

21 June 2021

By email: fyi-request-15559-55dc5943@requests.fyi.org.nz

Dear requestor

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



CAK	HOP	
-----	-----	--

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

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

Print Name: Vicki McCardle
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
---------------	----------------

Date: 20 April 2021

Family Name: McCardle

Email address: contracts@hhlgroup.co.nz

Instructions

If you would prefer to send and receive these templates electronically via email, please forward your email address to performance_reporting@health.govt.nz and we will email these templates to you (please include your agreement number in the email).

Under the terms of this agreement you are required to provide information on all of the reporting requirements. Please note that your Agreement Manager will be advised if these requirements are not met, and payments may be withheld.

Front Page

The reporting period of each template and the date for return is specified on the front page of the template.

Additional Information Section

This section is to advise us of any issues you have, other information you would like us to know or any queries you may have. We will respond to these issues directly or pass them on to your Agreement Manager for resolution. You may also use this section to explain aspects of the reported data, if you believe further clarification is necessary.

Reporting for each service within the agreement

You should enter your information into the 'Actual Data' column. If the number you are reporting is '0' this should be entered in the relevant field. Please provide an explanation in the Additional Information section for any requested data you are unable to supply as we routinely follow up missing information.

Narrative Reports

If you are required to submit a narrative report and you are unsure what to write, please refer to the Service Specification section of your agreement. Under the heading Reporting Requirements you will find instructions about the information you should include in your narrative report. If you need further assistance, please contact your Agreement Manager.

Sending your Performance Monitoring Return to Sector Services

You can return your templates by mail, email or fax to the addresses below. Please note that we only require one copy of your Performance Monitoring Return (for example, if you are sending your return by email or fax, then you do not need to mail a hard copy as well).

Mail:	Performance Reporting Ministry of Health Private Bag 1942 DUNEDIN 9054
Email:	performance_reporting@health.govt.nz
Fax:	(03) 474 8582

ADDITIONAL INFORMATION

Please use this page for any issues you would like to discuss.

Important

If you are required to supply reporting which is not in the form of numerical data, such as a narrative (written) report, strategic plan, financial report or data spreadsheet, please enter 'Yes' or 'Y' in the 'Actual Data' column and attach your report to this template. For further information on narrative reports, please refer to the instructions on page 2 of this template.

Reporting for each service within the contract

2. HBSS - Enhanced Purchase Unit: HOP1010 Home-Based Support - Personal Care Purchase Unit Measure: Service Facility:				
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	Y

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 (excludes clients over 10 days on hold)	778			
Total number of clients coded as 1As at the beginning of the quarter	120			
Total number of clients coded as 1As discharged within the quarter	6			
Number of admissions in the quarter of clients who identify as Māori	5			
Workforce				
Ratio of clients to care/case manager (e.g. 200/1) <i>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</i>	194:1			
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 who identify as Māori as a proportion of total staff	Case Managers		Support workers	
	0		58/12.2%	
Proportion (%) of support workers trained <i>Support workers highest qualification should be included and counted only once</i>	No certificate	Level 2	Level 3	Level 4 or above
	23%	34%	27%	16%
Narrative on any concerns regarding staff retention				

Discharge <i>Please include the number of clients identifying as Māori in () next to the total in each category e.g. 34 (10)</i>	Complex	Non-complex			
Admission to residential care	31	4			
Regained or increased independence	1	5			
Natural supports	6	2			
Deceased	20(1)	11			
Moved out of the area (internasc)	4	-			
Client requested change in provider	2	-			
Provider requested change in provider	-	-			
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 compliments	Quality of care from support workers				
Number of complaints received: <i>Funder needs to be sent a copy of any SAC1 and SAC2 complaints</i>	SAC1	SAC2	SAC3	SAC4	TOTAL
	0	0	6	1	7
Negative feedback – key factors identified in complaints	Communication				
Changes made to service following all feedback					

Missed Visits				
Number of missed visits	143			
<i>Missed visits are defined as the service not responding to meet the needs of a client. <u>Include if:</u> a support worker does not turn up, scheduling error, if a visit is rescheduled without agreement from client. <u>Do not include if:</u> Client is out at time of visit, client initiates or is comfortable with rescheduling agreed time in advance.</i>				
Missed visits as a proportion (%) of total visits	0.32%			
Key reasons for missed visits				
Adverse Events				
Number of falls	Witnessed Falls 0		Unwitnessed Falls 6	
Stop and Watch				
Number of Stop and Watch (S & W) reported	20			
Escalation outcome (number) for each S&W reported	GP	NOK	DHB CLTC	Other
	6	6	2	3
Innovations				
Narrative on any service innovations introduced in this quarter				
Paid Family Carers				
Number of paid family carers employed	1			
NHI(s) of clients who are receiving services from a paid family carer	Relationships of the paid family carer(s) to the client(s)			
NHI- PCF1535	Daughter			



CAK	HOP	
-----	-----	--

Dunedin Office
Level 9, 481 Moray Place
Phone: 0800 855 066
Fax: (03) 474 8582

Email: performance_reporting@health.govt.nz

PERFORMANCE MONITORING RETURN

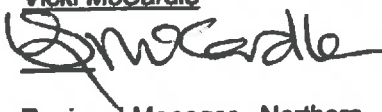
Healthcare of New Zealand Limited

Provider Number: 244688
Agreement Number: 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	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

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 Received	Date Processed

Instructions

If you would prefer to send and receive these templates electronically via email, please forward your email address to performance_reporting@health.govt.nz and we will email these templates to you (please include your agreement number in the email).

Under the terms of this agreement you are required to provide information on all of the reporting requirements. Please note that your Agreement Manager will be advised if these requirements are not met, and payments may be withheld.

Front Page

The reporting period of each template and the date for return is specified on the front page of the template.

Additional Information Section

This section is to advise us of any issues you have, other information you would like us to know or any queries you may have. We will respond to these issues directly or pass them on to your Agreement Manager for resolution. You may also use this section to explain aspects of the reported data, if you believe further clarification is necessary.

Reporting for each service within the agreement

You should enter your information into the 'Actual Data' column. If the number you are reporting is '0' this should be entered in the relevant field. Please provide an explanation in the Additional Information section for any requested data you are unable to supply as we routinely follow up missing information.

Narrative Reports

If you are required to submit a narrative report and you are unsure what to write, please refer to the Service Specification section of your agreement. Under the heading Reporting Requirements you will find instructions about the information you should include in your narrative report. If you need further assistance, please contact your Agreement Manager.

Sending your Performance Monitoring Return to Sector Services

You can return your templates by mail, email or fax to the addresses below. Please note that we only require one copy of your Performance Monitoring Return (for example, if you are sending your return by email or fax, then you do not need to mail a hard copy as well).

Mail:	Performance Reporting Ministry of Health Private Bag 1942 DUNEDIN 9054
Email:	performance_reporting@health.govt.nz
Fax:	(03) 474 8582

ADDITIONAL INFORMATION

Please use this page for any issues you would like to discuss.

Important

If you are required to supply reporting which is not in the form of numerical data, such as a narrative (written) report, strategic plan, financial report or data spreadsheet, please enter 'Yes' or 'Y' in the 'Actual Data' column and attach your report to this template. For further information on narrative reports, please refer to the instructions on page 2 of this template.

Reporting for each service within the contract

1. Personal Care				
Purchase Unit: HOP1010 Home Based Support - Personal Care				
Purchase Unit Measure: 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
<p><i>Missed visits is defined as the service not responding to meet the needs of a client.</i></p> <p><i>Include if, A support worker does not turn up, scheduling error, if a visit is rescheduled without agreement from the Client</i></p> <p><i>Do not include, Client is out at the time of visit, Client initiates or is comfortable with rescheduling agreed time in advance.</i></p>	
Missed visits as a proportion (%) of total visits:	- 0.072
Narrative on issues, concerns, opportunities:	
<p>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.</p> <p>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'.</p>	

CAK	DSS	
-----	-----	--



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

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: 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	321265/15

Instructions

If you would prefer to send and receive these templates electronically via email, please forward your email address to performance_reporting@health.govt.nz and we will email these templates to you (please include your agreement number in the email).

Under the terms of this agreement you are required to provide information on all of the reporting requirements. Please note that your Agreement Manager will be advised if these requirements are not met, and payments may be withheld.

Front Page

The reporting period of each template and the date for return is specified on the front page of the template.

Additional Information Section

This section is to advise us of any issues you have, other information you would like us to know or any queries you may have. We will respond to these issues directly or pass them on to your Agreement Manager for resolution. You may also use this section to explain aspects of the reported data, if you believe further clarification is necessary.

Reporting for each service within the agreement

You should enter your information into the 'Actual Data' column. If the number you are reporting is '0' this should be entered in the relevant field. Please provide an explanation in the Additional Information section for any requested data you are unable to supply as we routinely follow up missing information.

Narrative Reports

If you are required to submit a narrative report and you are unsure what to write, please refer to the Service Specification section of your agreement. Under the heading Reporting Requirements you will find instructions about the information you should include in your narrative report. If you need further assistance, please contact your Agreement Manager.

Sending your Performance Monitoring Return to Sector Services

You can return your templates by mail, email or fax to the addresses below. Please note that we only require one copy of your Performance Monitoring Return (for example, if you are sending your return by email or fax, then you do not need to mail a hard copy as well).

Mail:	Performance Reporting Ministry of Health Private Bag 1942 DUNEDIN 9054
Email:	performance_reporting@health.govt.nz
Fax:	(03) 474 8582

ADDITIONAL INFORMATION

Please use this page for any issues you would like to discuss.

Important

If you are required to supply reporting which is not in the form of numerical data, such as a narrative (written) report, strategic plan, financial report or data spreadsheet, please enter 'Yes' or 'Y' in the 'Actual Data' column and attach your report to this template. For further information on narrative reports, please refer to the instructions on page 2 of this template.

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

4. LTS - Household Management Purchase Unit: CHC0004 Household Support Services for People with Chronic Health Conditions Purchase Unit Measure: Service 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 Care Purchase Unit: CHC0005 Personal Care Services for People with Chronic Health Conditions Purchase Unit Measure: Service 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	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 Care Services for People with Chronic Health Conditions Purchase Unit Measure: Service 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	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

CAK	HOP	
-----	-----	--



MANATŪ HAUORA

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: 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

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: Vicki McCardleSignature: Position: Regional Manager - NorthernDate: 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: VickiFamily Name: McCardleEmail address: contracts@hhlgroup.com

For Sector Services use only

Date Received	Date Processed
---------------	----------------

Instructions

If you would prefer to send and receive these templates electronically via email, please forward your email address to performance_reporting@health.govt.nz and we will email these templates to you (please include your agreement number in the email).

Under the terms of this agreement you are required to provide information on all of the reporting requirements. Please note that your Agreement Manager will be advised if these requirements are not met, and payments may be withheld.

Front Page

The reporting period of each template and the date for return is specified on the front page of the template.

Additional Information Section

This section is to advise us of any issues you have, other information you would like us to know or any queries you may have. We will respond to these issues directly or pass them on to your Agreement Manager for resolution. You may also use this section to explain aspects of the reported data, if you believe further clarification is necessary.

Reporting for each service within the agreement

You should enter your information into the 'Actual Data' column. If the number you are reporting is '0' this should be entered in the relevant field. Please provide an explanation in the Additional Information section for any requested data you are unable to supply as we routinely follow up missing information.

Narrative Reports

If you are required to submit a narrative report and you are unsure what to write, please refer to the Service Specification section of your agreement. Under the heading Reporting Requirements you will find instructions about the information you should include in your narrative report. If you need further assistance, please contact your Agreement Manager.

Sending your Performance Monitoring Return to Sector Services

You can return your templates by mail, email or fax to the addresses below. Please note that we only require one copy of your Performance Monitoring Return (for example, if you are sending your return by email or fax, then you do not need to mail a hard copy as well).

Mail:	Performance Reporting Ministry of Health Private Bag 1942 DUNEDIN 9054
Email:	performance_reporting@health.govt.nz
Fax:	(03) 474 8582

ADDITIONAL INFORMATION

Please use this page for any issues you would like to discuss.

Important

If you are required to supply reporting which is not in the form of numerical data, such as a narrative (written) report, strategic plan, financial report or data spreadsheet, please enter 'Yes' or 'Y' in the 'Actual Data' column and attach your report to this template. For further information on narrative reports, please refer to the instructions on page 2 of this template.

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	Y

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. 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.	7
Missed visits as a proportion (%) of total visits:	0.13
<p>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 an 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.</p> <p>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'.</p>	

