



30 June 2022



Dear 

**Re: OIA request – Wait times for specialist appointments and surgery**

Thank you for your Official Information Act request received 25 May seeking information from Waitematā District Health Board (DHB) about wait times for specialist appointments and surgery.

On 2 June, we transferred questions 1 & 2, 7 & 8 and 23 & 24 to Auckland DHB as these procedures are undertaken by that DHB for Waitematā DHB-domiciled patients. The questions transferred to Auckland DHB are as follows:

1 & 2:

- The average wait time to see an oncologist after a referral has been sent from the patient's GP, for the last five years between 2018 to this year-to-date.
- The longest and shortest wait time to see an oncologist after a referral has been sent from the patient's GP, for the last five years between 2018 to this year-to-date.

7 & 8:

- The average wait time for heart surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.
- The longest and shortest wait time for heart surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.

23 & 24:

- The average wait time for respiratory surgery after a First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.
- The longest and shortest wait time for a respiratory surgery after a First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.

On 31 May and 2 June, we contacted you seeking the following clarifications:

26. The longest and shortest wait time for a patient visiting the emergency department for the last five years from 2018 to this year-to-date.

*Do you want the 'waiting to be seen time' in minutes?*

28. All reports discussing increasing patient transfers between hospitals under the new Health New Zealand model, between Jan 2021 to date, held by the DHB.

*Are you seeking reports related to the transfer of patients to and from other hospitals in NZ under the HNZ model?*

You confirmed we were interpreting the above questions correctly.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing more than 8,900 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

It should be noted that, for the data provided below, long delays are typically outliers and can occur if patients choose to delay their surgery until a later date, move out of the area temporarily or have their surgery delayed due to complicated clinical conditions that arise prior to surgery. This can occur due to conditions that require other treatment and recovery time (such as stroke or heart attack) before a safe surgical procedure can be undertaken. Patients remain under the care of their GP and any changes in condition are referred to the DHB for further review and assessment, as needed.

In addition, patients are triaged according to level of acuity and the flow-on effect is that patients who are waitlisted with a low level of acuity will have surgery but might wait longer for surgery compared to patients with a higher level of acuity.

Surgery that has been triaged at a lower level of acuity is typically not done during COVID-19 lockdowns, with the highest priority cases seen in the immediate catch-up periods.

- 3. The average wait time for cancer surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.**
- 4. The longest and shortest wait time for cancer surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.**

We are providing a combined response for questions 3 & 4. The response for these questions has been drawn from the 31-Day Faster Cancer Treatment data which records the 'Date of Decision to Treat' through until 'Treatment Date' for 11 tumour streams as follows: breast, lower gastro-intestinal, upper gastro-intestinal, lung, melanoma, haematology, gynaecology, head and neck, sarcoma, brain and thyroid.

It should be noted that some cancer surgeries are performed at other DHBs for Waitematā DHB-domiciled patients. However, we collect the wait time data on our patients and, therefore, it is included in the information provided in our response, below. Cancer surgeries performed at other DHBs are:

- Auckland DHB - gynae-oncology, neuro-oncology, lung, some sarcoma surgeries
- Counties Manukau DHB - main centre for sarcoma surgeries.

First Specialist Appointment (FSA) data is not routinely recorded in this data set as a decision for surgical treatment is not necessarily made at the FSA. The average wait time for cancer surgery from the date it is decided that surgery is the right treatment is provided below, for the last five years.

Waitematā DHB average wait time in days for cancer surgery					
Calendar years	2018	2019	2020	2021	2022
Cancer surgery	18	18	21	23	21

The shortest wait time for surgery each year was zero days (i.e. surgery was performed on the same day that it was decided it was the right treatment) and the longest wait time for surgery was 325 days.

<b>Longest and shortest wait times in days for cancer surgery from referral to first outpatient appointment</b>					
<b>Calendar years</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Longest wait time	136	189	325	305	195
Shortest wait time	0	0	0	0	0

In terms of overall performance, Waitematā DHB has consistently met or exceeded the Ministry of Health target of treating 85% of patients within 31-days since the inception of this treatment indicator.

5. The average wait time to see a cardiologist after a referral has been sent from the patient's GP, for the last five years between 2018 to this year-to-date.

<b>Average wait time in days to see a cardiologist from referral to first outpatient appointment</b>					
<b>Calendar years</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Cardiology	77	83	75	80	46

6. The longest and shortest wait time to see a cardiologist after a referral has been sent from the patient's GP, for the last five years between 2018 to this year-to-date.

<b>Longest and shortest wait times in days to see a cardiologist from referral to first outpatient appointment</b>					
<b>Calendar years</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Longest wait time	414	768	404	377	154
Shortest wait Time	0	0	0	0	0

9. The average wait time to see an orthopaedic surgeon after a referral has been sent from the patient's GP, for the last five years between 2018 to this year-to-date.

<b>Average wait time in days to see an orthopaedic surgeon from referral to first outpatient appointment</b>					
<b>Calendar years</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Orthopaedics	77	82	96	114	85

10. The longest and shortest wait time to see an orthopaedic surgeon after a referral has been sent from the patient's GP, for the last five years between 2018 to this year-to-date.

<b>Longest and shortest wait times in days to see an orthopaedic surgeon from referral to first outpatient appointment</b>					
<b>Calendar years</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Longest wait time	255	513	424	460	151
Shortest wait time	4	4	4	4	4

11. The average wait time for orthopaedic surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.

<b>Average wait time in days for orthopaedic surgery after FSA</b>					
<b>Calendar years</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Orthopaedics	87	133	185	229	129

12. The longest and shortest wait time for orthopaedic surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.

Longest and shortest wait times in days for orthopaedic surgery after FSA					
Calendar years	2018	2019	2020	2021	2022
Longest Wait time Ref to 1st OP Apt	291	686	792	504	320
Shortest Wait Time Ref to 1st OP Apt	4	4	4	4	31

13. The average wait time for a gynaecologist appointment after a referral has been sent from the patient's GP for the last five years between 2018 to this year-to-date.

Average wait times in days to see a gynaecologist from referral to first outpatient appointment					
Calendar years	2018	2019	2020	2021	2022
Gynaecology	70	71	71	101	95

14. The longest and shortest wait time for a gynaecologist appointment after a referral has been sent from the patient's GP for the last five years between 2018 to this year-to-date.

Longest and shortest wait times in days to see a gynaecologist from referral to first outpatient appointment					
Calendar years	2018	2019	2020	2021	2022
Longest wait time	287	253	567	454	151
Shortest wait time	4	4	4	4	4

15. The average wait time for gynaecological surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.

Average wait time in days for gynaecological surgery after FSA					
Calendar Years	2018	2019	2020	2021	2022
Gynaecology	67	94	105	120	94

16. The longest and shortest wait time for gynaecological surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.

Longest and shortest wait times in days for gynaecological surgery after FSA					
Calendar years	2018	2019	2020	2021	2022
Longest Wait time Ref to 1st OP Apt	242	612	743	804	146
Shortest Wait Time Ref to 1st OP Apt	4	4	4	4	8

17. The average wait time for a urologist appointment after a referral has been sent from the patient's GP for the last five years between 2018 to this year-to-date.

Average wait time in days to see a urologist from referral to first outpatient appointment					
Calendar years	2018	2019	2020	2021	2022
Urology	79	74	86	89	63

18. The longest and shortest wait time for a urologist appointment after a referral has been sent from the patient's GP for the last five years between 2018 to this year-to-date.

Longest and shortest wait times in days to see a urologist from referral to first outpatient appointment					
Calendar years	2018	2019	2020	2021	2022
Longest Wait time Ref to 1st OP Apt	293	412	359	361	134
Shortest Wait Time Ref to 1st OP Apt	4	4	4	4	6

19. The average wait time for urology surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.

Average wait time in days for urology surgery after FSA					
Calendar years	2018	2019	2020	2021	2022
Urology	74	97	127	125	81

20. The longest and shortest wait time for urology surgery after a patient's First Specialist Appointment (FSA), for the last five years between 2018 to this year-to-date.

Longest and shortest wait times in days for urology surgery after FSA					
Calendar years	2018	2019	2020	2021	2022
Longest Wait time Ref to 1st OP Apt	260	677	740	539	146
Shortest Wait Time Ref to 1st OP Apt	5	4	4	4	5

21. The average wait time for a respiratory specialist appointment/ or general medicine specialist for respiratory problems after a referral from a GP, for the last five years between 2018 to this year-to-date.

Average wait time in days to see a respiratory specialist from referral to first outpatient appointment					
Calendar years	2018	2019	2020	2021	2022
Respiratory Medicine	85	83	79	99	76

22. The longest and shortest wait time for a respiratory specialist appointment/ or general medicine specialist for respiratory problems after a referral from a GP, for the last five years between 2018 to this year-to-date.

Longest and shortest wait times in days to see a respiratory specialist from referral to first outpatient appointment					
Calendar Years	2018	2019	2020	2021	2022
Longest Wait time Ref to 1st OP Apt	207	401	560	461	146
Shortest Wait Time Ref to 1st OP Apt	1	0	0	1	6

25. The average wait time for a patient visiting the emergency department (ED), for the last five years from 2018 to this year-to-date.

Average ED triage wait time in minutes – North Shore and Waitakere hospitals					
Triage Code	2018	2019	2020	2021	2022
1	0	0	0	0	0
2	38	46	42	61	70
3	87	95	82	104	113
4	86	91	77	98	102
5	72	74	62	87	91

**26. The longest and shortest wait time for a patient visiting the emergency department for the last five years from 2018 to this year-to-date.**

It should be noted that patients who present to an ED are triaged according to clinical urgency, with patients in triage category one (1) requiring the most-urgent/immediate care and five (5) the least-urgent. The primary aim is to ensure that care is provided within an appropriate timeframe in light of a patient’s clinical acuity, with priority given to patients who present with clinical urgency. Patients with lower-acuity health concerns are encouraged to consider other options, such as visiting their GP, pharmacy or nearest accident and medical clinic. This preserves our ability to quickly assist those who do need emergency care.

We recommend caution in interpreting the data as outliers can occur for the following reasons:

- patient presents to ED every few days – management plan in place
- patients evaluated and provided medication within guidelines – evaluations not recorded as ‘seen by’.

<b>Longest ED triage wait time in minutes – North Shore and Waitakere hospitals</b>					
<b>Triage code</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
1	0	0	0	0	0
2	854	1,302	607	683	550
3	2,393	1,644	2,539	1,232	934
4	1,512	1,011	880	918	788
5	736	600	516	1,491	605

<b>Shortest ED triage wait time in minutes – North Shore and Waitakere hospitals</b>					
<b>Triage Code</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
1	0	0	0	0	0
2	0	0	0	0	0
3	0	0	0	0	0
4	0	0	0	0	0
5	0	0	0	0	0

**27. All reports discussing hospital wait times and emergency department delays, dated between Jan 2021 to date, held by the DHB.**

Reporting related to services provided by North Shore and Waitakere hospitals (i.e. our Hospital Services division) is provided regularly via updates and scorecard reporting to our Hospital Advisory Committee (HAC). Reports for 2021 can be found on our website via the following link: <http://www.waitematadhb.govt.nz/about-us/leadership/committee-meetings/>

Regarding 2022 meetings, the Board cancelled some scheduled Advisory Committee meetings due to the disruption of the COVID-19 Omicron outbreak and our required response to it. Instead, executives were asked to provide brief summary papers regarding their services to the Board.

Therefore, the only Hospital Services Performance Report this year was a February 2022 report, tabled at a HAC meeting in May– please refer **Attachment 1**.

**28. All reports discussing increasing patient transfers between hospitals under the new Health New Zealand model, between January 2021 to date, held by the DHB.**

Waitematā DHB has not produced, and does not hold, any reports discussing increasing patient transfers between hospitals under the new Health New Zealand model between January 2021 to date.

However, it should be noted that the transfer of patients between DHBs' hospitals is not uncommon. There are clear protocols and networked regional services in place to ensure that the safe and appropriate transfer of patients occur for medical or surgical reasons, as needed.

For example, premature babies born at 32 weeks or above are cared for at North Shore Hospital's Special Care Baby Unit. However, babies born before 32 weeks will be transferred to the Neonatal Intensive Care Unit (NICU) at Auckland City Hospital. Patients needing spinal surgery or burns care will be transferred to Middlemore Hospital.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Executive Director Hospital Services  
Waitematā District Health Board**

### 3.1 Hospital Services Performance Report February 2022

#### Recommendation:

**That the report be received.**

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Prepared by: Mark Shepherd (Director Hospital Services) and Robert Paine (Executive Director Finance, People and Planning)

This report summarises the Hospital Services performance for February 2022.



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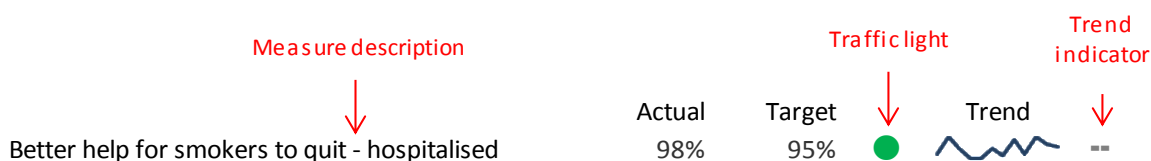
## Glossary

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

## How to interpret the scorecards

### Traffic lights

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



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

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

### Trend indicators

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

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

The trend indicator criteria and interpretation rules:

Trend indicator	Rules	Interpretation
▲	<b>Current &gt; Previous</b> month (or reporting period) <b>performance</b>	Improvement
▼	<b>Current &lt; Previous</b> month (or reporting period) <b>performance</b>	Decline
--	<b>Current = Previous</b> month (or reporting period) <b>performance</b>	Stable

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

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

Key notes	Notes
	<ol style="list-style-type: none"> <li>Most <b>Actuals and targets</b> are reported for the reported month/quarter (see scorecard header).</li> <li><b>Actuals and targets</b> in <i>grey bold italics</i> are for the most recent reporting period available where data is missing or delayed.</li> <li><b>Trend lines</b> represent the data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. Small data range may result in small variations perceived to be large.</li> </ol> <p>a. ESPI traffic lights follow the MoH criteria for funding penalties:            ESPI 2: the traffic light will be <b>green</b> if no patient is waiting, <b>blue</b> if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and <b>red</b> if 0.4% or higher.            ESPI 5: the traffic light will be <b>green</b> if no patient is waiting, <b>blue</b> if greater than 0 patients and less than or equal to 10 patients or less than 0.99% and <b>red</b> if 1% or higher.</p>

# Hospital Services Performance Report - February

## Executive Summary/Overview

Varying degrees of COVID-19 lockdown continued to extend into December 2021, following an initial outbreak of COVID-19 Delta in the Auckland community in late August. Significant changes to planned care were initiated, with the Elective Surgical Centre (ESC) being commissioned as the primary COVID-19 ready unit. This continues into March 2022 with large volumes COVID-19 positive patients requiring admission to our hospitals. This meant that the four operating theatres were decommissioned for use in planned care, however were utilised as our acute COVID-19 positive Operating Theatres in early December.

While all acute surgery continued unabated, plans were developed to enable all other surgical capacity to be increased to reduce the impact in the loss of the four ESC theatres. This included expansion of caseload and capacity at WTH, with 128% of production being delivered in December and extending the planned care theatre schedule to six days, with the introduction of elective surgery sessions on Saturdays. Overall the surgical service has been able to deliver 79.16% of the Production Volume Schedule as planned (year to date).

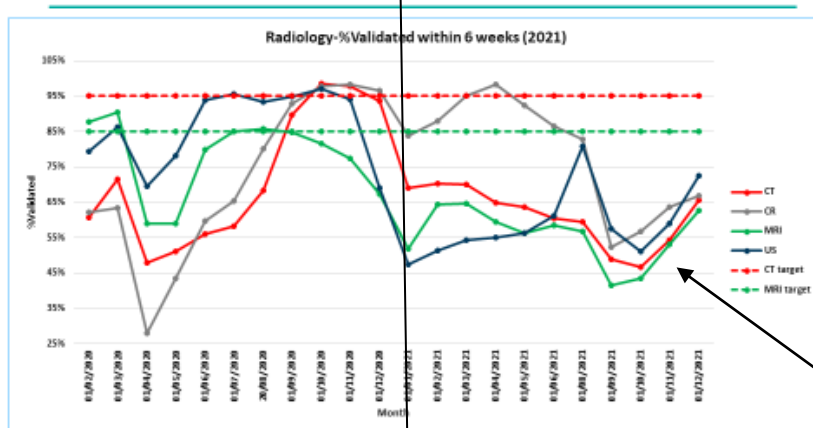
## Highlight of the month

With the COVID-19 Delta outbreak in late August came significant limitations in providing a range of diagnostic procedures, including CT and MRI scans, Ultrasound and chest X-Ray. As shown by the vertical line on the graph below, waiting time for these procedures deteriorated rapidly with only 45% of referred patients receiving Ultrasound procedures in clinically appropriate timeframes, while 95% were prior to this outbreak.

07/02/2022

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## Diagnosics – 6 weeks



Highlighted this month is the significant work being done by the Diagnostic services team to increase production and reduce waiting times with all diagnostic modalities improving consistently over the last three months. An example of this is that almost 70% of patients are now receiving their Ultrasound in clinically appropriate timeframes. Improvements can be seen in CT and MRI scans, ultrasound and chest X-rays. Plans are underway to increase production both in-house and outsourced in the first quarter 2022, to continue improving access to diagnostic procedures.

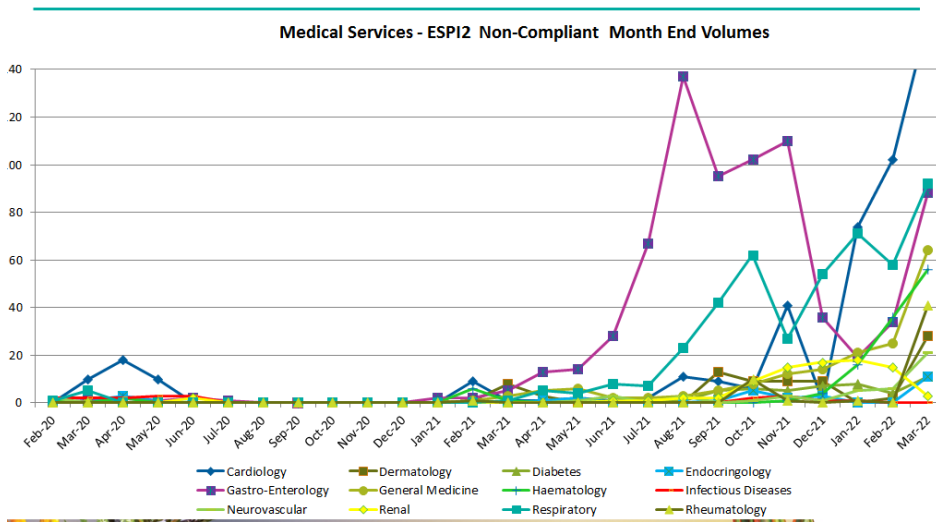
### Key Issue of the Month

Despite months of good performance in medical specialties throughout the disruptive last two years, the number and proportion of patients seen outside of clinically recommended timeframes (non-compliance) has risen in the last quarter.

High rates of tele-health (50%) have assisted our medical teams to be able to assess and treat patients, however there has been some difficulty with workforce shortages in booking and scheduling patient appointments increasing the waiting time for patients and non-compliance.

A programme of work has begun on streamlining the processes in the Patient Service Centre (PSC) designed to improve booking and scheduling and restore shorter waiting times for patients.

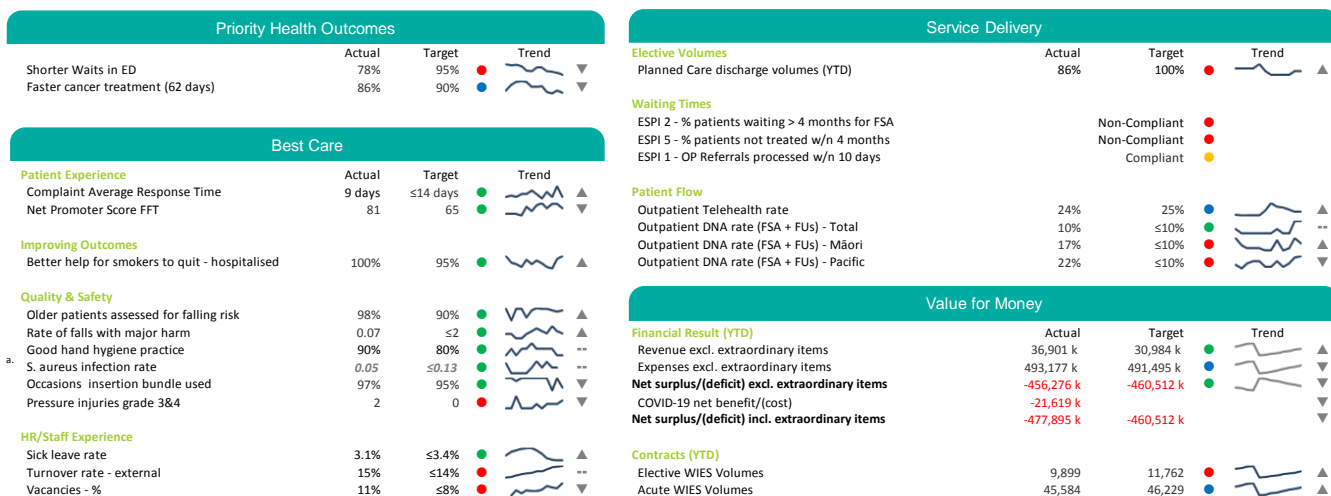
## ESPI2 Medicine Non-Compliance



# Scorecard – All services

## Waitematā DHB Monthly Performance Scorecard

ALL Services  
February 2022  
2021/22



**How to read**

<b>Performance indicators:</b>	<b>Trend indicators:</b>
<ul style="list-style-type: none"> <li><span style="color: green;">●</span> Achieved/ On track</li> <li><span style="color: orange;">●</span> Not Achieved but progress made</li> </ul>	<ul style="list-style-type: none"> <li><span style="color: blue;">▲</span> Substantially Achieved but off target</li> <li><span style="color: red;">●</span> Not Achieved/ Off track</li> </ul>

**Key notes**

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

All KPI exclude Mental Health Services component where applicable, except Shorter waits in ED.  
a. Jan data - Feb n/a yet

**A question?**

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

## Scorecard Variance Report

### Priority Health Outcome Areas

#### Shorter Waits in ED 78% against target of 95%

Although there have been lower presentations to the ED over the past month, 4579 presentations, performance against the shorter waits target has declined. There are several factors influencing this result, including:

- The COVID-19 Omicron surge which has resulted in ED streaming protocols including the need to RAT test all patients prior to assessment
- Unwell COVID-19 patients are routinely diverted from Waitakere to North Shore Hospital as part of a regional escalation diverts by St John Ambulance
- High levels of staff sickness across the wards resulting in some access block
- High levels of staff sickness and vacancies in both emergency departments for both nursing and medical staff
- To mitigate staffing challenges Nurse Practitioner/Clinical Nurse Specialists moved from their clinician roles into nursing positions reducing clinician seen by capability, therefore increasing to be seen times for lower acuity patients.

Areas targeted for improvement through the “whole of hospital program”:

- Acute care of the Elderly in ED – a rapid response service (interdisciplinary team) is being trialled targeting a cohort of elderly patients that would previously be admitted from ED to the ward. Over the past four months 55 patients have been discharged from ED and seen within 24-hours in the community
- Trialling through a “test of change” an ambulatory care area in the Medical ADU. The objective of which is seeing, assessing, and treating patients more rapidly with 8 hours, allowing them to be discharged.

- A review of the Non-admitted ED stream, where we are working to identify strategies to improve service delivery, including a focused assessment process
- Reviewing model of care – the most common presentations are abdominal pain and chest pain. A review is currently underway to further streamline the chest pain pathway
- Acute Care Practitioner – this is a new clinical role utilising an alternative workforce (paramedic or dual qualified nurse/paramedics) with new staff starting in March.

Additionally

- As the result of a successful recruitment strategy there will be minimal vacancies moving forward, with a number of staff orientating in March, stabilising workforce and thereby increasing efficiency in the department

## **Best Care**

### ***Pressure injuries grade 3&4 - 2 against a target of 0***

During February 2022 there were two Stage 3/4/Unstageable Hospital Acquired Pressure Injuries (HAPI) reported within the A&EM Division:

1. Unstageable hospital acquired pressure injury on the left heel of an 89 year old female patient
2. Unstageable hospital acquired pressure injury on the sacrum of an 59 year old male patient

Overall the rate of HAPIs per 1000 Occupied Bed Days (OBD) for A&EM for February 2022 (0.83 per 1000 OBD) was a decrease on the previous month (1.27 per 1000 OBD) and continues the overall decrease in the rate since February 2018.

It is also significantly less than the historic high rate (3.45 per 1000 OBD) reported in August 2018. This serious issue remains our focus with a Pressure Injury Prevention Action Plan being actioned across the Division's Wards. This Action Plan aligns to the Waitemata DHB Pressure Injury Management Workgroups Action Plan. All Pressure Injury (Stage3/4/Unstageable) incidents are discussed at the Divisional Quality Meeting and investigations are presented to the Adverse Events Committee.

### ***HR/Staff Experience***

***Turnover Rates – External – 15% against a target of 14%***

***Vacancies – 11% against a target of 8%***

There continue to be mixed reasons for high turnover rate – another position in public or private health; left district; retirement; personal and to go overseas. It appears this is consistent with other jurisdictions where increasing turnover rates and vacancies are occurring post COVID-19 outbreaks.

### ***Planned Care Volumes (Provider)***

***Discharges (elective): 77.97% against a target of 100% YTD For March 2022 (6,600 of 8,465)***

***Caseweights (planned care): 83% against a target of 100% YTD December***

The resurgence of the Omicron COVID-19 pandemic in the community and the ongoing suspension of non-urgent elective surgery, had an immediate impact on the planned care discharge volumes. The use of ESC as a COVID-19 ward throughout the omicron surge has impacted on total discharges. Waitakere hospital continued to perform strongly and exceed planned volumes, sitting at 126% of plan. NSH tower discharge volumes are also at 100% of plan.

Table B: WDHB elective surgical health target report by week

Surgical Health Target (Discharges) - WDHB (include O/S)																			
Date	Ear, Nose, and			General Surgery			Gynaecology			Orthopaedics			Urology			WDHB Total Surgical			
	Total Actual and Booked	Target MOH	YTD Var MOH	Total Actual and Booked	Target MOH	YTD Var MOH	Total Actual and Booked	Target MOH	YTD Var MOH	Total Actual and Booked	Target MOH	YTD Var MOH	Total Actual and Booked	Target MOH	YTD Var MOH	Actual & Booked	Target MOH	YTD Var MOH	YTD %
01/07/2021	6	13	-7	44	34	10	11	7	4	39	22	17	16	8	8	116	84	32	137.64%
05/07/2021	24	34	-17	109	87	32	45	39	10	39	50	6	37	24	21	254	233	53	116.68%
12/07/2021	15	21	-24	80	90	22	44	37	18	50	58	-2	30	20	32	219	225	47	108.58%
19/07/2021	23	25	-25	71	80	13	39	39	18	64	67	-5	29	28	33	226	238	35	104.45%
26/07/2021	31	28	-22	76	84	5	39	33	24	47	54	-12	42	24	52	235	222	47	104.72%
02/08/2021	25	34	-31	99	87	18	41	39	26	37	50	-25	26	24	54	228	233	43	103.44%
09/08/2021	23	21	-29	86	90	14	32	37	22	48	58	-34	14	20	49	203	225	20	101.38%
16/08/2021	18	25	-36	44	80	-22	27	39	10	19	67	-82	22	28	43	130	238	-88	94.84%
23/08/2021	3	28	-61	35	84	-71	20	33	-3	2	54	-135	21	24	41	81	222	-229	88.08%
30/08/2021	7	34	-88	39	87	-119	17	39	-25	9	50	-175	13	24	30	85	233	-377	82.50%
06/09/2021	6	21	-103	34	90	-175	23	37	-38	11	58	-222	16	20	26	90	225	-512	78.47%
13/09/2021	5	25	-123	48	80	-207	27	39	-50	8	67	-281	17	28	16	105	238	-645	75.35%
20/09/2021	12	28	-138	59	84	-232	30	33	-53	11	54	-324	16	24	8	128	222	-739	73.96%
27/09/2021	29	34	-143	75	87	-244	32	39	-60	17	50	-357	21	24	6	174	233	-798	74.02%
04/10/2021	19	21	-146	72	90	-262	39	37	-58	21	58	-394	34	20	20	185	225	-839	74.57%
11/10/2021	33	25	-137	91	80	-251	40	39	-56	47	67	-414	30	28	23	241	238	-835	76.37%
18/10/2021	30	25	-132	48	76	-279	45	33	-44	43	49	-420	37	22	38	203	204	-836	77.64%
25/10/2021	24	26	-134	78	70	-271	27	32	-49	40	40	-420	31	20	49	200	188	-824	79.02%
01/11/2021	18	21	-137	60	90	-301	41	37	-44	38	58	-440	13	20	43	170	225	-879	78.83%
08/11/2021	29	25	-133	83	80	-298	38	39	-45	39	67	-468	29	28	44	218	238	-899	79.52%
15/11/2021	23	28	-137	75	84	-307	31	33	-47	20	54	-502	24	24	45	173	222	-948	79.44%
22/11/2021	31	27	-133	71	71	-307	33	34	-48	21	38	-519	17	18	44	173	188	-964	79.93%
29/11/2021	14	21	-140	77	90	-320	33	37	-52	22	58	-555	24	20	48	170	225	-1,019	79.73%
06/12/2021	23	25	-142	79	80	-321	23	39	-68	32	67	-590	23	28	44	180	238	-1,077	79.54%
13/12/2021	17	28	-152	59	84	-346	29	33	-72	23	54	-621	27	24	47	155	222	-1,144	79.14%
20/12/2021	7	29	-175	68	81	-360	35	39	-75	17	41	-645	21	24	45	148	214	-1,210	78.77%
27/12/2021	1	0	-174	10	5	-354	2	0	-73	2	0	-643	11	0	56	26	5	-1,189	79.16%
03/01/2022	4	9	-178	12	27	-369	8	21	-86	3	16	-656	4	16	44	31	88	-1,246	78.49%
10/01/2022	16	28	-190	49	84	-404	30	33	-89	13	54	-698	32	24	52	140	222	-1,328	77.92%
17/01/2022	26	34	-198	64	87	-426	33	39	-95	24	50	-723	18	24	46	165	233	-1,396	77.65%
24/01/2022	6	21	-213	74	90	-442	33	37	-99	41	58	-740	10	20	37	164	225	-1,458	77.48%
31/01/2022	8	22	-227	48	63	-457	27	34	-106	31	52	-761	31	24	44	145	195	-1,507	77.40%
07/02/2022	25	25	-227	55	68	-470	20	21	-107	39	45	-767	25	24	46	164	182	-1,525	77.73%
14/02/2022	25	34	-236	126	87	-431	28	39	-117	46	50	-771	21	24	43	246	233	-1,512	78.65%
21/02/2022	12	21	-245	96	90	-425	50	37	-104	67	58	-762	27	20	50	252	225	-1,485	79.68%
28/02/2022	18	25	-252	64	80	-441	30	39	-113	32	67	-797	22	28	45	166	238	-1,557	79.36%
07/03/2022	22	28	-257	53	84	-472	30	33	-116	16	54	-835	26	24	47	147	222	-1,633	78.98%
14/03/2022	20	34	-271	71	87	-488	38	39	-116	33	50	-851	21	24	45	183	233	-1,682	78.97%
21/03/2022	13	21	-280	67	90	-511	39	37	-114	25	58	-884	12	20	37	156	225	-1,752	78.71%
28/03/2022	10	25	-294	57	80	-534	25	39	-128	21	67	-930	12	28	22	125	238	-1,865	77.97%

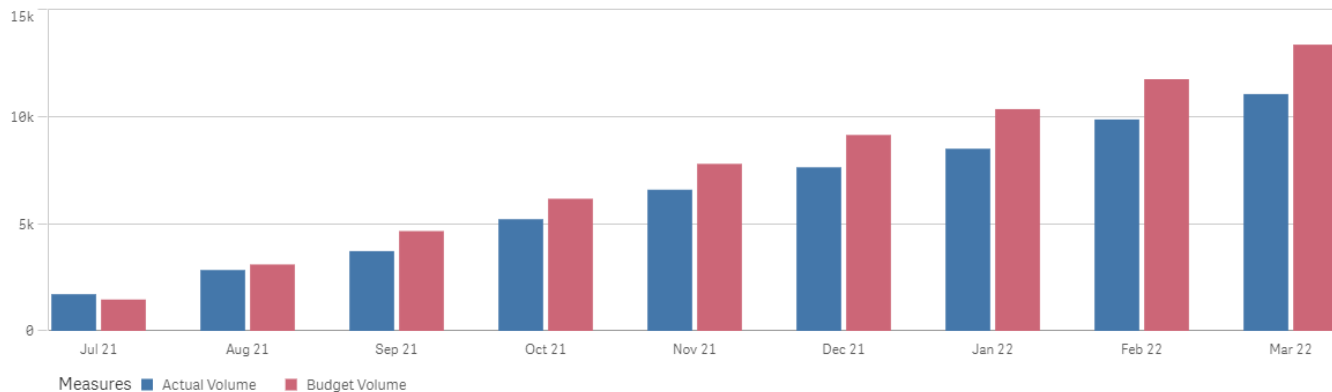
**Caseweights (planned care volumes):**

The suspension of elective surgery has led to a March YTD shortfall of around 1,865 WIES compared to target at Provider level, or around \$11.377m under-delivered.

However, the MoH has advised us that they are going to fund 100% of our planned care target from a funding perspective for the first and second quarters. This still leaves the third and fourth quarters at risk.



**Performance to Contract**

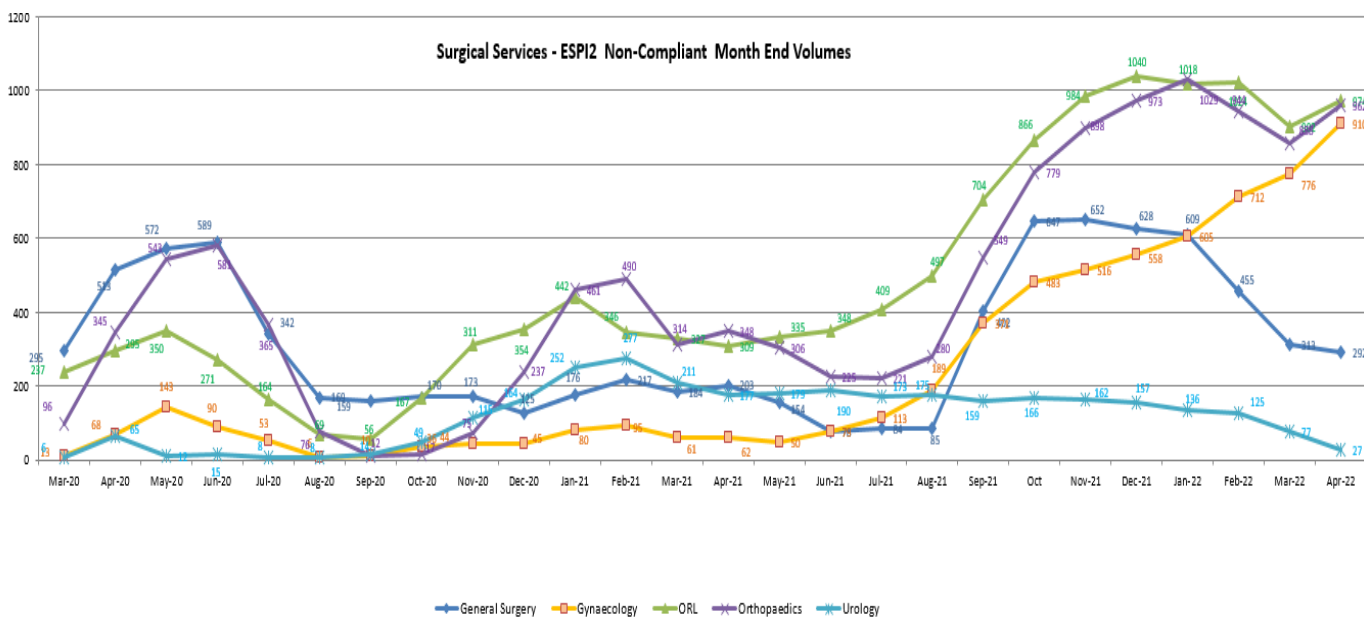


**Waiting Times, ESPI 2 and ESPI 5 non-compliance**

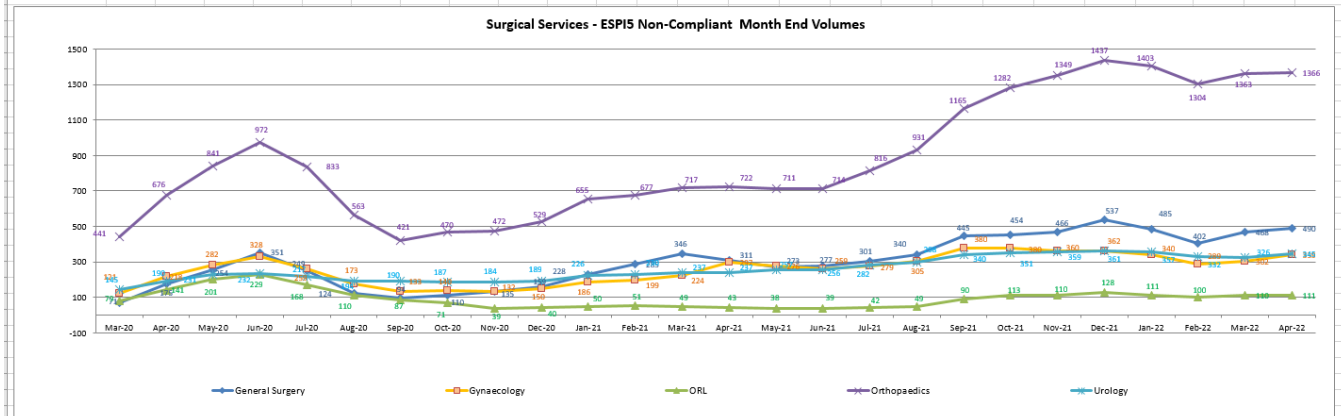
Where clinically appropriate, services have moved to Telehealth to reduce the impact on non-compliant ESPI2 outpatient volumes. Services are working to accommodate the impact of lockdown on service delivery prioritising urgent patients and reformulating recovery strategies and plans. Services are developing plans to treat the longest waiters and most urgent patients as priority.

ESPI2 - Non Compliant Volume @ Month End Including Patients Booked Outside (Excludes Non-ESPI2 patients)

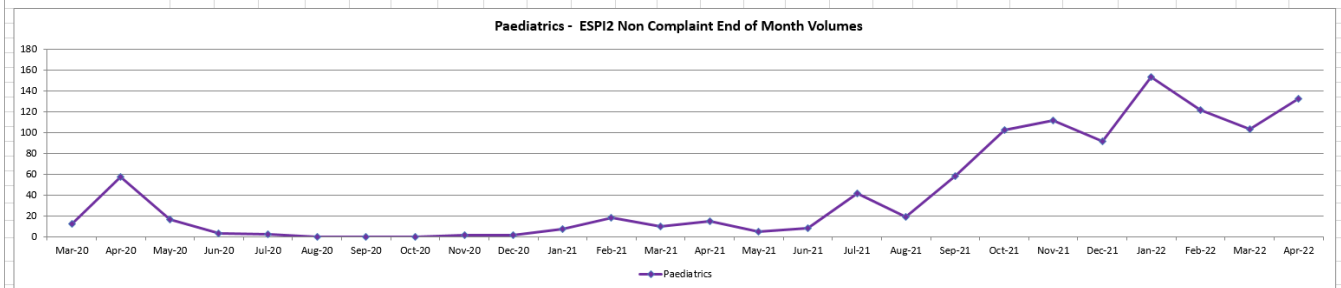
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	TBC	As at 7/4
General Surgery	295	513	572	589	342	159	159	170	173	125	176	217	184	203	154	78	84	85	402	647	652	628	609	455	313	292		
Gynaecology	13	68	143	90	53	6	10	36	44	45	80	95	61	62	50	79	113	189	371	483	516	558	605	712	776	910		
ORL	237	295	350	271	164	69	56	167	311	354	442	346	327	309	335	348	409	497	704	866	984	1040	1018	1024	902	974		
Orthopaedics	96	345	543	581	365	76	12	17	75	237	461	490	314	348	306	225	221	280	549	779	898	973	1029	944	858	962		
Urology	6	65	12	15	8	8	14	49	115	164	252	277	211	177	179	190	173	175	159	166	162	157	136	125	77	27		
<b>Totals</b>	<b>647</b>	<b>1286</b>	<b>1620</b>	<b>1546</b>	<b>932</b>	<b>328</b>	<b>251</b>	<b>439</b>	<b>718</b>	<b>925</b>	<b>1411</b>	<b>1425</b>	<b>1097</b>	<b>1059</b>	<b>1024</b>	<b>920</b>	<b>1000</b>	<b>1226</b>	<b>2185</b>	<b>2941</b>	<b>3212</b>	<b>3356</b>	<b>3397</b>	<b>3260</b>	<b>2926</b>	<b>3165</b>		



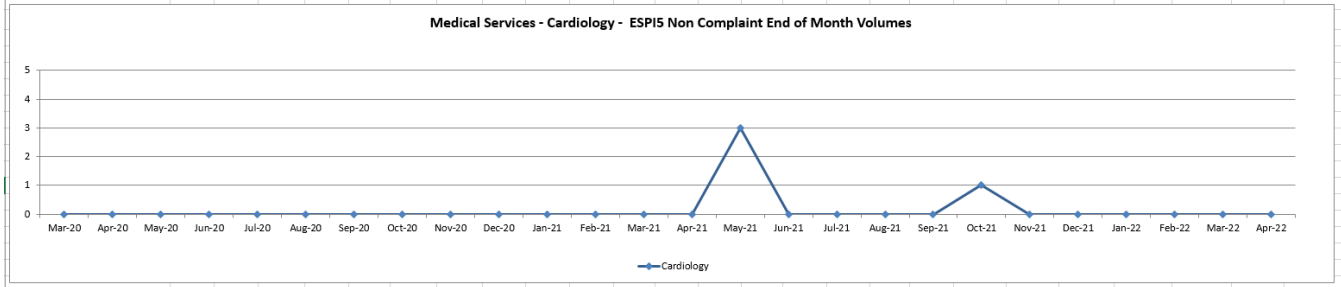
ESPI5 - Non Compliant Volume @ Month End Including Patients Booked Outside (Excludes Planned, Staged, Surveillance & ACC patients)																				TBC	As at 7/4					
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
General Surgery	71	175	254	351	249	124	94	110	135	159	228	285	346	311	273	277	301	340	445	454	466	537	485	402	468	490
Gynaecology	121	218	282	328	259	173	133	140	132	150	186	199	224	297	276	259	279	305	380	380	360	362	340	289	302	339
ORL	79	141	201	229	168	110	87	71	39	40	50	51	49	43	38	39	42	49	90	113	110	128	111	100	110	111
Orthopaedics	441	676	841	972	833	563	421	470	472	529	655	677	717	722	711	714	816	931	1165	1282	1349	1437	1403	1304	1363	1366
Urology	145	190	231	232	217	194	190	187	184	189	226	230	237	237	257	256	282	298	340	351	359	361	357	332	326	345
<b>Totals</b>	<b>857</b>	<b>1400</b>	<b>1809</b>	<b>2112</b>	<b>1726</b>	<b>1164</b>	<b>925</b>	<b>978</b>	<b>962</b>	<b>1067</b>	<b>1345</b>	<b>1442</b>	<b>1573</b>	<b>1610</b>	<b>1555</b>	<b>1545</b>	<b>1720</b>	<b>1923</b>	<b>2420</b>	<b>2580</b>	<b>2644</b>	<b>2825</b>	<b>2696</b>	<b>2427</b>	<b>2569</b>	<b>2651</b>



Paediatrics - ESPI2 - Non Compliant Volume @ Month End Including Patients Booked Outside (Excludes Non-ESPI2 patients)																				As at 7/4	As at 7/4						
	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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
Paediatrics	12	57	16	3	2	0	0	0	0	1	1	7	18	10	15	5	8	41	19	58	102	111	91	153	121	103	132



Medical Services - Cardiology - ESPI5 - Non Compliant Volume @ Month End Including Patients Booked Outside (Excludes Planned, Staged, Surveillance & ACC patients)																				As at 7/4	As at 7/4						
	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	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0



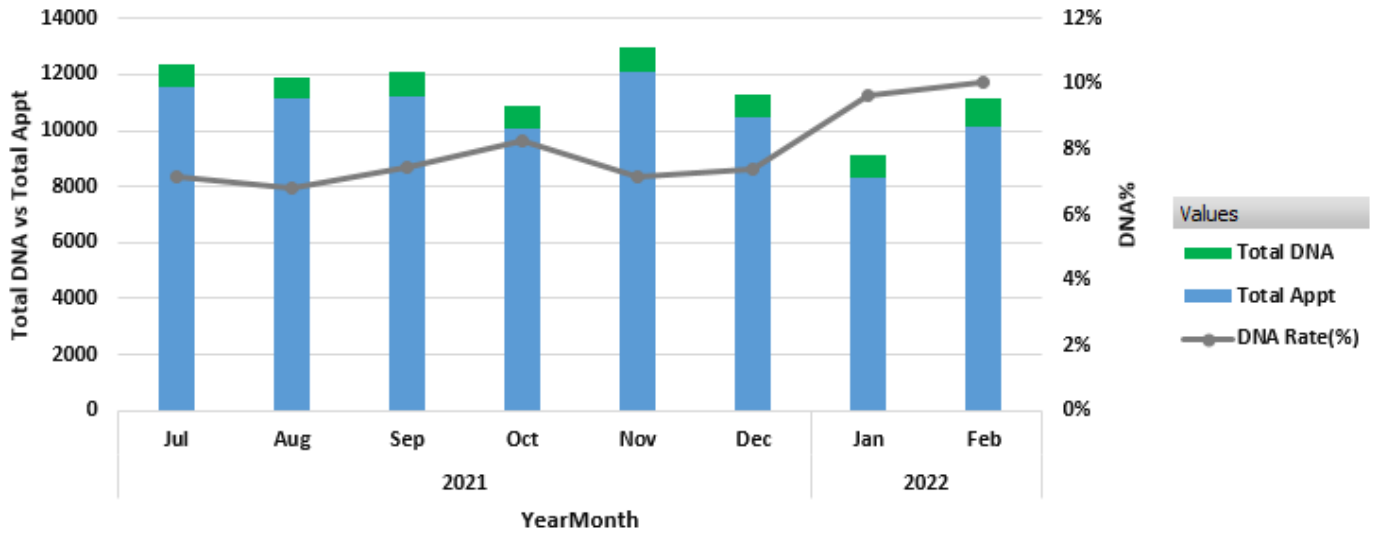
\*\*Clean up of March 22 data not yet completed

**DNA rates for Māori 16% and Pacifica 18% are higher than the target rate of 10%**

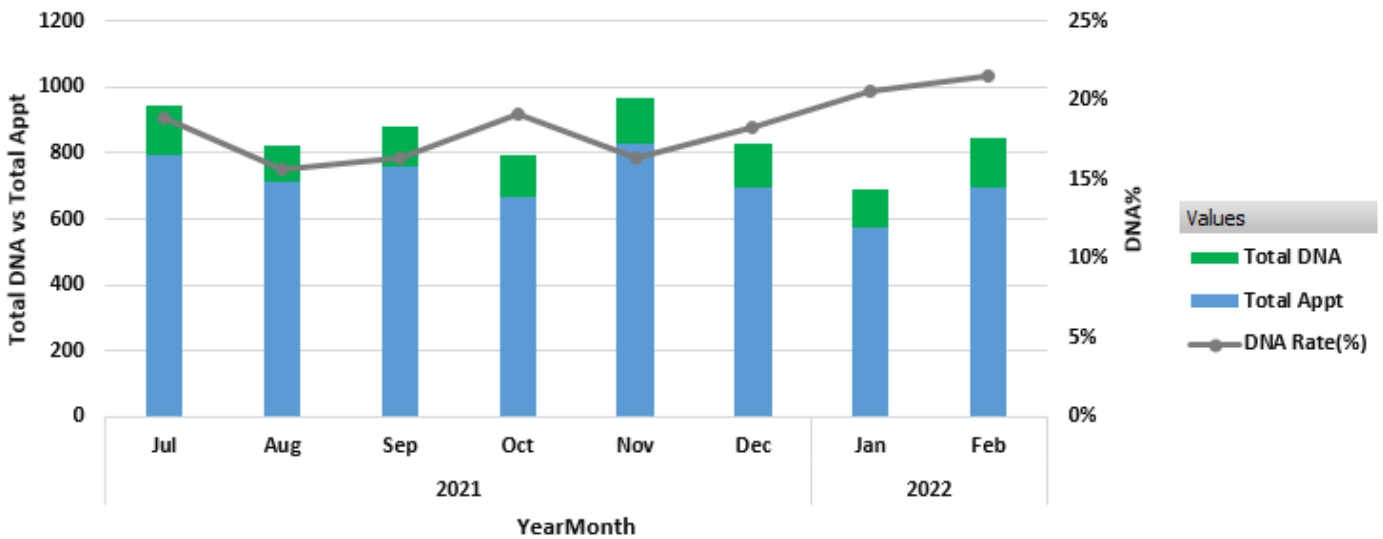
Continuing lockdown level changes has brought into focus the need for continued work in all patient services across the organisation to reduce Māori and Pacifica DNA rates and identify solutions to improve notification and access to these patient groups. Proposed solutions for each service are to be identified at the Hospital Services Performance Improvement meeting. Outcomes targeted on reducing health inequities and DNAs to improve patient and whānau experience while optimising patient health outcomes are essential.

As seen previously, lockdown and the impact on the administrative management of patients across planned care will result in reduced accuracy of DNA data though it is recognised even with the reduced accuracy the impact falls more heavily on Māori and Pacific patients. Hospital instigated rescheduling and other administrative systems due to lockdown will remove DNA from presentation volumes.

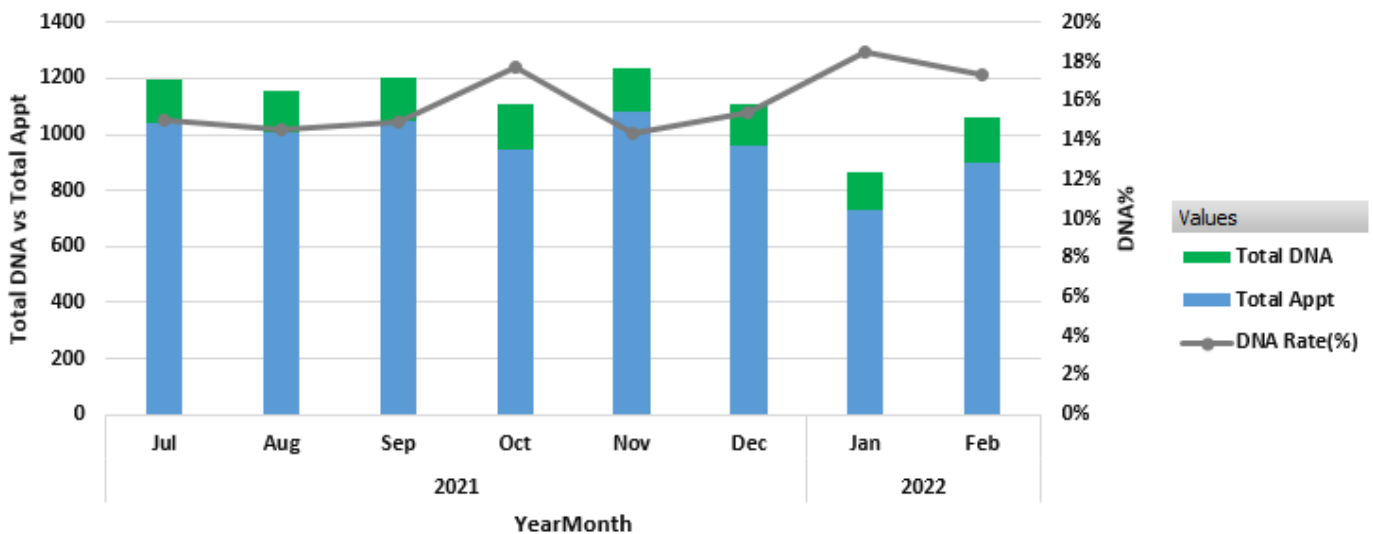
### Total Outpatient DNA Rate (%)



### Pacifica Outpatient DNA Rate (%)



### Māori Outpatient DNA Rate (%)



## Financial Sustainability and reducing expenses

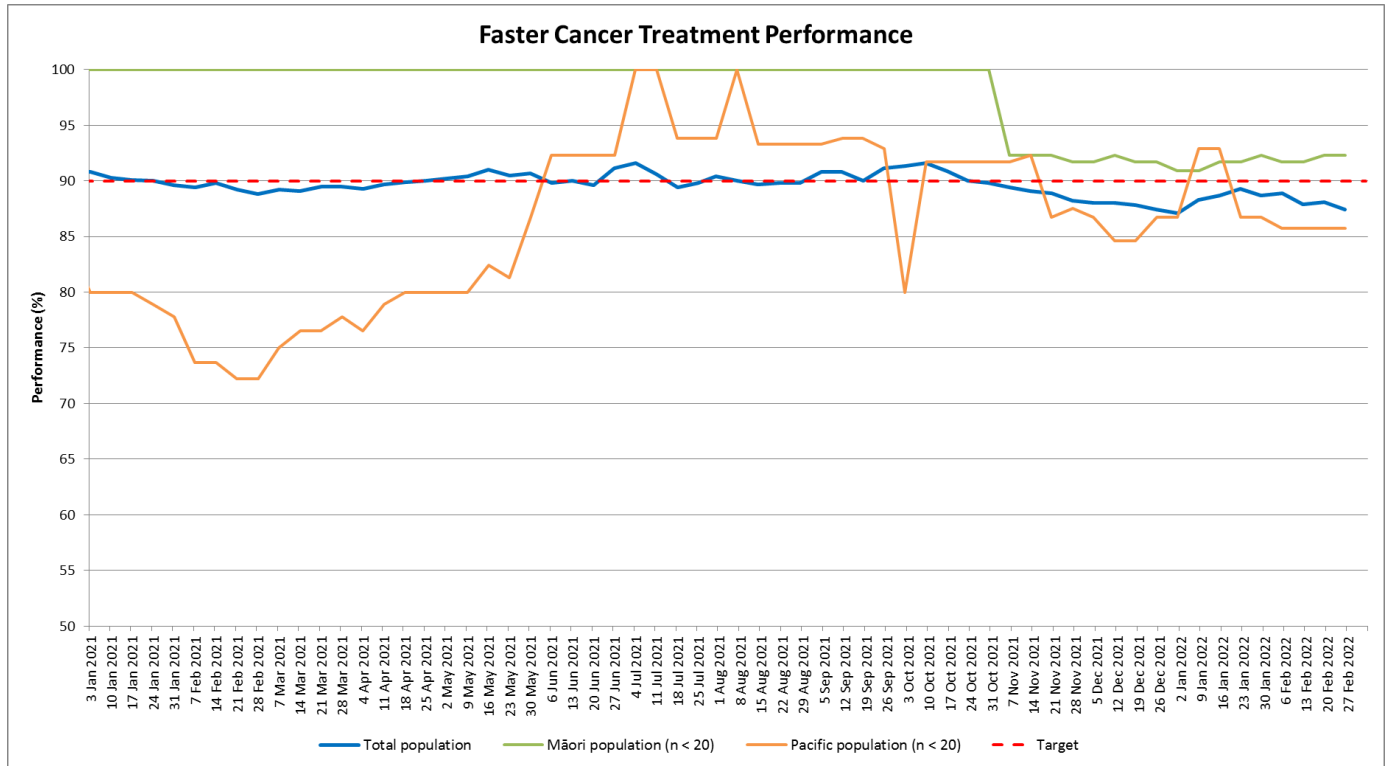
There are twenty-five validated initiatives currently underway across the programme, with Twenty- three already delivering savings. The overall programme to date has delivered 66.1% of target YTD February, with \$7.9m realised in expense reduction.

Further, \$12.8m in annual savings initiatives have been identified and work is ongoing to implement these initiatives and identify further opportunities to reach the overall savings target of \$18m for the full financial year.

	Measure	February Actuals	Year to Date	% vs YTD Target	Identified Annual Savings	Target	% vs target
<b>Hospital Services</b>	<b>Primary - Expense</b>	\$2,446,728	\$5,901,525	66.0%	\$10,288,724	\$13,500,000	76.2%
<b>Community</b>	<b>Primary - Expense</b>	\$ -17,693	\$ 413,937	24.8%	\$ 576,000	\$2,500,000	23.0%
<b>Corporate</b>	<b>Budget</b>	\$ 307,949	\$1,616,788	121.2%	\$ 1,900,000	\$2,000,000	95.0%
<b>FSP Overall Programme Total</b>		<b>\$2,736,984</b>	<b>\$4,234,091</b>	<b>66.1%</b>	<b>\$12,764,724</b>	<b>\$18,000,000</b>	<b>70.9%</b>

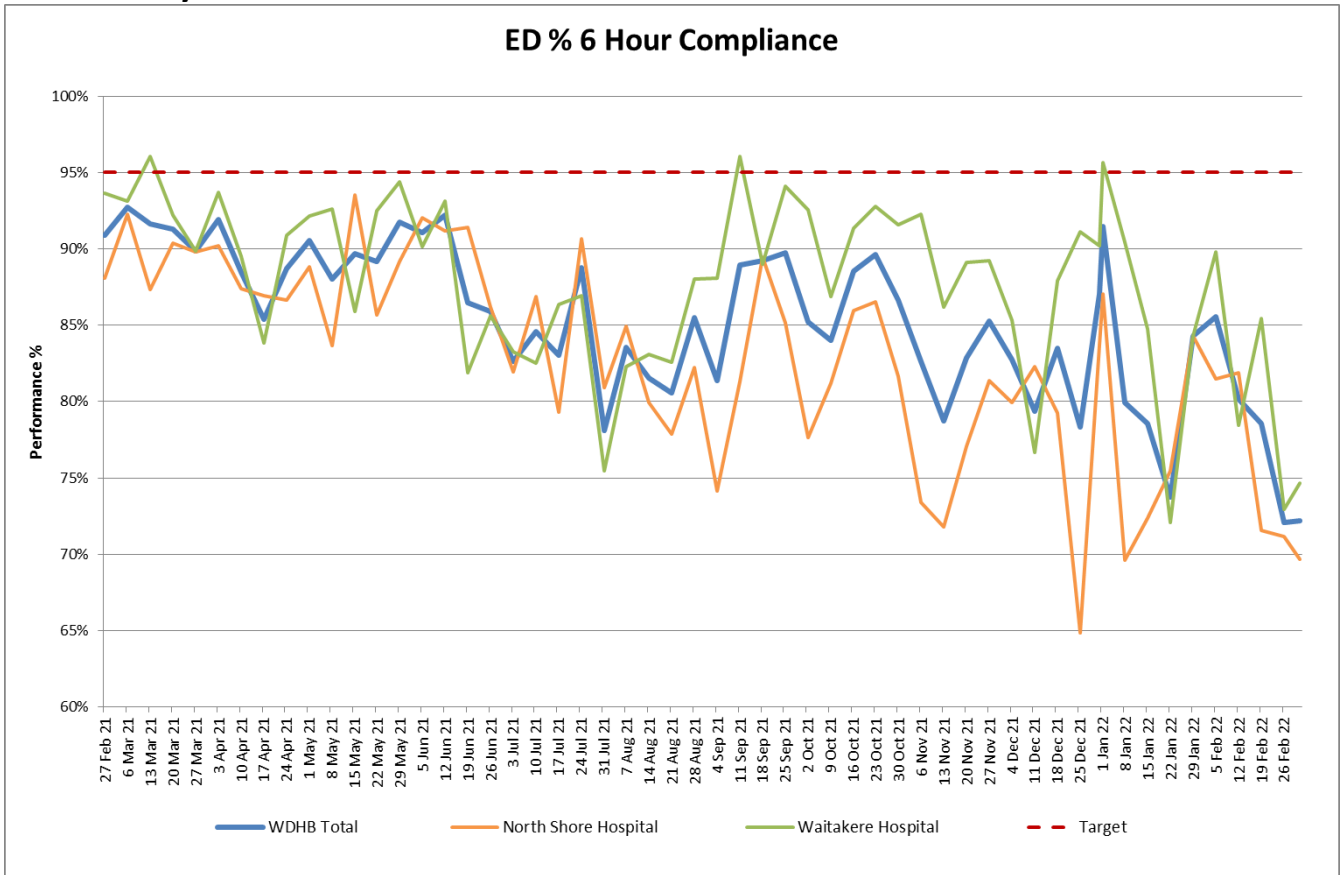
# Priority Health Outcome Areas

## Faster Cancer Treatment

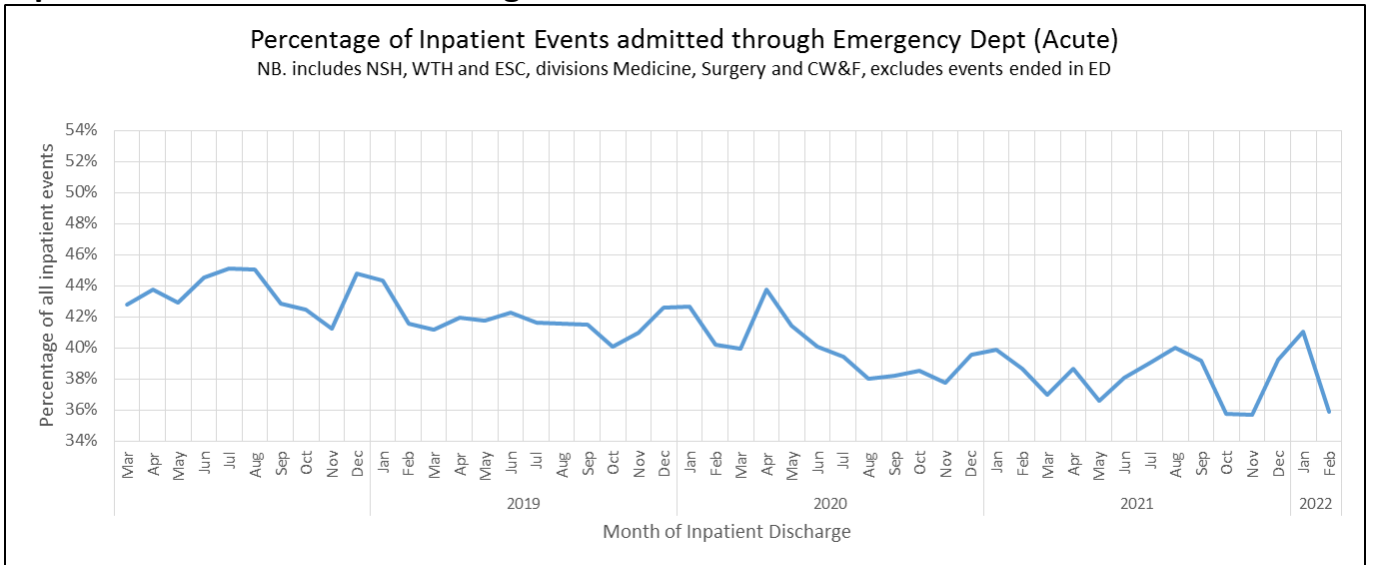


Referral to First Treatment <=62 Days as at 26/02/2022	Tracked	Compliant	Non-Compliant	Compliant %
Total population	206	180	26	87.4
Māori population	13	12	1	92.3
Pacific population	14	12	2	85.7

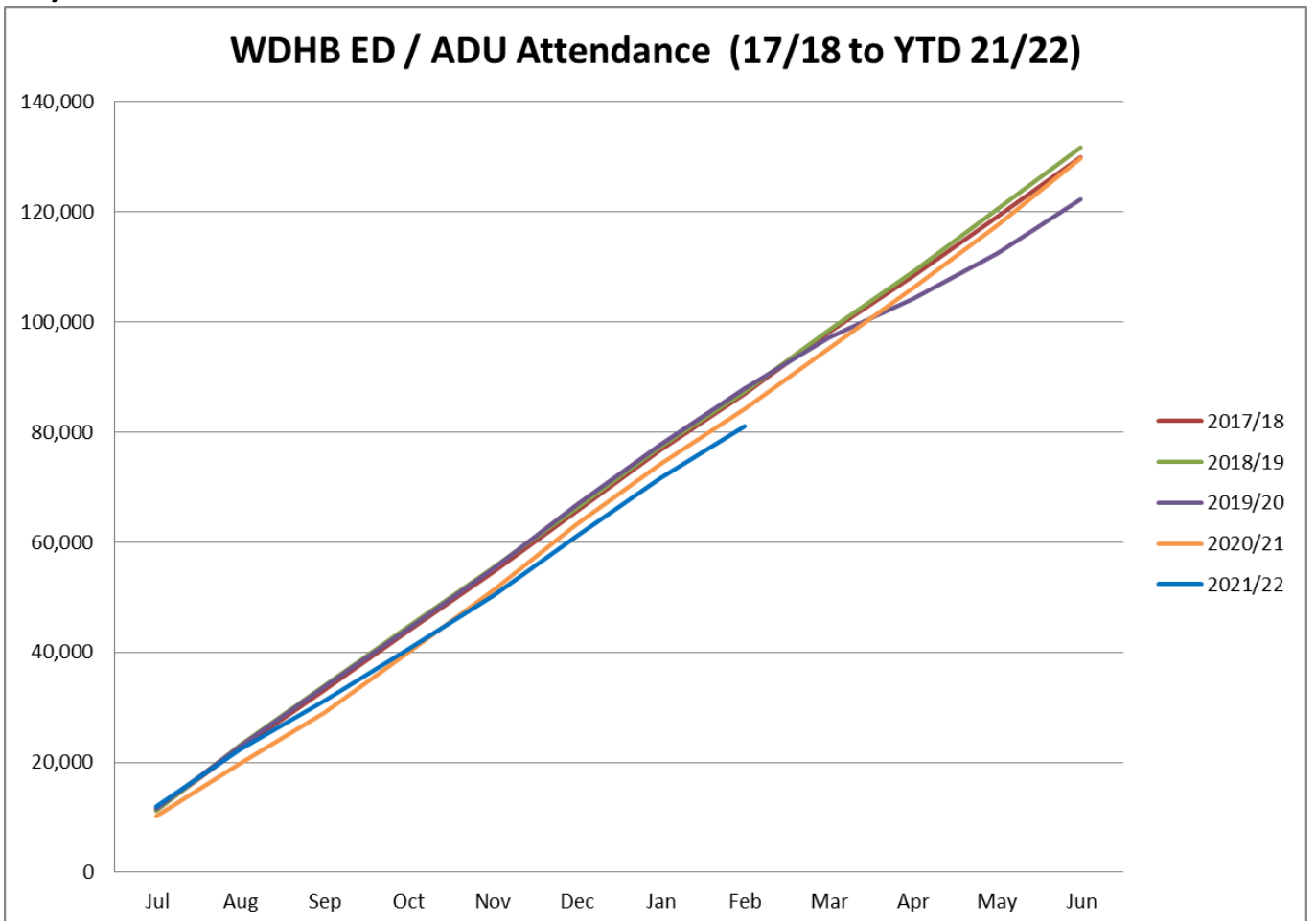
## Shorter Stays in EDs



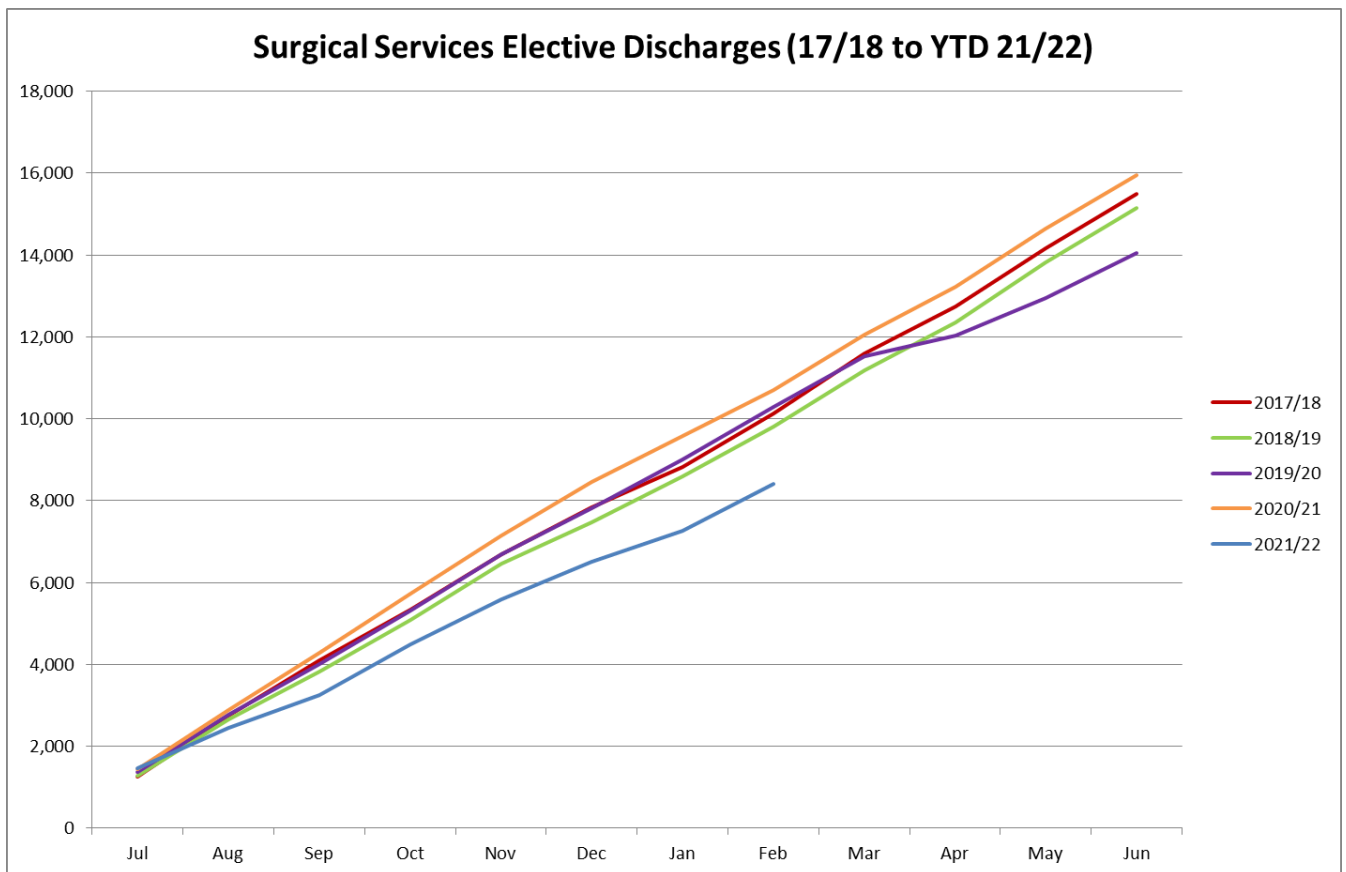
## Inpatient Events admitted through ED



## ED / ADU Presentations



## Surgical Services Elective Discharges



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

### Percentage Change ED and Elective Volumes

February 2022	Month Volumes	% Change (last year)	YTD Volumes	% Change (last year)
ED/ADU Volumes	9,461	-5%	81,074	-4%
Surgical Services Elective Discharge Volumes	1,160	3%	8,417	-21%



## Elective Performance Indicators (part of Planned Care Services)

### Zero patients waiting over 4 months

Summary (February 2022)	
Speciality	Non Compliance %
ESPI 2 - Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	24.98%
ESPI 5 - Patients given a commitment to treatment but not treated within the required timeframe.	43.86%

ESPI	WL Specialty	Compliant	Non-Compliant	Non-Compliant
ESPI 2	Anaesthesiology	96	10	9.43%
	Cardiology	1,339	102	7.08%
	Dermatology	247	2	0.80%
	Diabetes	141	4	2.76%
	Endocrinology	232	-	0.00%
	Gastro-Enterology	826	34	3.95%
	General Medicine	235	26	9.96%
	General Surgery	1,134	455	28.63%
	Gynaecology	1,043	712	40.57%
	Haematology	211	36	14.57%
	Infectious Diseases	51	-	0.00%
	Neurovascular	159	6	3.64%
	Orthopaedic	1,475	944	39.02%
	Otorhinolaryngology	1,145	1,024	47.21%
	Paediatric MED	760	121	13.73%
	Renal Medicine	251	15	5.64%
	Respiratory Medicine	742	58	7.25%
	Rheumatology	484	-	0.00%
	Urology	460	125	21.37%
	Total	11,031	3,674	24.98%
ESPI 5	Cardiology	77	-	0.00%
	General Surgery	1,365	402	22.75%
	Gynaecology	404	289	41.70%
	Orthopaedic	702	1,304	65.00%
	Otorhinolaryngology	228	100	30.49%
	Urology	331	332	50.08%
	Total	3,107	2,427	43.86%

## 90% of outpatient referrals acknowledged and processed within 10 days

ESPI 1 (February 2022)	
Specialty	Compliance %
Anaesthesiology	93.75%
Cardiology	17.65%
Dermatology	76.92%
Diabetes	98.33%
Endocrinology	35.17%
Gastro-Enterology	79.47%
General Medicine	86.36%
General Surgery	88.05%
Gynaecology	99.16%
Haematology	53.59%
Infectious Diseases	100.00%
Neurovascular	40.38%
Orthopaedic	88.67%
Otorhinolaryngology	99.25%
Paediatric MED	96.12%
Renal Medicine	98.13%
Respiratory Medicine	62.69%
Rheumatology	78.82%
Urology	100.00%
Total	78.82%

Legend	
<b>ESPI 1</b>	Green if 100%, Yellow if less than 100%
<b>ESPI 2</b>	Green if 0% , Yellow Status % is greater than 0% (1 patient or more), but less than 0.4% OR Status % is greater than or equal to 0.4% but 10 patients or less waiting over 4 months, Red Status % is greater than or equal to 0.4% and 11 patients or more waiting over 4 months
<b>ESPI 5</b>	Green Status if 0%, Yellow Status % is greater than 0% (1 patient or more), but less than 1% OR Status % is greater than or equal to 1% but 10 patients or less waiting over 4 months, Red Status % is greater than or equal to 1% AND 11 patients or more waiting over 4 months

## Financial Performance Summary

The YTD Hospital Services Result is \$4.236m favourable to budget year to date to February 2022 (excluding Holiday Pay and COVID-19 impacts).

The following are the key financial performance factors influencing the actual result:

- Favourable variances in revenue driven by higher revenue received from the Crown in relation to SAS and Specialty Medicine
- Favourable personnel costs due to vacancies primarily in the Nursing and Allied Health areas
- Favourable outsourced Clinical Services, due to low volumes in particular for radiology services
- Unfavourable outsourced staff costs, on medical staff and administration staff in Clinical Records and Clinical typing.
- Favourable clinical supply costs, due to savings and provisional initiatives yet to commence.
- Unfavourable infrastructure and non-clinical supplies costs primarily driven by lagging performance in the financial savings programme due to current operational priorities.

## Financial Performance Scorecards

### Waitematā DHB Statement of Financial Performance

Hospital Services - Feb-22							
(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
<b>REVENUE</b>							
* Government and Crown Agency	4,960	3,329	1,630	29,761	24,742	5,019	38,079
Other Income	791	780	11	7,140	6,242	898	9,362
<b>Total Revenue (excl. extraordinary items)</b>	<b>5,750</b>	<b>4,109</b>	<b>1,641</b>	<b>36,901</b>	<b>30,984</b>	<b>5,917</b>	<b>47,441</b>
<b>EXPENDITURE</b>							
<b>Personnel</b>							
Medical	15,379	14,814	(565)	128,230	126,976	(1,253)	193,092
Nursing	19,187	19,083	(103)	149,360	152,115	2,755	235,717
Allied Health	5,355	5,745	390	47,766	49,243	1,476	75,212
Support	1,783	1,860	77	16,421	16,578	156	25,030
Management / Administration	2,470	2,979	509	22,601	23,451	850	35,867
Outsourced Personnel	872	869	(3)	8,122	7,662	(460)	11,636
	45,046	45,350	305	372,500	376,024	3,524	576,554
<b>Other Expenditure</b>							
Outsourced Services	1,784	1,663	(121)	12,620	13,511	890	20,479
Clinical Supplies	11,584	9,985	(1,599)	87,410	89,122	1,711	134,834
Infrastructure & Non-Clinical Supplies	2,738	1,394	(1,344)	20,647	12,839	(7,807)	19,422
	16,106	13,042	(3,063)	120,677	115,471	(5,206)	174,735
<b>Total Expenditure (excl. extraordinary items)</b>	<b>61,151</b>	<b>58,393</b>	<b>(2,759)</b>	<b>493,177</b>	<b>491,495</b>	<b>(1,682)</b>	<b>751,289</b>
<b>Surplus/(Deficit) excl. extraordinary items</b>	<b>(55,401)</b>	<b>(54,284)</b>	<b>(1,117)</b>	<b>(456,276)</b>	<b>(460,512)</b>	<b>4,236</b>	<b>(703,848)</b>
<b>Extraordinary items</b>							
COVID-19 Net benefit/(cost)	(4,767)	0	(4,767)	(21,619)	0	(21,619)	0
<b>Surplus/(Deficit) incl. extraordinary items</b>	<b>(60,168)</b>	<b>(54,284)</b>	<b>(5,885)</b>	<b>(477,895)</b>	<b>(460,512)</b>	<b>(17,383)</b>	<b>(703,848)</b>

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

## Waitematā DHB Statement of Financial Performance

### Hospital Services - Feb-22

(\$000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
<b>CONTRIBUTION (excl. extraordinary items)</b>							
Surgical Services	(15,196)	(14,875)	(321)	(126,945)	(125,340)	(1,605)	(194,045)
Acute and Emergency	(13,770)	(13,439)	(331)	(110,319)	(110,959)	640	(169,622)
Specialty Medicine and HOPS	(5,215)	(7,479)	2,265	(59,153)	(63,230)	4,076	(96,615)
Child Women and Family	(5,083)	(5,116)	34	(44,592)	(45,685)	1,093	(68,478)
Director Hospital Services	(989)	(1,235)	246	(7,861)	(8,534)	673	(13,268)
Elective and Outpatient Services	(669)	(710)	42	(5,356)	(5,609)	253	(8,577)
Clinical and Diagnostic Support Services	(14,480)	(11,428)	(3,052)	(102,049)	(101,155)	(894)	(153,245)
<b>Net Surplus/(Deficit) excl. extraordinary iten</b>	<b>(55,401)</b>	<b>(54,284)</b>	<b>(1,117)</b>	<b>(456,276)</b>	<b>(460,512)</b>	<b>4,236</b>	<b>(703,848)</b>
<b>Extraordinary items</b>							
COVID-19 Net benefit/(cost)	(4,767)	0	(4,767)	(21,619)	0	(21,619)	0
<b>Surplus/(Deficit) incl. extraordinary items</b>	<b>(60,168)</b>	<b>(54,284)</b>	<b>(5,885)</b>	<b>(477,895)</b>	<b>(460,512)</b>	<b>(17,383)</b>	<b>(703,848)</b>

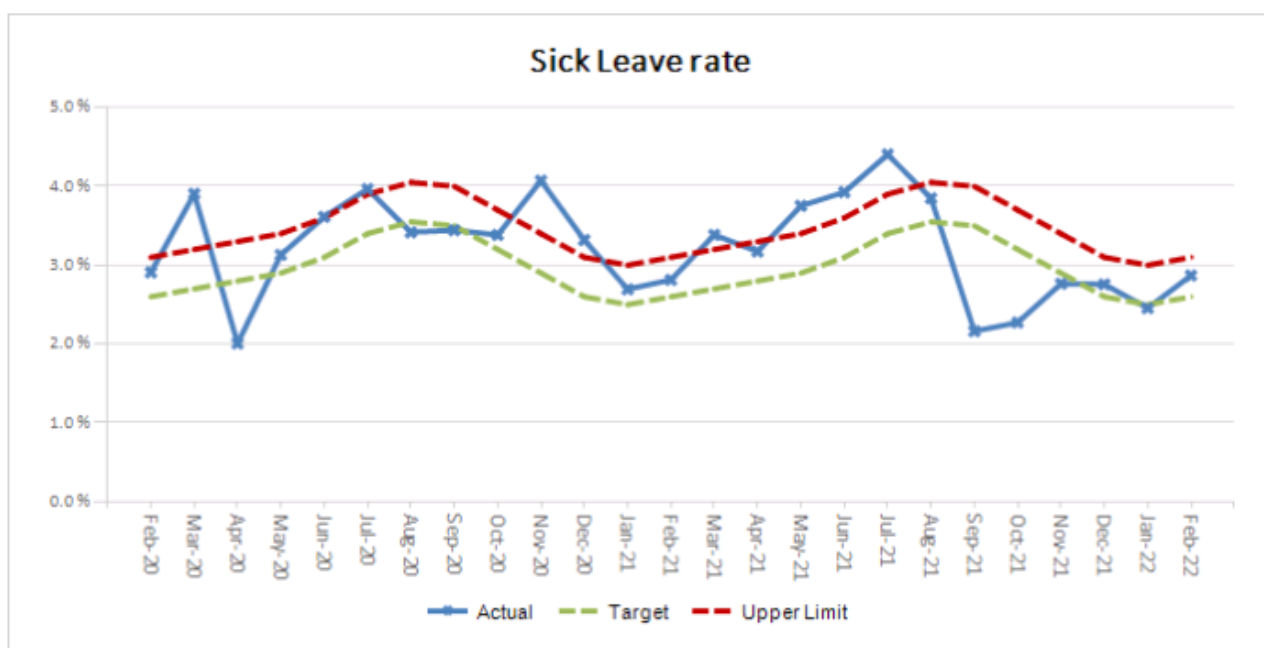
## Human Resources

Method of calculation of graphs:

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

## Sick Leave

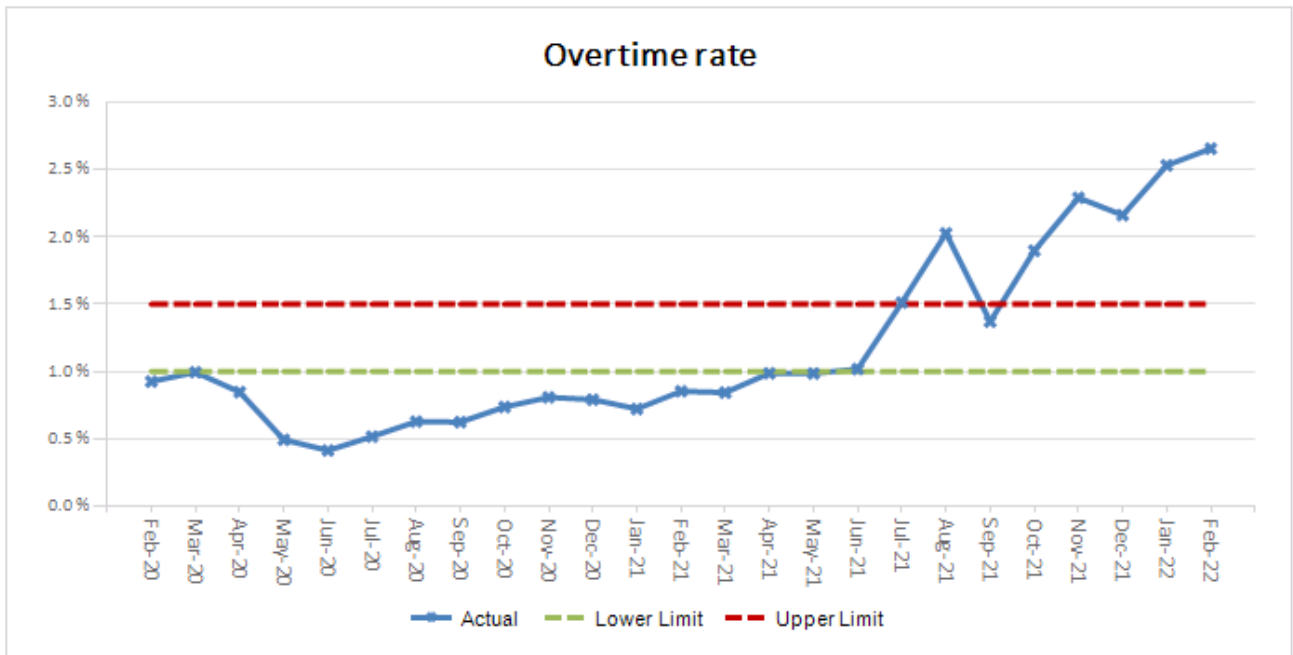
Sick leave continues to track within expected levels.



## Overtime

Overtime has increased substantially due to a combination of vacancies and the COVID-19 Omicron response which started in late January. Shift gaps have also been caused by instances such as unplanned sick leave.

The usual way we fill those shift gaps is by offering duties to internal bureau, casual or existing part time staff for overtime. Due to shortages in these areas (e.g. vacancies, regional secondments etc.), the team has offered overtime to all relevant staff to fill the shift gaps.



## Staff Turnover

Staff turnover in the last quarter has stabilised at 18% with an annual rolling average of 14.7%. Turnover drops approximately 2% in March. The DHB has commissioned a deeper review of our voluntary turnover drivers and reasons for leaving and what we can put in place to support our services back to sustained healthy turnover levels. The review is being led by our Associate Director of HR and involves our professional leads for Nursing, Allied, Technical and Scientific Professions.

