PUBLIC

HUTT VALLEY DHB / Capital & Coast District Health Board ŪPOKO KI TE URU HAUORA	**AGENDA** Held on Wednesday 26 May 2021 **LOCATION: : Pilmuir House Boardroom, Hutt Hospital, Lower Hutt** Zoom meeting ID: 878 1795 0109 Time: 1000 to 1300

2DHB COMBINED HEALTH SYSTEM COMMITTEE

	ITEM	ACTION	PRESENTER	TIME	MIN	PG
1	**PROCEDURAL BUSINESS**			**10:00**	**15**	
1.1	Karakia		All members			2
1.2	Apologies	**RECORD**	Chair			
1.3	Continuous Disclosure – Interest Register	**ACCEPT**	Chair			3
1.4	Confirmation of Draft Minutes from meeting dated 31 March 2021	**APPROVE**	Chair			6
1.5	Action List	**NOTE**	Chair			12
1.6	Annual Work Programme	**DISCUSS**	2DHB Director Strategy, Planning and Performance			13
2	**Strategy**					
2.1	Update on 2DHB Hospital Network	**PRESENT**	2DHB Director Provider Services	10.15	25	
3	**Health System**					
3.1	Acute Flow – Presentation	**PRESENT**	2DHB Director Provider Services	10.40	25	
3.2	Planned Care Performance 2DHB	**NOTE**	2DHB Director Provider Services	11.05	25	14
3.3	Bowel Screening – Presentation	**PRESENT**	2DHB Director Provider Services	11.30	25	
	BREAK – 10 MIN – 11.55AM					
3.4	Ministry of Health – Workforce issues	**PRESENT**	Anna Clark – Deputy Director General (Health Workforce)	12.05		
4	**OTHER**					
4.1	General Business	**NOTE**	Chair			27
4.2	Resolution to Exclude	**APPROVE**	Chair			
Next Meeting: Wednesday 28 July 2021, Location: **TBC**						

Karakia

Kia hora te marino

Kia whakapapa pounamu te moana

Hei huarahi mā tātou i te rangi nei

Aroha atu, aroha mai

Tātou i a tātou katoa

Hui e! Tāiki e!

Translation

May peace be wide spread

May the sea be like greenstone

A pathway for us all this day

Let us show respect for each other

For one another

Bind us all together!

CAPITAL & COAST AND HUTT VALLEY DISTRICT HEALTH BOARDS

Health System Committee Interest Register

18/05/2021

Name	Interest
Sue Kedgley *Chair*	• Member, Capital & Coast District Health Board • Member, Consumer New Zealand Board
Dr Roger Blakeley	• Board Member, Transpower New Zealand Ltd • Director, Port Investments Ltd • Director, Greater Wellington Rail Ltd • Deputy Chair, Wellington Regional Strategy Committee • Councillor, Greater Wellington Regional Council • Economic Development and Infrastructure Portfolio Lead, Greater Wellington Regional Council • Member of Capital & Coast District Health Board • Member, Harkness Fellowships Trust Board • Member of the Wesley Community Action Board • Independent Consultant • Brother-in-law is a medical doctor (anaesthetist), and niece is a medical doctor, both working in the health sector in Auckland • Son is Deputy Chief Executive (insights and Investment) of Ministry of Social Development, Wellington
Josh Briggs	• Councillor, Hutt City Council • Wife is an employee of Hutt Valley District Health Board / Capital & Coast District Health Board
Keri Brown	• Councillor, Hutt City Council • Council-appointed Representative, Wainuiomata Community Board • Director, Urban Plus Ltd • Member, Arakura School Board of Trustees • Partner is associated with Fulton Hogan John Holland
'Ana Coffey	• Father, Director of Office for Disabilities • Brother, employee at Pathways, NGO Project Lead Greater Wellington Collaborative • Shareholder, Rolleston Land Developments Ltd
Dr Chris Kalderimis	• National Clinical Lead Contractor, Advance Care Planning programme for Health Quality & Safety Commission • Locum Contractor, Karori Medical Centre • Contractor, Lychgate Funeral Home
Ken Laban	• Chairman, Hutt Valley Sports Awards • Broadcaster, numerous radio stations

	• Trustee, Hutt Mana Charitable Trust • Trustee, Te Awaikairangi Trust • Member, Hutt Valley District Health Board • Member, Ulalei Wellington • Member, Greater Wellington Regional Council • Member, Christmas in the Hutt Committee • Member, Computers in Homes • Member, E tū Union • Commentator, Sky Television
Vanessa Simpson	• Director, Kanuka Developments Ltd • Executive Director Relationships & Development, Wellington Free Ambulance • Member, Kapiti Health Advisory Group
Dr Richard Stein	• Visiting Consultant at Hawke's Bay DHB • Chairman and Trustee, Crohn's and Colitis NZ Charitable Trust • Member, Executive Committee of the National IBD Care Working Group • Member, Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy • Member, Muscular Dystrophy New Zealand (Central Region) • Clinical Senior Lecturer, University of Otago Department of Medicine, Wellington • Assistant Clinical Professor of Medicine, University of Washington, Seattle • Locum Contractor, Northland DHB, HVDHB, CCDHB • Gastroenterologist, Rutherford Clinic, Lower Hutt • Medical Reviewer for the Health and Disability Commissioner
Paula King	•
Sue Emirali	• Nil
Fa'amatuainu Tino Pereira	•
Kuini Puketapu	• Trustee or manager at Te Runanganui o Te Atiawa • Director of Waiwhetu Medical Group
Teresea Olsen	•
Bernadette Jones	• Director, Foundation for Equity & Research New Zealand • Co-Chair, Tāngata Whakaha Roopu, Subregional Māori Disability Group • Executive Committee member Muscular Dystrophy Central Region • Board member, My Life My Voice Charitable Trust • Member, 3DHB Sub-Regional Disability Advisory Group • Member, Health Research Council College of Experts • Senior Research Fellow, University of Otago Wellington

	• Husband, Tristram Ingham, is a board member of CCDHB • Director, Miramar Enterprises Limited •

Minutes of the Health System Committee

HUTT VALLEY AND CAPITAL AND COAST DISTRICT HEALTH BOARDS
Held on Wednesday 31 March 2021 at 9:00am
Boardroom, Level 11, Grace Neill Block, Wellington Hospital

PUBLIC SECTION

PRESENT

COMMITTEE:	Sue Kedgley, Chair Ken Laban – Deputy Chair Josh Briggs Keri Brown Richard Stein Roger Blakeley Vanessa Simpson Chris Kalderimis 'Ana Coffey Sue Emirali Teresea Olsen
STAFF:	Fionnagh Dougan, Chief Executive Officer Arawhetu Gray, Director Māori Health Rachel Haggerty, Director Strategy, Planning and Performance Junior Ulu, Director Pacific People's Health John Tait, Chief Medical Officer Helen Mexted, Director Communications and Engagement Joy Farley, Director Provider Services Chris Kerr, Chief Nursing Officer Amber Igasia, Board Secretary
OTHER:	Sean Thompson, 3DHB Advanced Care Planning Facilitator/ System Development Manager Lizzy Kepa-Henry, Māori Women's Welfare League & Public Health Nurse Regional Public Health, Work & Income Based Craig Thornley, Kiri Waldegrave, Rachel Pearce,
APOLOGIES:	David Smol Paula King Fa'amatuainu Tino Pereira (Inu) Bernadette Jones

1 PROCEDURAL BUSINESS

1.1 Karakia

The Karakia was led by all.

1.2 APOLOGIES

Noted as above.

1.3 CONTINUOUS DISCLOSURE

1.3.1 Interest Register

Nil.

1.4 CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Combined Health System Committee held on 25 November 2020 and 26 February 2021, taken with public present, were confirmed as a true and correct record.

25 November 2020

ACTION: Add Vanessa Simpson's name to the attendees in 25 November minutes as it was omitted.

Moved: Sue Kedgley **Seconded:** Vanessa Simpson **CARRIED**

26 February 2021

Moved: Chris Kalderimis **Seconded:** Roger Blakeley **CARRIED**

1.5 ACTION LIST

The list was taken as read and accepted by the Committee.

Moved: Sue Kedgley **Seconded:** Ken Laban **CARRIED**

1.6 DRAFT ANNUAL WORK PLAN

The plan has been noted as presented.

Moved: Ken Laban **Seconded:** 'Ana Coffey **CARRIED**

2 HEALTH SYSTEM

2.1 Advanced Care Planning Update

3DHB Advanced Care Planning Facilitator/ System Development Manager and Māori Women's Welfare League & Public Health Nurse Regional Public Health presented.

The presentation slides have been included below.

Advanced Car

DISCUSSION NOTES:

- It was noted there is a threshold for General Practitioners (GPs) to be funded for Advanced Care Planning (ACP) which is 80 years old. This however does not take into account the lower average life span of Māori, Pacific or Indian people. Some GPs choose to do so regardless of funding.
- Each DHB makes a decision to fund ACP. CCDHB has put some funds aside, Hutt and Wairarapa has not made the decision in the past. These were choices made by previous Executives and are part of the regular budget process.
- A question was raised about the ACP booklet and it was advised it is a National resource managed by the Health Quality and Safety Commission.

- There was a question about whether, from a Disability perspective, there are policies and processes in place that family can't make decisions for the person which is correct.
- With a large aging population what is the affordability for continuing this work. Management advised that there are also ways to invest in ways the communities can support themselves which is being tested. There are opportunities to train people to provide the facilitated conversations or even just raising it. Need to promote developing and engaging communities because it's important to our health system community.
- What is our comparison nationally? We are second under Canterbury.
- What affect will the end of life bill have on this? More people are thinking and talking about Advanced Care Planning and it's increased the conversation around what people want from their end of life.
- What if someone doesn't want artificial feedings? Stroke? Family wants to do everything and we want to do everything? Does the ACP have standing? The enduring power of attorney is next, with the ACP after and advanced directives, then speaking with the family. Clinicians must make best attempts to understand what the person's wishes were and ACP are seen as speaking for someone who can't speak.

2.2 2DHB Primary Birthing Facilities Approach

Health System Committee discuss:

(a) The position on primary birthing

DISCUSSION NOTES:

- Women do not use primary birthing facilities as much as midwives think they should and this is a national and international trend.
- Primary birthing units are more successful if Primary birthing unit close to the hospital as women want to know they can be transferred into an emergency response at speed.
- People in New Zealand can choose to have their babies across the country, there is no legal requirement for them to birth in the DHB where they are residing.
- Group spent many years in Wellington to get a primary birthing unit. When the work was done with the wider network of people, proximity was essential not optional. Important around transfer rates and clinical requirements.
- What do you mean by "culturally not the same"? The unit was not developed with Māori and Pacific community. It has a standard model of care. It was noted the unit is used by Māori and Pacific people. Management noted this document was prepared to provide a view of what has happened. A 2DHB design process will be started over the next 12 months to look at the continuum of care for maternity across the two DHBs.
- What is meant by the sustainable maternal health system? Affordability.
- What is the current utilisation and capacity? Keneperu and Kapiti are not used to their full capacity.
- We are not at a place to provide options pending Board approval of the direction of the 2DHB Network. Management noted the importance of bringing the community with us and what they need and show the results of this.

- Will it take a year? We will look at scope. Point about the birth hub group - they are a great group, where the relationship was left the group recognized the discussion will be had with a variety of diverse communities.
- Birthing unit item to come back with the 2DHB plan? Yes.

ACTION: Director Strategy, Planning and Performance to bring the Maternity 2DHB plan when completed.

ACTION: Bring back the decision on whether this work is a priority after approving the 2DHB Hospital Network.

ACTION: Agreement on what it means when we talk about equitable outcomes, defining what it is so the Boards can have a shared understanding of what it means.

2.3 Regional Public Health Update

Health System Committee note:

(a) The potential DHB engagement in the Territorial Local Authority Long Term Planning processes.

(b) Note the links between RPH activity and three DHB plans identified in Strategic Alignment.

(c) Note RPH's ongoing COVID-19 commitments.

Health System Committee agree:

(d) To Regional Public Health developing submissions on Local Government Long Term Plans on behalf of the DHBs.

DISCUSSION NOTES:

- Peter Gush passes on his apologies.
- The Committee commended the work of Regional Public Health in dealing with the pandemic over the past year.
- A question was raised about whether the goals should be more ambitious and it was noted the tone should steer away from telling people what to do in their own communities and potentially removing engagement due to harsh restrictions. There is a fine line between intervention and intrusion.
- It was noted there are priorities that are specific for each local authority and this approaches should take that into account.

3 PERFORMANCE REPORTING

3.1 Q2 Non-Financial MOH Reporting

Capital & Coast DHB note:

(a) The CCDHB Performance Report and Non-Financial Monitoring Report results for Q2 2020/21.

Hutt Valley Board note:

The HVDHB Performance Report and Non-Financial Monitoring Report results for Q2 2020/21.

DISCUSSION:

- Committee raised concern regarding the status of the DHB on failed measures and whether they believe this status will be changed. Particularly around infrastructure. Management noted while the longer term changes will take time, there are short term adjustments being made to address the issues, "we are being pro-active where we can". There is funding coming from the Ministry of Health and the Ministry understanding there are strategic imperatives for capital investment.
- There was a question regarding funding for the Māori Health strategies implementation, noting underspend. It was noted the 2DHB Director Māori Health was established in November 2020 and that much of 2020 has been spent on COVID-19 related work. There is work underway, some of it doesn't use the specific
- Page 39 – 355,000 underspent – are the local initiatives enough, do they get enough funding, and are they enough to get the outcomes we want?
    - An Insight analyst has been appointed to CCDHB and will be used across the two.
    - The allocated funding will be used for implementation. 100,000 to understand what happens in and outside of the hospital. It is a learning while doing situation.
    - Sharing resourcing across the two DHBs makes sense.
- There was concern about the funding not being used and not getting the outcomes as directed by the Boards. Management noted the 2DHB Māori role was only established November 2020 and much of the 2020 year focused on COVID response work as well as regular business as usual. There is a lot of work that has been achieved that may not be reflected in the budget spend as it is through other funding avenues across the DHBs.

ACTION: Expand the item on homelessness in the report to include the transient populations as well and the work being done to respond.

4 PACIFIC HEALTH

4.1 Pacific Health & Wellbeing Strategic Plan 2020 - 2025 update

The HVDHB and CCDHB Boards note:

(a) In December 2020, the Pacific Health & Wellbeing Strategic Plan for the Greater Wellington Region 2020-2025 (Pacific Health Strategy) was launched.

(b) In January 2021, a 2DHB Director, Pacific Peoples Health was appointed to lead the Pacific Health Directorates across both Hutt Valley and Capital & Coast DHBs.

(c) This is the first update in relation to the Pacific Health & Wellbeing Strategic Plan for 2021.

DISCUSSION POINTS:

- Do we collect data for GP enrolment for Pacific with children? There is not a correlation between GP and ASH rates. It is due to socio-economic status.
- Suggestions were given about the graphs.
- Important direction from the Boards to ensure there is dedicated funding is identified and specified as line funding. Identify other resources where they sit in other teams.

5 OTHER

5.1 GENERAL BUSINESS

No other business was noted.

5.2 RESOLUTION TO EXCLUDE THE PUBLIC

Moved: Sue Kedgley **Seconded:** Roger Blakeley **CARRIED**

The meeting moved into the Public Excluded session.

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting

DATED this .....day of.....2019

Sue Kedgley
Health System Committee Chair

HSC ACTION LOG

Action Number	Date of meeting	Due Date	Date Complete	Status	Assigned	Public or PE	Agenda Item #	Agenda Item title	Description of Action to be taken	How Action to be completed
HSC20-0007	22-Jul-20	26-Feb-21		In progress	Board Secretary	Public	2.2	COVID-19: Impact, lessons learned and the way forward	Addressing homelessness proposed as a topic for a future HSC meeting.	September 2021 Meeting agenda
HSC21-03	31-Mar-21	TBC - 2022		In progress	Director Strategy, Planning and Performance	Public	2.2	2DHB Primary Birthing Facilities Approach	Director Strategy, Planning and Performance to bring the Maternity 2DHB plan when completed.	In progress.
HSC21-04	31-Mar-21	26-May-21		In progress	Director Strategy, Planning and Performance	Public	2.2	2DHB Primary Birthing Facilities Approach	Bring back the decision on whether this work is a priority after approving the 2DHB Hospital Network.	To be decided once Board reviews work progamme in light of Health System Review.
HSC21-05	31-Mar-21	n/a		Closed	Health Systems Committee	Public	2.2	2DHB Primary Birthing Facilities Approach	Agreement on what it means when we talk about equitable outcomes, defining what it is so the Boards can have a shared understanding of what it means.	This was settled at the Board meeting 3 December 2020, Item 3.2 - Equity Definition, Goals and Principles.

21/05/2021

HSC Work Plan 2021: FOR FURTHER REVIEW AFTER BOARD CONSIDERES STRATEGIC PRIORITIES & WORK PROGRAMME			
Item	**28 July 2021**	**29 September 2021**	**24 November 2021**
	Kāpiti 9am – 1pm	**Hutt Hospital 9am – 1pm**	**Wellington Regional Hospital 9am – 1pm**
Strategy			
CCDHB Pro-Equity Implementation/Update	CCDHB Pro-Equity Implementation/Update		
CCDHB End of Life Investment Plans			
2DHB Investment Plans	2DHB Investment Plans	2DHB Investment Plans	2DHB Investment Plans
Māori and Pacific Health			
CCDHB Taurite Ora Action Plan Update		CCDHB Taurite Ora Action Plan Update	
HVDHB Te Pae Amorangi Action Plan Update		HVDHB Te Pae Amorangi Action Plan Update	
Sub Regional Pacific Action Plan Update		Sub Regional Pacific Action Plan Update	
CCDHB Taurite Ora Action Plan Update		CCDHB Pro-Equity Implementation/Update	
Health System Investment and Prioritisation			
2DHB Hospital Network		2DHB Hospital Network	
2DHB Investment Progress Update	2DHB Investment Progress Update	2DHB Investment Progress Update	2DHB Investment Progress Update
Integrated Performance Reporting			
2DHB Maternity, Child and Youth (MCY) Integrated Performance		2DHB Maternity, Child and Youth (MCY) Integrated Performance	
2DHB Urgent and Planned Care Integrated Performance		2DHB Urgent and Planned Care Integrated Performance	2DHB Urgent and Planned Care Integrated Performance
2DHB Long-term conditions, complex care and Older people integrated performance			2DHB Long-term conditions, complex care and Older people integrated performance
Regional Public Health Report	Regional Public Health Report		Regional Public Health Report
System and Service Planning			
CCDHB Non-Financial MOH Reporting	CCDHB Q3 Non-Financial MOH Reporting	CCDHB Q4 Non-Financial MOH Reporting	
CCDHB Annual Plan inc. Minister's Letter of Expectations	CCDHB Annual Plan		
CCDHB Regional Services Plan	Regional Final Draft Regional Services Plan		
HVDHB Non-Financial MOH Reporting	HVDHB Q3 Non-Financial MOH Reporting	HVDHB Q4 Non-Financial MOH Reporting	
HVDHB Annual Plan inc. Minister's Letter of Expectations	HVDHB Annual Plan		
Matters arising and other items			
		Focus on Homelessness	
Stakeholder Engagement			
	Kāpiti Health Advisory Group		
	Kāpiti Community Health Network		

Health System Committee Information

26 May 2021

Planned Care Performance 2DHB

Action Required

Committee note:

(a) Hutt Valley and Capital & Coast DHBs are on track to deliver at least 95% of the Planned Care Initiative surgeries for 2020/21.

(b) Each DHB has an increased number of people on their waiting list for first specialist appointments and surgery as a result of the COVID-19 lockdown and increasing acute demand in the subsequent period.

(c) Additional funding is available from the Ministry of Health again in 2021/22 to address waiting lists and each DHB has a plan for this funding across additional service delivery activity, and service innovation to deliver change (projects subject to Ministry of Health approval).

Strategic Alignment	Delivery to our agreed levels of Planned care is one of the 2021/22 DHB strategic priorities and a core component of ensuring our health system is performing for the people we serve.
Authors	Joy Farley, Director of Provider Services Rachel Haggerty, Director of Strategy, Planning and Performance
Endorsed by	Fionnagh Dougan, Chief Executive
Presented by	Joy Farley, Director of Provider Services
Purpose	To provide an overview of Planned Care funding and performance for Hutt Valley and Capital & Coast DHBs and describe the plan for 2021/22.

Executive Summary

1. Planned care begins when a person is referred for specialised care and encompasses the appointments, treatment, care and support people need during their healthcare journey.
2. Demand for health services continues to increase, driven by the ageing population and the growing numbers of people experiencing long-term and increasingly complex health conditions.
3. The Government, via the Ministry of Health provides targeted funding for Planned Care to ensure access to Planned Care is maintained despite acute demand pressures on the health system. Each year the DHBs and the Ministry of Health agree how the Planned Care funding will be allocated across health specialties.
4. The people of Capital & Coast and Hutt Valley DHBs have good access to Planned Care compared to the national standard intervention rate but the number of people waiting more than 120 days for their first specialist appointment or treatment has increased as a result of the COVID-19 lockdown and subsequent increase in acute demand. This is compounded by the hospitals reaching capacity in relation to beds and theatre access.

5. Despite the pressures created by the items described in point 2 , both DHBs are on track to deliver at least 95% of the surgery funded through the Planned Care Initiative, however significant waiting times for access to planned care persist .
6. The Ministry of Health is again making additional funding available in 2021/22 to address waiting lists this will require service innovation and increased service delivery. Each DHB has a plan for how this funding will be applied to increase timeliness of treatment and equitable access to planned care in 2021/22 (subject to Ministry of Health approval). Both Hutt Valley and Capital and Coast DHBs are aiming to ensure we are in a position to optimise access to this funding.

Strategic Considerations

Service	Service innovations have been developed to increase the timeliness of access to planned care. These will be funded by waiting list improvement revenue, subject to approval by the Ministry of Health.
People	Planned care funding will be applied to increase access and timeliness of planned care for the people of Hutt Valley and Capital & Coast DHBs.
Financial	Planned care funding is at-risk revenue available from the Ministry of Health based on performance, with additional waiting list improvement funding available again in 2021/22 for service delivery and innovations to reduce waiting lists.
Governance	n/a

Engagement/Consultation

Patient/Family	n/a
Clinician/Staff	n/a
Community	n/a

Identified Risks

Risk ID	Risk Description	Risk Owner	Current Control Description	Current Risk Rating	Projected Risk Rating

Appendix 1 – Hutt Valley DHB performance measures

Appendix 2 – Capital & Coast DHB performance measures

Purpose

The purpose of this paper is to provide the Health System Committee with an overview of Planned Care funding and performance against targets for both Hutt valley and Capital and Coast DHBs and describe our approach in improving our performance in relation to Planned Care in 2021/22.

Planned Care

What is 'Planned Care'?

Planned Care begins when a person is referred for specialised care. The term 'Planned Care' refers to more than just hospital-based care and admissions. It encompasses the appointments, care and support people need during their healthcare journey. It is about working with people and whānau to understand their situation, and together developing and discussing the options available so they can make informed decisions in relation to the most appropriate care for their needs.

Why do we have a specific focus on Planned Care?

Demand for health services continues to increase, driven by the ageing population and the growing numbers of people experiencing long-term and increasingly complex health conditions. An ageing population, with more co-morbidities, increasing public expectations, and funding/capacity constraints are some of the drivers placing increased pressure on services.

Although our health system works well for most of the population, we know there are material gaps in how we deliver services to meet the needs of some population groups and communities, manifesting in health inequities across different population groups. We know that Māori and Pacific people have poorer health outcomes for many conditions and on average live shorter lives than other New Zealanders. These inequities of access and outcomes need to be addressed.

The Government, via the Ministry of Health, provides targeted funding for Planned Care to ensure access to Planned Care is maintained despite acute demand pressures on the health system.

How is Planned Care funded?

Planned Care is funded through a combination of each DHB's population based funding (PBFF) and targeted funding from the Ministry of Health known as the Planned Care Initiative (figure 1).

In 2020/21 the Ministry of Health PCI funding available to Capital & Coast DHB was $24.0 million and $12.47 million was available to Hutt Valley. There are three categories of activity within this funding: planned surgeries, minor procedures, and early intervention programmes. The majority of funding (>95%) is targeted to planned surgery and the rest of this paper will focus on this aspect of care.

It is important to note that the targeted funding only covers the treatment aspect of the patient journey

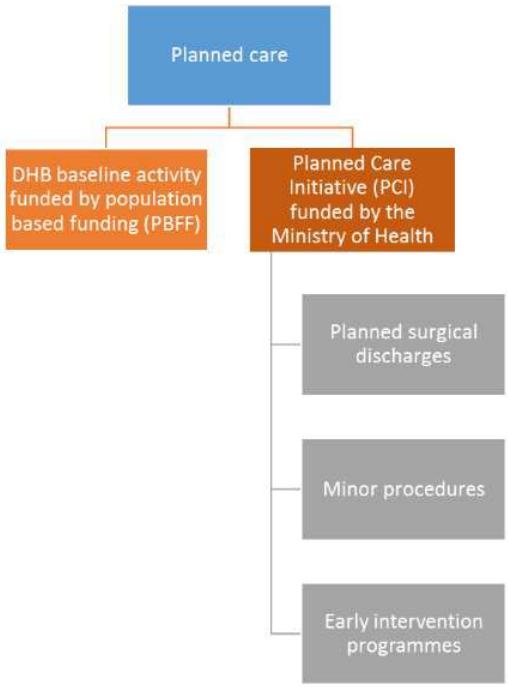

Figure 1. Planned care funding streams and categories of activity.

(figure 2). This is a change from the old Elective Funding Schedule which was in place until 2019/20 and funded a range of first specialist appointments as well as surgeries. First specialist appointments for people to be assessed as suitable for surgery, and follow up appointments after surgery are funded by the DHB through PBFF. Planned Care is funded on a DHB of Domicile basis, so the funding schedules include work done by other DHBs on our behalf. For example Plastic surgery is provided at Hutt Valley and Cardiothoracic surgery at Capital & Coast, with both DHBs providing general surgery for their own local populations.

Figure 2. A typical planned care patient journey, showing the aspect of the journey directly funded by the Planned Care Initiative funding.

Each year the DHBs and the Ministry of Health agree how the Planned Care funding will be allocated, across health specialties. Tables 1 and 2 below show the targets for Planned Care surgeries for 2020/21 at each DHB. Targets are set for both the number of people seen (discharges) and the complexity of care, as measured in caseweights (CWD).

Table 1. Planned Care Initiative targets for planned surgery for the population of Capital & Coast DHB.

Planned Care Intervention - Inpatient Surgical Discharges						
Description Information					Total Planned Activity	
DHB Code	Group	PUC	Purchase Unit Description	Unit of Measure	Discharges	CWD
091	Non Surg	Non Surgical PUC	Non Surgical PUC with Surgical DRG	CWD	401	826.06
Non Surgical PUC TOTAL					***401***	***826.06***
091	Surg	S00.01	General Surgery – Inpatient Services (DRGs)	CWD	1,574	2,515.67
091	Surg	S05.01	Anaesthesia Services (inpatient)	CWD	45	15.23
091	Surg	S15.01	Cardiothoracic – Inpatient Services (DRGs)	CWD	133	851.43
091	Surg	S25.01	Ear Nose and Throat – Inpatient Services (DRGs)	CWD	954	730.05
091	Surg	S30.01	Gynaecology – Inpatient Services (DRGs)	CWD	1,600	1,413.59
091	Surg	S35.01	Neurosurgery – Inpatient Services (DRGs)	CWD	154	443.33
091	Surg	S40.01	Ophthalmology – Inpatient Services (DRGs)	CWD	1,771	993.91
091	Surg	S45.01	Orthopaedics – Inpatient Services (DRGs)	CWD	1,833	3,725.59
091	Surg	S55.01	Paediatric Surgical Services (DRGs)	CWD	333	248.21
091	Surg	S60.01	Plastic & Burns – Inpatient Services (DRGs)	CWD	950	847.69
091	Surg	S70.01	Urology – Inpatient Services (DRGs)	CWD	559	678.31
091	Surg	S75.01	Vascular Surgery – Inpatient Services (DRGs)	CWD	411	671.30
Surgical PUC TOTAL					***10,317***	***13,134.31***
Planned Care Inpatient Surgical Discharges TOTAL					**10,718**	**13,960.37**

Table 2. Planned Care Initiative targets for planned surgery for the population of Hutt Valley DHB.

Planned Care Intervention - Inpatient Surgical Discharges						
Description Information					Total Planned Activity	
DHB Code	Group	PUC	Purchase Unit Description	Unit of Measure	Discharges	CWD
092	Non Surg	Non Surgical PUC	Non Surgical PUC with Surgical DRG	CWD	190	425.26
Non Surgical PUC TOTAL					***190***	***425.26***
092	Surg	S00.01	General Surgery – Inpatient Services (DRGs)	CWD	933	1,447.65
092	Surg	S05.01	Anaesthesia Services (inpatient)	CWD	12	5.54
092	Surg	S15.01	Cardiothoracic – Inpatient Services (DRGs)	CWD	87	583.74
092	Surg	S25.01	Ear Nose and Throat – Inpatient Services (DRGs)	CWD	639	563.20
092	Surg	S30.01	Gynaecology – Inpatient Services (DRGs)	CWD	888	824.61
092	Surg	S35.01	Neurosurgery – Inpatient Services (DRGs)	CWD	78	253.65
092	Surg	S40.01	Ophthalmology – Inpatient Services (DRGs)	CWD	745	396.73
092	Surg	S45.01	Orthopaedics – Inpatient Services (DRGs)	CWD	828	1,886.15
092	Surg	S55.01	Paediatric Surgical Services (DRGs)	CWD	199	141.27
092	Surg	S60.01	Plastic & Burns – Inpatient Services (DRGs)	CWD	680	595.39
092	Surg	S70.01	Urology – Inpatient Services (DRGs)	CWD	338	459.85
092	Surg	S75.01	Vascular Surgery – Inpatient Services (DRGs)	CWD	190	358.74
Surgical PUC TOTAL					***5,617***	***7,516.51***
Planned Care Inpatient Surgical Discharges TOTAL					**5,807**	**7,941.77**

The targets and allocation of funding volume across specialties is negotiated with the Ministry of Health taking into consideration a number of metrics in relation to Planned Care performance, to ensure our populations have good and timely access to Planned Care.

Metrics for Measuring Planned Care performance

Performance in relation to Planned Care is measured in the achievement of the targets set in the funding schedule, as well as standard intervention rates and timeliness of access to care.

Standardised Intervention Rates

Standardised intervention rates (SIRs) measure how well a DHB's level of service delivery meets the expected needs of their population, compared to national provision. Data is standardised to take into account differences in the demographic characteristics of each DHB's population profile from the national population profile. Standardisation takes into account the population age, gender, ethnicity, and deprivation quintiles as analysis has indicated that these four parameters are the major drivers of health care need. SIRs are calculated by the Ministry of Health each quarter.

When setting targets for Planned Care we look at areas where our population is receiving significantly more or less care than the national average and other DHBs in our region (table 3). We look at the region in particular because as tertiary providers we need to ensure we are providing the population care across the DHBs we serve, but not to the detriment of our own local populations. Overall our DHBs have good access to Planned Care across specialties, with Hutt Valley lower than the national rate for cardiac surgery and Capital & Coast for Ear Nose and Throat surgery. In contrast, our populations receive more care than the national average in a range of specialties.

Table 3. Standardised Intervention rates for Planned Care Interventions across the Central Region DHBs White indicates not significantly different from the national rate, Green indicates significantly above the national rate, and Red indicates significantly below the national rate.

Speciality (National Intervention Rate)	**Capital & Coast**	**Hutt Valley**	**Wairarapa**	**MidCentral**	**Whanganui**	**Hawke's Bay**
Cardiac Surgery (5.53)	(4.76)	(3.73)	(5.25)	(4.00)	(5.04)	(4.99)
Cardiology (5.81)	(5.55)	(6.21)	(4.57)	(4.57)	(6.07)	(3.79)
Cardiothoracic (3.94)	(4.28)	(3.33)	(4.14)	(3.18)	(3.42)	(3.36)
Dental (18.43)	(25.45)	(29.60)	(28.58)	(27.77)	(40.72)	(26.55)
ENT (27.97)	(24.32)	(26.35)	(28.68)	(31.28)	(43.51)	(17.03)
General Surgery (54.68)	(52.48)	(52.63)	(61.08)	(54.17)	(6.51)	(52.93)
Gynaecology (28.99)	(36.31)	(36.02)	(43.65)	(28.53)	(37.51)	(28.77)
Neurosurgery (2.36)	(2.68)	(2.65)	(2.00)	(2.09)	(3.34)	(1.44)
Ophthalmology (47.78)	(48.77)	(48.42)	(59.30)	(36.36)	(25.23)	(48.20)
Orthopaedics (39.78)	(36.63)	(37.93)	(54.24)	(35.43)	(48.09)	(31.82)
Plastics – Overall (22.17)	(22.38)	(32.05)	(26.93	(20.36)	(25.06)	(10.84)
Urology (19.38)	(20.18)	(18.29)	(21.43)	(21.92)	(24.68)	(21.89)
Vascular Surgery (6.50)	(7.03)	(10.24)	(8.28)	(5.31)	(7.05)	(5.27)

Source: MOH, National Service Framework Library, Sirs Groups Year Ending September 2020-03Mar 20200

Timeliness of access

The timeliness of provision of care is just as important as ensuring sufficient care is provided. There are a number of stages in the Planned Care journey, which may include a first specialist appointment, diagnostics (CT and MRI scans), and the treatment/surgery. We measure the timeliness of care at each stage, and the Ministry of Health monitors our performance against national targets:

- Patients not waiting longer than 120 days for their first specialist appointment (ESPI 2).
- Patients receiving diagnostics within required timeframes (42 days).
- Patients given a commitment to treatment, and treated within 120 days (ESPI 5).

Performance

Hutt Valley

Hutt Valley DHB is on track to achieve the surgical targets in the Planned Care funding schedule for 2020/21 at an overall DHB level (data to the end of April; table 4). This means the DHB will receive the total amount of funding available from the Ministry of Health for planned surgery. However, there is significant deviation from the specialty-level targets for both discharges and caseweights (appendix 1). In addition, there are over 1,100 people waiting longer than the recommended timeframe for their first specialist appointment and over 1,200 waiting longer than the recommended timeframe for treatment.

Despite being on track to deliver the volume and complexity of care there is significant need to be managed.

Table 4. Performance against the Hutt Valley DHB Planned Care Funding Schedule, to April 2021.

Category	% achieved year to date
Surgical volumes	100.6%
Surgical caseweights	99.7%

Capital & Coast

Capital & Coast DHB is on track to achieve the surgical caseweight targets in the Planned Care funding schedule for 2020/21 at an overall DHB level but not the discharge targets (data to the end of March; table 5). The DHB is on track to receive the total amount of funding available for planned surgery but from a performance perspective needs to increase discharges to achieve the target of at least 95%.

Similarly to Hutt Valley DHB, there is deviation from the specialty-level targets for both discharges and caseweights (appendix 2). In addition, there are 300 people waiting longer than the recommended timeframe for their first specialist appointment and almost 500 waiting longer than the recommended timeframe for treatment.

Capital & Coast are treating patients with higher caseweights for each discharge, indicating a higher complexity, and waiting lists are an issue at both DHBs.

Table 5. Performance against the Capital & Coast DHB Planned Care Funding Schedule, to March 2021.

Category	% achieved year to date
Surgical volumes	94.0%
Surgical caseweights	99.5%

Waiting list reduction funding

As every DHB was experiencing significant waiting list pressures post-COVID19 lockdown in addition to increasing acute demand, in 2020/21 the Ministry made available additional funding to reduce waiting lists. There are three funding categories: service delivery, innovation, and capital projects (figure 3).

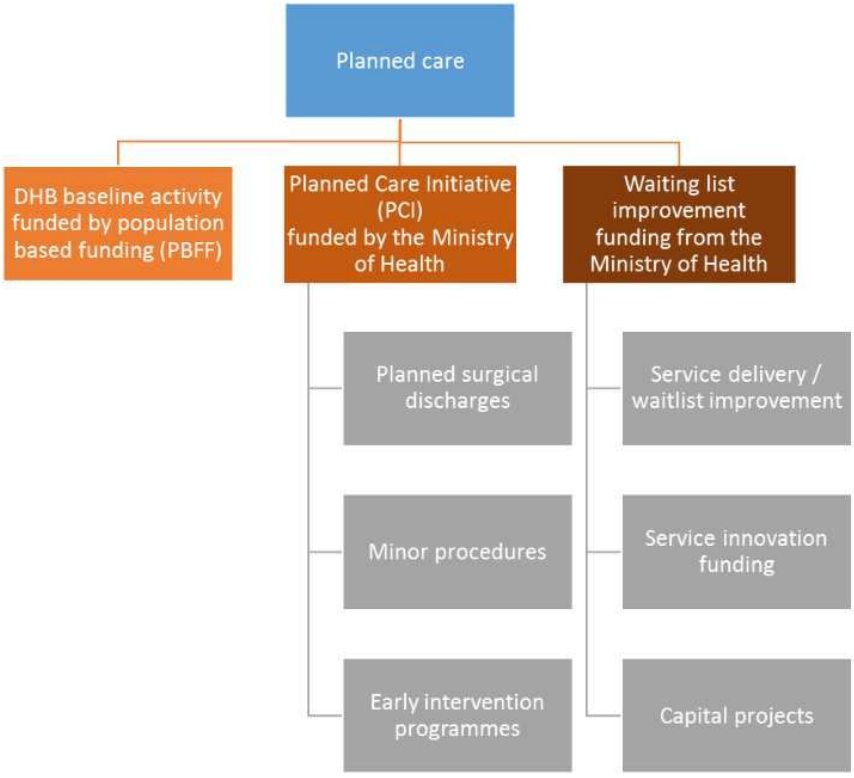

Figure 3. Planned care funding streams including additional waiting list improvement funding available in the 2020/21 and 2021/22 financial years.

Service delivery funding is available for activity over and above the volumes in the Planned Care Initiative and requires achievement of the base and initiative funding before it can be accessed.

Both Capital & Coast and Hutt Valley DHB have chosen to invest service delivery funding in to additional planned surgeries across general surgery (both DHBs) and orthopaedics and gynaecology for Hutt Valley DHB patients. Due to acute demand pressures, outsourcing constraints, and Ministry of Health confirmation of funding half way through the financial year, each DHB is only on track to deliver half of the potential volumes funded through this initiative.

Drivers of performance

Capital & Coast has a strong history of good performance against the Planned Care Performance Indicators. The DHB has consistently delivered the planned care funding schedule, and it is only in the last two years that performance has changed as hospital capacity pressures have impacted elective surgery. This has not been the case at Hutt Valley.

Despite this performance change, people at both our DHBs have good access to planned surgery – almost always at or above the national standard intervention rate. Where access is below national standard there is higher access to alternative interventions (for example cardiac surgery and cardiology) or we have an identified workforce constraint (for example ENT) across both DHBs and are developing a 2DHB service to increase resilience of this service to provide access.

COVID-19 lockdown

The change in performance and resulting backlog of patients occurred due to the COVID-19 emergency response of March/April 2020, which was different at each DHB.

Capital & Coast

Capital & Coast DHB arranged wet-leases[1] early in the response with our private providers and clinical staff continued to operate during levels 3 & 4. As a result, the reduction in performance was smaller for Capital & Coast than many DHBs and in particular against peer DHBs (figure 4).

Hutt Valley

Hutt Valley DHB operated a more conservative approach with limited wet-leasing during the lockdown period. This was driven by requiring Ministry of Health confirmation that additional costs would be met and varying clinical opinion on what could and should be outsourced and performed during the lockdown period. This exacerbated an already under pressure waiting list. At the same time Hutt DHB opened a second acute theatre in response to increasing acute demand for surgical capacity. This decreased elective surgical capacity available at a time where additional capacity is required.

Acute Demand

This year we are seeing higher than normal acute demand, particularly for our local people. The increased acute demand is causing cancellations of planned surgery as the DHBs have reached capacity for both beds and theatre access. At a specialty level, the three surgical specialties that have been most impacted by acute displacement are orthopaedics, general surgery, and cardiothoracic. This is reflected in each DHB's planned care performance where the targets for planned care are not being met due to the increased acute workload.

At Capital & Coast DHB the orthopaedic acute disruption has reached the level where a minimum of four lists per week are being reallocated to orthopaedic trauma, where previously they were blended acute/elective lists. As outlined above, Hutt Valley opened a second acute theatre to address acute displacement and reduce the number of people who had their surgery cancelled on the day.

[1] Rental of theatre and bed capacity from Private Hospitals, including all staff except the surgeon and anaesthetists which were DHB-supplied.

Staffing and maintenance

Both DHBs are experiencing difficulty with staffing in particular in the anaesthesiology team who have been unable to support all sessions and have no volunteers to staff weekend trauma lists. There is also a lack of availability of anaesthetic technicians to support all theatres.

Our routine maintenance programme is continuing, which impacts capacity as Kenepuru theatres are undergoing light and pendant replacement, taking one theatre out at all times until 30 June 2021. The procedure suite at Kenepuru was also unavailable earlier in the financial year as it was being upgraded for bowel screening to commence. Where possible, work normally scheduled for Kenepuru has been rescheduled to Theatre 13 in Wellington, but this is placing increased strain on beds in the Hospital.

Outsourcing

The DHBs are also experiencing challenges with outsourcing surgery as private capacity is in high demand and the workforce is shared across the public and private sectors.

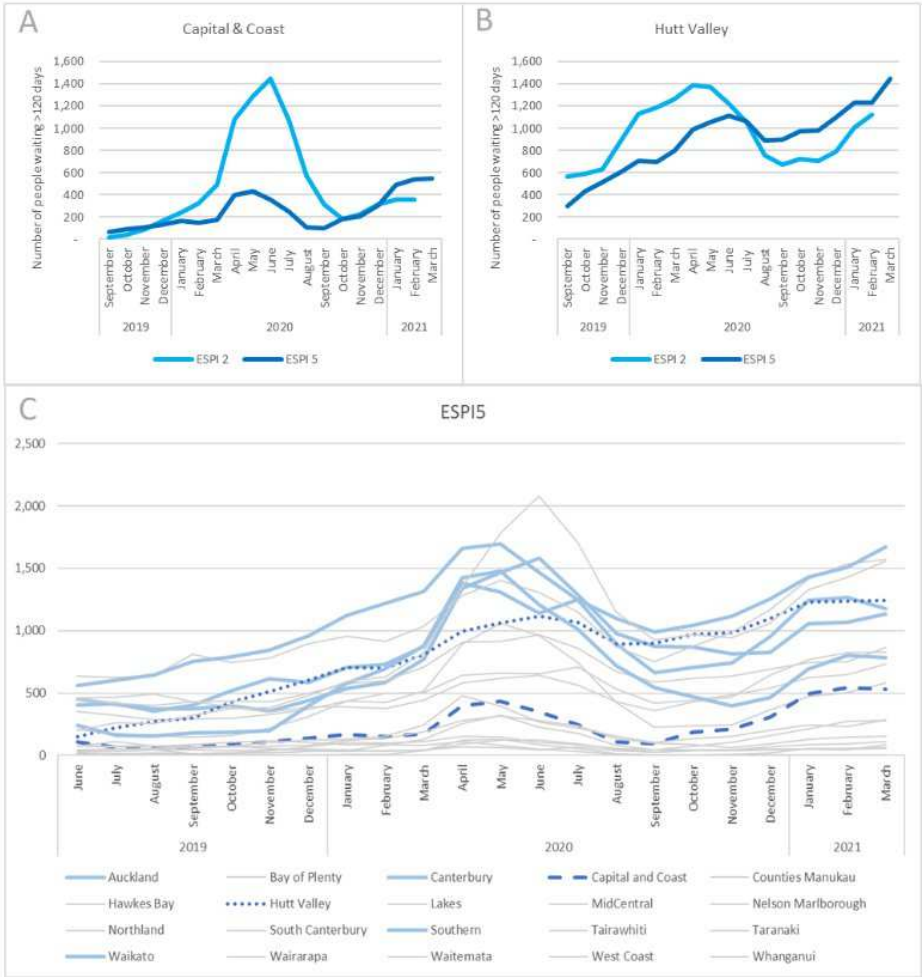

Figure 4. Number of people waiting longer than 120 days for access to first specialist appointments (ESPI 2) and treatment (ESPI 5) at Capital & Coast DHB (A), Hutt Valley (B) and performance across all DHBs for access to treatment (ESPI5; C).

Approach to delivery against Planned Care targets for 2021/22

The Planned Care funding schedule for 2021/22 has not yet been received from the Ministry of Health, however we expect it will be similar to the 2020/21 financial year. In setting targets we will be focusing on areas where standard interventions rates are low and/or acute demand has impacted our ability to provide planned care in 2020/21, for example orthopaedic and general surgery.

Waiting list improvement funding

Waiting list funding for service delivery will be available again in 2021/22 for additional activity to reduce waiting lists. This funding is contingent on reducing the number of patients waiting longer than 120 days for FSA or treatment to zero by June 2022. The DHBs must agree the trajectory to zero with the Ministry of Health, and this work is underway currently.

Waiting list funding also allows us to implement a range of initiatives in 2021/22 to improve access to Planned Care for our populations. These initiatives include capital projects to increase capacity, and (subject to Ministry endorsement) service innovation projects across changes in the model of care available to our people by using different workforces to provide care, and training to improve patient experience and welcome.

Capital Projects (funded in 2020/21 and underway)

Hutt Valley DHB has received funding from the Ministry of Health to develop a five-room procedure suite. This will be completed in the first half of the 2021/22 financial year and provide capacity for procedures that do not need to occur in a theatre setting to be delivered in an appropriate alternative. In doing this we will increase the theatre capacity for more complex work to take place.

Capital & Coast DHB has received funding for a mobile CT truck. This will provide significant additional capacity and, being on a truck, can be moved to different locations around our DHB and provide local access. This project was approved in May 2021 and is in the planning stages, with an estimated go-live date in 2023.

Service Innovation Projects

The Ministry of Health has made available to each DHB Service Innovation funding to support projects which reduce waiting times and improve equity. Hutt Valley's share of funding is $341,600 and Capital & Coast's is $548,800. Table 14 outlines the proposals that the DHB is submitting to the Ministry of Health for review and approval to submit a full proposal by the 5th of July 2021.

Table 14. Proposals for service innovation projects to improve equity and reduce waiting times.

DHB	Specialty	Proposal
2DHB	ENT	Nurse (NC) coordinator & clinical admin roles established to enhance productivity and establish innovative inpatient and community services to ENT patients across the sub-region.
Capital & Coast	Orthopaedic	Simplification of the spinal pathway through triage and assessment by Advanced Physiotherapist. This initiative was successfully implemented in Hutt Valley in 2020/21.

DHB	Specialty	Proposal
2DHB	Ophthalmology	Develop a direct pathway with Optometrists as an ESPI-2 and SUBs point for specific diagnostic groups (cataracts). Furthermore, to assist with assessing and entering patients on surgical waitlist and post-operative follow ups.
2DHB	Gynaecology	Introduce Advanced Physiotherapist Lead Gynaecology clinic to see ESPI-2 patients with symptoms of prolapse, urinary and faecal incontinence.
2DHB	Respiratory	Build on existing service delivery re-design in sleep apnoea service by providing access to service through GP practices, community spaces and areas where local community have identified as being safe/accessible spaces
2DHB	All	Patient Administration Service will receive pronunciation training to upskill staff to provide correct pronunciation of Māori and Pasifika greetings and names. The initiative supports Māori and Pasifika people to be welcomed into a care environment.

2DHB Bed and Theatre Capacity project

Taking a longer-term view, our 2DHB bed and theatre capacity project is identifying options to increase our capacity within the next two years to ensure we can continue to provide planned care for our population despite acute demand. This project is underway now, and will report back within the next six months with options aligned with the Hospital Network programme.

Appendix 1 – Hutt Valley DHB performance measures

Hutt Valley DHB is on track to achieve the surgical targets in the Planned Care funding schedule for 2020/21 at an overall DHB level. However, there is significant deviation from the specialty-level targets for both discharges and caseweights (left hand panels below). In addition, there are over 1,100 people waiting longer than the recommended timeframe for their first specialist appointment (ESPI2) and over 1,200 waiting longer than the recommended timeframe for treatment (ESPI5; right hand panels). While inroads are being made to reduce the number of people waiting over time for ESPI2, ESPI5 continues to grow. It should be noted that Capital & Coast DHB has significantly higher throughput than Hutt Valley and so waiting lists can be recovered more easily.

SS07 Surgical Inpatients	Actual	Budget	Var	%
Non Surgical PUC with Surgical DRG	196	159	37	123.3%
General Surgery	747	769	(22)	97.1%
Anaesthesia	14	10	4	141.5%
Cardiothoracic	60	73	(13)	82.2%
Ear Nose and Throat	396	527	(131)	75.2%
Gynaecology	604	732	(128)	82.5%
Neurosurgery	68	61	7	111.5%
Ophthalmology	726	614	112	118.2%
Orthopaedics	636	683	(47)	93.2%
Paediatric Surgical	183	163	20	112.3%
Plastic & Burns	687	561	126	122.6%
Urology	284	280	4	101.4%
Vascular Surgery	216	156	60	138.5%
Total	4,817	4,787	30	100.6%

Planned Care CWD	Actual	Budget	Var	%
Non Surgical PUC with Surgical DRG	505	355	150	142.1%
General Surgery	1,232	1,196	36	103.0%
Anaesthesia	8.12	4.0	4.1	202%
Cardiothoracic	433	482	(49)	89.9%
Ear Nose and Throat	321	465	(144)	69.0%
Gynaecology	579	681	(102)	85.0%
Neurosurgery	192	210	(18)	91.6%
Ophthalmology	397	328	70	121.3%
Orthopaedics	1,446	1,558	(112)	92.8%
Paediatric Surgical	159	117	42	136.2%
Plastic & Burns	502	492	11	102.1%
Urology	396	380	16	104.2%
Vascular Surgery	372	296	76	125.7%
Total	6,543	6,563	(20)	99.7%

ESPI 2 - BY SERVICE — **14 Non Compliant Services**

	2020					2021			Imp Req	3 mth Trend
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Ophthalmology	41.4%	35.0%	37.1%	39.7%	41.5%	46.0%	50.8%	54.5%	459	▲
Ear, Nose & Throat	3.3%	1.1%	1.0%	3.3%	11.7%	25.8%	32.6%	36.0%	169	▲
General Surgery	21.0%	20.6%	21.9%	21.9%	23.6%	31.1%	35.3%	31.7%	192	▲
Dermatology	30.9%	33.0%	36.9%	15.4%	28.6%	38.8%	46.5%	31.6%	48	▼
Cardiology	4.3%	2.9%	1.0%	2.3%	1.6%	2.8%	10.1%	20.3%	59	▲
Orthopaedics	49.5%	43.8%	39.6%	37.6%	34.6%	35.2%	23.3%	15.8%	58	▼
Gynaecology	1.8%	1.0%	0.0%	0.7%	0.8%	1.3%	7.3%	7.6%	27	▲
Rheumatology	0.9%	0.9%	0.0%	0.4%	1.2%	2.9%	3.2%	7.1%	19	▲
Paediatric Medicine	0.8%	0.7%	1.8%	1.3%	1.2%	2.5%	4.9%	6.9%	10	▲
Diabetes	0.0%	0.0%	0.0%	3.2%	2.9%	0.0%	0.0%	6.3%	2	▲
Respiratory	2.2%	0.8%	0.0%	0.8%	0.0%	7.0%	11.7%	6.1%	8	▼
Plastics	4.8%	1.8%	3.3%	4.0%	2.4%	3.7%	3.8%	5.4%	37	▲
Endocrinology	0.0%	0.0%	0.0%	1.5%	0.0%	0.0%	1.8%	3.4%	4	▲
Gastroenterology	1.3%	0.0%	0.0%	0.0%	1.1%	3.4%	1.1%	1.3%	1	▼

ESPI 5 - BY SERVICE — **7 Non Compliant Services**

	2020					2021			Imp Req	3 mth Trend
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
General Surgery	51.9%	56.2%	60.0%	59.6%	63.1%	67.0%	68.2%	64.9%	403	▼
Gynaecology	43.6%	40.5%	46.0%	41.1%	45.8%	50.5%	49.8%	50.5%	136	▲
Ophthalmology	52.5%	46.1%	44.1%	40.8%	41.1%	53.6%	57.9%	48.5%	112	▼
Ear, Nose & Throat	37.4%	33.3%	38.1%	38.4%	41.9%	48.7%	45.0%	45.6%	89	▼
Orthopaedics	46.9%	42.3%	45.7%	49.2%	47.7%	53.3%	50.0%	45.4%	201	▼
Dental	13.9%	15.3%	34.4%	29.8%	36.9%	40.0%	37.7%	42.2%	116	▲
Plastics	8.1%	8.6%	6.9%	7.4%	13.0%	19.0%	20.3%	26.8%	183	▲

Appendix 2 – Capital & Coast DHB performance measures

Capital & Coast DHB is on track to achieve the surgical caseweight targets in the Planned Care funding schedule for 2020/21 at an overall DHB level but not the discharge targets. Similarly to Hutt Valley DHB, there is deviation from the specialty-level targets for both discharges and caseweights (top panels). In addition, there are 300 people waiting longer than the recommended timeframe for their first specialist appointment (ESPI2) and almost 500 waiting longer than the recommended timeframe for treatment (ESPI5; bottom panels). Progress is being made to reduce the number of people waiting over time for ESPI2 and ESPI5, and it should be noted that Capital & Coast DHB has significantly higher throughput than Hutt Valley and so waiting lists can be recovered more easily.

Purchase Unit	Base YTD Planned Volume	Additional YTD Planned Volume	Total YTD Planned Volume	Actual Delivery	Base to Actual Variance	Total to Actual Variance	% YTD Delivery
Non Surgical PUC	225	72	297	314	89	17	105.7%
S00.01 General Surgery - Inpatient Services (DRGs)	918	237	1,155	1,269	351	114	109.9%
S05.01 Anaesthesiology and Pain Management - Inpatient Services (DRGs)	18	18	36	46	28	10	127.8%
S15.01 Cardiothoracic - Inpatient Services (DRGs)	34	64	98	85	51	-13	86.7%
S25.01 Ear Nose and Throat - Inpatient Services (DRGs)	479	224	703	552	73	-151	78.5%
S30.01 Gynaecology - Inpatient Services (DRGs)	852	322	1,174	1,121	269	-53	95.5%
S35.01 Neurosurgery - Inpatient Services (DRGs)	81	33	114	126	45	12	110.5%
S40.01 Ophthalmology - Inpatient Services (DRGs)	983	317	1,300	1,081	98	-219	83.2%
S45.01 Orthopaedics - Inpatient Services (DRGs)	967	377	1,344	1,239	272	-105	92.2%
S55.01 Paediatric Surgical Services (DRGs)	189	57	246	268	79	22	108.9%
S60.01 Plastic & Burns - Inpatient Services (DRGs)	485	213	698	586	101	-112	84.0%
S70.01 Urology - Inpatient Services (DRGs)	310	101	411	367	57	-44	89.3%
S75.01 Vascular Surgery - Inpatient Services (DRGs)	182	121	303	356	174	53	117.5%

Purchase Unit	Base YTD Planned CWD Volume	Additional YTD Planned CWD Volume	Total YTD Planned CWD Volume	Actual CWD Delivery	Base to Actual CWD Variance	Total to Actual CWD Variance	% YTD CWD Delivery
Non Surgical PUC	463.9	148.0	612.0	786.8	322.9	174.9	128.6%
S00.01 General Surgery - Inpatient Services (DRGs)	1,465.8	381.8	1,847.6	1,889.5	423.7	41.9	102.3%
S05.01 Anaesthesiology and Pain Management - Inpatient Services (DRGs)	5.7	5.5	11.2	18.0	12.3	6.8	160.8%
S15.01 Cardiothoracic - Inpatient Services (DRGs)	215.8	409.5	625.3	481.3	265.5	-144.0	77.0%
S25.01 Ear Nose and Throat - Inpatient Services (DRGs)	364.9	171.2	536.2	484.0	119.1	-52.2	90.3%
S30.01 Gynaecology - Inpatient Services (DRGs)	753.5	284.6	1,038.2	973.2	219.7	-64.9	93.7%
S35.01 Neurosurgery - Inpatient Services (DRGs)	231.0	94.6	325.6	433.8	202.8	108.2	133.2%
S40.01 Ophthalmology - Inpatient Services (DRGs)	552.2	177.8	729.9	617.2	65.1	-112.7	84.6%
S45.01 Orthopaedics - Inpatient Services (DRGs)	1,967.0	769.1	2,736.2	2,686.1	719.0	-50.1	98.2%
S55.01 Paediatric Surgical Services (DRGs)	140.1	42.2	182.3	213.0	73.0	30.7	116.9%
S60.01 Plastic & Burns - Inpatient Services (DRGs)	431.9	190.7	622.6	591.6	159.7	-31.0	95.0%
S70.01 Urology - Inpatient Services (DRGs)	376.3	121.9	498.2	491.6	115.3	-6.6	98.7%
S75.01 Vascular Surgery - Inpatient Services (DRGs)	296.3	196.7	493.0	543.3	247.0	50.3	110.2%

ESPI 2 - BY SERVICE

11 Non Compliant Services

	2020					2021			Imp Req	3 mth Trend
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Respiratory	33.3%	29.1%	21.2%	22.2%	30.4%	37.1%	35.5%	28.3%	163	▼
Cardiology	0.3%	0.0%	0.2%	0.5%	3.5%	3.2%	2.6%	5.5%	47	▲
Ophthalmology	16.7%	12.2%	9.8%	9.0%	10.8%	7.8%	5.9%	3.5%	36	▼
Renal Medicine	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	2.3%	2.2%	2	▼
Neurosurgery	1.9%	0.7%	2.3%	3.3%	4.6%	1.9%	2.2%	2.1%	3	▲
Orthopaedics	3.5%	0.1%	0.1%	1.0%	1.0%	1.5%	0.8%	1.9%	18	▲
Gynaecology	5.6%	3.2%	0.9%	1.0%	0.7%	0.1%	5.6%	1.6%	10	▲
General Surgery	0.6%	0.0%	0.6%	0.3%	0.8%	3.3%	1.5%	1.6%	12	▼
Vascular	0.0%	0.0%	0.6%	0.6%	1.4%	0.0%	0.0%	1.2%	2	▲
Endocrinology	0.9%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	1.2%	3	▲
Neurology	0.0%	0.0%	0.8%	0.3%	0.3%	0.2%	0.9%	0.8%	4	▲

ESPI 5 - BY SERVICE

12 Non Compliant Services

	2020					2021			Imp Req	3 mth Trend
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Urology	8.3%	5.6%	10.3%	10.5%	13.1%	17.3%	24.1%	28.1%	141	▲
Vascular	2.4%	3.2%	9.4%	11.0%	14.5%	22.8%	27.8%	23.2%	48	▲
Neurosurgery	3.6%	7.4%	14.0%	10.7%	15.3%	16.5%	25.3%	21.7%	18	▲
Dental	1.5%	1.2%	0.5%	1.9%	4.1%	15.1%	14.2%	16.2%	36	▲
Ear, Nose & Throat	6.0%	6.8%	10.3%	8.8%	8.2%	8.1%	10.6%	15.0%	32	▲
Ophthalmology	4.6%	2.7%	4.6%	6.0%	8.8%	14.4%	15.3%	14.5%	104	▲
Cardiothoracic	2.0%	0.0%	0.0%	0.0%	0.0%	6.0%	13.3%	14.3%	10	▲
General Surgery	3.2%	3.0%	6.3%	10.0%	14.5%	24.7%	20.0%	13.7%	56	▼
Cardiology	5.2%	4.1%	6.1%	3.0%	2.6%	4.9%	6.2%	10.9%	21	▲
Paediatric Surgery	2.9%	1.6%	3.1%	5.0%	5.5%	6.7%	8.4%	10.4%	16	▲
Orthopaedics	0.3%	1.3%	2.5%	4.1%	7.0%	10.6%	10.1%	8.2%	34	▼
Gynaecology	0.4%	2.1%	1.5%	0.0%	3.0%	5.7%	4.4%	4.7%	13	▼

Capital and Coast DHB and Hutt Valley DHB

Combined Health System Committee

Meeting to be held on 26 May 2021

Resolution to exclude the Public

Moved that the public be excluded from the following parts of the proceedings of this meeting, namely:

- for the Agenda items and general subject matter to be discussed as set out in the first column in the table below,
- on the grounds under clause 34 of Schedule 3 to the New Zealand Public Health and Disability Act 2000 as set out in the second column in the table below and
- for the reasons set out in the third column of the table below (including reference to the particular interests protected by the Official Information Act, where applicable).

TABLE

Agenda item and general subject of matter to be discussed	Grounds under clause 34 on which the resolution is based	Reason for passing the resolution in relation to each matter, including reference to OIA where applicable
Confirmation of minutes of previous meeting (public excluded session) and Matters Arising from those minutes.	paragraph (a) i.e. the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982	OIA, section 9(2)(ba) to protect information which is subject to an obligation of confidence where the making available of that information would be likely to prejudice the supply of information from the same source, and it is in the public interest that such information should continue to be supplied. OIA, section 9(2)(j) to enable this organisation to carry on, without prejudice or disadvantage negotiations.

NOTE

The Act provides that every resolution to exclude the public shall be put at a time when the meeting is open to the public, and the text of that resolution (or copies of it) must:

- be available to any member of the public who is present; and
- form part of the minutes of the board or committee.