table?

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

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

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

TIMELINESS

DIAGNOSTICS PERFORMANCE

Data Source

The data is sourced from the monthly Diagnotics Reporting, the table and graph show the DHB % for a 12 month trend for CT, MRI and Angiography against the respective national indicator percentage expectations.

What does the coloured cells mean in the title bar and in the table?

In the top right hand corner of this box next to the title is the DHB % result for the latest month for CT, MRI and Angiography. This is also shown in the table below with the % by month for the 12 month period, the colour code below determines whether the performance meets expectations (green) or does not (red). This is the same as in the Diagnostics reporting.

CT		MRI		Angiography	
Green	Greater than or equal to 95%	Green	Greater than or equal to 90%	Green	Greater than or equal to 95%
Red	Less than 95%	Red	Less than 90%	Red	Less than 95%

OPHTHALMOLOGY WAITING TIMES

Data Source

This data is sourced for FSA and Treatment waiting times from the monthly DHB ESPI reporting, and the follow up information is sourced from the collection used through the Ophthalmology service improvement programme.

What does the coloured traffic light mean?

In the top right hand corner of this box next to the title is the DHB % result for the latest month for waiting time results for Ophthalmology for ESPI 2, ESPI 5 and % of patients waiting longer than 50% overdue for their follow up appointment or treatment. This is also shown in the table below with the % for a 12 month period, the colour code below determines whether the performance meets expectations (green) or does not (red). This is the same as in the ESPI reports for ESPI 2 and ESPI 5.

ESPI 2		ESPI 5		Follow up (50% and 100%)	
Green	= 0%	Green	= 0 %	Green	= 0 %
Yellow	> 0% but < 0.4%	Yellow	> 0% but < 1%	Red	> 0%
Red	> = 0.4%	Red	> = 1%		

NOTES:

NA	The measure is a DHB of service measure, where NA is present this means the DHB is not the provider for the service and other DHB provides this service.
ND	This indicates that no data is currently available, as the DHB has been unable to supply this.

CARDIAC SURGERY

Data Source

This data is sourced from the weekly reporting supplied from each of the five DHB cardiac units (Auckland, Waikato, Capital & Coast, Canterbury, and Southern).

What does the coloured cells mean in the title bar and in the table?

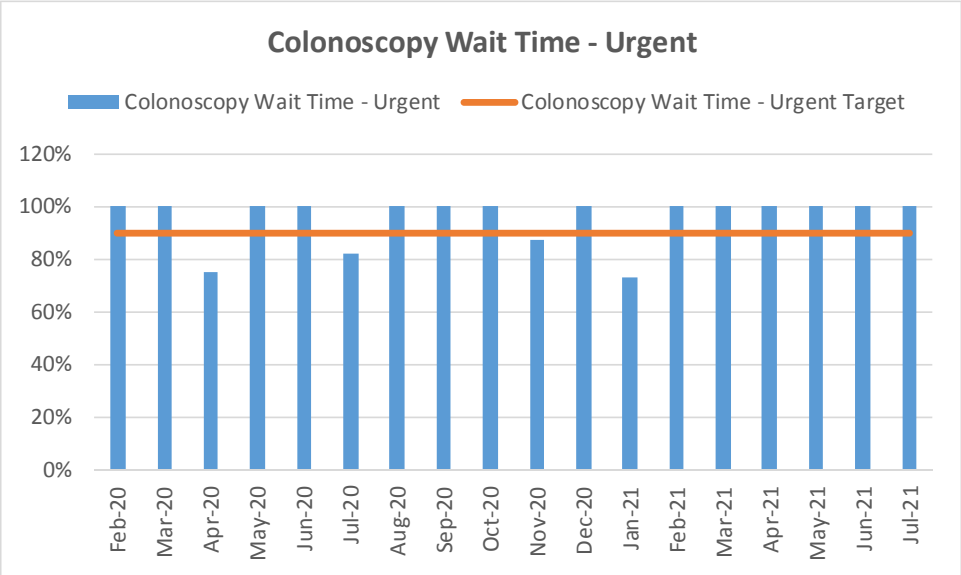
In the top right hand corner of this box next to the title is the regional provider % delivery for the latest week and the national number of patients waiting greater than the 90 day expectation for surgery. This is also shown in the table below with the % every four weeks, the colour code below determines whether the performance meets expectations (green) or does not (red).

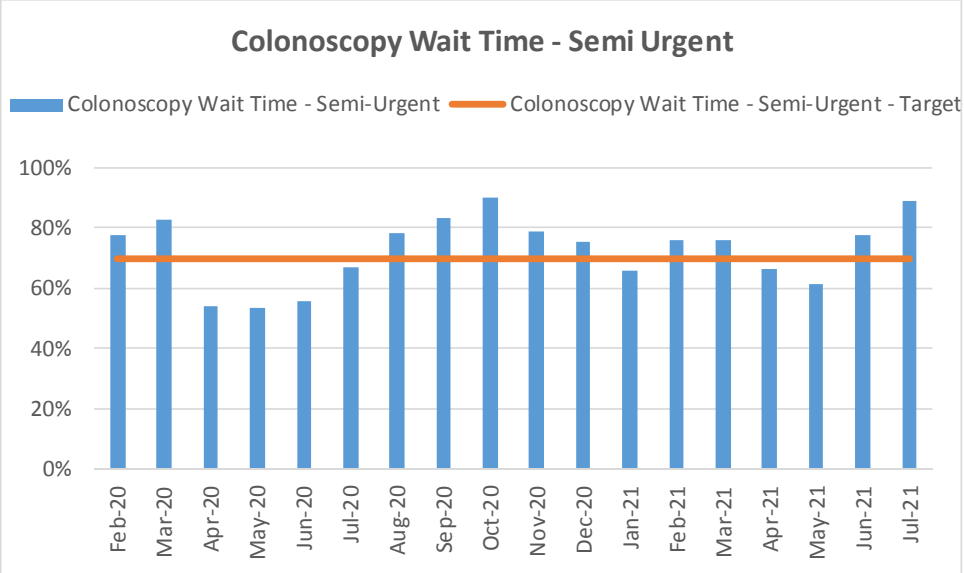
The graph shows the total waiting list, the number on the waiting list for greater than the expected timeframe, the maximum acceptable waitlist and the delivery.

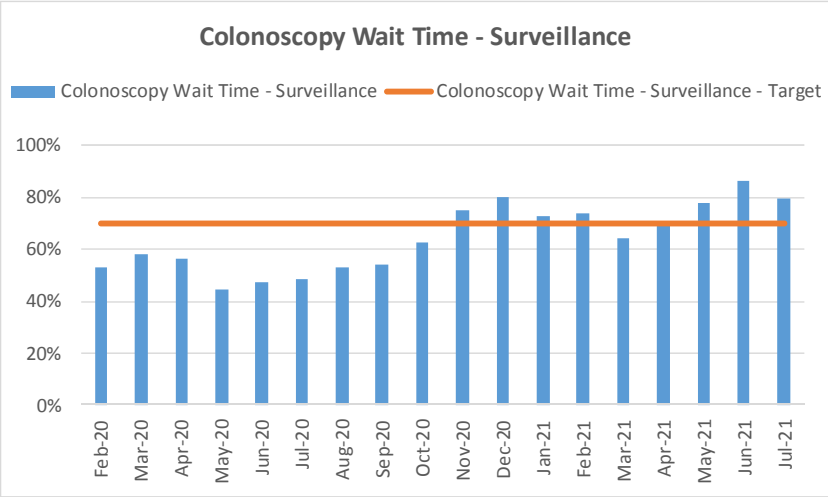
% delivery		Waiting over timeframe	
Green	100%	Green	0 patients
Red	Less than 100%	Red	Greater than 0

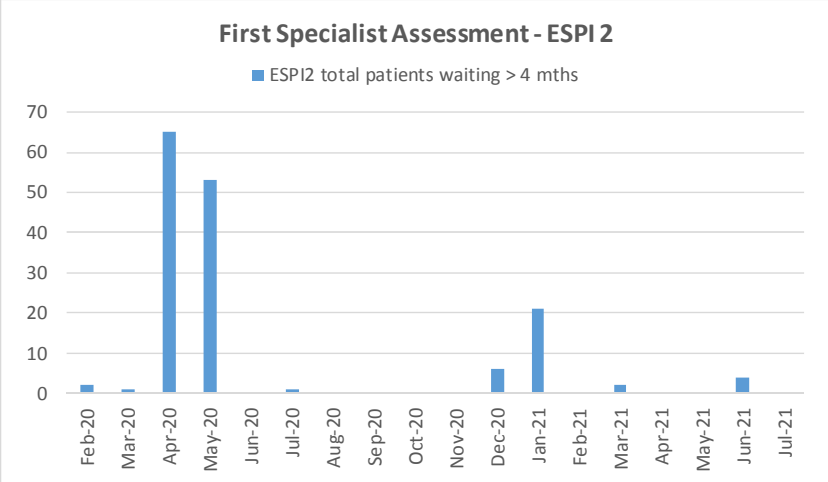
4.1 Planned Services

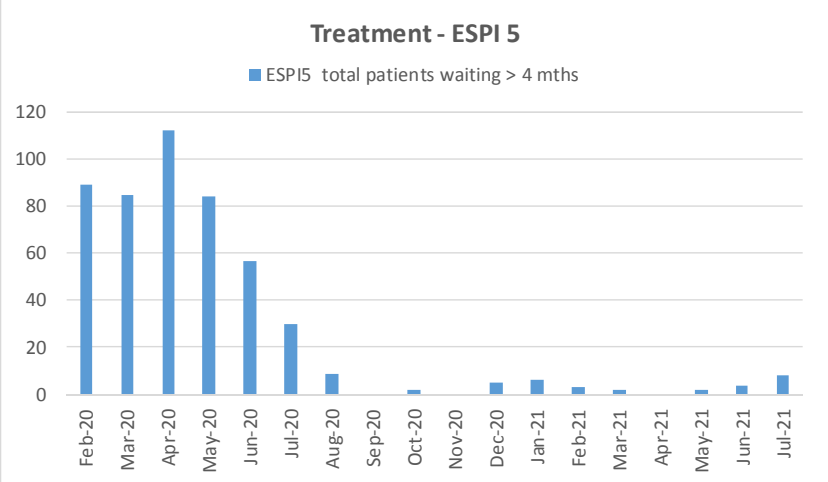
	Performance Planned Services													
	FY 19/20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Target
ESPI2		1	0	0	0	0	6	21	0	2	0	0	4	0	*0*
ESPI5		30	9	0	2	0	5	6	3	2	0	2	4	8	*0*
Delivery to Plan - discharges	**96.7%**	102.1%	103.1%	98.1%	97.8%	94.5%	95.6%	95.1%	98.5%	99.1%	102.2%	102.5%	104.3%	*TBA*	*95%*
Delivery to Plan - caseweights	**96.7%**	104.3%	110.2%	100.3%	99.3%	92.6%	94.4%	91.5%	95.2%	97.2%	100.2%	99.8%	100.0%	*TBA*	*95%*
Average length of Stay - Planned	**3.29**	2.49	3.69	3.15	3.34	3.06	3.64	3.50	2.92	3.69	3.02	4.04	2.77	3.14	*3.50*
Colonoscopy Wait Time - Urgent		82%	100%	100%	100%	88%	100%	73%	100%	100%	100%	100%	100%	100%	*90%*
Colonoscopy Wait Time - Semi-Urgent		67%	78%	83%	90%	79%	75%	66%	76%	76%	67%	61%	78%	89%	*70%*
Colonoscopy Wait Time - Surveillance		49%	53%	54%	63%	75%	80%	73%	74%	65%	71%	78%	86%	79%	*70%*
MRI Wait Time		57%	55%	46%	40%	72%	53%	44%	41%	42%	51%	61%	61%	49%	*90%*
CT Wait Time		97%	97%	96%	96%	98%	85%	81%	83%	91%	96%	96%	97%	96%	*95%*
Theatre Utilisation	**68%**	76%	82%	77%	79%	79%	79%	77%	75%	76%	74%	74%	69%	69%	*85%*
Day of Surgery Cancellations as a %	**6.7%**	4.2%	6.1%	4.5%	6.1%	5.1%	7.3%	9.0%	6.2%	8.1%	6.2%	7.2%	2.9%	5.2%	*5.0%*
Outpatient DNA First Specialist assessments	**7.8%**	8.6%	6.7%	8.2%	7.7%	8.9%	6.5%	8.1%	8.1%	8.1%	8.3%	7.3%	8.3%	10.8%	*8.0%*
Outpatient DNA Follow-Up Specialist assessments	**5.9%**	6.7%	5.6%	6.5%	5.5%	4.2%	5.2%	6.5%	6.4%	5.5%	8.2%	6.6%	6.8%	7.1%	*8.0%*
Outpatient DNA - Maori	**16.0%**	18.2%	15.0%	16.1%	16.6%	13.7%	14.2%	17.1%	14.8%	13.4%	17.4%	13.4%	18.9%	19.9%	*8.0%*

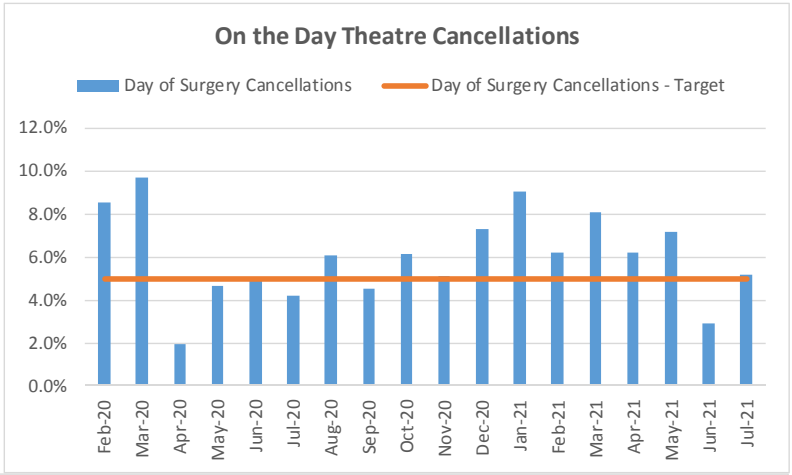


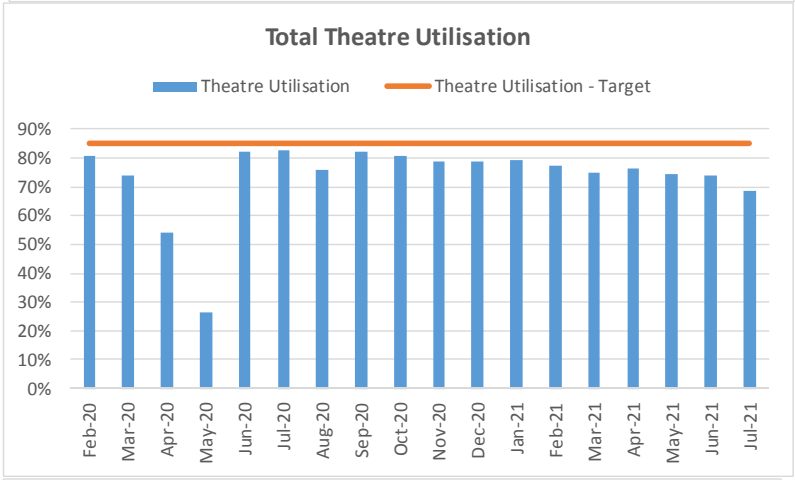


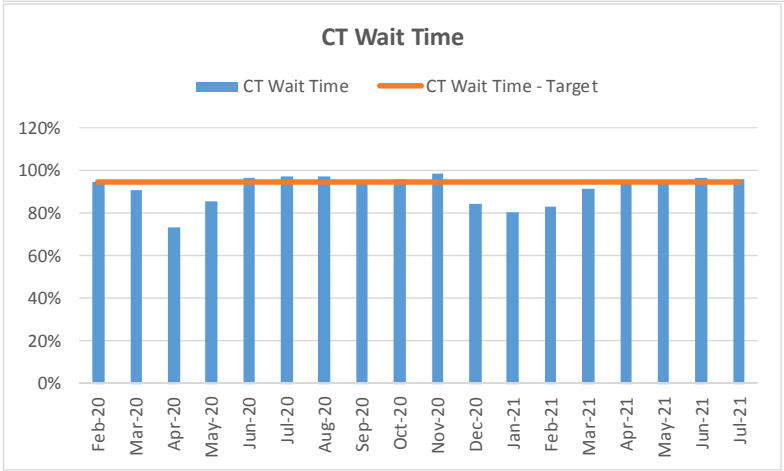

Colonoscopy Wait Time - Surveillance
Colonoscopy Wait Time - Surveillance
Colonoscopy Wait Time - Surveillance - Target
100%
80%
60%
40%
20%
0%
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21

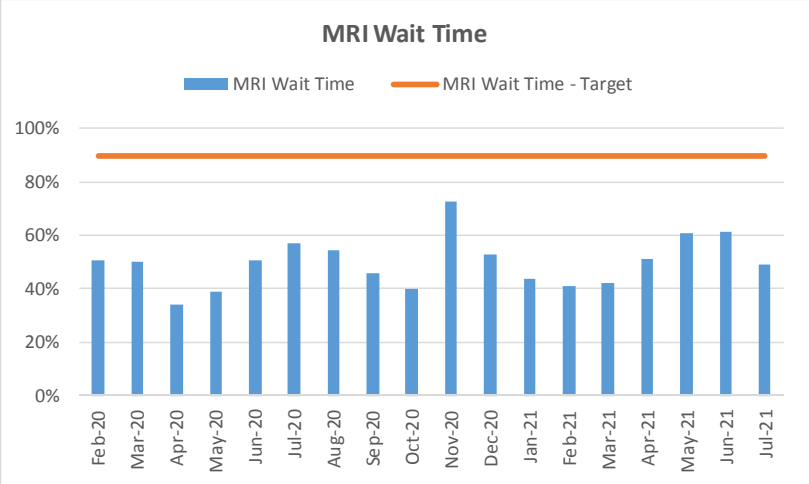

First Specialist Assessment - ESPI 2
ESPI2 total patients waiting > 4 mths
70
60
50
40
30
20
10
0
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21

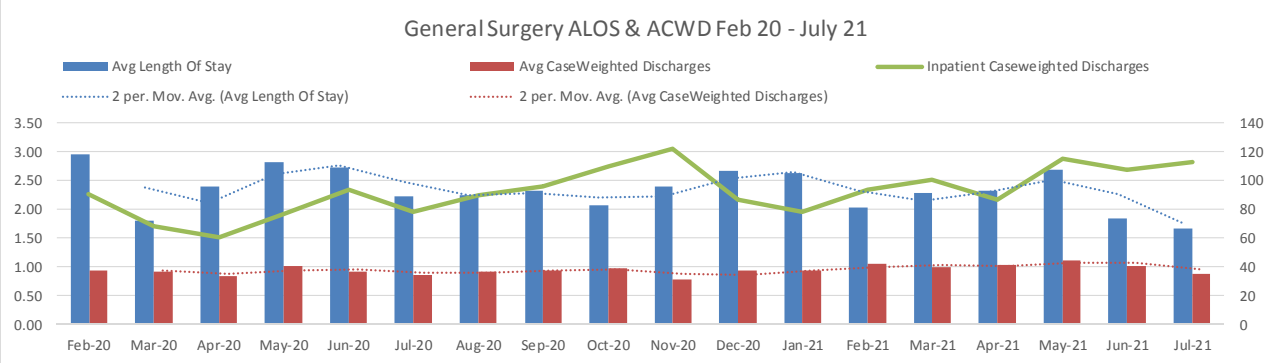

Treatment - ESPI 5
ESPI5 total patients waiting > 4 mths
120
100
80
60
40
20
0
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21

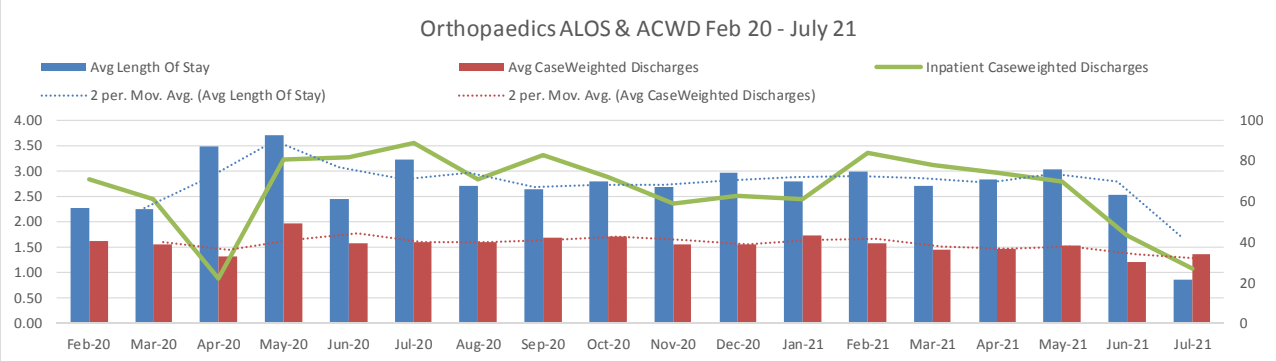

On the Day Theatre Cancellations
Day of Surgery Cancellations
Day of Surgery Cancellations - Target
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21


Total Theatre Utilisation
Theatre Utilisation
Theatre Utilisation - Target
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21


CT Wait Time
CT Wait Time
CT Wait Time - Target
120%
100%
80%
60%
40%
20%
0%
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21

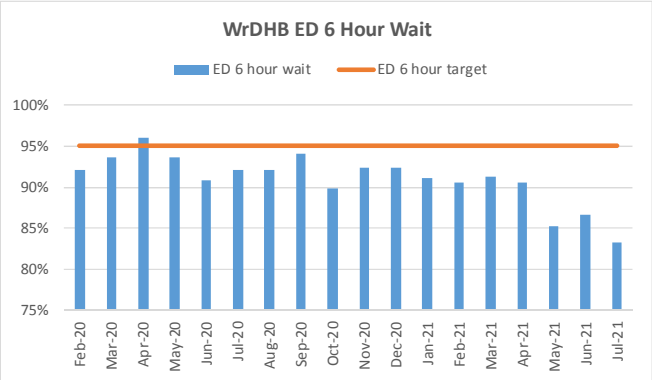


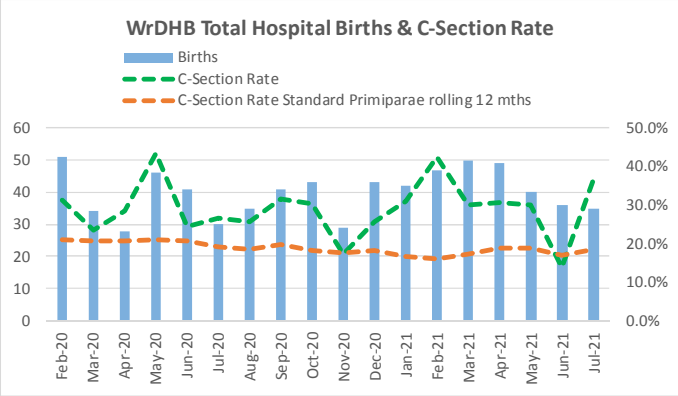


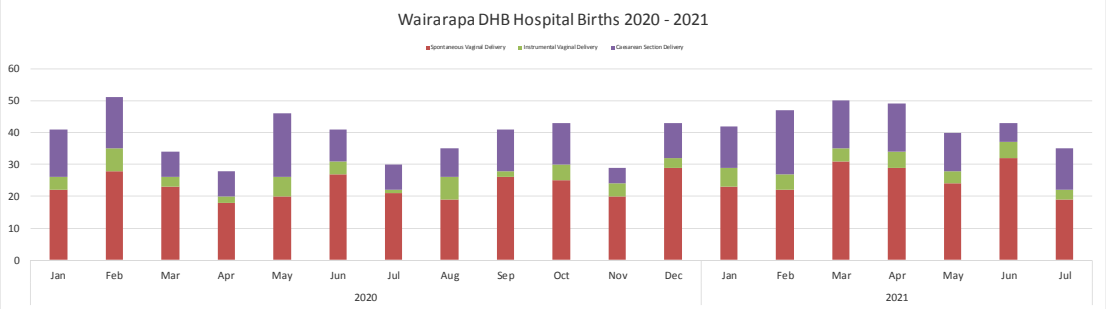


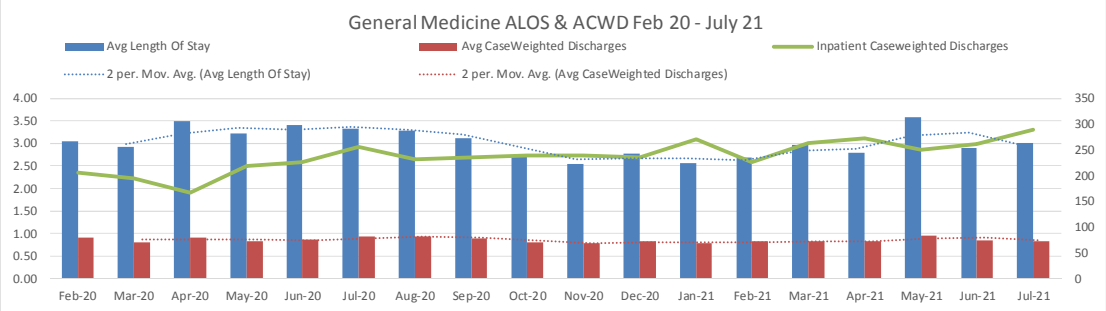
4.2 Acute Services

	Performance Acute Services													
	FY 19/20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Target
ED 6 hour wait	92%	92%	92%	94%	90%	92%	92%	91%	91%	91%	91%	85%	87%	83%	*95%*
Average length of Stay - Acute	3.50	3.82	3.29	3.20	3.04	3.15	3.00	2.95	3.07	3.08	3.36	3.60	3.24	2.99	*3.50*
Acute Readmissions	5.3%	4.7%	6.4%	5.7%	5.9%	5.8%	4.9%	5.2%	5.8%	6.3%	4.7%	5.6%	6.1%	*TBA*	*8.0%*
C-Section Rate	33%	27%	26%	32%	30%	17%	26%	31%	43%	30%	31%	32%	14%	37%	*25%*
C-Section Rate Standard Primiparae rolling 12 mths	21%	19%	19%	20%	18%	17%	18%	17%	16%	17%	19%	19%	17%	19%	*20%*
MSW discharges before 11am		13%	15%	15%	11%	14%	15%	11%	15%	16%	14%	15%	20%	17%	*TBC*
MSW Bed Utilisation	94%	95.9%	91.6%	91.8%	89.4%	84.9%	86.0%	88.6%	92.5%	90.4%	93.1%	85.6%	87.6%	92.7%	*85%*

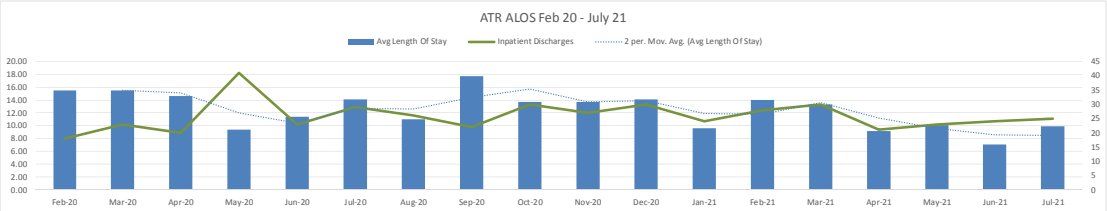


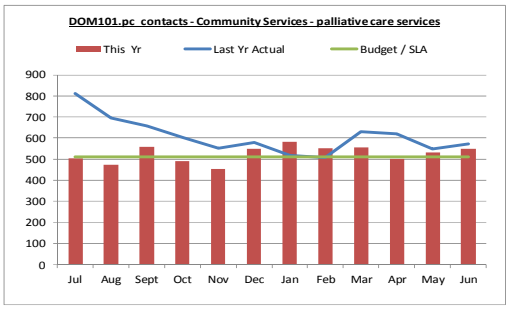


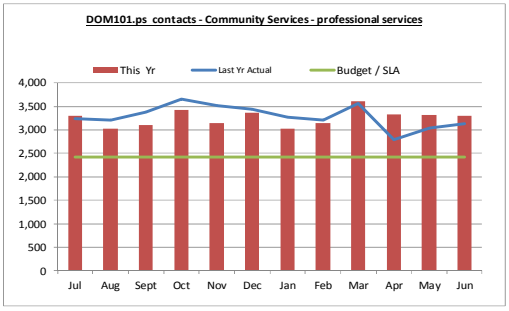


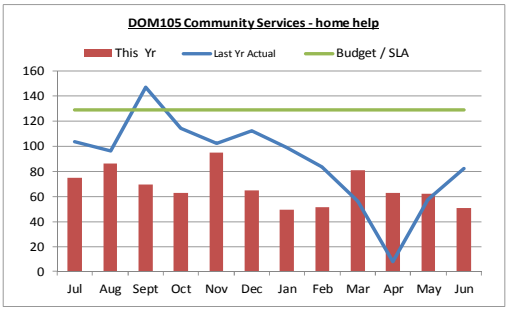


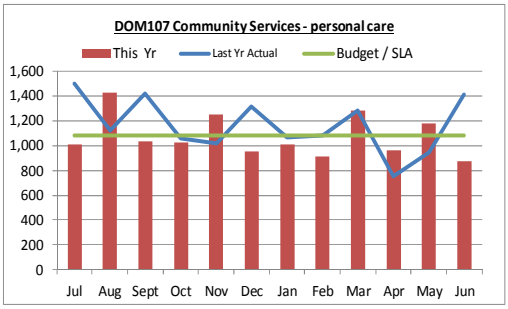
Community & Integration Services







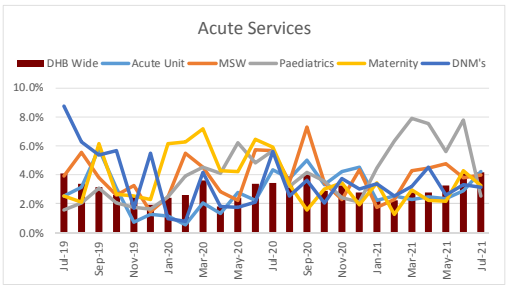


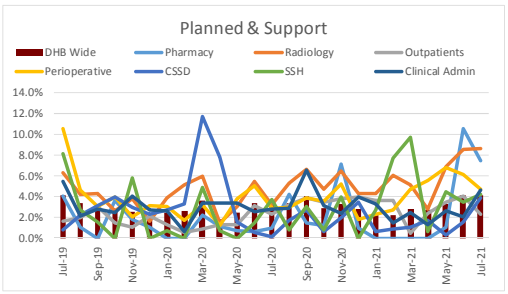


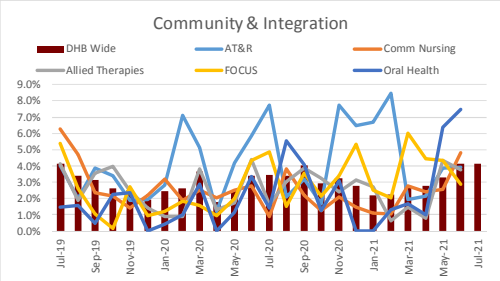
Staffing

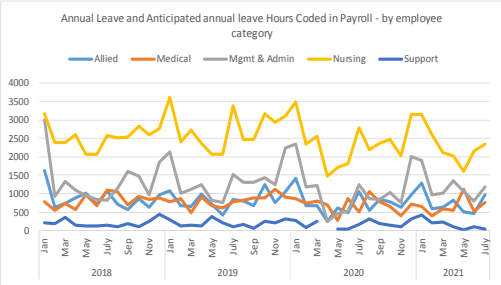
	Staffing														
	FY 19/20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Target
Hospital & Community - Sick as a % of worked	2.8%	3.6%	3.4%	4.3%	3.2%	3.4%	3.0%	2.4%	2.3%	3.0%	2.9%	3.5%	4.3%	4.2%	*2.5%*
Acute Services - Sick as a % of worked	3.4%	5.4%	3.4%	5.1%	3.2%	3.2%	3.7%	2.6%	2.5%	3.7%	3.9%	3.5%	3.9%	3.7%	*2.5%*
Planned Services - Sick as a % of worked	3.1%	3.1%	3.7%	4.6%	3.5%	5.1%	2.7%	2.9%	3.1%	3.3%	2.8%	4.6%	5.1%	5.2%	*2.5%*
Community & Integration Services - Sick as a % of worked	2.6%	2.5%	3.3%	3.1%	1.9%	3.2%	2.7%	2.1%	2.2%	2.5%	2.3%	3.8%	4.4%	5.0%	*2.5%*

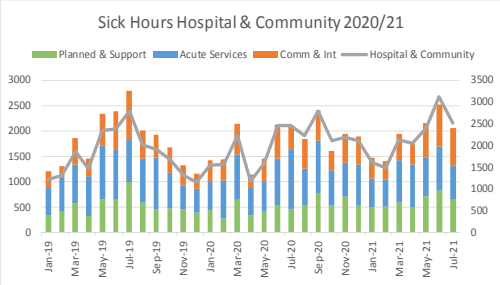
All payroll information is as at the 25/07/2021

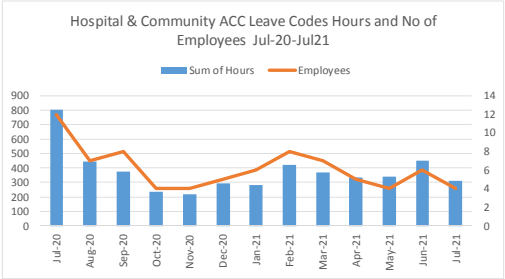





Community & Integration
DHB Wide
AT&R
Comm Nursing
Allied Therapies
FOCUS
Oral Health
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Jul-19
Sep-19
Nov-19
Jan-20
Mar-20
May-20
Jul-20
Sep-20
Nov-20
Jan-21
Mar-21
May-21
Jul-21


Annual Leave and Anticipated annual leave Hours Coded in Payroll - by employee category
Allied
Medical
Mgmt & Admin
Nursing
Support
4000
3500
3000
2500
2000
1500
1000
500
0
Jan
Mar
May
July
Sep
Nov
2018
2019
2020
2021


Sick Hours Hospital & Community 2020/21
Planned & Support
Acute Services
Comm & Int
Hospital & Community
3000
2500
2000
1500
1000
500
0
3500
3000
2500
2000
1500
1000
500
0
Jan-19
Mar-19
May-19
Jul-19
Sep-19
Nov-19
Jan-20
Mar-20
May-20
Jul-20
Sep-20
Nov-20
Jan-21
Mar-21
May-21
Jul-21


Hospital & Community ACC Leave Codes Hours and No of Employees Jul-20-Jul21
Sum of Hours
Employees
900
800
700
600
500
400
300
200
100
0
14
12
10
8
6
4
2
0
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**BOARD INFORMATION PAPER**
	Date: August- 2021
Author	Di Mazey, Acting Executive Leader Quality, Risk and Innovation
Endorsed	Dale Oliff, Chief Executive Wairarapa District Health Board
Subject	**Quality, Risk & Innovation Quarterly Report**

RECOMMENDATION It is recommended that the Board:

a. **Notes** reporting is for the months of May, June & July 2021**.**

b. **Notes** that there were no Work Safe notifiable events during the reporting period.

APPENDICIES

1. Charts and Tables for Quality, Risk & Innovation

1 INTROLDUCTION

As a DHB the Wairarapa District Health Board (WrDHB) are working towards meeting our quality goals by working together at all levels of the DHB to achieve patient centred care, openness and transparency, learning from error or harm and ensuring that the contributions of staff for quality improvement and innovation are truly valued. All of our goals are in line with the Triple Aim, national and regional priorities as identified by the Wairarapa DHB Annual Plan, Health Quality and Safety Commission (HQSC) Strategic Priorities, the Health and Disability Services Standards and Hauora Mō Tātou. They are currently outlined in the Quality Improvement and Patient Safety Strategy, which guides our focus and local service quality improvement and work plans.

The Quality team continues to provide support and leadership to clinical staff and develop and build on the systems, processes and capability required to maximise quality and patient safety.

Updates of note:

- Hand Hygiene New Zealand national compliance report for DHBs for March – June 2021 shows WrDHB have reached our target of ≥ 80% compliance, with an overall compliance of 84.4%.
- Certification Audit Corrective Actions update: 3 of the 10 original correction actions for Wairarapa District Health Board (WrDHB) are now fully complete and a further seven have been completed & uploaded to the Ministry of Health (MoH) on the 9th August.
- The Executive Leader Quality, Risk and Innovation position remains vacant due to withdrawal of successful candidate. The position is continuing to be covered by the WrDHB Health, Safety & Preparedness Manager.
- Annual Mass Casualty Exercise for 2021 successfully completed. Summation report with corrective actions distributed for review and follow-up.
- WrDHB Incident Management Watch group activated in response Covid risk level changes July 2021
- Business case approved and recruitment commenced for permanent Respiratory Protection Coordinator position enabling long term sustainability of training, education and fit testing for workers.

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2 CONSUMER VALUE

Consumer engagement and participation is one of the four components of clinical governance and patient experience is part of this. Focussing on patient experience is one way that enables us to identify areas for improvement and ensure care and services are patient-centred.

At WrDHB we receive most of our feedback through our complaints, compliments and feedback process and the National Adult In-Patient Experience Survey.

National Adult In-Patient Experience Survey

DHBs are required by the MoH to participate in this quarterly survey which surveys adult inpatient's over 15 years of ages, excluding mental health patients. There is also a Primary Care Survey.

The fourth round of National Adult In-patient Survey data collection provided by Ipsos took place on 12th April through to 9 May 2021. As per the previous quarter only SMS and email survey invites were sent to sampled inpatients.

Promotional flyers were placed on lunchtime meal trays to help promote the National Adult In-Patient Survey for those inpatients during the Q4 survey period. The flyer has also been place on the Quality Boards and screens throughout the hospital.

Four data results:

- Email and SMS = 274 invited, 61 completed (23.4%);
- 50 Māori invited, 10 completed;
- 5 Pacific People invited, 1 completed

Compared with

Q3 data results:

- Email and SMS = 300 invited, 66 completed (24.3%);
- 50 Māori invited, 7 completed;
- 2 Pacific People invited, 0 completed

Q4 results:

- Show a response rate 23.4% which is slightly lower than Q3 at 24.3%

2.2 Results

The table below shows the highest and lowest performing questions for Wairarapa Hospital in Q4.

Highest performing results for Wairarapa Hospital

The table below shows the highest performing questions for Wairarapa Hospital in May 2021. Click on the question title to see more details on specific questions.

⚠ Low sample size

Question Click on a question to see more detail		Overall	C.I.	n
Patient definitely treated with respect by other members of health care team.	May 2021	96.1%	(90.8%-100%)	51
Before the operation(s), staff definitely helped patient to understand what would happen and what to expect.	May 2021	95.0%	(85.4%-100%)	20 ⚠
Patient definitely treated with kindness and understanding by nurses whilst in hospital.	May 2021	94.8%	(89.1%-100%)	58
Patient definitely treated with respect by nurses.	May 2021	94.7%	(88.9%-100%)	57
Patient definitely trusted and had confidence in the nurses.	May 2021	94.5%	(88.5%-100%)	55
During the hospital visit, patient always received pain relief that met their needs.	May 2021	94.0%	(87.4%-100%)	50

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Lowest performing results for Wairarapa Hospital

The table below shows the lowest performing questions for Wairarapa Hospital in May 2021.

⚠ Low sample size

Question Click on a question to see more detail		Overall	C.I.	n
Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand.	May 2021	75.0%	(61.6%-88.4%)	40
Towards the end of the patient's visit, they were definitely kept informed as much as they wanted about what would happen and what to expect before they could leave the hospital.	May 2021	75.4%	(64.2%-86.6%)	57
Patient definitely given enough privacy when talking about treatment or condition.	May 2021	76.4%	(65.2%-87.6%)	55
Those involved in care always asked how to say name if uncertain.	May 2021	76.4%	(65.2%-87.6%)	55
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	May 2021	78.0%	(65.3%-90.7%)	41

What about your visit in hospital went well?

I found all of the nurses in ED amp HDU helpful friendly amp informative despite being awfully busy. The level of care they provide is second to none.
All staff were professional in their approach and at the same time friendly.
Clinician attending me was marvellous - very attentive listened gave clear instructions looked after me and talked with my husband about all happening as well. A job well done. He also phoned the next morning as said he would to see how the night had gone and to confirm when to take the medication.
Team caring for me did so always with a smile. They were caring and so professional. They seem to be cool under quite a lot of pressure. I'm thankful to all of you.
I had the most amazing time in maternity and I feel very lucky to of had the experience that I did. The staff were wonderful - our obstetrician and his student doctor and the hospital midwives we had were all kind and helpful and I just felt in such great hands. What a privilege and blessing it is to have a hospital like this in our area and I cannot thank everyone enough.
Young DR from ER- incredible acted promptly covered all basis of care provided sufficient pain relief and took time to explain my condition to what we could understand. Nurse at end of her shift but still provided great nursing care despite being exhausted. Admitting ER nurse was very caring and thoughtful and the night shift ER nurse extremely thoughtful, very attentive to pain management needs. Even though I felt and looked awful and was experiencing hallucinations I did not feel judged at all. Very grateful for all of the staff involved.
All the care that I received was outstanding, I commend all the midwifes nurses the theatre team and the obstetrician for the amazing service that I was given
Night nurse who was on the night after my operation was amazing trying to help me get my pain under control

What would have made your visit in hospital better?

Still have not received my discharge papers for my own records one month on.
The meals were bad I informed the delivery person. To have TVs hooked up in your rooms. Also longer beds for a tall person they are very uncomfortable.
Being able to stay in my room in the maternity ward the duration of my stay not being sent to another 2 wards and feeling forced out. Having continued care from one team instead of changes which caused things to be missed and not followed up. Having all of my meals ordered and none missed.
Some of the nurses were over worked so having attention sometimes when required was hard.
I did have to sign a form for a scan which I was not able to fully understand with the administration of my drugs however I did have a family member present with me.
The only problem I had was other patients watching TV very loudly. I think they need earphones like what you get in aeroplanes as I found it very hard to sleep/relax. Especially as the rooms on either side listened to different channels. Something I think hospitals could look at.
Maintenance of room.

Patient Experience Survey focus questions:

As per the System Level Measures Improvement Plan 2021/22 a patient centered approach to care using the survey feedback will create meaningful actions that support changes for the users of our service.

The selected four PES Questions for focus in 2021-22 are as attached in the appendix and will inform improvement activities for 2021-22.

The May to July 2021 compliments and complaints information has also been included for your information under the appendices and the more frequent words have been outlined in “wordals”.

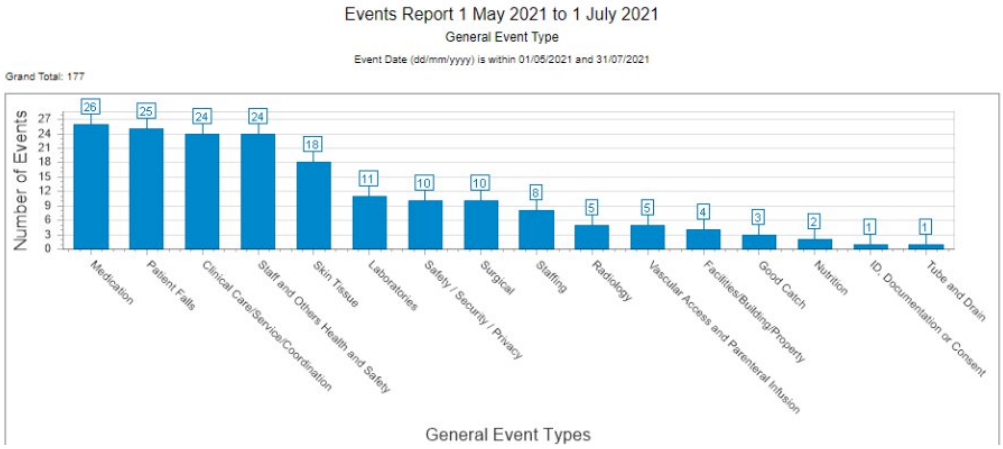
3 EFFECTIVENESS

Effectiveness focuses on monitoring and evaluation of patient care and performance in relation to our peers to ensure focused quality improvement. Our current data is pulled from SQuARE, our electronic reporting system (that we share with CCDHB, and HVDHB) and accurate data relies on timely and accurate reporting and reviews. We are currently reviewing the Medication Errors, Patient Falls, Hospital Acquired Pressure Areas data that is also reported within the WrDHB Balanced Scorecard to ensure accuracy and usefulness.

General Adverse Events

Learning and improving from incidents remains an important safety improvement strategy. Reported incident data is not necessarily an indicator to monitor organisational safety performance. Reporting constitutes one component of a broad range of conversations and activities focused on safety and risk.

The Quality and Inpatients Safety (QIPS) across CCDHB, HVDHB and WrDHB, the Occupational Health & Safety team at 3DHBs incl. MHAIDS are seeking to establish an accurate, reliable, compliant and user-friendly, patient and staff incident monitoring system. In order to identify some of the issues with the system a workshop was held which highlighted some of the problems with the software. A limited look at the software and its flexibility was undertaken to estimate the size of the work, to see if these needs could possibly be met by reconfiguring existing software or whether a change in the software to an alternate platform would be best. Following this a 3D review of SQUARE has been underway as requested by the 3D SQUARE taxonomy group. A full report is pending.



The top three events reported in year to date graph, in order of highest submission rate are:

1. Medication
2. Patient falls
3. Clinical Care/Service coordination.

Falls prevention needs to remain a high priority further highlighted by the increase in harm from falls within our DHB.

4 HQSC – QUALITY SAFETY MARKERS (QSMS)

Through its health quality intelligence program, the Commission establishes baseline measures and indicators which can be used to assess the quality of the health and disability system. Quality Safety markers form part of this. HQSC publishes QSMs which include both process markers and outcome measures.

DHBs are expected to collect data to support the QSMs and the HQSC will engage with DHBs in developing, implementing and reporting back on the QSMs. WrDHB continues to timely submit data for these QSM. The sharing of this information across all levels is an area of focus alongside an effort to increase the use of data to drive improvement.

Dashboard user guides are available via the HQSC website or by speaking to the Quality Clinical Nurse Coordinator (QCNC). Promoting the use of this dashboard continues to be championed from the QCNC and Clinical Quality Facilitators (CQF).

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Falls

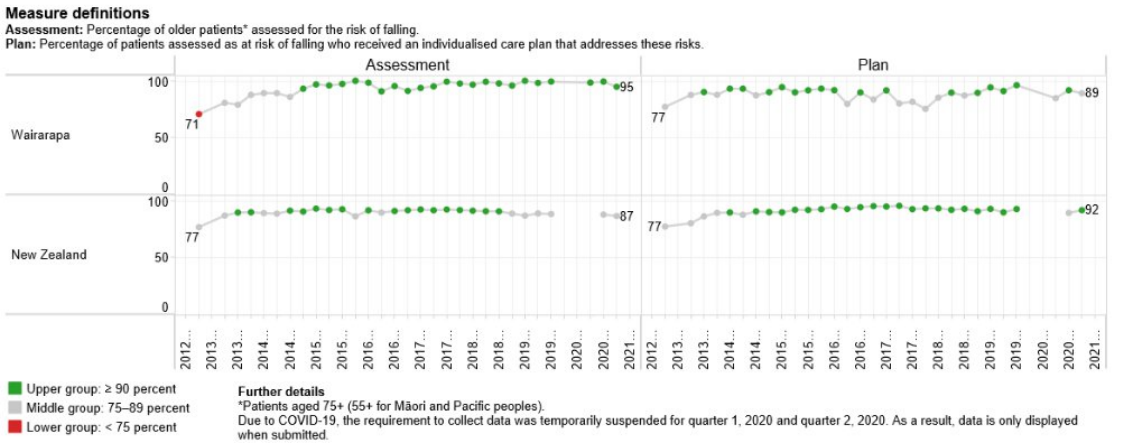
Whakamāmā I te whakawhara o te hinga - Reducing harm from falls. Falls/trends form part of pre reading data for the combined Falls and Pressure Injury Prevention Committee quarterly meetings which report through to the Clinical Board.

The multidisciplinary review for a frequent faller that sustained two SAC two fall events whilst an inpatient between Jan and March 2021 is nearing completion. The extensive timeframes for this review are due to awaiting specialist responses, the complexity of patient's journey, and the review team availability on top of high workloads all account for timeframe of review completion. Clinical event review process being followed alongside answering specific questions from the patients family members.

Falls QSM no longer require to be submitted quarterly to HQSC, these are now considered to be in the sustainability phase. WrDHB consistently achieved high results for the number of falls assessment completed, consistently in the upper group when compared nationally, as per below individualised care plans and the use of extra high falls sheets compliance has improved. Despite this an increase in falls with harm remained. Reminder that not only does individualized care need to be documented process it also needs to be followed through and critical thinking applied.

The updated dashboard for the electronic publishing of QSMs is proving much more user friendly. Local reports can be pulled and comparisons made nationally and over time.

Current: January–March 2021	95%	89%	1 falls for a rate of 44.3 falls per 100,000 admissions
Previous: October–December 2020	99%	92%	1 falls for a rate of 42.3 falls per 100,000 admissions



Locally a focus on falls prevention needs to be maintained as a priority. In terms of auditing, an agenda item for the next combined falls and pressure injury prevention committee is how to monitor whilst in the sustainability phase. Falls remain within WrDHB top reportable events and a rise in falls with harm has been noted.

Recommendations out of clinical event review process will inevitably aid in targeted approaches to reducing harm from falls. Contributing factors are investigated in event reviews including staffing levels and patient acuity. A resourced Falls Educator as an interim fixed term measure to help ascertain if this has a positive impact to patient safety in relation to falls will be further explored.

Hand Hygiene

See Infection prevention control report for more information.

Surgical Site Infection Improvement Programme (SSIIP)

In depth SSIIP QSM report is presented bi-annually by IPC to Clinical Board. Supported by both IPC Committee and Orthopedic Surgeon, WrDHB opted to transition to light surveillance (from full surveillance) from October 2020, dramatically reducing the time spent collecting data of this embedded QSM.

Patient Deterioration

National Maternity early warning system MEWs is not included/ discussed within this Quality teams report. Real time auditing continues to occur for process markers enabling education to staff at point of audit. Over first six months of 2021 246 adult inpatient early warning score charts were audited.

Results as per HQSC dashboard.

Nationally WrDHB, presently paper based, achieves highly in process measure as per the following diagram on following page:

Full patient deterioration QSM results can be found via HQSC dashboard.

The reduction of harm from failures to recognize or respond to acute physical deterioration is an aim of this deteriorating patient QSM initiative therefore anything to enhance this would be highly supported. WrDHB MET calls and cardiac arrest are currently inadequately captured to easily enable review and therefore drive improvement or capture any inequities. The process of MET call capture and review is an area of work that will be supported by Quality but lead through Acute services leads.

The Patient Deterioration national virtual hui held on 17 June 2021 was attended by WrDHB staff including a number of Acute services staff, Clinical Quality Facilitator, Peri-Op and Clinical Quality Nurse Coordinator. An informative and interactive agenda with enlightening examples from various DHBs were showcased.

From a local perspective there is further work to be done in order to be able to use data to drive improvement and progress in this space, including stronger consumer involvement within any project team as consumers are at the center of what we are doing. Patients and whānau often recognise subtle signs of patient deterioration even when vital signs are normal. Processes to support patients and whānau to escalate their concerns are a critical component of successful recognition and response systems. Kōrero mai could be viewed as just another vital sign.

Essentially there are three parts to the adult inpatient deteriorating programme and all require commitment to enable improvement.

Pressure Injuries (PIs)

Auditing of both documentation and skin inspection continues for this QSM across MSW, AT&R, HDU, Maternity and the Pediatric ward. Full results can be viewed via HQSC dashboard.

Skin assessment and individualized care plan results as per below for WrDHB compared nationally.

PIs are often avoidable, have significant negative impacts on patients' lives, whānau and those providing their care, increase hospital length of stay and are associated with extra resource consumption. It is therefore essential WrDHB has a strong focus on Pressure Injury prevention.

A rise in hospital acquired pressure injuries from WrDHB is noted. Two separate event review teams are currently reviewing unstageable hospital acquired pressure injuries. The Clinical event review group aware and event review process being followed. A hospital wide learning review document to be shared on review completion. WrDHB is to be a part of the ACC funded pressure injury prevention project.

Opioids

Capturing of data for this QSM is completed by the Pain CNS. Real time auditing enables education at point of audit. Continued Improvement with the use of the opioid monitoring chart to continue. Auditing does occur but numbers remain low and remains a challenge due to resourcing.

Safe Surgery

The Health Quality & Safety Commission-led Safe Surgery NZ programme, which has greatly improved the way surgical operations are performed in Aotearoa New Zealand, finished in July 2021.

The programme achieved all its objectives, which were to:

- Improve patient safety culture through better teamwork and communication.
- Improve teamwork and communication of surgical teams through briefings, the use of all three parts of the World Health Organization surgical safety checklist, and debriefings.
- Establish and develop a network that supports the programme objectives and long-term sustainability of patient safety and quality improvement work
- Provide expert advice and strategic thinking on improving the safety of the perioperative environment through horizon scanning, assessing evidence-based interventions and contributing to other programmes.

Sustaining the important work around this QSM is paramount. Debriefing remains an area for improvement in line with national trend. Post discussions between HQSC and safe surgery lead for WrDHB process going forward for WrDHB will be a smaller number of audits, helping to make these audits achievable and meaningful. WrDHB site visit from the programmes clinical lead Professor Ian Cival occurred on 6th August 2021 and was attended by twelve Peri-Op staff and a number of SMO's.

Consumer Engagement

CPHAC has agreed to provide the governance and oversight of the new Consumer Engagement QSM required as part of the 2020/21 Annual Plan. The purpose of this QSM is to answer the question 'What does successful consumer engagement look like and (how) does it improve quality and safety of services?

5 OCCUPATIONAL HEALTH & SAFETY

The role of Occupational Health & Safety is to support a progressive and continuous improvement philosophy within the WrDHB by providing health and safety advisory services and facilitating change aimed at improving the work environment to reduce risk.

Initiatives and Improvements

- A multi-disciplinary working group has been established to look at bariatric equipment requirements for the DHB.
- Respiratory Protection Coordination role approved and being recruited to.
- A new WrDHB wheelchairs audit programme in place.

Positive Performance Indicators

- Grounds audit complete for Hospital campus
- New Health and Safety Rep inductions completed;
  - Community Nursing
  - Perioperative Services
  - FOCUS
  - Covid Vaccination Clinic

Priorities undertaken in line with health and safety & emergency annual plans

- SQUARE - Staff and Others Health and Safety Events - reviewed and managed.
- Nurse's core update and specialised training days for this quarter complete.
- Specialised training on Health and Safety and Emergency Preparedness complete.
- Health and Safety Advisory Committee meeting held; inclusive of:
- Training topic: Mask Fit checking
- Promotion: Covid vaccination our role as Healthcare workers
- SQUARE data review
- Wellbeing promotional items:
  - Stretchy; a cross-platform open source app that reminds staff to take breaks and provides ergonomic and wellbeing tips
  - 0800 Heroes free mental wellbeing support

Notifiable Events since last report

Nil Work Safe notifiable events.

Hazards of Significance (new, emerging or requiring escalation)

COVID-19	Covid intelligence continues to be monitored and promulgated. Multiple groups within the DHB continue to participate in regular Covid work streams and forums both regionally and nationally.
Violence and Aggression	Remains a static risk despite a reduction in our overall numbers of violence (physical assault) reported a continued focus is required on this as a key area of significant risk for staff.
Moving and Handling	Remains a static risk for staff, particularly in relation to deficiency in patient handling equipment e.g. ceiling track hoists and appropriate and accessible equipment for bariatric patients
High Heat	Remains a static risk over summer months for staff, patients and contractor health and wellbeing due to increasingly high summer temperatures and ineffective engineering controls to mitigate to an acceptable level in buildings with no air conditioning.

Bulk Potable Water Storage	Progress continues with MDC portable potable water treatment station; setting out of the componentry for the treatment plant inside the container and commencing with the pipework configuration. Followed by a trial testing, upon efficient operational running further discussion regarding exact location for integration into the DHBs existing systems will occur.
Insufficient Decontamination Equipment and training	A decontamination guideline is in draft. Additionally a regional approach is being taken with DHBs in greater Wellington area meeting together and agreeing to work collaboratively to address common issues faced by all three DHBs around effective PPE, training, facilities and best practice guidance. WrDHB has also requested progression of publication of National HEP Hazardous Substances guidance for hospitals that was indicated due for release with which alignment would be required.
Blood and Body Fluid (BBF) Exposure	BBFs are a well-recognised occupational risk to health workers with the effective use of standard precautions, including hand hygiene and PPE still regarded the best way to provide protection from infectious pathogens. Training, education and promotion continues for staff.
Lone Workers	Lone and Community workers are isolated from other workers increasing the risk to their personal safety. A significant step towards mitigating risks for lone workers has been made with the approval of an agreement for the provision and supply of services associated with SECOM Safe being entered into, to provide a Personal Safety Lone Worker Solution via mobile application, across the greater Wellington region DHBs (CCDHB, HVDHB and WrDHB) for a 12 month trial period to provide monitoring services to enrolled DHB users 24 hours per day, 7 days per week, and 365 days per year. This has been further supported through the Police Liaison/ Security Review Group meeting.

6 MANUAL HANDLING

The WrDHB has recorded 4 Moving and Handling events in the second quarter of 2021. This compares favourably to prior years, demonstrating a reduction compared with both 2020 (13 events) and 2019 (7 events). This is the first quarterly fall in the number of events noted since the establishing of the Moving and Handling Coordinator role in May 2019. Whilst it is encouraging, it will require ongoing analysis.

The primary focus for the Moving and Handling Coordinator continues to be equipment provision to reduce manual handling injuries, associated costs and to protect and future proof our finite work force. The recently established group to review bariatric care provision will be developing a bariatric care pathway which will also address the need for access to equipment suitable for the needs of this particular patient group (e.g. bed, chair, walking frame etc) to minimise risk and enable patient participation. All partially or completely dependent patients and the staff caring for them will benefit from ceiling track hoist devices. A business case is being constructed by the Moving and Handling Coordinator to support and highlight this need which will require significant financial investment to achieve.

MAPA Training / Restraint

WrDHB commenced their Foundation MAPA (Management of Actual and Potential Aggression) training in 2020 in line with the training plan that was approved in August 2019. This training equips staff with skills to de-escalate potentially violent situations minimising the need for restraint and teaching safe disengagement strategies and least restrictive methods of restraint. 28 staff have been trained in 2021 with 74 staff in total fully trained. There has been a reduction in enrolment and attendance on the course compared with last year which can be attributed to staff shortages. The programme has been extremely positively received with feedback from 2021 courses as below:

- 100% confirm that content of the course is relevant to their needs.
- 77% gave the course a 5/5 rating.
- 100% of attendees agreed or strongly agreed that the course met its objectives (in teaching non-verbal skills, verbal deceleration skills, MAPA principles, Physical intervention skills and therapeutic rapport development).

Crisis Prevention Institute, the organisation that owns MAPA has decided to change the name of the training programme this year from MAPA to Safety Interventions and will implement further improvements including a new learning module on trauma and how this affects behaviour and is aimed at providing greater insight into and understanding of challenging behaviour.

All Restraint Events are reported through the Restraint Advisory Group, reviewed against policy and procedural guidance and learnings shared to ensure that we continually improve our practices.

7 OCCUPATIONAL HEALTH

Respiratory Protection Programme/Mask Fit Testing

In 2020 as a result of COVID-19 the Ministry of Health mandated 'fit testing' of masks for staff who care for patients in airborne precautions or whom may carry out aerosol generating procedures on suspected or confirmed COVID-19 patients.

The establishment of a new .4FTE Respiratory Protection Programme Nurse Coordinator role has just been approved by the CEO (in July). This role will be a joint role with the .5FTE Care Capacity Demand Management Coordinator role and recruitment is currently underway. Once the role is appointed to progress will be able to be made on establishing a robust Respiratory Protection Programme here that includes annual 'fit testing' of masks for staff.

Staff Occupational Health Vaccinations including Flu

This year the campaign started approximately seven weeks later than it normally would (in line with the national start date) due to the prioritisation of the staff COVID-19 vaccination rollout.

The most recent figures are below:

WrDHB Staff Influenza Vaccination Figures as at 23rd July 2021	
Nurses	47%
Doctors	63%
Midwives	19%
Allied Staff	69%
Healthcare Assistants	41%
Other employees	49%
Total DHB staff vaccinated	**49%**

There has been a slow uptake of the flu vaccine by staff this year, other DHBs are reporting this trend also, with a complex range of reasons this year; obviously increased hesitancy with DHB staff around having the influenza vaccine this year and wanting to wait longer after getting their COVID-19 vaccine, entirely putting off getting an influenza vaccine with their priority on COVID-19, and evidence of an overall sense of vaccine fatigue. However staff flu vaccination remains a priority and is available every Monday morning from Outpatients or by contacting one of the six ward based vaccinators.

Occupational Health Screening of New Covid staff members

An additional one off 16 hours was given to the Occupational Health Nurse to enable the increased workload related to the screening of new Covid Team staff members. Each new pre-employment screen takes at least 20 minutes each. Over a 3 week period in June there were 39 new staff members to screen for the COVID-19 team alone.

Vaccination for Healthcare Workers

Significant work is going on nationally in regards to guidance for DHBs on unvaccinated staff. This is very much a work in progress and Policies/Procedures will be updated as the guidance is updated.

8 INFECTION PREVENTION AND CONTROL AND EMERGENCY PREPAREDNESS

Infection Prevention and Control updates are provided bi-annually or by exception to Clinical Board.

Emergency Management updates are provided annually or by exception via this report. A summary of activity for this period is as follows:

- Mass Casualty Exercise Autumn Festival successfully held, post exercise de-brief conducted , outcomes report and corrective actions finalised and distributed
- Radio networks regional testing completed.
- Planning is going ahead to support Tū Ora Compass in trainings and presentations to local primary sector in emergency management and business continuity planning and preparedness.
- Work ongoing in participating in the PHO emergency radio network
- Additional items procured for Emergency Air Shelter to enable safer use and increased functionality.
- Sub regional Primary Planners Quarterly meeting held.
- Liaison with Regional and National Emergency Management and COVID-19 networks and work streams continues including monitoring and distribution of relevant intelligence.
- Attendance at Wairarapa Emergency Services Coordinating Committee meeting.
- Revision of Emergency Response plans and manuals continues.

9 RISK

The moment in time Risk Report showing all new, closed, active and static risks is generated from the WrDHB SharePoint Risk Register and via this Quality Quarterly report (Appendix A – Risks updated as at 2nd August). At any stage a 'real time' Clinical Board Risk Report is available on SharePoint.

Risk review is a standing item on the ELT agenda with ELT members responsible for reviewing and managing risks at an operational level and providing summaries and updates. This process is now embedded into the DHB's updated Risk Management Policy and Procedure. Ongoing work continues to ensure regular review of mitigations and controls occurs by risk owners, an ELT schedule has been set up to complete a regular more significant 'deep dive' review into categories.

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Summary of all Risks by category currently on Risk Register as at 2nd August 2021

The following table shows the number of risks on the WrDHB SharePoint Risk Register by residual risk rating (RAC) with mitigation in place.

Note: There are 70 risks in total lodged on the system (some risk affect multiple categories). The table below shows the distribution of these by potential impact on specific areas.

RISK CATEGORY	Total	RAC1	RAC2	RAC3	RAC4
Financial	14	6	7	0	1
Governance	5	3	1	1	0
Health and Safety	26	9	8	8	1
Legal	11	5	4	2	0
Operational	32	14	13	3	2
Patient Care	28	12	13	3	0
Reputational	24	10	9	5	0
Total	**140**	**59**	**55**	**22**	**4**

10 CERTIFICATION/CORRECTIVE ACTIONS

Certification audit against the Health and Disability services Standards took place between the 17th and 19th November 2020. There were ten Corrective Actions identified, the first three were uploaded in May, a further seven have now been completed and uploaded to the Ministry of Health.

Future certifications will be slightly different with the up-coming proposed changes to the Health and Disability services Standards. A revised standard that reflects shifts towards more person and whānau-centred health and disability services, where people are empowered to make decisions about their own care and support in order to achieve their goals, with a stronger focus on outcomes for people receiving support.

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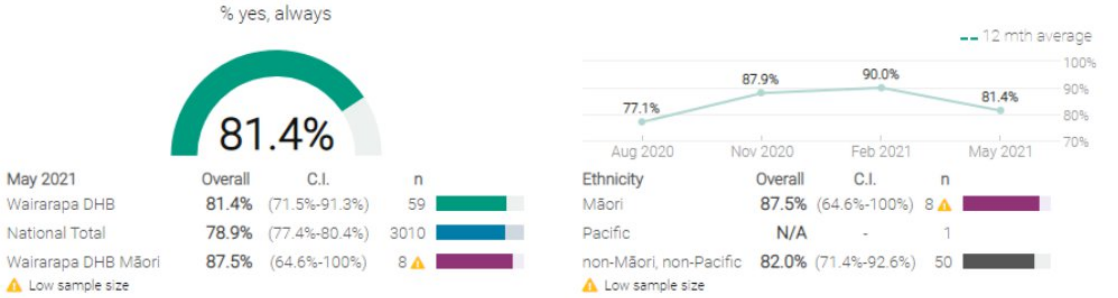
Care from health care team

Q6.

6 Were you involved as much as you wanted to be in making decisions about your treatment and care?



May 2021	Overall	C.I.	n
Wairarapa DHB	81.4%	(71.5%-91.3%)	59
National Total	78.9%	(77.4%-80.4%)	3010
Wairarapa DHB Māori	87.5%	(64.6%-100%)	8 ⚠

⚠ Low sample size

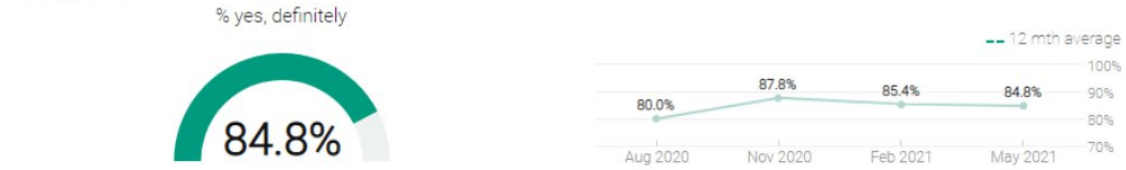
Ethnicity	Overall	C.I.	n
Māori	87.5%	(64.6%-100%)	8 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	82.0%	(71.4%-92.6%)	50

⚠ Low sample size

Care from health care team

Q16:

16 Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your visit?



May 2021	Overall	C.I.	n
Wairarapa DHB	84.8%	(74.4%-95.2%)	46
National Total	77.3%	(75.6%-79.0%)	2322
Wairarapa DHB Māori	85.7%	(59.8%-100%)	7 ⚠

⚠ Low sample size

Ethnicity	Overall	C.I.	n
Māori	85.7%	(59.8%-100%)	7 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	86.8%	(76.1%-97.5%)	38

⚠ Low sample size

Surgery

Q22:

22 Did you have enough information about how to manage your condition or recovery after you left hospital?

May 2021	Overall	C.I.	n
Wairarapa DHB	80.0%	(69.4%-90.6%)	55
National Total	70.2%	(68.5%-71.9%)	2911
Wairarapa DHB Māori	87.5%	(64.6%-100%)	8 ⚠

⚠ Low sample size

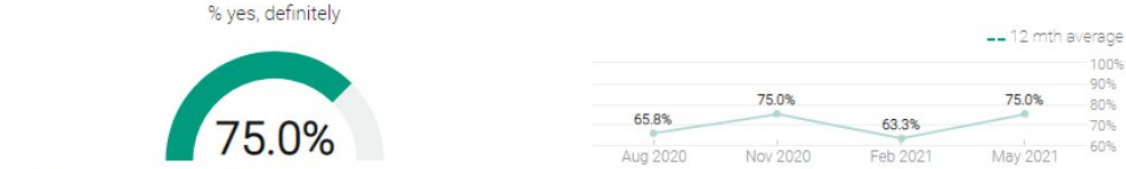
Ethnicity	Overall	C.I.	n
Māori	87.5%	(64.6%-100%)	8 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	80.4%	(68.9%-91.9%)	46

⚠ Low sample size

Discharge

Q24:

24 Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?



May 2021	Overall	C.I.	n
Wairarapa DHB	75.0%	(61.6%-88.4%)	40
National Total	62.4%	(60.4%-64.4%)	2186
Wairarapa DHB Māori	85.7%	(59.8%-100%)	7 ⚠

⚠ Low sample size

Ethnicity	Overall	C.I.	n
Māori	85.7%	(59.8%-100%)	7 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	75.0%	(60.0%-90.0%)	32

⚠ Low sample size

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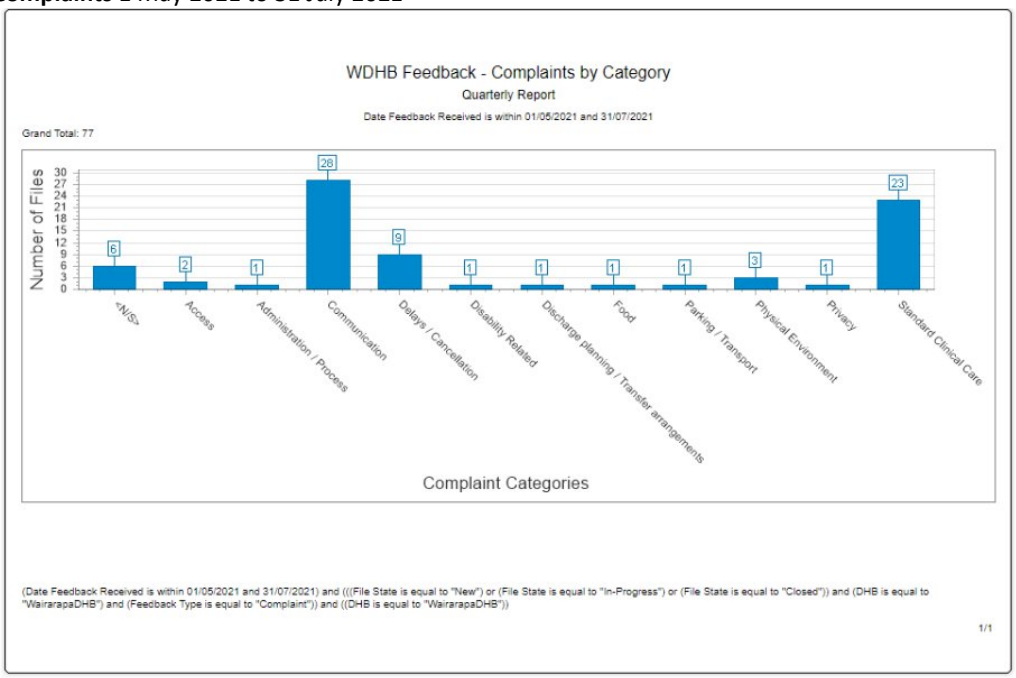
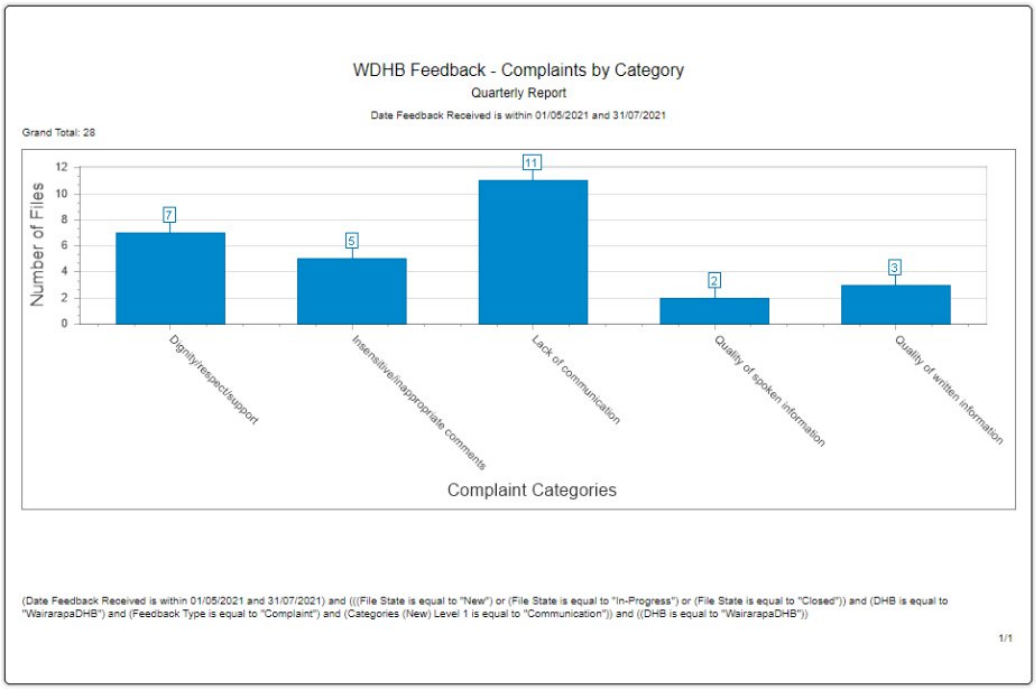
Complaints and Compliments

Complaints 1 May 2021 to 31 July 2021





Communication is the main complaint for this quarter with lack of communication the larger subcategory. Standard Clinical Care was again the second highest complaint category.

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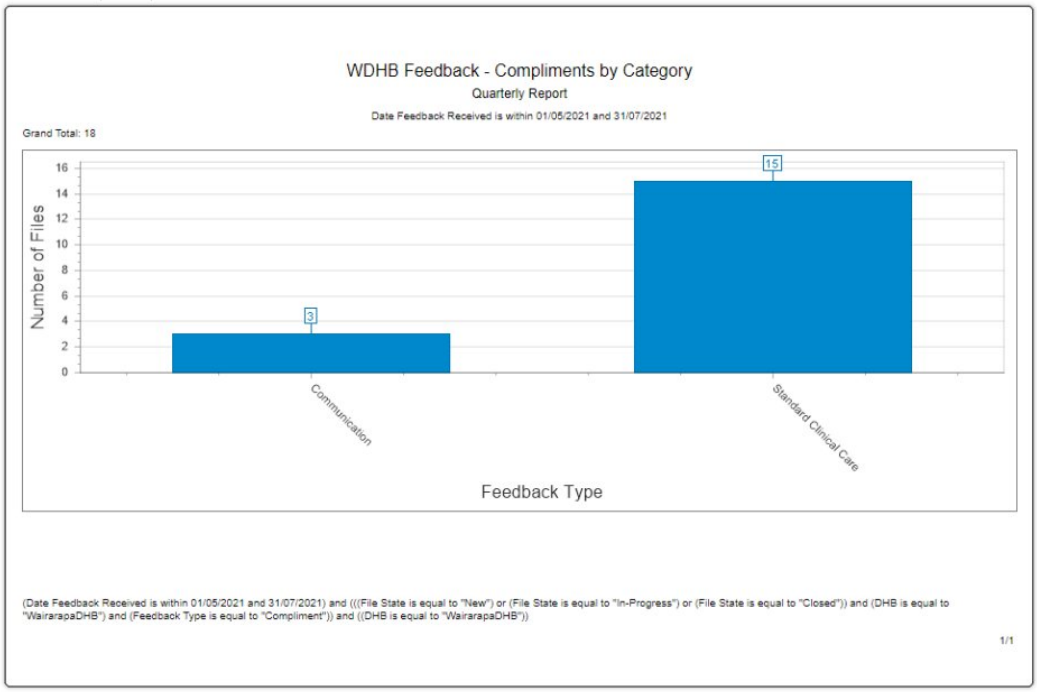
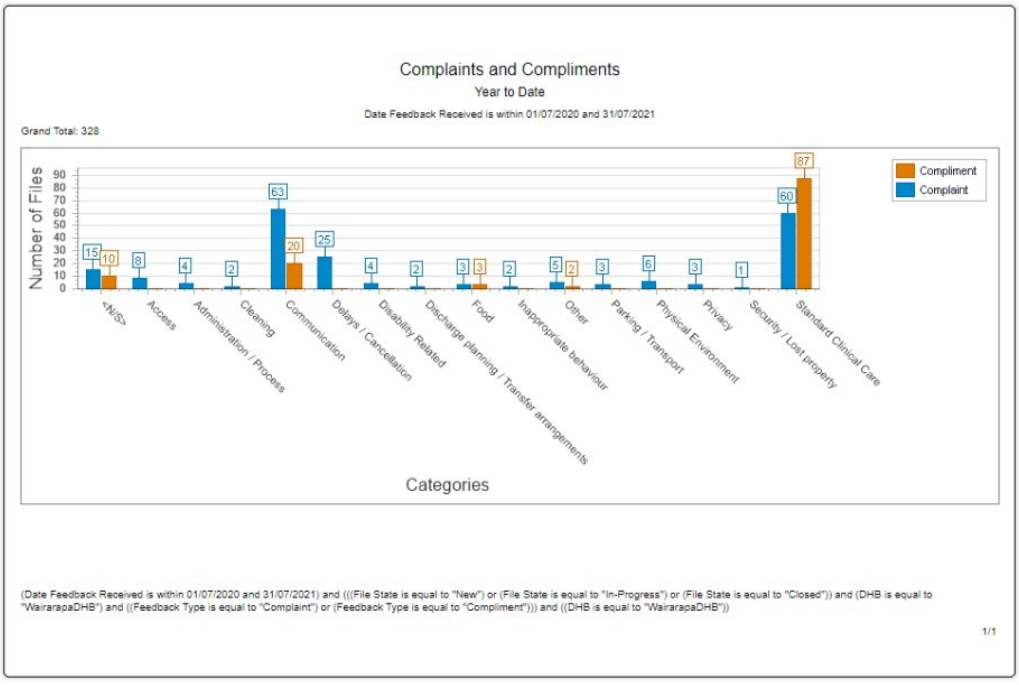
Compliments

1 May 2021 to 31 July 2021





May to July 2021 compliments and complaints, with the more frequently repeated words being largest.

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Compliments

Complaints

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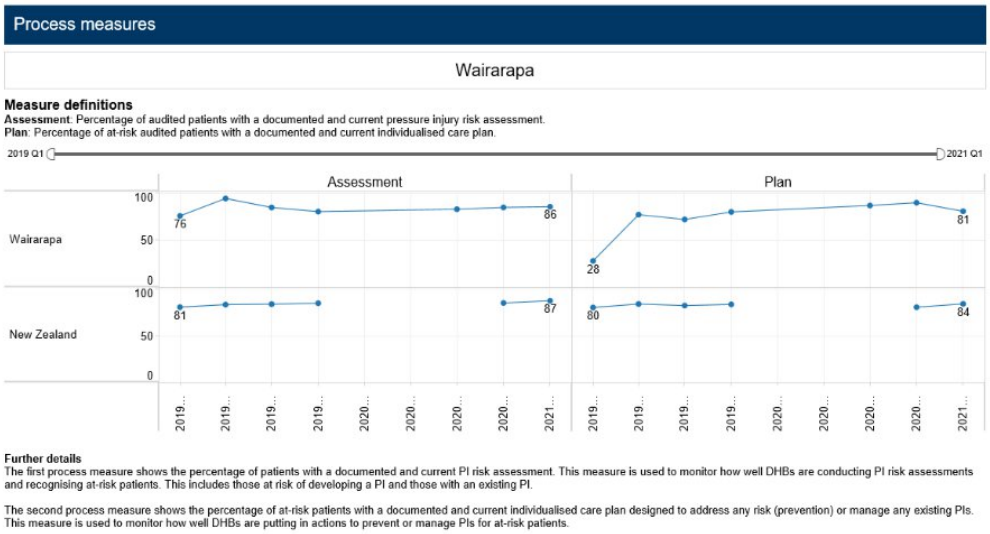
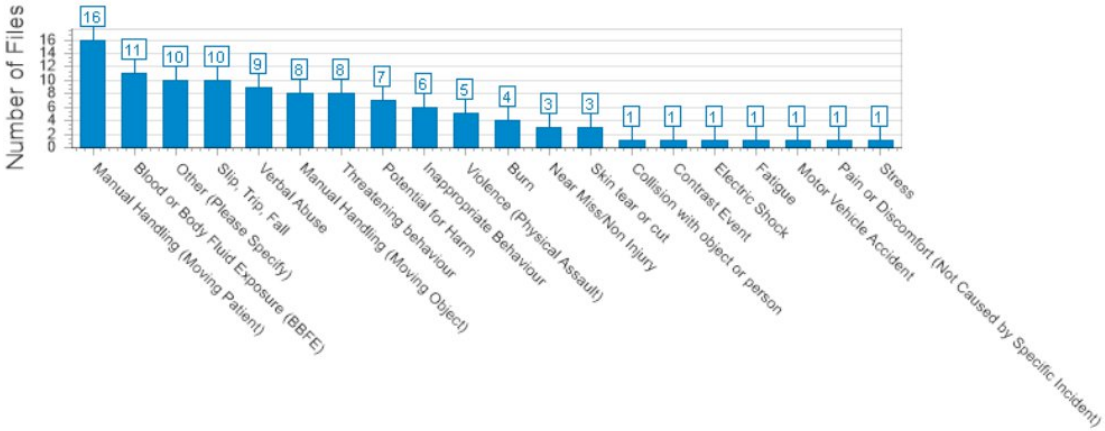
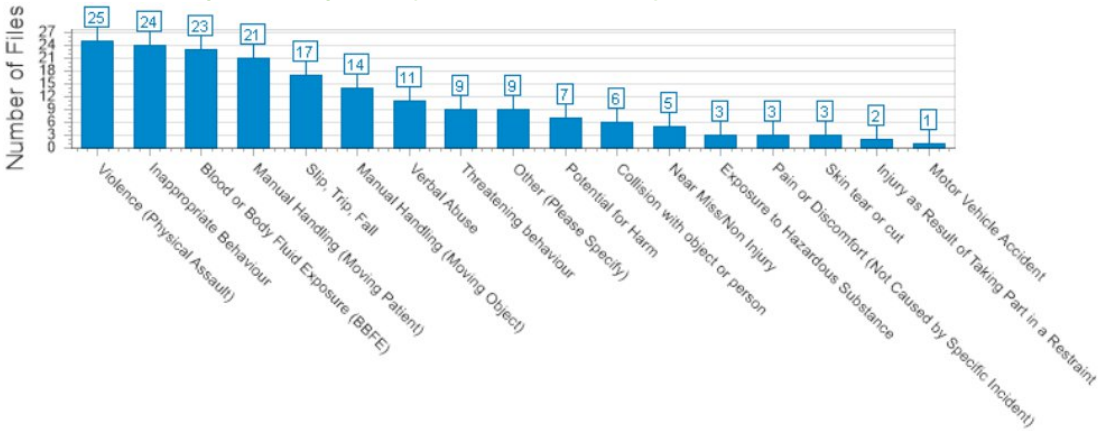
Pressure Injuries (PIs)



Health and Safety Reportable Events: 1/7/2020 to 1/7/2021



Previous 12 month period comparison (1/7/2019 to 1/7/2020)

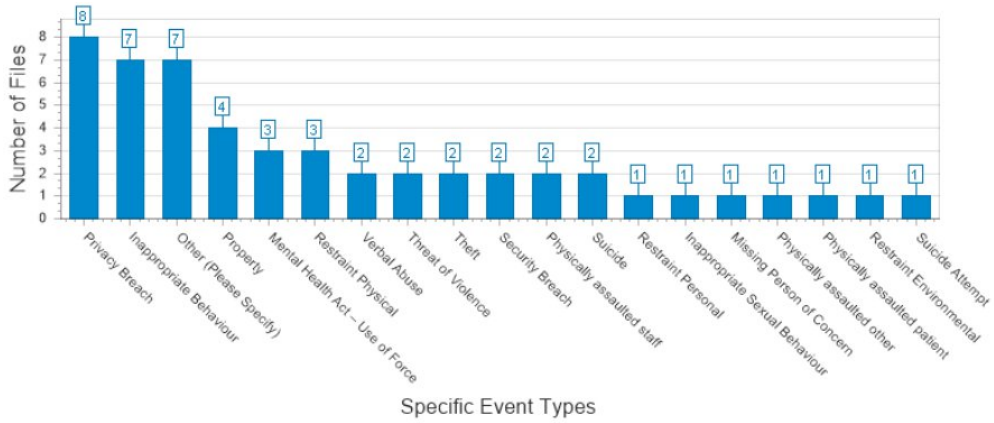


Commentary:

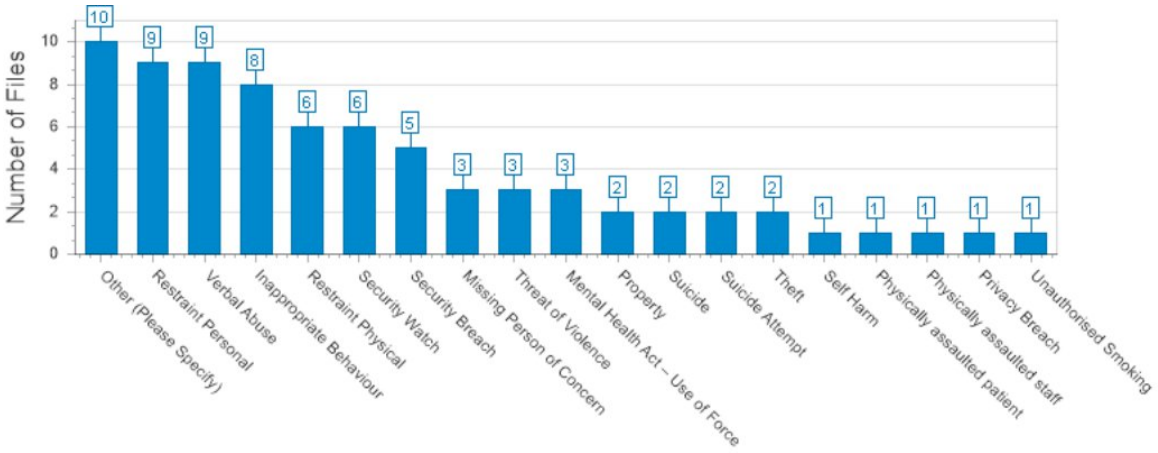
A continued overall reduction in events submitted. It is still difficult to draw any useful comparison of this data due to the significant impact Covid had on the work environment through much of 2020.

However it is still pleasing to see the reduction in particularly high risk events such as violence physical and manual handling.

Safety/Security Reportable Events : 1/7/2020 to 1/7/2021



Previous 12 month period comparison (1/7/2019 to 1/7/2020)



Commentary

Dramatic decrease in restraint personal and physical considered to be associated with increased use of MAPA (Management of Actual or Potential Aggression) training now that several cohorts have been through training programme. Further information on this found below in report from Restraint Coordinator Julia Parker.

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa	**BOARD DECISION PAPER** **Date: August 2021**
Author	Sir Paul Collins, Wairarapa District Health Board Chair
Subject	**Resolution to Exclude the Public**

RECOMMENDATION It is recommended that the Board

a. **Agrees** that 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. **Notes** 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 under the Official Information Act 1982 (OIA) to withhold, in particular:

SUBJECT	REASON	REFERENCE
Public Excluded Minutes	Information provided in confidence	Section 9(2)(ba)
Excluded Chief Executive Report		
Finance Report	Information on change processes that may enable affected individuals to be identified	Section 9(2)(a)
People, Capability and Organisational Development Report		
All of Government: Office Supplies Contract	Any department or organisation holding information to carry out prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	Section 9(2)(j)
Finance, Procurement, Information Management Systems Business Case		
DHB Position Statement on the Sale and Supply of Alcohol Act		
District Health Board action to support the Smokefree Aotearoa 2025 Goal		
DHB land on Te Ore Ore and approval of Business Case to lease for development		
3DHB Data and Digital Quarterly Update		
Delegation to sign 22nd Omnibus Variation to the 2012/13 Crown Funding Agreement (CFA), for 2021/22 Financial Year	Any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities	Section 9(2)(i)
Quality, Risk and Innovation Quarterly Report	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	Section 9 (ba)(i)