

21 June 2021

Auckland DHB
Chief Executive's Office
Level 12
Building 1
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142

Ph: (09) 630-9943 ext: 22342 Email: ailsac@adhb.govt.nz

Re: Official Information Act request – Performance Management Report from HealthCare NZ Limited

I refer to your Official Information Act request dated 25 May 2021 requesting the following information:

1) We seek a copy of the most recent performance management report you have received from HealthCare NZ Limited.

Auckland DHB has four contracts with Healthcare NZ Limited:

- Enhanced Home Based Support Services
- Long Term Support Chronic Health Conditions (LTS-CHC) Home Based Support Services
- Home and Community Support Services In Home Respite
- Short Term Home and Community Support Services.

The most recent Performance Monitoring Returns for these contracts, covering the period 1 January 2021 to 31 March 2021, are attached.

- 2) Furthermore, please provide us with
 - a definition of "missed care" as it applies to HealthCare NZ Limited, and
 - the rate of missed care reported by HealthCare NZ over the past 12 months

The definition Auckland DHB uses for missed visits is: the service not responding to meet the needs of a client. For example a support worker does not attend, there is a scheduling error or a visit is rescheduled without agreement from the client.

The DHB contracts with Healthcare NZ Limited require reporting on missed visits with the exception of the LTS-CHC contract.

It is not possible to provide rates of missed visits over the previous 12 months as the quarterly reports for 1 April 2020 to 30 June 2020 were not submitted due to the COVID 19 lockdown. The rates of missed visits reported by Healthcare NZ Limited over the last nine months (1 July 2020 – 31 March 2021) are provided below:

- Enhanced Home Based Support Services 0.16%
- Home and Community Support Services In Home Respite 0.06%
- Short Term Home and Community Support Services 0.2%

3) We also seek clarification as to how much funding, if any, HealthCare NZ Limited receives from Auckland DHB for missed care.

Auckland DHB uses a bulk funding methodology for its Enhanced Home Based Support Services; the cost model calculation does not include funding missed visits. For the remaining contracts the DHB uses a fee for service model and missed visits are not funded.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully

Ailsa Claire, OBE

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Chief Executive of Te Toka Tumai (Auckland District Health Board)

ref: DUN0004



| CAK | HOP | |
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Dunedin Office Level 9, 481 Moray Place Phone: 0800 855 066

Fax: (03) 474 8582

Email: performance_reporting@health.govt.nz

PERFORMANCE MONITORING RETURN

Healthcare of New Zealand Limited

Provider Number: 244688

Agreement Number: 328727/14 Enhanced Home Based Support Services

Agreement Term: 01 July 2009 to 30 June 2021 Agreement Manager: Debbie Holdsworth Agreement Deputy Manager: Katie Daniel

Agreement Funder: Auckland DHB

| Reporting Period | | | | | |
|------------------|---------------|---------------|--|--|--|
| Start Date | End Date | Due Date | | | |
| 01 January 2021 | 31 March 2021 | 20 April 2021 | | | |

Please ensure you complete and forward this Performance Monitoring Return by 20 April 2021. This completed Performance Monitoring Return should be forwarded to:

Performance Reporting Sector Services Ministry of Health Private Bag 1942 **DUNEDIN 9054**

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Print Name:

Signature:

Position:

Regional Manager - Northern

Please assist Sector Services in maintaining accurate records:

Please print clearly the name of the person within your organisation to whom Performance Monitoring-related correspondence should be addressed for this agreement:

First Name:

Vicki

| For Sector Services use only | | | | | |
|------------------------------|----------------|--|--|--|--|
| Date Received | Date Processed | | | | |
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| | | | | | |
| 10.17 0001 | | | | | |

10 May, 2021

328727/14

Date:

20 April 2021

Family Name: McCardle

Email address: contracts@hhlgroup.co.nz

Instructions

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|--------|---|
| Email: | performance_reporting@health.govt.nz |
| Fax: | (03) 474 8582 |

ADDITIONAL INFORMATION

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Reporting for each service within the contract

| 2. HBSS - Enhanced Purchase Unit: HOP1010 Home Based Purchase Unit Measure: Service Facility: | | Care | ta a | |
|--|-----------------|---------------|--------|----------------|
| Reporting Unit | Start Date | End Date | ID | Actual Data |
| Narrative report on Maori Health policy | 01 January 2021 | 31 March 2021 | 329216 | N |
| Quarterly report using template provided | 01 January 2021 | 31 March 2021 | 317301 | Υ |

Home and Community Support service – Quarterly reporting (01/01/2021 – 31/03/2021)

Provider: HCNZ

The provider will report quarterly on the following information:

| Clients | | | | |
|--|-------------------|--------------------|---------|---------------------|
| Total number of clients | 778 | | | |
| (excludes clients over 10 days on hold) | | | | |
| Total number of clients coded as 1As at the beginning of the quarter | | 12 | .0 | |
| Total number of clients coded as 1As discharged within the quarter | - | 6 | | |
| Number of admissions in the quarter of clients who identify as Māori | 91 | 5 | | |
| Workforce | | | | |
| Ratio of clients to care/case manager (e.g. 200/1) Ratio calculated based on case manager FTEs against actual number of active clients as at the last day of reporting period. Case Managers are Registered Health Practitioners | | 194 | 1:1 | |
| Total number of new staff employed in this period | Case managers | Support workers | Other | Total |
| | 0 | 6 | 0 | 6 |
| Total number and percentage (e.g. 8 / 2%) of staff | Case M | anagers | Suppor | t workers |
| who identify as Māori as a proportion of total staff | (|) | 58/: | 12.2% |
| Proportion (%) of support workers trained Support workers highest qualification should be included | No certificate | Level 2 | Level 3 | Level 4 or above |
| and counted only once | 23% | 34% | 27% | 16% |
| Narrative on any concerns regarding staff retention | | | | |

| Discharge | | | | | | |
|---|--------------------------------------|----------|------|-------------|----------|--|
| | | Commissi | | | | |
| Please include the number of clients identifying as Māori in () next to the total in each category e.g. 34 (10) | Complex | | | Non-complex | | |
| Admission to residential care | | 31 | | 4 | | |
| Regained or increased independence | | 1 | | 5 | | |
| Natural supports | | 6 | | 2 | <u> </u> | |
| Deceased | | 20(1) | | 11 | | |
| Moved out of the area (internasc) | | 4 | | 100 | | |
| Client requested change in provider | | 2 | | - | | |
| Provider requested change in provider | | | | 3 | | |
| Client declined support after assessment | | 2 | | - | | |
| Other provider already in place | | 4 | | 1 | | |
| Other (please list what categories this relates to) | | 2 | | 6 | | |
| Quality Assurance | | | | | | |
| Number of clients surveys undertaken during this quarter | 0 | | | | | |
| Number of questionnaires received from clients | | | 0 | | | |
| Number of compliments received | | | 4 | | | |
| Positive feedback – key factors identified in compilments | Quality of care from support workers | | | | | |
| Number of complaints received: | SAC1 | SAC2 | SAC3 | SAC4 | TOTAL | |
| Funder needs to be sent a copy of any SAC1 and SAC2 complaints | 0 | 0 | 6 | 1 | 7 | |
| Negative feedback – key factors identified in complaints | Communi | cation | | | | |
| Changes made to service following all feedback | | | | | | |

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| Missed Visits | | 11 (18) | | 74 | |
|---|-------------------|----------------|----------|----------------|--|
| Number of missed visits | | 14 | 43 | | |
| Missed visits are defined as the service not responding to meet up, scheduling error, if a visit is rescheduled without agreemen Do not include if: Client is out at time of visit, client initiates or | t from client. | | | | |
| Missed visits as a proportion (%) of total visits | | | 2% | | |
| Key reasons for missed visits | ٠ | | | | |
| Adverse Events | | | | | |
| Number of falls | Witnes | sed Falls O | Unwitne | itnessed Falls | |
| Stop and Watch | | | | | |
| Number of Stop and Watch (S & W) reported | | 2 | 0 | | |
| Escalation outcome (number) for each S&W | CD | 81/01/ | DHB CLTC | Other | |
| Escaración outcome (maniber) for cach sorre | GP | NOK | DUBCTIC | Other | |
| reported | 6 | 6 6 | 2 | 3 | |
| | | | l | | |
| reported | 6 | | l | | |
| reported Innovations Narrative on any service innovations introduced | 6 | | l | | |
| reported Innovations Narrative on any service innovations introduced | 6 | | l | | |
| Innovations Narrative on any service innovations introduced in this quarter | 6 | | l | | |
| reported Innovations Narrative on any service innovations introduced in this quarter Paid Family Carers | 6 | 6 | 2 | 3 | |
| reported Innovations Narrative on any service innovations introduced in this quarter Paid Family Carers Number of paid family carers employed NHI(s) of clients who are receiving services from | 6 Relationship | 6 | 1 | 3 | |
| reported Innovations Narrative on any service innovations introduced in this quarter Paid Family Carers Number of paid family carers employed NHI(s) of clients who are receiving services from a paid family carer | Relationship | 6 | 1 | 3 | |
| reported Innovations Narrative on any service innovations introduced in this quarter Paid Family Carers Number of paid family carers employed NHI(s) of clients who are receiving services from a paid family carer | Relationship | 6 | 1 | 3 | |
| reported Innovations Narrative on any service innovations introduced in this quarter Paid Family Carers Number of paid family carers employed NHI(s) of clients who are receiving services from a paid family carer | Relationship | 6 | 1 | 3 | |



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| CAK | HOP | | |
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Dunedin Office Level 9, 481 Moray Place Phone: 0800 855 066

Fax: (03) 474 8582

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Email: performance reporting@health.govt.nz

PERFORMANCE MONITORING RETURN

Healthcare of New Zealand Limited

Provider Number: 244688

Agreement Number: 361730/03 Home and Community Support Services - In Home

Respite

Agreement Term: 01 July 2018 to 30 June 2021

Agreement Manager: Debbie Holdsworth Agreement Deputy Manager: Katie Daniel

Agreement Funder: Auckland DHB

| Reporting Period | | | | | | |
|------------------|----------|----------|--|--|--|--|
| Start Date | End Date | Due Date | | | | |
| 01 January 2021 | | | | | | |

Please ensure you complete and forward this Performance Monitoring Return by 20 April 2021. This completed Performance Monitoring Return should be forwarded to:

Performance Reporting

Sector Services Ministry of Health Private Bag 1942

DUNEDIN 9054

I, the duly authorised person, confirm that the information provided in this report is accurate:

Print Name:

Signature: Position:

Regional Manager - Northern

Date:

2 May 2021

Please assist Sector Services in maintaining accurate records:

Please print clearly the name of the person within vour organisation to whom Performance Monitoring-related correspondence should be addressed for this agreement:

First Name:

Vicki

Family Name: McCardle

Email address: contracts@hhlgroup.com

For Sector Services use only Date Processed Date Received

Instructions

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Reporting for each service within the contract

| 1. Personal Care Purchase Unit: HOP1010 Home Besed Support - Personal Care Purchase Unit Messura: Service Facility: | | | | |
|---|-----------------|---------------|--------|----------------|
| Reporting Unit | Start Date | End Date | ID | Actual Data |
| Quarterly report using template provided | 01 January 2021 | 31 March 2021 | 317301 | Y |

| Volumes | |
|--|---------|
| Total number of Clients | 39 |
| Total number of Hours | 7527 |
| Quality | |
| Number of Compliments received | - |
| Number of Complaints received: | • |
| SAC 1 | • |
| SAC 2 | - |
| SAC 3 | • |
| SAC 4 | • |
| Number of Missed Visits: | 16 |
| Missed visits is defined as the service not responding to meet the needs of a chent. | |
| Include if. A support worker does not turn up, scheduling error, if a visit is rescheduled without agreement from the Client | |
| Do not include, Client is out at the time of visit, Client initiates or is comfortable with rescheduling agreed time in advance. | |
| Missed visits as a proportion (%) of total visits: | - 0.072 |
| Narrative on issues, concerns, opportunities: | |

Quality:

Health Care NZ DHB internal processes is under review, to ensure we are meeting our contractual obligations and due for completion before the next quarters reporting period. As we have implemented our new operating model we have seen as increase in complaints as issues arose that were unforeseen. These have decreased as the new operating model has settled in and we are implementing a remediation training process for the newly formed Service Centre from the trends of issues that have occurred.

Innovative Approaches:

We continue to roll out the provision of mobile phone devices to our support workers (excluding Family Carers), to ensure that they have access to, and are using, our time and attendance app 'Kahu'.



| | re | I: DUNUUU4 |
|-----|-----|------------|
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| | | |



Dunedin Office Level 9, 481 Moray Place Phone: 0800 855 066

Fax: (03) 474 8582 Email: performance reporting@health.govt.nz

PERFORMANCE MONITORING RETURN

Healthcare of New Zealand Limited

Provider Number: 244688

Agreement Number: 321265/15 Long Term Support - Chronic Health Conditions - Home

Based Support

Agreement Term: 05 November 2007 to 30 June 2021

Agreement Manager: Debbie Holdsworth Agreement Deputy Manager: Katie Daniel

Agreement Funder: Auckland DHB

| | Reporting Period | |
|-----------------|------------------|---------------|
| Start Date | End Date | Due Date |
| 01 January 2021 | 31 March 2021 | 20 April 2021 |

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> Performance Reporting Sector Services Ministry of Health Private Bag 1942 **DUNEDIN 9054**

| I, the | duly | authorised | person, | confirm | that the |
|--------|-------|--------------|------------|------------|----------|
| inform | natio | n provided i | n this rea | oort is ac | curate |

Print Name:

Vicki McCardle

Signature:

Position:

Regional Manager - Northern

Date:

20 April 2021

Please assist Sector Services in maintaining accurate records:

Please print clearly the name of the person within your organisation to whom Performance Monitoring-related correspondence should be addressed for this agreement:

First Name:

Vicki

Family Name: McCardle

Email address: contracts@hhlgroup.co.nz

For Sector Services use only Date Received Date Processed

29 April, 2021

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Reporting for the contract as a whole

| Contract Reporting Unit | Start Date | End Date | ID | Actual Data |
|--|--------------------|---------------|------|----------------|
| Paid Family Carer report as per agreement (including no. of carers, client NHIs, & relationship) | 01 January 2021 | 31 March 2021 | 2470 | 0 |

Reporting for each service within the contract

| Facility: Reporting Unit | Start Date | End Date | ID | Actual |
|---|----------------------|---------------------|---------------|---|
| | | | | Data |
| Number of service users receiving care on the first day of the reported month | 01 January 2021 | 31 January 2021 | 317873 | 9 |
| Number of service users receiving care on the first day of the reported month | 01 February 2021 | 28 February 2021 | 317873 | 9 |
| Number of service users receiving care on the first day of the reported month | 01 March 2021 | 31 March 2021 | 317873 | 9 |
| 5: LTS:- Personal Gare Purchase Unit: CHC0005 Personal Gar Purchase Unit Measure: Service Facility: | e Services for Peop | e with Chronic Heal | th Condition | s |
| Reporting Unit | Start Date | End Date | ID | Actual Data |
| Number of service users receiving care on the first day of the reported month | 01 January 2021 | 31 January 2021 | 317873 | 17 |
| Number of service users receiving care on the first day of the reported month | 01 February 2021 | 28 February 2021 | 317873 | 17 |
| Number of service users receiving care on the first day of the reported month | 01 March 2021 | 31 March 2021 | 317873 | 17 |
| 6. LTS: Advanced Personal Care Purchase Unit: CHC0005 Personal Ca Purchase Unit Measure: Service Facility: | re Services for Peop | le with Chronic Hea | ith Condition | 1 9 ************************************ |
| Reporting Unit | Start Date | End Date | ID | Actua Data |
| Number of service users receiving care on the first day of the reported month | 01 January 2021 | 31 January 2021 | 317873 | 1 |
| Number of service users receiving care on the first day of the reported month | 01 February 2021 | 28 February 2021 | 317873 | 1 |
| Number of service users receiving care on the first day of the reported month | 01 March 2021 | 31 March 2021 | 317873 | 1 |

| | rei | : DUN0004 |
|-----|-----|-----------|
| CAK | HOP | |
| | | |



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Email: performance_reporting@health.govl.nz

PERFORMANCE MONITORING RETURN

Healthcare of New Zealand Limited

Provider Number: 244688

Agreement Number: 360590/03 Short-Term Home and Community Support Services -

Personal Care and Home Help

Agreement Term: 01 July 2018 to 30 June 2021 Agreement Manager: Debbie Holdsworth Agreement Deputy Manager: Katie Daniel

Agreement Funder: Auckland DHB

| | Reporting Period | |
|-----------------|------------------|---------------|
| Start Date | End Date | Due Date |
| 01 January 2021 | 31 March 2021 | 20 April 2021 |

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Performance Reporting Sector Services Ministry of Health Private Bag 1942 **DUNEDIN 9054**

I, the duly authorised person, confirm that the information provided in this report is accurate:

Print Name:

Vicki McCardle

Signature:

Position:

Regional Manager - Northern

Date:

2 May 2021

Please assist Sector Services in maintaining accurate records:

Please print clearly the name of the person within your organisation to whom Performance Monitoring-related correspondence should be addressed for this agreement:

First Name:

Vicki

Family Name: McCardle

Email address: contracts@hhlgroup.com

For Sector Services use only Date Processed Date Received

360590/03 3 June, 2021

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Reporting for each service within the contract

| 3. Monitor Only Purchase Unit: PMR0001 Performance Reporting Purchase Unit Measure: Not Available Facility: | | | | | |
|---|-----------------|---------------|--------|----------------|--|
| Reporting Unit | Start Date | End Date | ID | Actual Data | |
| Quarterly report using template provided | 01 January 2021 | 31 March 2021 | 317301 | Υ | |

| Admissions and Transfers | |
|---|------|
| Total Number of Clients at end of quarter (31 March) | 5 |
| Number of inappropriate referrals not admitted during | - |
| quarter | |
| (e.g POAC or Long Term HCSS) | |
| Number of Clients transferred to LT-HCSS during | - |
| quarter | |
| Quality | |
| Number of compliments received | |
| Number of complaints received | |
| SAC1 | |
| SAC2 | |
| SAC3 | |
| SAC4 | |
| Total | - |
| Number of Missed Visits | |
| Missed visits is defined as the service not responding to meet the needs of a client. | 7 |
| Include if a support worker does not turn up, scheduling error, if a visit is rescheduled without agreement from client. | |
| Do not include if; Client is out at the time of a visit, Client initiates or is comfortable with rescheduling agreed time in advance. | |
| Missed visits as a proportion (%) of total visits: | 0.13 |

Quality:

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