

Hon Dr Ayesha Verrall

Minister of Health
Minister of Research, Science and Innovation



Marc Daalder
Newsroom
marc.daalder@newsroom.co.nz

23 August 2023

Dear Mr Daalder

Response to your request for information, AVOIA2023-94

I am writing in response to your email on 12 April 2023 where you requested, among other documents, "All 'HNZ System Pressures' weekly documents since the start of 2023'.

On 19 June 2023, I responded to your request and communicated a decision to withhold the relevant system pressures documents. The section relied upon was 9(2)(g)(i) of the Act, to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency.

I have reconsidered my decision to withhold this information under 9(2)(g)(i) of the Official Information Act and consider I am now in a position to release this information. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Ayesha Verrall'.

Hon Dr Ayesha Verrall
Minister of Health
Minister of Research, Science and Innovation

Appendix 1: List of documents for release

#	Reference #	Title	Decision on release
1	HNZ00009594	System Pressures – January 20, 2023	Released in full
2	HNZ00009943	System Pressures – January 27, 2023	Released in full
3	HNZ00010247	System Pressures – February 3, 2023	Released in full
4	HNZ00010674	System Pressures – February 10, 2023	Released in full
5	HNZ00011067	System Pressures - February 17, 2023	Released in full
6	HNZ00011761	System Pressures – February 24, 2023	Released in full
7	HNZ00012291	System Pressures – March 3, 2023	Released in full
8	HNZ00012839	System Pressures – March 10, 2023	Released in full
9	HNZ00013441	System Pressures – March 17, 2023	Released in full
10	HNZ00014466	System Pressures – March 24, 2023	Released in full
11	HNZ00014861	System Pressures – March 31, 2023	Released in full
12	HNZ00015510	System Pressures – April 7, 2023	Released in full

Aide-Memoire

System pressures update for week ending 20 January 2023

To	Hon Andrew Little	Report No	HNZ00009594
From	Fionnagh Dougan, National Director, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	20/01/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, January 9 – January 15.

Overview

2. During the holiday period acute demand combined with high levels of staff sickness led to operational challenges in some areas. Emergency department (ED) attendance volumes and subsequent admissions reduced, and Shorter Stays in Emergency Departments (SSED) performance increased slightly. The number of reported COVID-19 cases declined sharply over the holiday period across all regions. The number of hospital beds occupied with COVID-19 cases declined markedly in the lead up to Christmas and was relatively static over the holiday period. In contrast, the number of acute patients in hospital for seven days or more has increased 12% to 1,591 patients. This is the highest number since August 2022.
3. An enhanced process to provide oversight and assurance in relation to the Notification, Assessment and Escalation response was also stood up over the holiday period to support the Health and Disability Sector, which ran from 15 December to 20 January. This was an all of system approach covering communicable diseases, natural disasters, weather related events and significant Hospital and Specialist Services disruptions.
4. Planning for the next winter period has commenced. Building on learnings from the previous winter, the assessment of system pressures conducted late last year, and the recent summer holiday period, a Te Whatu Ora wide planning session to initiate and synchronise all winter preparation actions was held on Wednesday 18th January. Planning is now underway to ensure robust response to pressures across the following domains:
 - COVID-19 response
 - national escalation pathways and triggers, especially for emergency departments
 - nursing recruitment and retention
 - maintaining planned care capacity
 - aged residential care (ARC) capacity, and using ARC to support hospital flow
 - staff flu vaccinations

The January session launched the process of coordinated planning, with regular checkpoints to monitor progress and manage risk being established.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

5. The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on the COVID-19 position, workforce pressures, and actions being taken across the regions.

National Monitoring Report

	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	390,599	442,136	-11.66%	↓	454,016	-13.97%	↓	387,273	0.86%	↓
Whakarongorau call volumes - Healthline	8,016	7,314	9.60%	↑	8,988	-10.81%	↓	8,404	-4.62%	↓
Whakarongorau call volumes - Covid	4,593	6,355	-27.73%	↓	20,359	-77.44%	↓	44,990	-89.79%	↓
111 call volumes	12,084	14,169	-14.72%	↓	14,572	-17.07%	↓	(Blank)	(Blank)	→
Ambulance response times (Minutes)	30.70	36.89	-16.78%	↓	39.10	-21.48%	↓	(Blank)	(Blank)	→
Hospital access										
ED attendances	21,385	23,761	-10.00%	↓	23,716	-9.83%	↓	21,341	0.21%	↑
ED admissions	6,112	6,275	-2.60%	↓	6,752	-9.48%	↓	5,993	1.99%	↑
ED conversion rate	28.56%	26.41%	8.22%	↑	28.47%	0.39%	↑	28.08%	1.78%	↑
Ambulance handover delays (Minutes)	32.00	33.87	-5.51%	↓	34.10	-6.16%	↓	(Blank)	(Blank)	→
SSED performance	71.24%	73.37%	-1.56%	↓	68.49%	4.00%	↑	78.18%	-8.88%	↓
Planned care cancellations (Covid related)	0	0	(Blank)	→	388	-100.00%	↓	(Blank)	(Blank)	→
Hospital flow										
Resourced inpatient ward beds	7,659	7,474	2.47%	↑	7,606	0.70%	↑	7,359	4.07%	↑
Ward bed occupancy	88.93%	84.45%	5.30%	↑	90.06%	-1.25%	↓	84.08%	5.76%	↑
Critical Care occupancy	66.21%	65.90%	0.47%	↑	76.30%	-13.23%	↓	63.62%	4.06%	↑
Number of patients with 7+ day LoS	1,591	1,414	12.52%	↑	1,459	9.05%	↑	1,311	21.36%	↑
Discharge from hospital										
Discharge volumes (daily average)	2,278	1,699	34.08%	↑	2,411	-5.52%	↓	2,224	2.43%	↑
ARC Covid cases	168	181	-7.18%	↓	293	-42.66%	↓	(Blank)	(Blank)	→
Covid care in the community contact volumes	24,016	24,014	0.01%	↑	47,202	-49.12%	↓	(Blank)	(Blank)	→

National Status – Key Headlines

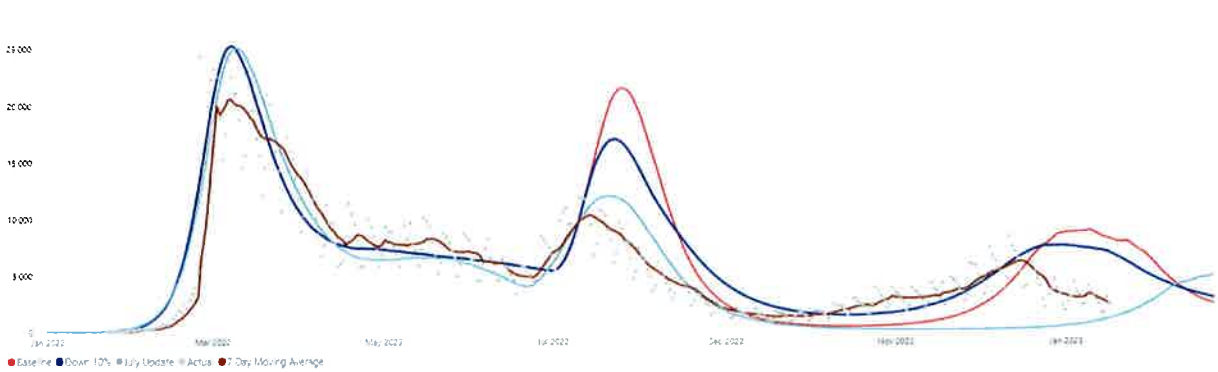
COVID-19 Trends

- 6. COVID-19 cases declined over the holiday period, as did hospital beds occupied.
- 7. COVID-19 Modelling Aotearoa (CMA) have updated the scenarios to account for a new dominant variant of concern seeding from 22 November. The charts are presented with the best fit line (as was the case with the baseline and new variant scenarios previously).

COVID-19 Resilience: National Scaled Modelled Cases vs Actual Cases as at 17 January 2023

Baseline	Down 10%	July Update	
2,730,000	2,752,854	2,031,188	
YTD Baseline	YTD Down 10%	YTD July Update	YTD Actual Cases
2,530,877	2,580,925	1,912,271	2,167,215

Modelled Cases vs Actual Cases

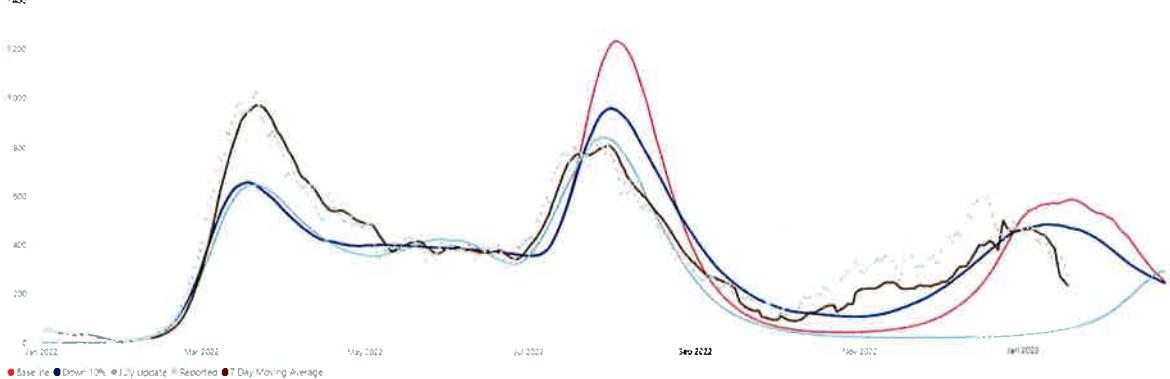


- 8. Hospital beds occupied declined markedly in the lead up to Christmas and remained relatively static over the holiday period.

COVID-19 Resilience: National Scaled Modelled Hospital Beds vs Reported Hospital Beds as at 18 January 2023

Baseline	Down 10%	July Update	
144,014	147,608	107,064	
YTD Baseline	YTD Down 10%	YTD July Update	YTD Reported Beds
100,845	94,026	91,368	137,291

Modelled Hospital Beds vs Reported Hospital Beds



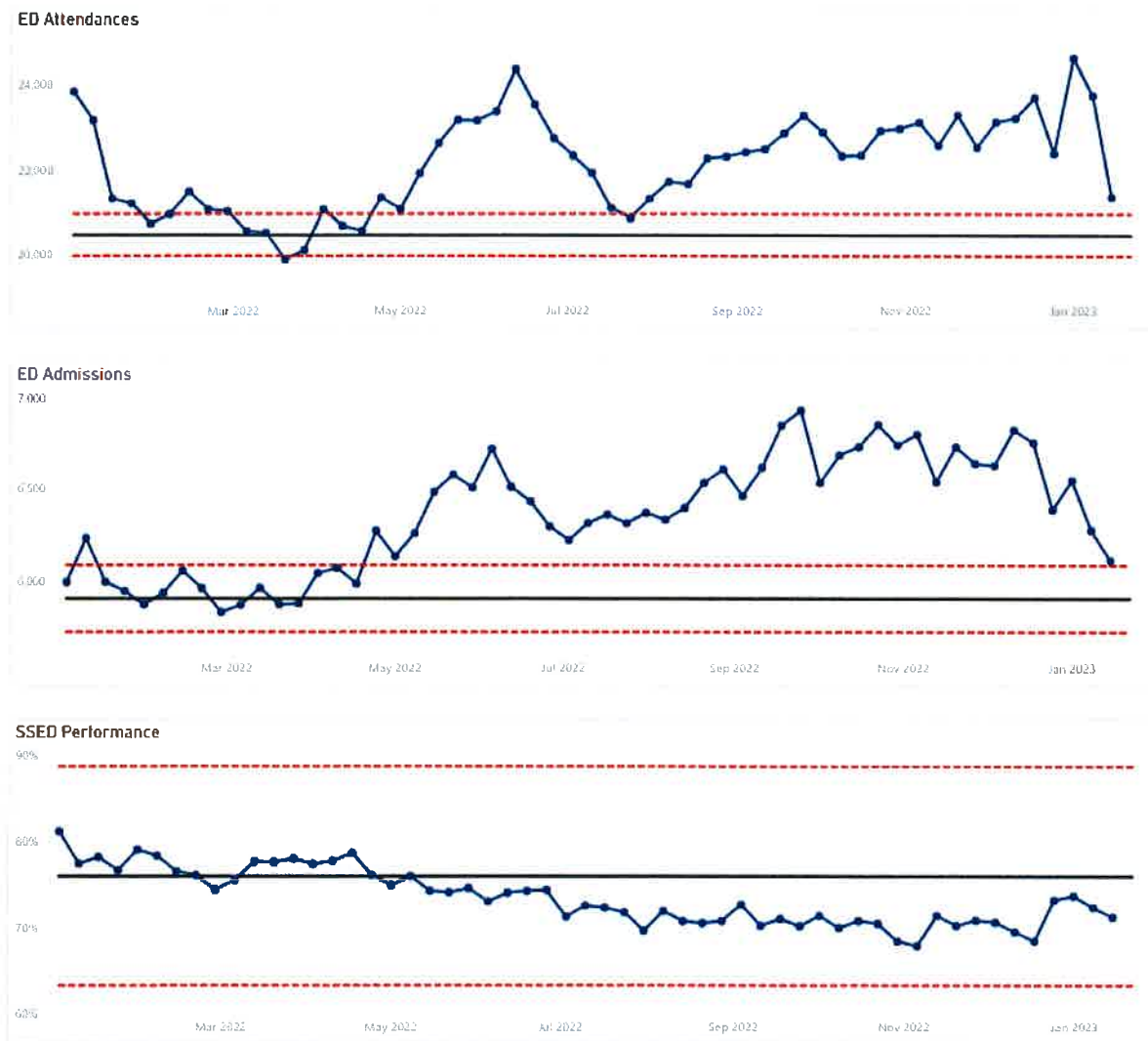
Hospital Performance

- 9. Performance for SSED (patients admitted or discharged within 6 hours) stayed static for admitted SSED (54%) and non-admitted SSED (79%), while the all-patient SSED decreased 1 percentage point to

71%. All three measures are 3 percentage points above the performance of the week ended 18 December.

- The highest performing hospital was Tairāwhiti, who reached 92%.
- The most challenged hospitals remain Capital Coast, with all-patient SSED of 57% and admitted patient SSED of 30%, and Mid Central with all-patient SSED of 52% and admitted patient SSED of 18%.

10. Nationally, ED attendances reduced by 10% from the previous week. This excludes South Canterbury who were not able to provide ED attendance data for the week. All other 19 districts reported a decrease in patients. Hospital admissions decreased by 2.6%. The grey line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

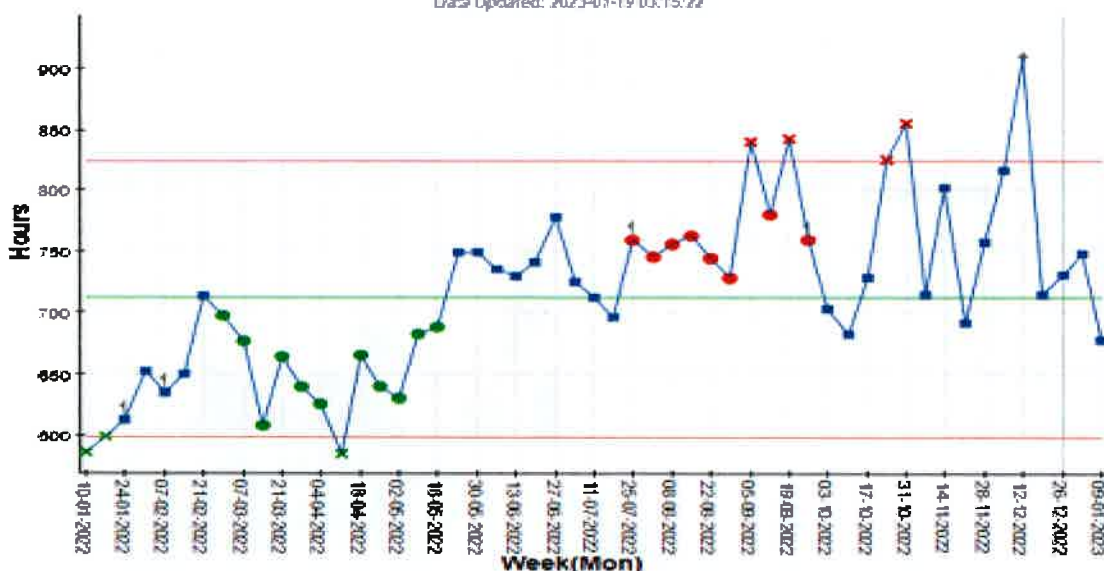




11. The average ambulance time spent outside EDs dropped significantly over the holiday period. In the last week the total crew hours lost decreased to 677.4 hours nationally (compared with 909 hours prior to Christmas). The green line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

3.41ab. RAMPING: Sum of time at Treatment Centre > 30min (EAS,Ambulance) : (Last 53 Weeks)

Data Updated: 2023-01-19 03:15:22



12. Hospital occupancy of over 90% at the major hospitals is lower than the week ended 18 December but increased from last week to 62% of all censuses (up 11%). Within the national occupancy figure there is considerable range:

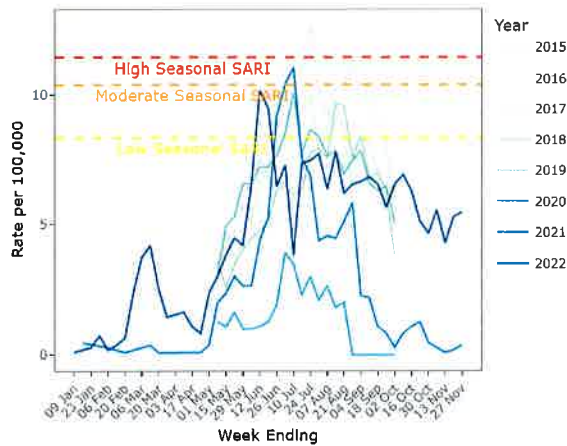
- Wellington and Tauranga hospitals were continuously over 90% occupancy this past week; Hutt and Christchurch Hospitals also experienced high occupancy.
- Occupancy in West Coast and South Canterbury Hospitals dropped to 60% this week.

Respiratory illness and Respiratory Syncytial Virus (RSV)

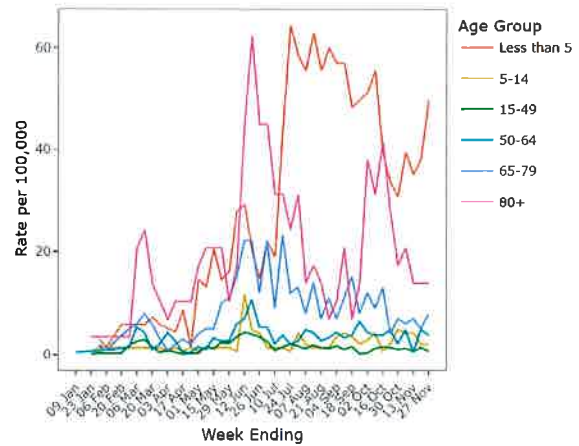
13. In the month ending 27 November, the Severe Acute Respiratory Infection (SARI) rate in the Auckland region remained elevated, though within the low seasonal range. In the four weeks to 27 November, 226 people were in Auckland region hospitals with SARI. SARI rates have been highest in the under five years, increasing in recent weeks. Of the 226 SARI patients, 111 were under five years. The most

detected pathogens in this age group were rhinovirus and RSV. Two cases of influenza-associated SARI were detected in the Auckland region in the month to 27 November.

Weekly hospitalisation rates for SARI

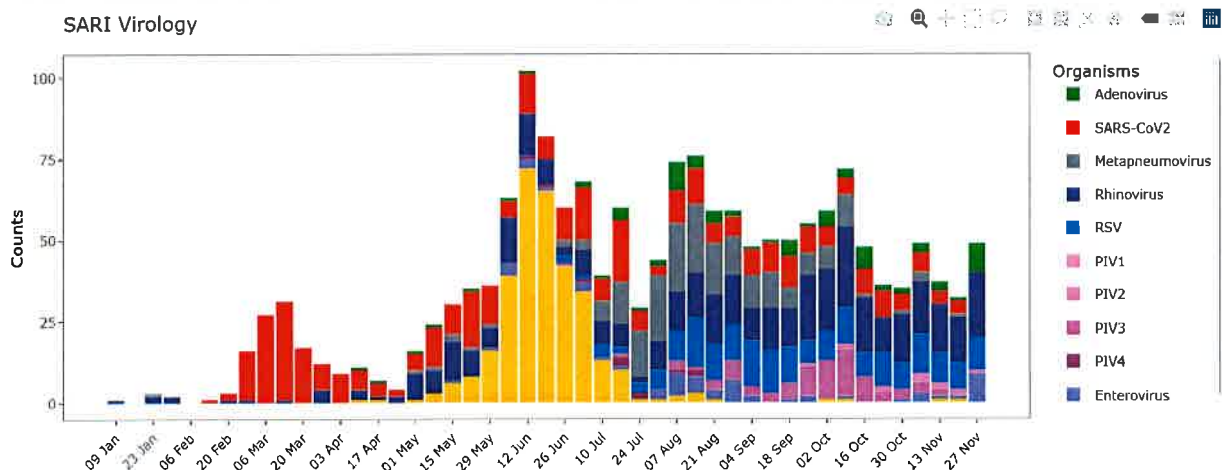


Weekly hospitalisation rates for SARI by Age Group



- In the four weeks to 27 November, the most detected virus through SARI surveillance was rhinovirus (65 detections). Moderate levels of RSV (39 detections), adenovirus (16 detections) and SARS-CoV-2 and enterovirus (14 detections each) were also detected throughout the month.

Weekly Virology



Note: The influenza system has concluded. However, surveillance will continue during the inter-seasonal period this year, with monthly updates to the dashboard. **The next update will be published in the final week of January 2023.**

Enhancing community services

- General practice (GP) has had less activity than prior to the holiday period. General practice qualifying encounter (GPQED) contacts fell to 390 thousand, down from 452 thousand prior to Christmas.
- Total Healthline volumes increased by 9.6% this week, and there was a 27.7% reduction in the COVID-19 call volumes. It should be noted the comparison period is not directly comparable as the period last year coincided with a significant increase in COVID-19 volumes; volumes are still well above 2020

levels. Whakarongorau (among other providers) has increased clinical support capacity and is also involved in pilot schemes to provide further clinical support remotely, including to EDs. Further analysis and data will follow on these pilots, which are still under way.

17. 111 call volumes decreased nationally in the last week. Ambulance workload decreased for both St John and Wellington Free Ambulance. The mean ambulance response time was 30.7 minutes, compared with 39.2 minutes prior to the holiday period (and 22.7 minutes in the same week in 2020).

Discharge/post-hospital

18. Numbers of active COVID-19 cases in aged residential care (ARC) have decreased by 7.18% (168 total cases, down from 181 cases). There are 60 facilities affected around the motu (down from 110 prior to Christmas).

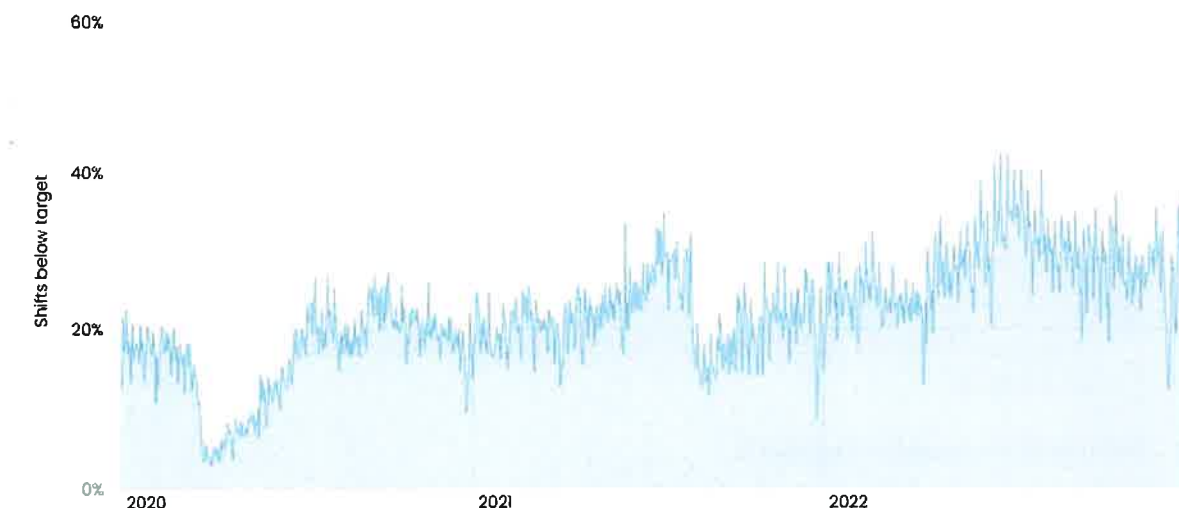
National view - workforce pressures

19. Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for patient case mix. These data give an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences.
20. This data collection is still being developed and will be subject to continuous validation and quality assurance. A shift is defined as below target where the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) was greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)). Time series presentation of this data is now also provided.
21. Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days – 10/01/2023 to 17/01/2023

Region	District	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift
Totals		27%	42%	19%	18%	84%
Northern	Northland	17%	25%	3%	22%	98%
Northern	Waikato	45%	50%+	34%	27%	101%
Northern	Auckland	29%	50%+	15%	18%	98%
Northern	Counties	29%	42%	24%	21%	89%
Te Manawa Taki	Waikato	39%	50%+	28%	28%	97%
Te Manawa Taki	Bay of Plenty	22%	48%	10%	13%	91%
Te Manawa Taki	Lakes	27%	49%	20%	11%	93%
Te Manawa Taki	Tairāwhiti	17%	25%	17%	3%	59%
Te Manawa Taki	Taranaki	8%	12%	7%	0%	90%
Central	Whanganui	23%	36%	11%	21%	94%
Central	Midcentral	36%	41%	27%	39%	101%
Central	Wairarapa	57%	50%+	50%+	14%	103%
Central	Hawkes Bay	33%	37%	25%	38%	105%
Central	Capital, Coast and Hutt Valley	37%	50%+	34%	24%	99%
Te Waipounamu	Nelson Marlborough	9%	21%	2%	2%	87%
Te Waipounamu	West Coast	0%	0%	0%	0%	61%
Te Waipounamu	Canterbury	20%	29%	13%	16%	88%
Te Waipounamu	South Canterbury	27%	38%	19%	24%	87%
Te Waipounamu	Southern	20%	40%	16%	5%	91%

Shifts below target % by day



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 10 January 2023 – 17 January 2023.

Regional summaries

22. All regions across the motu continue to focus on initiatives to improve flow and mitigate acute demand, and on driving up planned care activity volumes.

Northern

Primary and community care

Hospital Capacity

23. Across the Northern region adult inpatient occupancy remains high at an average of 97%.

24. The significant acute Orthopaedic demand across the metropolitan districts has continued to improve and remains well managed with good inter-district support and this surge is now settling though has resulted in some impact to planned care delivery.

25. There are ongoing demand and capacity pressures within Adult General Medical services across the region with ongoing resident medical officer (RMO) and senior medical officer (SMO) workforce vacancies. The region is working together to support the retention of the existing workforce. A regional workshop is planned for the end of January to identify further opportunities to support resilient services going forward.

26. After an extended period of high occupancy, Starship Hospital dropped to its lowest occupancy levels since July 2022. Paediatric inpatient occupancy has now continued to improve for the past three weeks.

27. Paediatric intensive care unit (ICU) occupancy continues to remain high at 106% on average over the last seven days, with the regional coordinating support and actions to decompress.

28. Midwifery workforce gaps continue to cause significant concern. Further regional discussions are underway to consider what further actions may be needed to support this workforce. The Te Whatu Ora national additional remuneration arrangement established prior to Christmas is due to expire on 31 January and work is underway regionally to identify the effectiveness of this arrangement and what further actions may be needed to support this workforce going forward.
29. Staffing of rural hospitals in Te Tai Tokerau remains very challenging and a range of actions are taking place to ensure acute services are able to be maintained.

Te Manawa Taki

30. Nursing shortages continue to have a significant regional impact, particularly in emergency departments. Some staffing requests have been escalated regionally and nationally.
31. Weather warnings are being monitored locally.

Primary and community care

32. The regional integrated operations centre is investigating the issue of packages of care availability, which have been impacted by staffing shortages.

Hospital Capacity update

33. An SMO shortage in Thames and Tokoroa last week saw a coordinated plan with St John Ambulance to divert patients to other hospitals.
34. Whakatane are managing a shortage of ICU trained staff locally; Tairāwhiti have escalated their ICU/Coronary Care Unit RN staffing request nationally.
35. Tairāwhiti experienced significant disruption due to a state of emergency. There are also rising COVID-19 numbers in the region and these admissions require other medical beds to be closed. Advance local planning is underway for an increased demand in Caesarean procedures over the next fortnight (demand is double the usual capacity).
36. ARC capacity is a concern across the region resulting in significant numbers of patients waiting for transfer out of hospital.

Central

Primary and community care

37. There are shortages of pharmacists throughout the region, particularly in Mid Central and Capital & Coast. One discount chain is struggling with staff fatigue and one pharmacy is ceasing weekend and weekday evening openings due to reduced staff availability. The provider continues to try to recruit additional pharmacists and support its under-pressure pharmacies from within its network. It has also been considering factors that may be impacting on the recruitment and retention of pharmacist staff.

38. Primary care in the Wairarapa is reporting that they are at capacity. The new clinics in South Wairarapa for non-enrolled patients are in place.
39. The number of COVID-19 cases reported in CCHV is decreasing, averaging 235 cases per day compared with 667 cases per day prior to Christmas. Whakarongorau call volumes continue to be at above average levels from the wider Wellington Districts over the last week
40. Wellington Free Ambulance (WFA) have had challenges with providing two patient transfer ambulances in the Wairarapa, leading to some delays in patient transfers. In Wellington and Hutt Valley, WFA.

Hospital Capacity

41. The Hawkes Bay ED has remained busy over the holiday period, with increased presentations compared with the same period last year.
42. Mid Central continues with the building of a Medical Assessment and Planning Unit, and the timeline for opening is the end of January.
43. Wairarapa, Hutt, and Wellington EDs are seeing lower ED presentations than recent periods.
44. Wairarapa ED continue to have staff challenges due to vacancies and absences, particularly SMOs.
45. Hutt Valley and Wellington Hospitals remain at high occupancy (average midnight occupancy of 98% in Wellington, and 100% at Hutt). Average length of stay for Wellington hospitals has decreased, at 4.3 days at Wellington (down from 5.1 prior to Christmas). Hutt Hospital length of stay has increased from 4.9 days prior to Christmas to 5.5 days.

Te Waipounamu

46. Workforce capacity remains constrained, particularly in rural areas.

Primary and community care

47. Urgent care staffing in Blenheim remains tenuous, and ongoing staffing shortages and reduction of hours means patients defer to the Wairau Hospital ED. There is ongoing work occurring to help mitigate this.
48. Canterbury saw substantial increases in demand at urgent care centres over the holiday period, and this is now reducing. There have been increases in presentations of children at both urgent care and emergency departments with respiratory presentations.
49. Canterbury continues to support two urgent care centres seeking solutions to future sustainability.
50. Dunedin continues to experience significant pressure across their urgent care services and after-hours primary care services.

51. Invercargill has two newly opened general practices, which is helping to improve access to primary care.
52. The Wairau district nursing service is experiencing significant staffing shortfalls and there are ongoing plans in place to prioritise workloads and visits to patients, similarly in Otago and Southland.

Hospital Capacity

53. Over the holiday period the delivery of planned care has progressed at a limited rate in part due to high numbers of acute presentations, fluctuation of hospital occupancy, and staff shortages due to sickness, leave and vacancies. Te Waipounamu are experiencing high acuity presentations across all emergency departments, as well as staffing challenges.
54. There is a long-term shortage of coronary care nurses in West Coast. Training is underway to support and upskill general ward nurses to work in this area.
55. COVID-19 staff sickness is having an impact on staffing levels in the Nelson/Marlborough and Canterbury regions.
56. Christchurch Hospital has occupancy rates of 97-106%, and the Children's High Care area has had high acuity. There are high vacancy rates which are expected to improve in February when the new graduate nursing cohort starts.
57. Southland and Dunedin Hospitals have frequently had occupancy rates of over 100%. Planned care has been functioning at 60-70% capacity due to a high number of acute surgical patients.
58. An aged care facility in Wairau continues to be supported by Te Whatu Ora staff who are volunteering to cover staffing shortfalls. Another Wairau facility has had an interim manager appointed to support clinical decision making. Overall, there is a shortfall in Wairau ARC beds, which is resulting in at least one patient requiring a long inpatient stay in Wairau Hospital.
59. ARC facilities across Te Wai Pounamu continue to be challenged by COVID-19 positive patients and workforce gaps; the district and partners are supporting management of this by utilising Section 31 until longer term solutions are found.
60. The Southern region has provided significant nursing support to ARC facilities since February 2022, and those staff have now returned to their previous roles which leaves the ARC staffing very fragile.

Planned Care

61. A critical area of focus for the upcoming month will be to develop approaches for protecting/maintaining planned care. Initiatives to progress this will vary considerably depending on local circumstances and urban/rural settings, however the process of developing plans to deliver improvements in maintaining planned care production are underway led by Regional Directors of Hospital and Specialist Services.

62. Following final agreement of additional volume initiatives in mid-December 2022, regional teams are now mobilising these initiatives to increase surgical and diagnostic volumes. Outsourcing, evening, and weekend lists are the primary approaches being implemented.
63. The Hospital and Specialist Services national team are initiating the production planning process for the coming year with a focus on increasing volumes and for the first time looking at production across a regional footprint. This will support better cooperation, reduce competition for finite resources, and start to move towards regional pathways which will help to drive increased delivery.
64. Latest long-waiters data (November 2022) shows a slight increase on October, but still below the July peak. Growth in these figures is driven in the main across three districts – Canterbury, Hawkes Bay, and Taranaki. Recent challenges to continuing the progress made across August and September have been driven by COVID-19 resurgences and acute demand pressures, as well as additional referrals tipping into the 12-month+ cohort. This reflects the significant reduction in production done at the same time in the previous year when COVID-19 restrictions were in place.
65. Whilst overall planned care volumes are slightly above plan, within this there is over-delivery in day case volumes, as well as under-delivery in inpatient volumes

Measure	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022
Inpatient Surgical Discharges	-3,103 / -20.0% vs plan	-5,311 / -16.4% vs plan	-7,083 / -14.5% vs plan	-9,289 / -14.4% vs plan	-11,765 / -14.4% vs plan
Minor Procedures	+1,433 / +18.3% vs plan	+3,895 / +23.2% vs plan	+8,141 / +32.6% vs plan	+11,938 / +35.9% vs plan	+16,100 / +38.4% vs plan
All Delivery	92.4% vs plan	96.5% vs plan	100.6% vs plan	102.0% vs plan	102.7% vs plan

66. The high volume of Minor Procedures delivered is improving our results in a total planned care intervention count of 128,681 or 102.7% of planned intervention delivery.
67. The number of patients waiting beyond 12 months for assessment continues to decrease with a reduction of more than 1,900 over the last five months. However, the number of patients waiting for treatment rose in November as undelivered planned care from the COVID-19 lockdowns is now creating bulges in waitlists that are occurring at a higher rate than treatment can keep pace with. This trend is expected to continue in the coming months.
68. Clinical teams are reviewing and reprioritising patients who have been waiting longer than we would like and there is a continued focus on driving equity.

Month	July 2022	August 2022	September 2022	October 2022	November 2022
FSA	5,143	4,832	3,783	3,529	3,214
Treatment	5,585	5,287	5,116	5,155	5,451

Recommendations

It is recommended that you note the contents of this aide-memoire.



Fionnagh Dougan
National Director
 Hospital and Specialist Services,
 Te Whatu Ora - Health New Zealand
 20/01/2023

Hon Andrew Little
Minister of Health

..... / /

Aide-Memoire

System pressures update for week ending 27 January 2023

To	Hon Andrew Little	Report No	HNZ00009943
From	Fionnagh Dougan, National Director, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	27/01/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, January 16 – January 22.

Overview

2. The health system remains under pressure. Emergency department (ED) attendance volumes and subsequent admissions have started to increase after a reduction over the holiday period and Shorter Stays in Emergency Departments (SSED) performance has deteriorated slightly. The number of reported COVID-19 cases continues to decline. In contrast, the number of acute patients in hospital for seven days or more has increased 1.3% to 1,612 patients. This is the highest number since August 2022.
3. An enhanced process to provide oversight and assurance in relation to the Notification, Assessment and Escalation response was stood up over the holiday period to support the Health and Disability Sector, which ran from 15 December to 20 January. This was an all of system approach covering communicable diseases, natural disasters, weather related events and significant Hospital and Specialist Services disruptions. Hospital and Specialist Services are continuing to run this process daily to ensure oversight of risk/issues management and delivery is built in to BAU processes.
4. Regional teams continue to provide coordination and support where demand and capacity challenges arise, which is enabling mutual aid and collaboration/sharing of resources. For example this week, the Central Regional Team facilitated support for Te Manawa Taki - Taranaki were experiencing workforce pressures around community oral health, so Central Region arranged staff cover from Whanganui to support.
5. Regional focus is currently on launching acute flow programmes to target improvement and support resource in the most challenged areas. The immediate next step is a diagnostic of challenges in constraints in hospitals where flow is the most challenged, followed by action plans developed and support requirements identified. Delivery of action plans will be supported by Hospital and Specialist Services and change/improvement management capacity from Improvement and Innovation, as well as from Commissioning Directorate to look at the landscape of commissioned services both in terms of pre-hospital and post-hospital care, in the vicinity of the hospitals in question. More information will be provided as these processes move forward.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

6. The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on the COVID-19 position, workforce pressures, and actions being taken across the regions.

National Monitoring Report

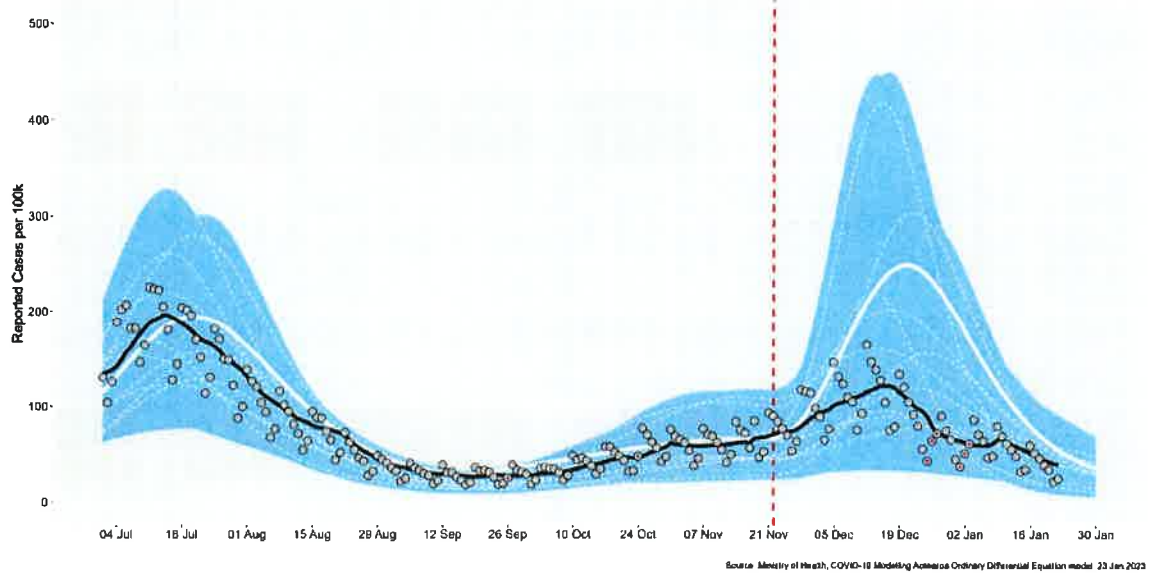
	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	393,332	390,599	0.70%	↑	(Blank)	(Blank)	→	387,887	1.40%	↑
Whakarongorau call volumes - Healthline	7,787	8,016	-2.86%	↓	16,393	-52.50%	↓	8,209	-5.14%	↓
Whakarongorau call volumes - Covid	13,569	4,593	195.43%	↑	15,195	-10.69%	↓	47,807	-71.62%	↓
111 call volumes	12,742	12,084	5.45%	↑	13,877	-8.18%	↓	(Blank)	(Blank)	→
Ambulance response times (Minutes)	33.00	30.70	7.49%	↑	35.60	-7.30%	↓	(Blank)	(Blank)	→
Hospital access										
ED attendances	22,223	21,791	1.98%	↑	22,413	-0.85%	↓	21,222	4.72%	↑
ED admissions	6,344	6,271	1.16%	↑	6,387	-0.67%	↓	5,944	6.73%	↑
ED conversion rate	28.55%	28.78%	-0.80%	↓	28.50%	0.18%	↑	28.01%	1.92%	↑
Ambulance handover delays (Minutes)	33.50	32.00	4.69%	↑	33.60	-0.30%	↓	(Blank)	(Blank)	→
SSED performance	70.18%	71.66%	-2.08%	↓	73.26%	-4.21%	↓	76.64%	-8.44%	↓
Planned care cancellations (Covid related)	309	2,785	-88.90%	↓	0	(Blank)	→	(Blank)	(Blank)	→
Hospital flow										
Resourced inpatient ward beds	9,766	7,659	27.52%	↑	7,043	38.66%	↑	7,454	31.02%	↑
Ward bed occupancy	88.12%	88.93%	-0.91%	↓	82.12%	7.30%	↓	84.20%	4.66%	↑
Critical Care occupancy	65.52%	66.21%	-1.05%	↓	69.76%	-6.08%	↓	68.01%	-3.66%	↓
Number of patients with 7+ day LoS	1,612	1,591	1.32%	↑	1,326	21.57%	↑	1,234	30.63%	↑
Discharge from hospital										
Discharge volumes (daily average)	2,214	2,278	-2.81%	↓	2,312	-4.24%	↓	2,222	-0.36%	↓
ARC Covid cases	111	168	-33.93%	↓	214	-48.13%	↓	(Blank)	(Blank)	→
Covid care in the community contact volumes	24,014	24,016	-0.01%	↓	24,014	0.00%	→	(Blank)	(Blank)	→

National Status – Key Headlines

COVID-19 Trends

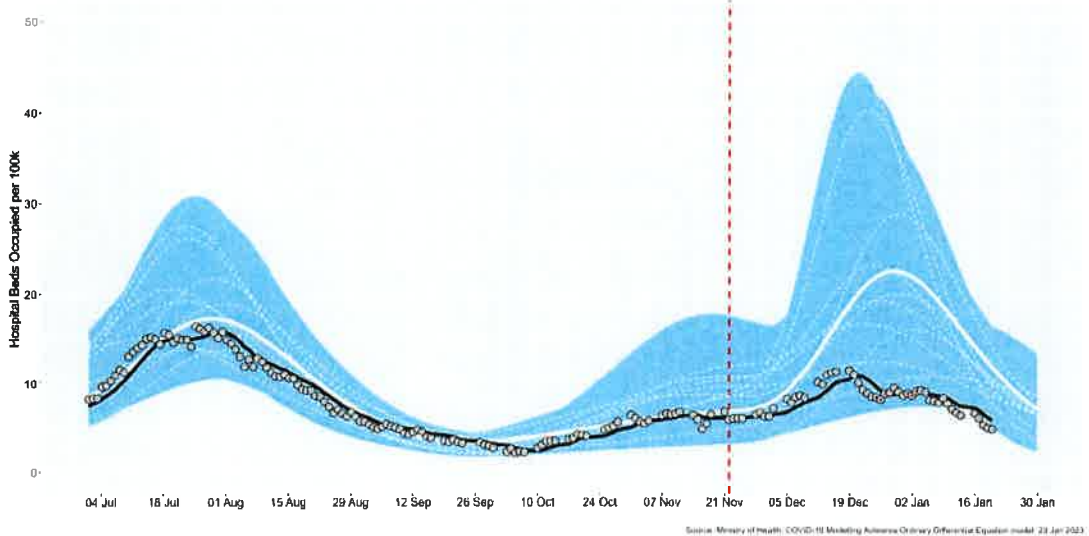
7. COVID-19 daily cases continue to decline; cases reported last week are down 28% on the previous week.
8. COVID-19 Modelling Aotearoa (CMA) have updated the scenarios to account for a new dominant variant of concern seeding from 22 November. The charts are presented with the best fit line (as was the case with the baseline and new variant scenarios previously).

Daily Reported COVID-19 Cases with new dominant variant from 22 Nov, New Zealand
Per 100,000 resident population. Ordinary Differential Equation model: scenario 'runs' (dashed white lines) and 'best fit' (solid white line)



9. Hospital beds occupied are also declining.

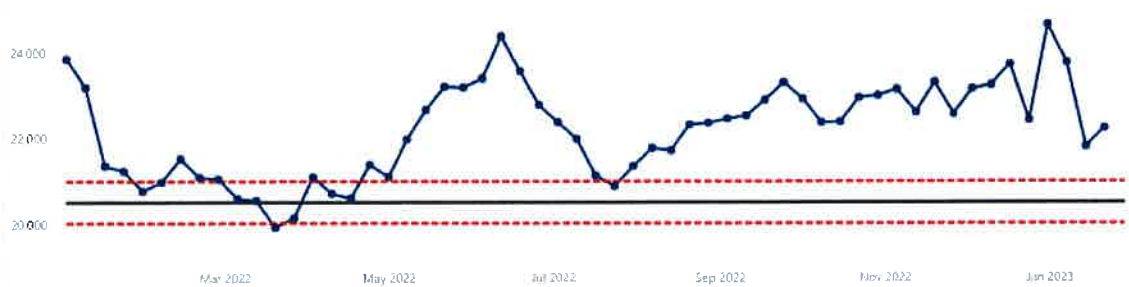
Daily COVID-19 Hospital Beds Occupied with new dominant variant from 22 Nov, New Zealand
Per 100,000 resident population. Ordinary Differential Equation model: scenario 'runs' (dashed white lines) and 'best fit' (solid white line)



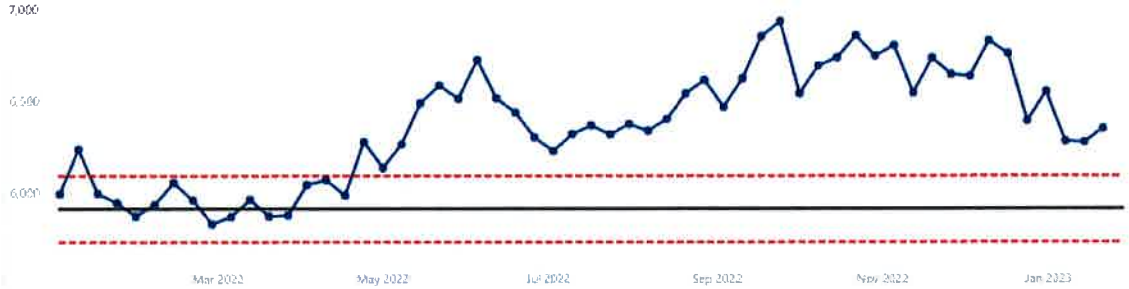
Hospital Performance

- Performance for SSED (patients admitted or discharged within 6 hours) decreased for all three measures - admitted SSED performance was 52%, non-admitted SSED 78%, and all-patient SSED 70%.
 - The highest performing hospitals were Tairāwhiti and South Canterbury who reached 91%.
 - The most challenged hospitals remain Capital Coast, with all-patient SSED of 47% and admitted patient SSED of 28%, and Mid Central with all-patient SSED of 48% and admitted patient SSED of 16%.
- Nationally, ED attendances increased by 2.0% from the previous week. Three quarters of districts noted an increase in ED attendances. Hospital admissions increased by 1.16%. The grey line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

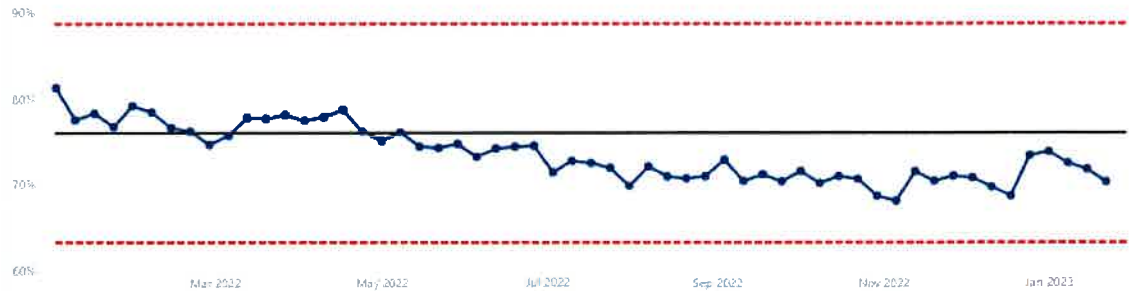
ED Attendances



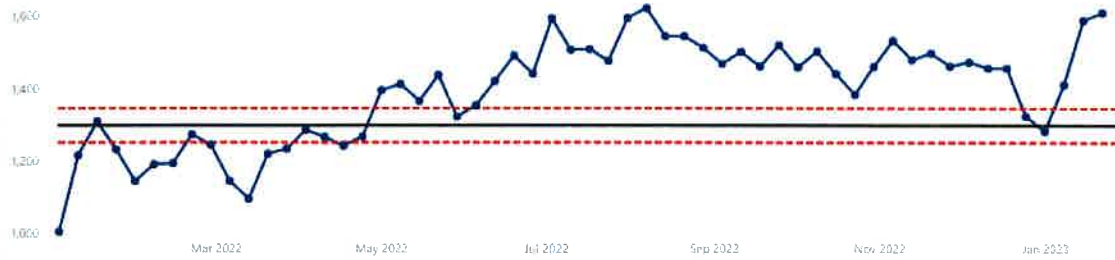
ED Admissions



SSED Performance



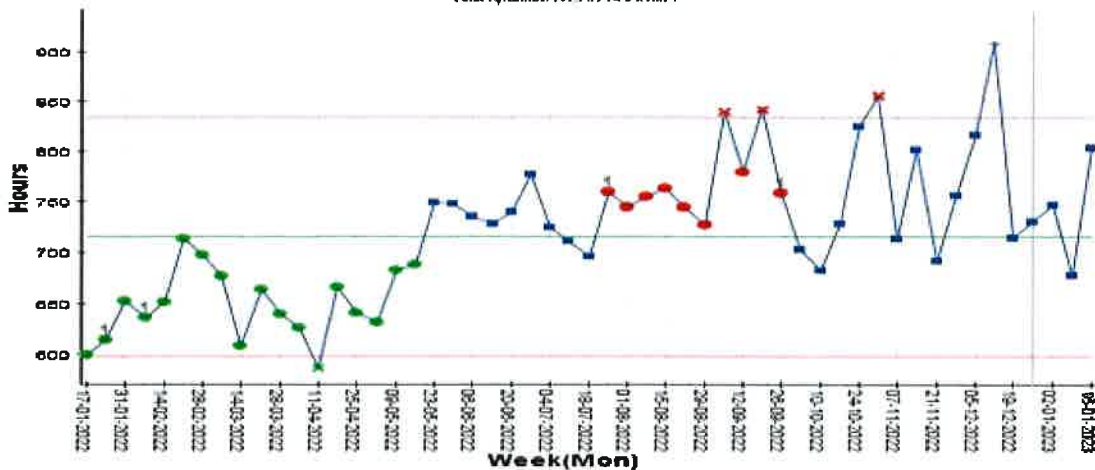
Number of Patients with 7+ Day LoS



- The average ambulance time spent outside EDs increased by 18.6% over the last week. The total crew hours lost increased to 803.4 hours nationally (the weekly average during the last eight months is 756 hours). The green line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

3.41ab. RAMPING: Sum of time at Treatment Centre > 30min (EAS,Ambulance) : (Last 53 Weeks)

Data Updated: 2023-01-23 03:15:27

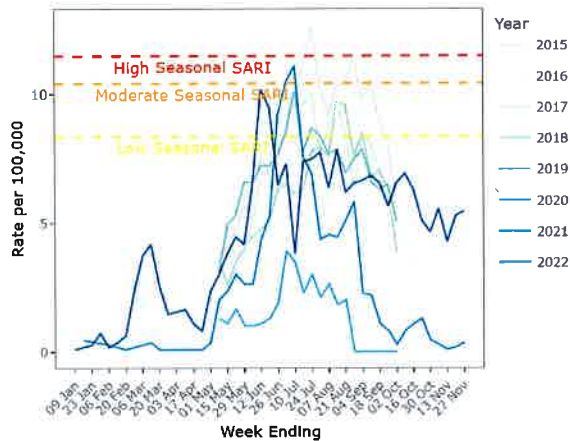


- Hospital occupancy of over 90% at the major hospitals was the highest it has been in six weeks and showed in 71% of all censuses (previous week 62%). Within the national occupancy figure there is considerable range:
 - Wellington, Gisborne, North Shore, and Palmerston North hospitals were continuously over 90% occupancy this past week; Auckland City, Tauranga, Hawkes Bay, Christchurch, and Dunedin Hospitals also experienced high occupancy.
 - Occupancy in West Coast and South Canterbury Hospitals dropped to 60% this week.

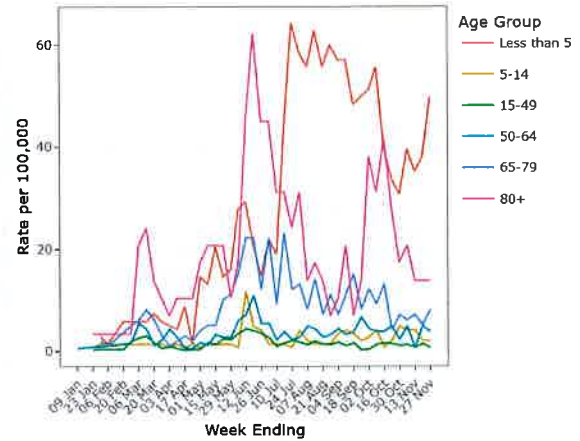
Respiratory illness and Respiratory Syncytial Virus (RSV)

- In the month ending 27 November, the Severe Acute Respiratory Infection (SARI) rate in the Auckland region remained elevated, though within the low seasonal range. In the four weeks to 27 November, 226 people were in Auckland region hospitals with SARI. SARI rates have been highest in the under five years, increasing in recent weeks. Of the 226 SARI patients, 111 were under five years. The most detected pathogens in this age group were rhinovirus and RSV. Two cases of influenza-associated SARI were detected in the Auckland region in the month to 27 November.

Weekly hospitalisation rates for SARI

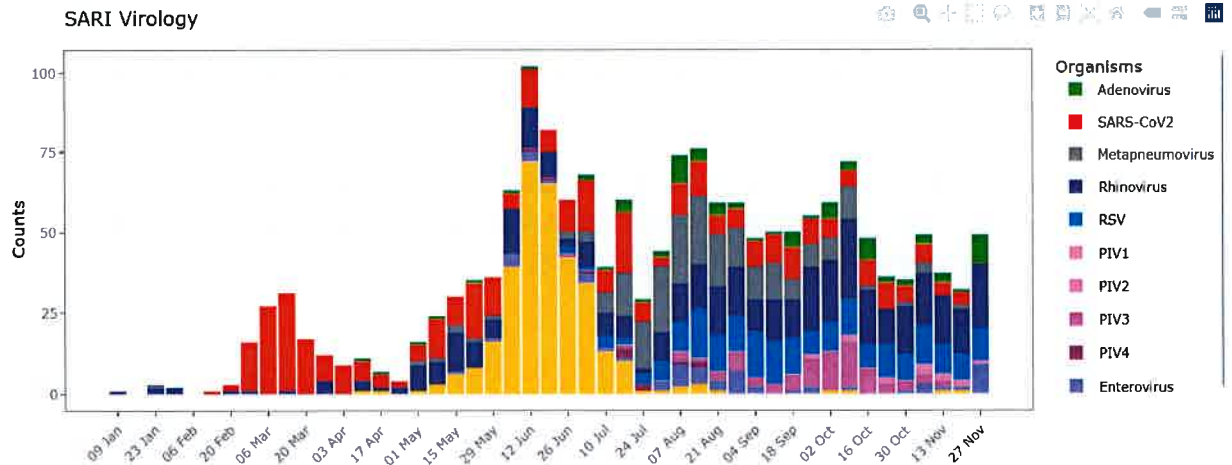


Weekly hospitalisation rates for SARI by Age Group



- In the four weeks to 27 November, the most detected virus through SARI surveillance was rhinovirus (65 detections). Moderate levels of RSV (39 detections), adenovirus (16 detections) and SARS-CoV-2 and enterovirus (14 detections each) were also detected throughout the month.

Weekly Virology



Note: The influenza system has concluded. However, surveillance will continue during the inter-seasonal period this year, with monthly updates to the dashboard. **The next update will be published in the final week of January 2023.**

Enhancing community services

- General practice (GP) has had less activity than prior to the holiday period. General practice qualifying encounter (GPQED) contacts increased from last week to 393 thousand, down from 452 thousand prior to Christmas (but up 1.4% on the same week in 2022).
- Total Healthline volumes decreased by 2086% this week, and there was a 195% increase in the COVID-19 call volumes. It should be noted the comparison period is not directly comparable as the period last year coincided with a significant increase in COVID-19 volumes; volumes are still well above 2020 levels. Whakarongorau (among other providers) has increased clinical support capacity and is also

involved in pilot schemes to provide further clinical support remotely, including to EDs. Further analysis and data will follow on these pilots, which are still under way.

9. 111 call volumes increased nationally in the last week. Ambulance workload increased for both St John and Wellington Free Ambulance. The mean ambulance response time was 33.0 minutes, compared with 30.7 minutes the week prior (and 21.7 minutes in the same week in 2020).

Discharge/post-hospital

10. Numbers of active COVID-19 cases in aged residential care (ARC) have decreased by 33% (111 total cases, down from 168 cases last). There are 55 facilities affected around the motu (down from 60 last week).

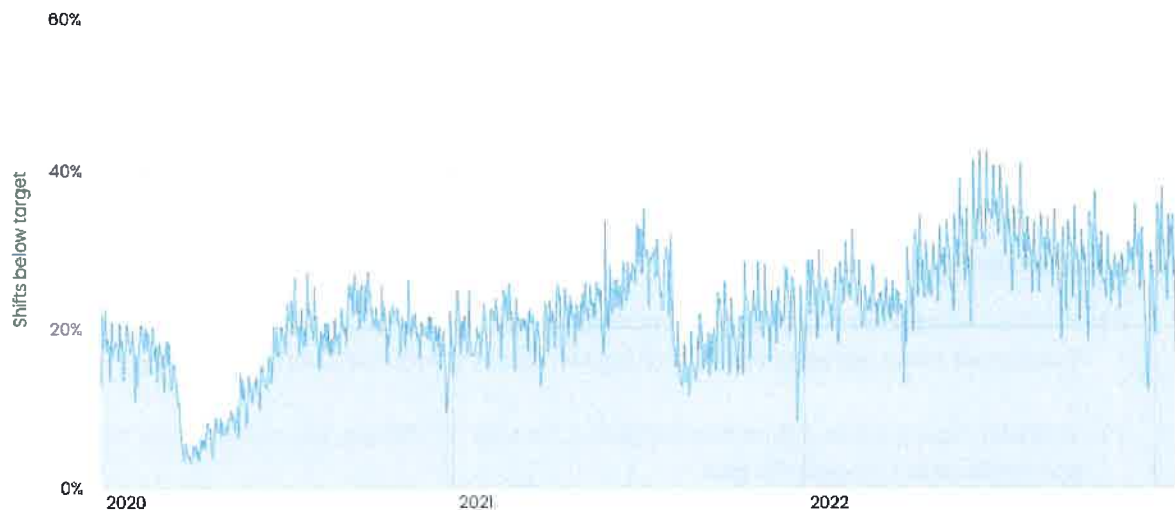
National view - workforce pressures

11. Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for patient case mix. These data give an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences.
12. This data collection is still being developed and will be subject to continuous validation and quality assurance. A shift is defined as below target where the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) was greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)). Time series presentation of this data is now also provided.
13. Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days – 17/01/2023 to 24/01/2023

Region	Q	District	Q	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift
Totals				29%	44%	21%	21%	94%
Northern		Northland		16%	33%	0%	15%	99%
Northern		Waitemata		47%	50%+	38%	32%	102%
Northern		Auckland		35%	50%+	23%	20%	101%
Northern		Counties		32%	47%	27%	22%	89%
Te Manawa Taki		Waikato		46%	50%+	40%	31%	97%
Te Manawa Taki		Bay of Plenty		20%	39%	12%	9%	88%
Te Manawa Taki		Lakes		21%	48%	14%	3%	87%
Te Manawa Taki		Tairāwhiti		26%	34%	26%	15%	66%
Te Manawa Taki		Taranaki		12%	22%	12%	2%	87%
Central		Whanganui		18%	32%	0%	21%	86%
Central		Midcentral		31%	36%	20%	37%	102%
Central		Wairarapa		43%	50%+	43%	14%	95%
Central		Hawkes Bay		31%	37%	19%	37%	107%
Central		Capital, Coast and Hutt valley		35%	47%	27%	30%	99%
Te Waipounamu		Nelson Marlborough		27%	41%	23%	13%	90%
Te Waipounamu		West Coast		3%	5%	3%	0%	66%
Te Waipounamu		Canterbury		21%	30%	12%	17%	88%
Te Waipounamu		South Canterbury		17%	29%	0%	24%	89%
Te Waipounamu		Southern		18%	35%	12%	7%	92%

Shifts below target % by day



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 17 January 2023 – 24 January 2023.

Regional summaries

- All regions across the motu continue to focus on initiatives to improve flow and mitigate acute demand, and on driving up planned care activity volumes.

Northern

Primary and community care

Hospital Capacity

15. Across the Northern region adult inpatient occupancy remains high at an average of 98%.
16. Acute mental health inpatient units report high occupancy, with only 1-2 beds available each day across the Auckland region.
17. RMO staffing is a challenge across the region, and this is impacting on SMO wellbeing. There are also concerns about nursing shifts below target, with an increase seen in Waitematā over the last fortnight.
18. Child inpatient occupancy has risen sharply from 40% last week to 79% this week. This is being investigated further to investigate the drivers of pressure and inform actions. PICU occupancy has decreased from 106% to 95%.
19. Midwifery workforce gaps continue to cause significant concern.
20. Staffing of rural hospitals in Te Tai Tokerau remains very challenging and a range of actions are taking place to ensure acute services are able to be maintained, mainly revolving around mutual aid from Auckland.

Te Manawa Taki

Primary and community care

21. Regional discussions underway regarding options to support chronic staffing shortage in Taranaki Community Oral Health Services, with staff support recently supported by cross regional mutual aid in the form of staff cover from Whanganui – facilitated by the HSS daily operations process.

Hospital Capacity update

22. Hospitals around the region are experiencing high occupancy. ED SMO vacancies in Thames and Tokoroa are being managed locally, and request for assistance is escalated regionally.
23. Tairāwhiti have escalated their ICU/Coronary Care Unit RN staffing request nationally and received assistance from Tauranga Hospital.
24. Advance local planning is underway in Tairāwhiti for an increased demand in Caesarean procedures over the next fortnight (demand is double the usual capacity).
25. ARC capacity is a concern across the region resulting in significant numbers of patients waiting for transfer out of hospital. Taupō Hospital in particular has seen 50% of inpatients waiting for ARC transfer. Increased models of support to ARC is a priority action across the motu following the launch of the integrated seasonal/system pressures work programme in the previous week.

Central

Primary and community care

26. There are shortages of pharmacists throughout the region, particularly in Mid Central. Low intern pass rates are compounding the shortage, and there is limited locum availability.
27. Primary care in the Wairarapa is reporting that they are at capacity. The new clinics in South Wairarapa for non-enrolled patients are in place.
28. The number of COVID-19 cases reported in CCHV is decreasing, averaging 160 cases per day compared with 235 cases per day the week prior. Primary care contact volumes have also reduced to 34 thousand, down from 42 thousand the week prior.

Hospital Capacity

45. High hospital occupancy in Hawkes Bay is impacting the emergency department, with an average of 11 patients waiting for inpatient beds each morning. Nursing vacancies have led to periodic critical care bed closures over the past week.
46. RMO illness in Whanganui and Wairarapa emergency departments has led to staffing shortages and delays in patient care.
47. Mid Central continues with the building of a Medical Assessment and Planning Unit, and the timeline for opening is the end of January.
48. Hutt Valley and Wellington Hospitals remain at high occupancy (average midnight occupancy of 99% in Wellington, and 96% at Hutt). Average length of stay for Wellington hospitals has increased to 5.0 days at Wellington (up from 4.3 days). Hutt Hospital length of stay has decreased to 4.8 days (down from 5.5 days).

Te Waipounamu

50. Workforce capacity remains constrained, particularly in rural areas.

Primary and community care

51. Urgent care staffing in Blenheim remains tenuous, and ongoing staffing shortages and reduction of hours means patients defer to the Wairau Hospital ED. There is ongoing work occurring to help mitigate this.
52. Canterbury saw substantial increases in demand at urgent care centres over the holiday period, and this is now reducing. There have been increases in presentations of children at both urgent care and emergency departments with respiratory presentations. Canterbury continues to support two urgent care centres seeking solutions to future sustainability.
53. Dunedin continues to experience significant pressure across their urgent care services and after-hours primary care services.

54. Invercargill has two newly opened general practices which is helping to improve access to primary care.
55. The Wairau district nursing service is experiencing significant staffing shortfalls and there are ongoing plans in place to prioritise workloads and visits to patients, similarly in Otago and Southland.

Hospital Capacity

56. There is work underway to mitigate the RMO vacancies in West Coast, including using the SMO workforce as cover. Nursing vacancies (62 FTE) are limiting the ability of the hospital to use the admissions and assessment unit.
57. Christchurch Hospital has occupancy rates of 97-106%, and the Children’s High Care area has had high acuity. COVID-19 inpatient volumes have decreased. There are high vacancy rates which are expected to improve in February when the new graduate nursing cohort starts.
58. Planned care volumes remain constrained and restricted to urgent cases at Christchurch hospital. The anaesthetic technician and surgical ward nurse vacancies are an ongoing issue and impacting the delivery of planned care. Private hospitals are returning to business as usual after the holiday period, and this is creating some capacity.
59. Southland and Dunedin Hospitals have frequently had occupancy rates of over 100%. Planned care has been functioning at 60-70% capacity due to a high number of acute surgical patients.
60. An aged care facility in Wairau continues to be supported by Te Whatu Ora staff who are volunteering to cover staffing shortfalls. Another Wairau facility has had an interim manager appointed to support clinical decision making. Overall, there is a shortfall in Wairau ARC beds which is resulting in at least one patient requiring a long inpatient stay in Wairau Hospital.
61. ARC facilities across Te Wai Pounamu continue to be challenged by COVID-19 positive patients and workforce gaps; the district and partners are supporting management of this by utilising Section 31 until longer term solutions are found.

Planned Care

62. The table below includes latest data for all Planned Care Interventions (Inpatient Surgical Discharges, Minor Procedures and Non-Surgical Interventions) – December data is being validated.

	2022				
	Jul	Aug	Sep	Oct	Nov
Planned *	23,654	49,794	74,650	98,992	125,245
Actual	23,495	50,819	77,519	102,300	128,681
Variance	-159	1,025	2,869	3,308	3,436
%Achievement	99%	102%	104%	103%	103%

63. As the table below shows, the aggregate figure masks under delivery in inpatient surgical volumes (disrupted by acute demand, Covid demand, and workforce pressures) and significant over delivery in minor procedures. Inpatient surgical discharges warrant a hospital admission as patients require more support (resource) and are often more complicated, however a large portion of these can be clinically deferred. In the current context of capacity, workforce limitations and acute demand, priority is given to urgent/time sensitive care, resulting in inpatient surgical discharges being deferred. Minor procedures are less complicated, less resource intensive and can often be delivered in an outpatient or procedural setting, they are also disrupted less by acute demand and wider hospital capacity.

	Interventions		
	Plan *	Actual	%
Non Surgical PUC with Surgical DRG	4,481	3,793	84.6%
Surgical PUC	77,343	66,266	85.7%
Inpatient Surgical Discharges	81,824	70,059	85.6%
Inpatient Minor Procedures	8,206	7,077	86.2%
Outpatient Minor Procedures Hospital	31,434	48,479	154.2%
Outpatient Minor Procedures Community	2,311	2,495	108.0%
Minor Procedures	41,951	58,051	138.4%
Non Surgical Interventions	1,470	571	38.8%
Total	125,245	128,681	102.7%

64. Key next steps include:

- Regional teams delivering the increase of surgical and diagnostic volumes and active monitoring of progress to reduce >365 days long waiter numbers utilising funding agreed in December
- New rapid automated data coming online to give an up-to-date picture of the waitlist
- Launching initiatives around theatre productivity, outpatients, waiting list management and clinical prioritisation
- Developing ways to protect/maintain planned care as part of wider seasonal/system pressures planning
- Regional teams coordinating production planning with hospitals to increase volumes going forward into next year

Fionnagh Dougan
National Director
 Hospital and Specialist Services,
 Te Whatu Ora - Health New Zealand
 27/01/2023

Hon Andrew Little
Minister of Health

..... / /

Aide-Memoire

System pressures update for week ending 03 February 2023

To	Hon Ayesha Verrall	Report No	HNZ00010247
From	Jo Gibbs, Director of System Delivery, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	3/02/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, January 23 – January 29.

Overview

2. The health system remains under pressure. Emergency department (ED) attendance volumes and subsequent admissions have decreased slightly this week, but Shorter Stays in Emergency Departments (SSED) performance has remained challenged. The number of reported COVID-19 cases continues to decline. The number of acute patients in hospital for seven days or more decreased 1.7% to 1,584 patients – this continues to be a contributor to hospital access block.
3. Latest data shows that acute demand pressures eased somewhat in the most recent week, however, there remains considerable work to do to return acute flow management back to a sustainable position, with a significant action plan being mobilised to support this. Regional focus is currently on the most challenged areas. The first step is a diagnostic of constraint in hospitals where flow is the most challenged, followed by bespoke action planning. Actions that will deliver improvement in advance of Winter 2023 are being prioritised. Delivery will be supported by the national Hospital and Specialist Services team, together with change/improvement capacity from Improvement and Innovation, as well as from Commissioning Directorate to look at pre-hospital and post-hospital care. The diagnostic phase is underway and the following hospitals have been selected:
 - Whangarei
 - Middlemore
 - Auckland
 - Tauranga
 - Palmerston North
 - Wellington
 - Christchurch
 - Southland Hospital/Invercargill.
4. This week, in addition to flow projects, regional teams have been supporting hospitals and partners in response to pressures resulting from severe weather events, as well as preparing for the upcoming long weekend. An enhanced process to provide oversight and assurance in relation to the Notification, Assessment and Escalation response was stood up over the holiday period to support the Health and Disability Sector, which ran from 15 December to 20 January. This was an “all of system” approach

covering communicable diseases, natural disasters, weather related events and significant Hospital and Specialist Services disruptions. Hospital and Specialist Services are continuing to run this process daily to ensure oversight of risk/issues management and delivery is built in to BAU processes.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

- The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on the COVID-19 position, workforce pressures, and actions being taken across the regions.

National Monitoring Report

	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	380,679	393,580	-3.28%	↓	(Blank)	(Blank)	→	389,973	-2.38%	↓
Whakarongorau call volumes - Healthline	8,043	7,787	3.29%	↑	(Blank)	(Blank)	→	9,250	-13.05%	↓
Whakarongorau call volumes - Covid	12,285	13,569	-9.46%	↓	(Blank)	(Blank)	→	62,275	-80.27%	↓
111 call volumes	12,316	12,742	-3.34%	↓	14,059	-12.40%	↓	(Blank)	(Blank)	→
Ambulance response times (Minutes)	32.50	33.00	-1.52%	↓	35.97	-9.64%	↓	(Blank)	(Blank)	→
Hospital access										
ED attendances	21,857	22,224	-1.65%	↓	24,631	-11.26%	↓	20,752	5.32%	↑
ED admissions	6,140	6,345	-3.23%	↓	6,546	-6.20%	↓	5,870	4.60%	↑
ED conversion rate	28.09%	28.55%	-1.61%	↓	26.58%	5.70%	↑	28.29%	-0.69%	↓
Ambulance handover delays (Minutes)	32.70	33.50	-2.39%	↓	33.90	-3.54%	↓	(Blank)	(Blank)	→
SSED performance	71.74%	70.18%	2.23%	↑	73.72%	-2.68%	↓	79.05%	-9.24%	↓
Planned care cancellations (Covid related)	1	309	100.32%	↓	0	(Blank)	→	(Blank)	(Blank)	→
Hospital flow										
Resourced inpatient ward beds	10,271	10,963	-6.32%	↓	7,439	38.07%	↑	6,850	49.95%	↑
Ward bed occupancy	88.45%	89.07%	-0.69%	↓	79.51%	11.24%	↑	84.37%	4.84%	↑
Critical Care occupancy	68.10%	67.34%	1.13%	↑	63.07%	7.97%	↑	67.48%	0.93%	↑
Number of patients with 7+ day LoS	1,584	1,612	-1.74%	↓	1,285	23.27%	↑	1,147	38.10%	↑
Discharge from hospital										
Discharge volumes (daily average)	2,167	2,214	-2.12%	↓	1,639	32.21%	↑	2,122	2.12%	↑
ARC Covid cases	72	111	-35.14%	↓	142	-49.30%	↓	(Blank)	(Blank)	→
Covid care in the community contact volumes	11,617	4,652	149.72%	↑	24,014	-51.62%	↓	(Blank)	(Blank)	→

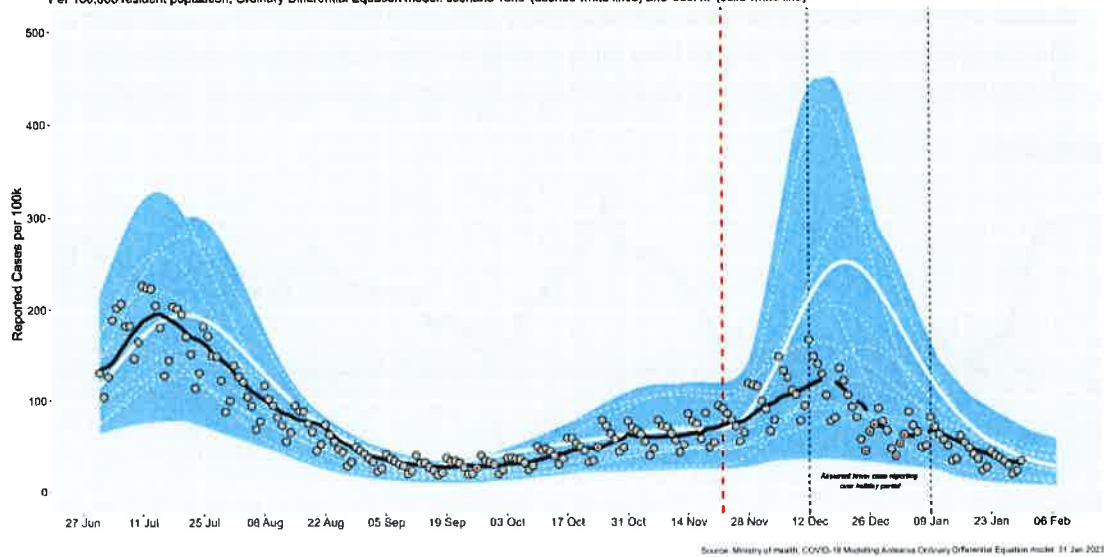
National Status – Key Headlines

COVID-19 Trends

6. After a disruption to cases tracking to the scenarios over the holiday period, daily cases are now back on track and declining as expected. Cases reported so far this week are down 25% on this point last week; the seven-day rolling average in all regions is declining sharply.

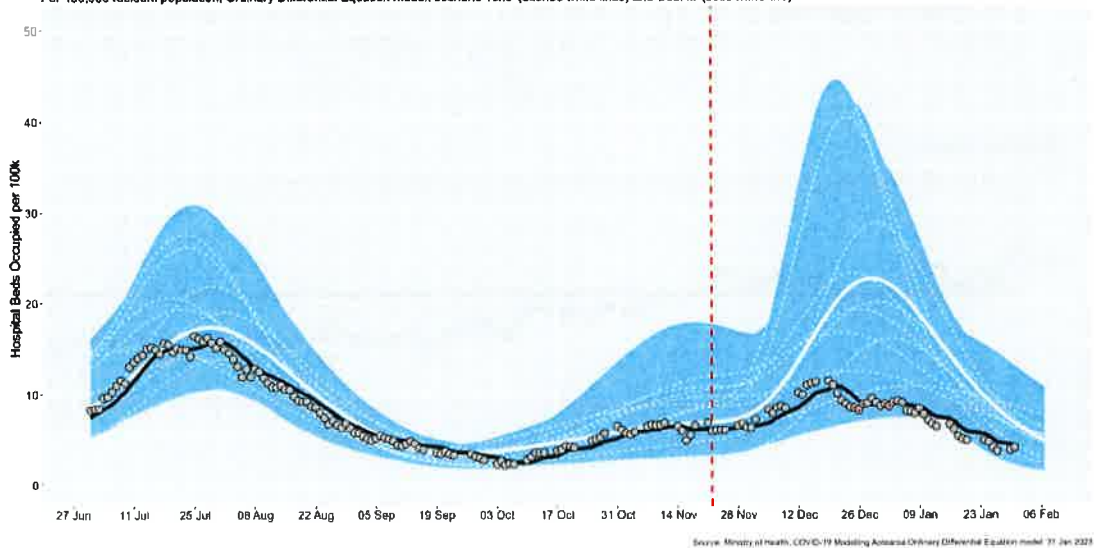
7. COVID-19 Modelling Aotearoa (CMA) have updated the scenarios to account for a new dominant variant of concern seeding from 22 November. The charts are presented with the best fit line (as was the case with the baseline and new variant scenarios previously).

Daily Reported COVID-19 Cases with new dominant variant from 22 Nov, New Zealand
Per 100,000 resident population, Ordinary Differential Equation model: scenario 'runs' (dashed white lines) and 'best fit' (solid white line)



8. Hospital beds occupied are also declining.

Daily COVID-19 Hospital Beds Occupied with new dominant variant from 22 Nov, New Zealand
Per 100,000 resident population, Ordinary Differential Equation model: scenario 'runs' (dashed white lines) and 'best fit' (solid white line)

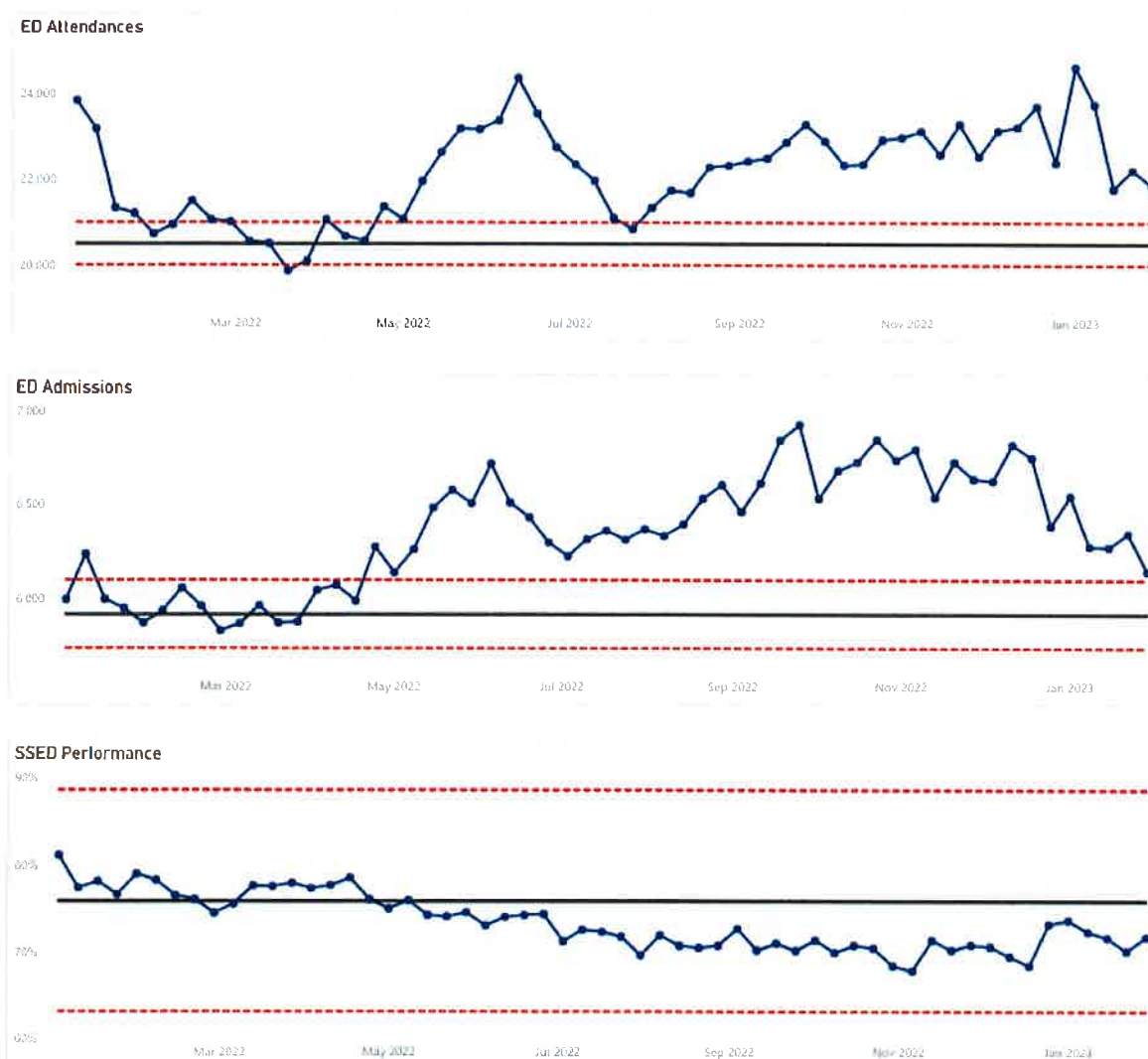


Hospital Performance

9. Performance for SSED (patients admitted or discharged within 6 hours) improved 1.6% to 72% for the all-patient SSED measure, and 3.4% to 55% for the admitted SSED. Non-admitted SSED performance remained static at 78%.

- The highest performing hospitals were Tairāwhiti and South Canterbury who reached 94% and 95% respectively.
- The most challenged hospitals remain Capital and Coast, with all-patient SSED of 50% and admitted patient SSED of 33%, and Mid Central with all-patient SSED of 50% and admitted patient SSED of 14%.

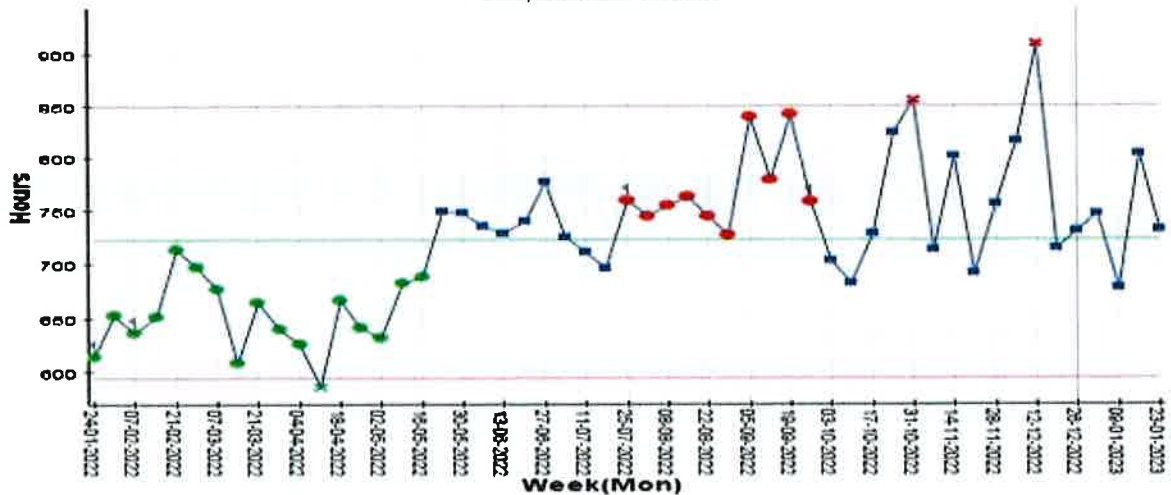
10. Nationally, ED attendance volumes for the week ending 29 January decreased by 1.7% from the previous week. Hospital admissions decreased by 3.23%. The grey line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.





11. The average ambulance time spent outside EDs decreased by 8.9% over the last week. The total crew hours lost decreased to 731.6 hours nationally (the weekly average during the last eight months is 722 hours). The green line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

3.41ab. RAMPING: Sum of time at Treatment Centre > 30min (EAS.Ambulance) : (Last 53 Weeks)
(Data from 2022-01-31 to 2023-01-15, 21)



12. Hospital occupancy of over 90% at the major hospitals improved slightly to 65% of censuses (previous week 71%). Within the national occupancy figure there is considerable range:

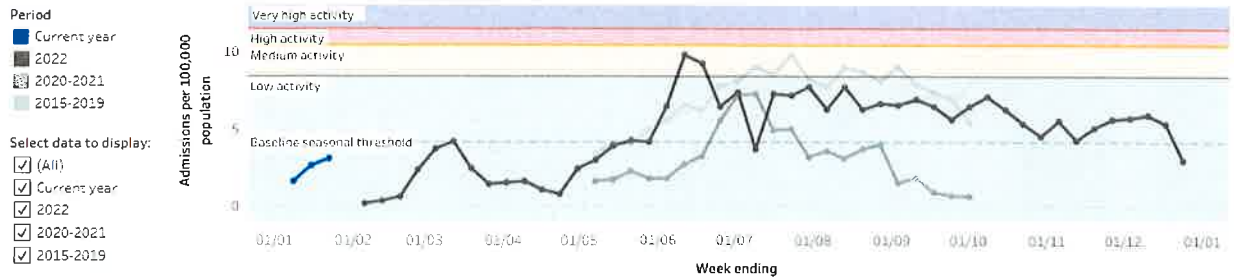
- Six hospitals (Hawkes Bay, Palmerston North, Hutt Valley, Wellington, Christchurch, and Dunedin) were continuously, or almost continuously over 90% occupancy this past week.
- Occupancy in West Coast and Whanganui dropped to under 60% this week.

Respiratory illness and Respiratory Syncytial Virus (RSV)

13. National influenza-like illness (ILI) activity remains very low in January as expected for this time of year. The rate of hospitalisations for severe acute respiratory infections (SARI) in the Auckland region has increased since the beginning of January, though remains below the seasonal threshold. The rate of influenza-positive SARI patients remains below the baseline seasonal threshold. The rate of SARS-CoV-2-positive SARI patients is lower in January 2023 than December 2022.

14. Of the 81 SARI patients admitted to Auckland hospitals to date in 2023, SARS-CoV-2 has been the predominant virus detected, followed by influenza and RSV.

Weekly hospitalisation rates with SARI (any cause)



15. Of the 16 influenza-positive SARI patients in 2023, two samples have been subtyped, one of which was influenza A/H1 and one was influenza B.

Weekly viruses detected through sentinel hospital SARI sampling



Enhancing community services

16. General practice (GP) continues to have less activity than prior to the holiday period. General practice qualifying encounter (GPQED) contacts decreased last week to 380 thousand, down from 393 thousand the week prior (and 452 thousand prior to Christmas).
17. Total Healthline volumes increased by 3.2% this week, and there was a 9.4% decrease in the COVID-19 call volumes compared with the week prior. Whakarongorau (among other providers) has increased clinical support capacity and is also involved in pilot schemes to provide further clinical support remotely, including to EDs. Further analysis and data will follow on these pilots, which are still under way.
18. 111 call volumes decreased nationally in the last week. Ambulance workload decreased nationally in the last week; flooding in Auckland, combined with Auckland Anniversary weekend resulted in an Auckland workload 18% higher compared with the Auckland holiday weekend last year. The mean ambulance response time was 32.5 minutes, compared with 33.0 minutes the week prior (and 27 minutes in the same week in 2020).

Discharge/post-hospital

19. Numbers of active COVID-19 cases in aged residential care (ARC) have decreased by 35% (72 total cases, down from 111 cases last week).

National view - workforce pressures

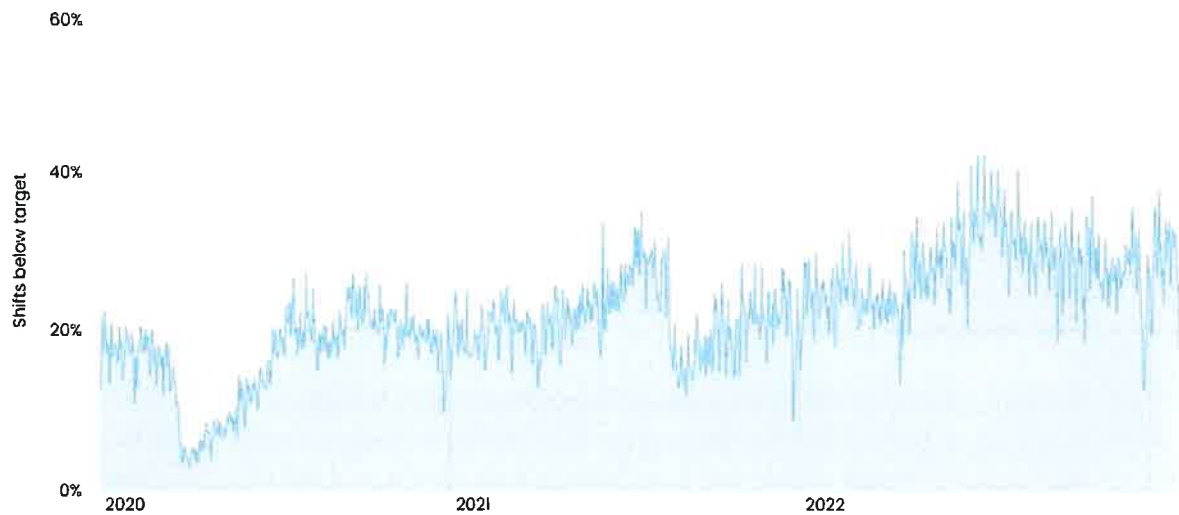
20. Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences.

21. This data collection is still being developed and will be subject to continuous validation and quality assurance. A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)). Time series presentation of this data is provided below.

22. Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. Waitematā, Middlemore, Waikato, Whanganui, Wairarapa, and Wellington Hospitals were particularly pressured. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days – 25/01/2023 to 01/02/2023

Region	District	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift	Wards
Totals		27%	43%	20%	17%	92%	264
Northern	Northland	17%	42%	0%	8%	99%	10
Northern	Waitematā	42%	50%+	30%	28%	99%	22
Northern	Auckland	27%	48%	19%	14%	98%	28
Northern	Counties	38%	50%+	32%	28%	90%	26
Te Manawa Taki	Waikato	31%	50%	24%	17%	93%	14
Te Manawa Taki	Bay of Plenty	22%	37%	17%	11%	83%	15
Te Manawa Taki	Lakes	11%	14%	14%	6%	82%	5
Te Manawa Taki	Tairāwhiti	25%	42%	11%	15%	58%	7
Te Manawa Taki	Taranaki	12%	23%	9%	2%	84%	8
Central	Whanganui	39%	50%+	29%	18%	92%	4
Central	Middlemore	21%	34%	14%	14%	98%	10
Central	Wairarapa	48%	50%+	43%	14%	101%	1
Central	Hawkes Bay	32%	33%	27%	35%	104%	9
Central	Capital, Coast and Hutt Valley	39%	50%+	33%	30%	101%	24
Te Waipounamu	Nelson Marlborough	12%	23%	7%	2%	86%	10
Te Waipounamu	West Coast	2%	3%	0%	0%	68%	9
Te Waipounamu	Canterbury	22%	35%	15%	15%	86%	46
Te Waipounamu	South Canterbury	10%	19%	0%	10%	88%	3
Te Waipounamu	Southern	18%	39%	14%	2%	93%	15



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 25 January 2023 – 01 February 2023.

Regional summaries

23. All regions across the motu continue to focus on initiatives to improve flow and mitigate acute demand, and on driving up planned care activity volumes.

Northern

Primary and community care

Hospital Capacity

24. Auckland experienced a significant weather event on 27 January and declared a state of local emergency. Auckland City Hospital and North Shore Hospital experienced the biggest flooding impacts but came through with minimal clinical impact. Facilities, clean up, and mitigation work continue. Staff resilience, effort and teamwork across the region has been noted and acknowledged.
25. Northland has declared a state of emergency for 7 days effective 1pm 31 January. Plans are in place to respond as needed.
26. Across the Northern region, adult inpatient occupancy remains high at an average of 98%.
27. Acute mental health inpatient units are reporting high occupancy, with only 1-2 beds available each day across the Auckland region.
28. The region continues to be challenged by ongoing vacancies across Residential medical Officer (RMO), nursing, midwifery, and allied health workforces.
29. Midwifery workforce gaps continue to cause significant concern.

30. The midwifery additional allowance, and the additional holiday period remunerations for ED Senior Medical Officers (SMOs) and general medicine have now ended; there may be challenges with staffing subsequently.
31. The Northern Region Cardiac bypass waiting list has increased to 133 patients, with 62% of patients waiting longer than the clinically recommended timeframe for treatment.

Te Manawa Taki

Primary and community care

32. Te Manawa Taki leads have contributed feedback to Te Aka Whai Ora regarding an additional funding request for Māori providers/iwi/marae supporting emergency shelter and support facilities. Some local marae (e.g. Te Kuiti) are already open for welfare support, including providing kai for response workers.

Hospital Capacity update

33. Hospitals around the region did not experience any serious impacts from the weather. However, there has been significant disruption due to staff and patient ability to access sites, for example, the road between Hamilton and Raglan is inaccessible. Regional meetings and daily reporting have been initiated to prepare and respond to the storm.
34. Hospitals around the region are experiencing high occupancy. ED SMO vacancies in Thames and Tokoroa are being managed locally, and request for assistance is escalated regionally.
35. Taranaki and Waikato hospitals have experienced high acute theatre demand as well as staffing pressures, resulting in some planned care work being deferred this week.
36. Bay of Plenty are monitoring ARCs at risk of flooding and/or evacuation and preparing to respond if necessary.

Central

Primary and community care

37. There are shortages of pharmacists throughout the region, particularly in Mid Central. Low intern pass rates are compounding the shortage, and there is limited locum availability.
38. Primary care in the Wairarapa is reporting that they are at capacity. The new clinics in South Wairarapa for non-enrolled patients are in place.
39. The number of COVID-19 cases reported in Capital Coast and Hutt Valley is decreasing, averaging 143 cases per day compared with 160 cases per day the week prior. Primary care contact volumes have also reduced to 34 thousand, down from 41 thousand the week prior.

Hospital Capacity

40. Hawkes Bay hospital continues to recruit to fill nursing vacancies. There are high numbers of critical care vacancies, leading to ventilated patients being cared for at a 2:1 ratio. The emergency department have 13 FTE of vacancy. There are also high levels of unplanned leave in the inpatient wards leading to constraints in care.
41. Whanganui Hospital have a significant number of patients waiting for ARC beds.
42. Mid Central opened the new medical assessment and planning unit (MAPU) on January 25; this is being partially used to house patients while renovations are completed on another ward to ensure it is suitable for COVID-19 patients. This work is anticipated to take 4-8 weeks.
43. Hutt Valley and Wellington Hospitals remain at high occupancy (average midnight occupancy of 99% in Wellington, and 96% at Hutt).

Te Waipounamu

44. Workforce capacity remains constrained, particularly in rural areas.

Primary and community care

45. Urgent care staffing in Blenheim remains challenged, and ongoing staffing shortages and reduction of hours means patients defer to the Wairau Hospital ED. There is ongoing work occurring to help mitigate this.
46. Canterbury continues to support two urgent care centres seeking solutions to future sustainability.
47. There is uncertainty among general practices regarding primary care funding changes and how these will be implemented, particularly rurally.
48. Nelson community pharmacy was under pressure during the recent anniversary weekend and had to turn away non-urgent work.
49. South Canterbury is working with local tertiary education providers to support internationally qualified nurses into competency assessment programs, particularly around delays in reporting of the English language testing results.

Hospital Capacity

50. There is work underway to mitigate the RMO vacancies in West Coast, including using the SMO workforce as cover. Nursing vacancies (62 FTE) are limiting the ability of the hospital to use the admissions and assessment unit.
51. Christchurch Hospital has occupancy rates of 97-106%, and the Children's High Care area has had high acuity. COVID-19 inpatient volumes have decreased. There are high vacancy rates which are expected to improve in February when the new graduate nursing cohort starts.

52. Planned care volumes remain constrained at Christchurch and Invercargill hospital. The anaesthetic technician and surgical ward nurse vacancies are an ongoing issue and impacting the delivery of planned care. Private hospitals are returning to business as usual after the holiday period, and this is creating some capacity.
53. South Canterbury have advertised for a geriatrician role since June, with no successful applicants. A nurse practitioner role is now being advertised to support this service.
54. South Canterbury are undertaking refurbishment work in the medical ward, which is putting some pressure on hospital occupancy.
55. An aged care facility in Wairau continues to be supported by Te Whatu Ora staff who are volunteering to cover staffing shortfalls. Another Wairau facility has had an interim manager appointed to support clinical decision making. Overall, there is a shortfall in Wairau ARC beds which is resulting in at least one patient requiring a long inpatient stay in Wairau Hospital.
56. ARC facilities across Te Wai Pounamu continue to be challenged by COVID-19 positive patients and workforce gaps; the district and partners are supporting management of this by utilising Section 31 until longer term solutions are found. Demand for dementia beds is not being met in South Canterbury, resulting in patients remaining in hospital.

Planned Care

57. The table below includes latest data for all Planned Care Interventions (Inpatient Surgical Discharges, Minor Procedures and Non-Surgical Interventions) – December data is being validated.

	2022				
	Jul	Aug	Sep	Oct	Nov
Planned *	23,654	49,794	74,650	98,992	125,245
Actual	23,495	50,819	77,519	102,300	128,681
Variance	-159	1,025	2,869	3,308	3,436
%Achievement	99%	102%	104%	103%	103%

58. As demonstrated by the table below, the aggregate figure masks under delivery in inpatient surgical volumes (disrupted by acute demand, COVID-19 demand, and workforce pressures) and significant over delivery in minor procedures. Inpatient surgical discharges warrant a hospital admission as patients require more support (resource) and are often more complicated, however, a large portion of these can be clinically deferred. In the current context of capacity, workforce limitations and acute demand, priority is given to urgent/time sensitive care, resulting in inpatient surgical discharges being deferred. Minor procedures are less complicated, less resource intensive and can often be delivered in an outpatient or procedural setting, they are also disrupted less by acute demand and wider hospital capacity.

	Interventions		
	Plan *	Actual	%
Non Surgical PUC with Surgical DRG	4,481	3,793	84.6%
Surgical PUC	77,343	66,266	85.7%
Inpatient Surgical Discharges	81,824	70,059	85.6%
Inpatient Minor Procedures	8,206	7,077	86.2%
Outpatient Minor Procedures Hospital	31,434	48,479	154.2%
Outpatient Minor Procedures Community	2,311	2,495	108.0%
Minor Procedures	41,951	58,051	138.4%
Non Surgical Interventions	1,470	571	38.8%
Total	125,245	128,681	102.7%

59. Key next steps include:

- Regional teams delivering the increase of surgical and diagnostic volumes and active monitoring of progress to reduce >365 days long waiter numbers utilising funding agreed in December
- New rapid automated data coming online to give an up-to-date picture of the waitlist
- Launching initiatives around theatre productivity, outpatients, waiting list management and clinical prioritisation
- Developing ways to protect/maintain planned care as part of wider seasonal/system pressures planning
- Regional teams coordinating production planning with hospitals to increase volumes going forward into next year.

60. A planned care deep dive is being prepared which will be made available in due course.



Jo Gibbs
Director, System Delivery
 Hospital and Specialist Services,
 Te Whatu Ora - Health New Zealand
 03/02/2023

Aide-Memoire

System pressures update for week ending 10 February 2023

To	Hon Ayesha Verrall	Report No	HNZ00010674
From	Fionnagh Dougan, National Director, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	10/02/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, January 30 – February 5.

Overview

2. The health system remains under pressure. Emergency department (ED) attendance volumes and subsequent admissions have increased this week, and Shorter Stays in Emergency Departments (SSED) performance has remained challenged. The number of reported COVID-19 cases continues to decline. The number of acute patients in hospital for seven days or more decreased 4.6% to 1,511 patients – this continues to be a contributor to hospital access block.
3. Latest data shows that acute demand pressures continue in hospitals across the motu. Long length of stay and flow continues to be the most challenged area, which is the subject of focus across Te Whatu Ora. The National System Flow Improvement Programme is being established to drive improvement in acute flow management and mitigate acute demand pressures. It is an organisation-wide programme that will build on existing initiatives and expand improvement focus and activity into further areas across hospital, primary and community services. The programme will align with work underway to prepare for, and mitigate, the impact of Winter 2023 on the system and will also support initiatives that can make the most significant impact on improving acute flow over the next year and beyond.
4. The first phase of the process is underway which is the diagnostic of challenges both in the hospital and in the wider primary and community care space in the vicinity of the hospital (being led by both Hospitals and Specialist Services, and Commissioning). The diagnostic will feed into action plans owned and delivered by the hospitals with their partners, supported by leveraging nationally available capacity from the Improvement and Innovation Directorate. The diagnostic phase includes site visits, with the next visit being Palmerston North next week.
5. Hospitals and Specialist Services continue to lead daily stand ups with regional teams overseeing management of pressures across their districts, including:
 - Assisting with repatriation of patients from Wellington to free up beds to reduce ED pressures
 - Supporting a wide range of activities in the Northern region, including:
 - Getting services back up to 100% as the recovery progresses from the recent severe weather event

- A particular focus on Middlemore, which is experiencing staffing pressures.
 - Supporting Tauranga to reduce occupancy (high levels of aged residential care patient discharge/transfer delays)
 - Working closely with Christchurch hospital to mitigate demand and flow pressures as well as recovery and service impact following recent power outage, alongside more general responses to the heatwave in the region.
6. Planning and preparation is underway in the Northern and Te Manawa Taki regions to prepare for Cyclone Gabrielle. There is a good understanding of vulnerabilities based on the experience of the Northern and Te Manawa Taki regions over the last fortnight. The Emergency Management National Office is liaising with the regions.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

7. The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on the COVID-19 position, workforce pressures, and actions being taken across the regions.

National Monitoring Report

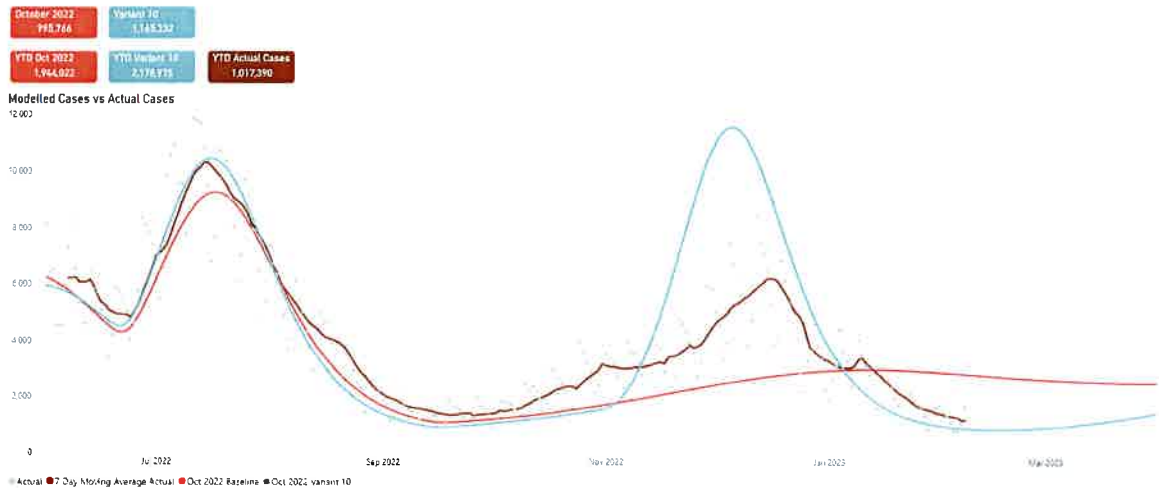
	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	370,159	380,679	-2.76%		442,135	-16.28%		365,802	1.19%	
Whakarongorau call volumes - Healthline	8,190	8,043	1.83%		7,314	11.98%		8,811	-7.05%	
Whakarongorau call volumes - Covid	8,737	12,285	-28.88%		6,355	37.48%		56,664	-84.58%	
111 call volumes	12,409	12,316	0.76%		14,169	-12.42%		(Blank)	(Blank)	
Ambulance response times (Minutes)	32.60	32.50	0.31%		36.89	-11.63%		(Blank)	(Blank)	
Hospital access										
ED attendances	22,490	21,864	2.86%		23,761	-5.35%		20,962	7.29%	
ED admissions	6,533	6,346	6.30%		6,275	4.11%		5,934	10.09%	
ED conversion rate	29.05%	28.11%	3.34%		26.41%	10.00%		28.31%	2.61%	
Ambulance handover delays (Minutes)	33.00	32.70	0.92%		33.87	-2.56%		(Blank)	(Blank)	
SSED performance	69.00%	71.78%	-3.87%		72.37%	-4.65%		78.33%	-11.91%	
Hospital flow										
Resourced inpatient ward beds	6,666	7,170	-7.03%		7,474	-10.82%		6,859	-2.82%	
Ward bed occupancy	88.94%	88.20%	0.84%		84.45%	5.31%		83.52%	6.49%	
Critical Care occupancy	68.90%	68.36%	0.80%		65.90%	4.56%		65.95%	4.48%	
Number of patients with 7+ day LoS	1,511	1,584	-4.61%		1,414	6.86%		1,193	26.66%	
Discharge from hospital										
Discharge volumes (daily average)	1,990	2,167	-8.17%		1,699	17.13%		2,019	-1.44%	
ARC Covid cases	59	72	-18.06%		181	-67.40%		(Blank)	(Blank)	
Covid care in the community contact volumes	13,042	11,617	12.27%		24,014	-45.69%		(Blank)	(Blank)	

National Status – Key Headlines

COVID-19 Trends

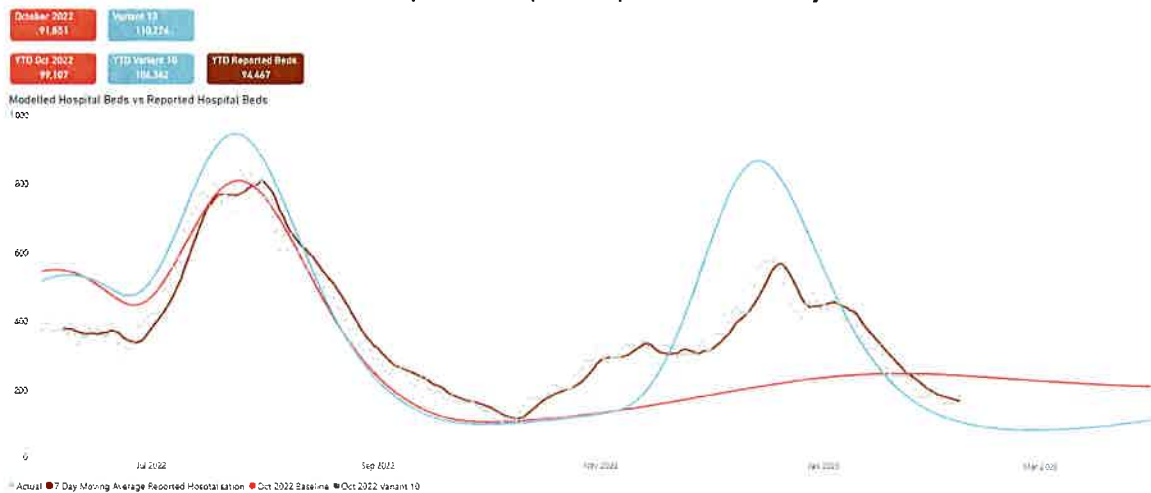
8. After a disruption to cases tracking to the scenarios over the holiday period, daily cases are now back on track and declining as expected.
9. COVID-19 Modelling Aotearoa (CMA) have updated the scenarios to account for a new dominant variant of concern seeding from 22 November. The charts are presented with the best fit line (as was the case with the baseline and new variant scenarios previously).

COVID-19 Resilience: National Scaled Modelled Cases vs Actual Cases as at 7 February 2023



10. Hospital beds occupied are also declining.

COVID-19 Resilience: National Scaled Modelled Hospital Beds vs Reported Hospital Beds as at 7 February 2023

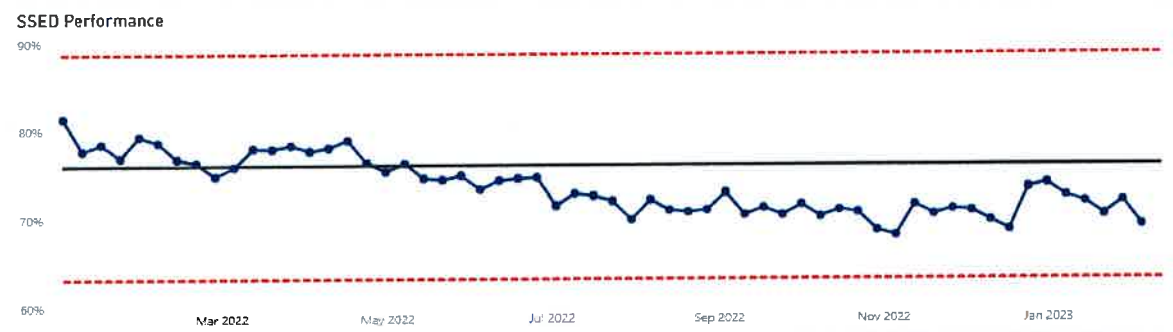
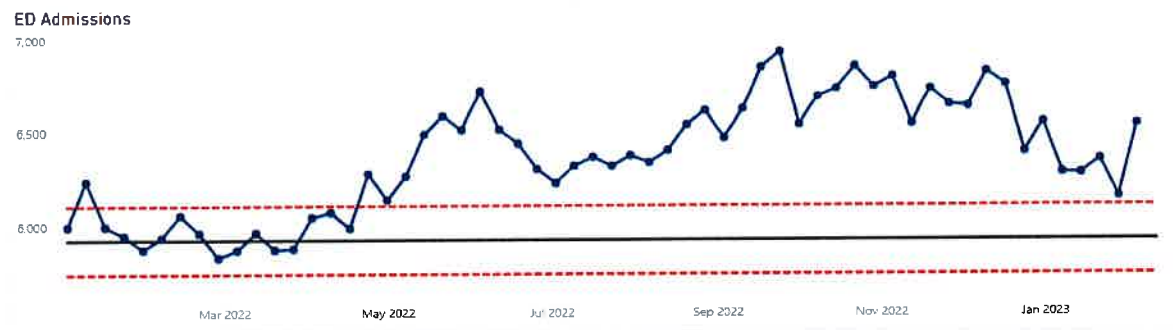
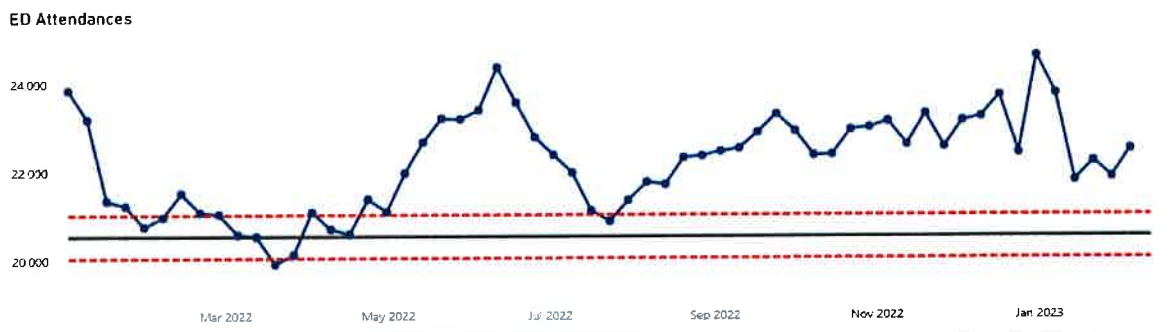


Hospital Performance

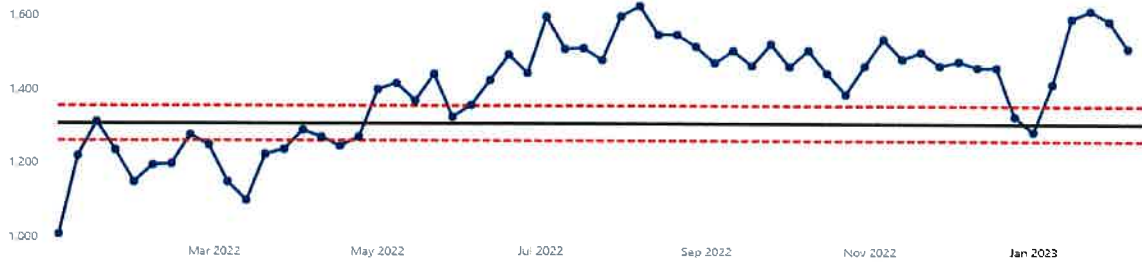
11. Performance for SSED (patients admitted or discharged within 6 hours) decreased for all three measures to 69% for all-patient SSED (down 2.8%), 51% for the admitted SSED (down 4.4%) and 76% (down 1.8%) for non-admitted SSED.
 - The highest performing hospitals were Tairāwhiti and South Canterbury who reached 91% and 93% respectively.

- The most challenged hospitals remain Capital and Coast, with all-patient SSED of 43% and admitted patient SSED of 26%, and Mid Central with all-patient SSED of 49% and admitted patient SSED of 20%. Christchurch Hospital reported a decrease of 23% for admitted patient SSED to 49% (all-patient SSED was 61%).

12. Nationally, ED attendance volumes for the week ending 5 February 2023 increased by 2.9% from the previous week. Hospital admissions rose by 6.3%. The grey line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.



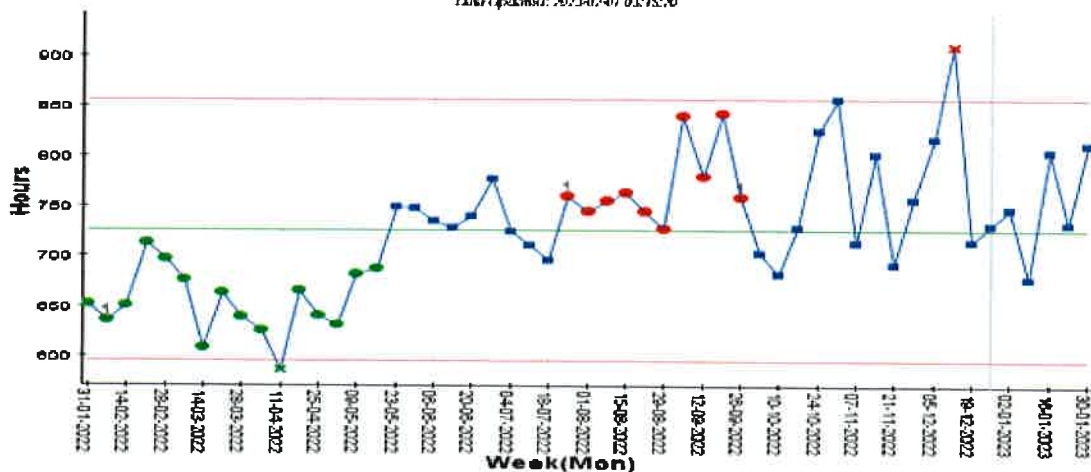
Number of Patients with 7+ Day LoS



13. The average ambulance time spent outside EDs increased over the last week. The total crew hours lost increased to 726 hours nationally (the weekly average during the last eight months is 722 hours). The green line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

3.41ab. RAMPING: Sum of time at Treatment Centre > 30min (EAS,Ambulance) : (Last 53 Weeks)

Data Updated: 2023-02-07 01:15:20

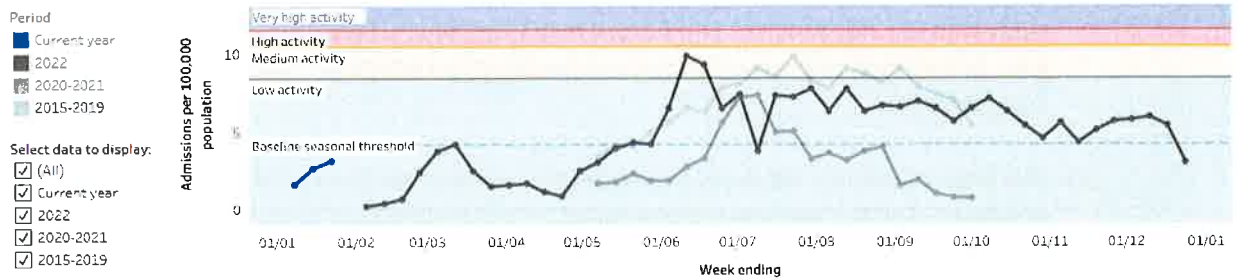


14. Hospital occupancy of over 90% at the major hospitals improved slightly to 62% of censuses (previous week 65%). Within the national occupancy figure there is considerable range:
- Six hospitals (Auckland City, Palmerston North, Hutt Valley, Wellington, Christchurch, and Southland) were continuously, or almost continuously over 90% occupancy this past week.
 - Occupancy in West Coast and Whanganui dropped to under 60% this week.

Respiratory illness and Respiratory Syncytial Virus (RSV)

15. National influenza-like illness (ILI) activity remains very low in January as expected for this time of year. The rate of hospitalisations for severe acute respiratory infections (SARI) in the Auckland region has increased since the beginning of January, though remains below the seasonal threshold. The rate of influenza-positive SARI patients remains below the baseline seasonal threshold. The rate of SARS-CoV-2-positive SARI patients is lower in January 2023 than December 2022.
16. Of the 81 SARI patients admitted to Auckland hospitals to date in 2023, SARS-CoV-2 has been the predominant virus detected, followed by influenza and RSV.

Weekly hospitalisation rates with SARI (any cause)



17. Of the 16 influenza-positive SARI patients in 2023, two samples have been subtyped, one of which was influenza A/H1 and one was influenza B.

Weekly viruses detected through sentinel hospital SARI sampling



Enhancing community services

18. General practice (GP) continues to have less activity than prior to the holiday period. General practice qualifying encounter (GPQED) contacts decreased last week to 370 thousand, down from 380 thousand the week prior (and 452 thousand prior to Christmas).
19. Total Healthline volumes increased by 1.8% this week, and there was a 28.9% decrease in the COVID-19 call volumes compared with the week prior. Whakarongorau (among other providers) has increased clinical support capacity and is also involved in pilot schemes to provide further clinical support remotely, including to EDs. Further analysis and data will follow on these pilots, which are still under way.
20. 111 call volumes tracked close to predicted volumes, increasing by 0.76% nationally in the last week. Overall ambulance workload increased nationally in the last week. The mean ambulance response time was 32.6 minutes, compared with 32.5 minutes the week prior (and 25.6 minutes in the same week in 2020).

Discharge/post-hospital

21. Numbers of active COVID-19 cases in aged residential care (ARC) have decreased by 18% (59 total cases, down from 72 cases last week).

National view - workforce pressures

22. Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences.

23. This data collection is still being developed and will be subject to continuous validation and quality assurance. A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)). Time series presentation of this data is provided below.

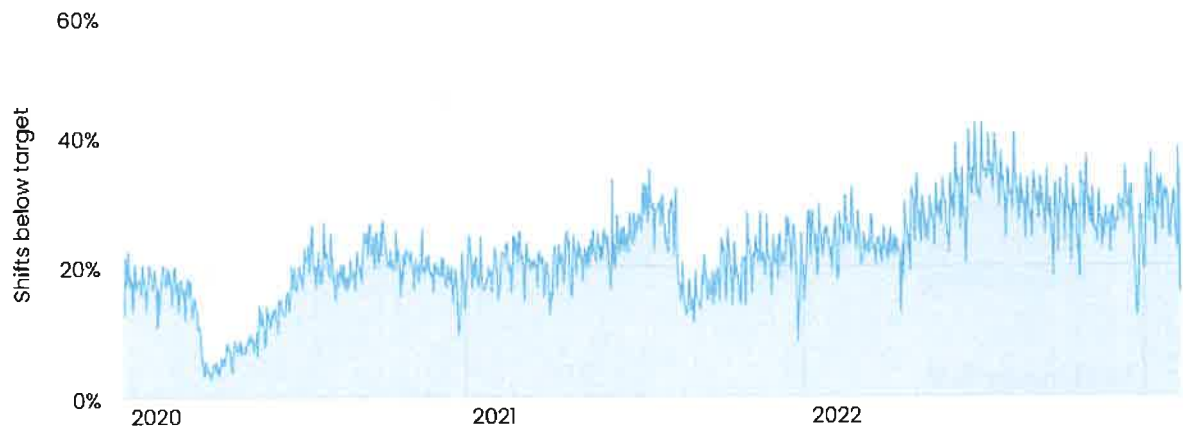
24. Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. Waitematā, Middlemore, Waikato, Whanganui, and Wellington Hospitals were particularly pressured. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days - 02/02/2023 to 09/02/2023

... X

Region	District	Shifts below target	Day shifts below target	Evening shifts below target	Night shifts below target	Utilisation in day shift	Wards
Northern	Northland	12%	24%	3%	10%	98%	10
Northern	Waitemata	47%	50%+	39%	33%	101%	22
Northern	Auckland	25%	42%	21%	13%	98%	28
Northern	Counties	38%	50%+	25%	28%	92%	26
Te Manawa Taki	Waikato	35%	50%+	30%	21%	94%	14
Te Manawa Taki	Bay of Plenty	20%	31%	13%	15%	86%	15
Te Manawa Taki	Lakes	28%	40%	30%	6%	91%	5
Te Manawa Taki	Tairāwhiti	22%	32%	23%	6%	59%	7
Te Manawa Taki	Taranaki	14%	31%	8%	2%	89%	10
Central	Whanganui	35%	50%+	28%	19%	96%	4
Central	Midcentral	30%	41%	23%	26%	97%	10
Central	Wairarapa	29%	38%	25%	25%	104%	1
Central	Hawkes Bay	35%	35%	44%	26%	106%	9
Central	Capital, Coast and Hutt Valley	42%	50%+	39%	36%	103%	24
Te Waipounamu	Nelson Marlborough	13%	29%	3%	2%	84%	19
Te Waipounamu	West Coast	1%	3%	0%	0%	58%	9
Te Waipounamu	Canterbury	25%	37%	17%	17%	89%	47
Te Waipounamu	South Canterbury	25%	45%	8%	21%	96%	3
Te Waipounamu	Southern	12%	22%	12%	3%	92%	15

Shifts below target % by day



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 02 February 2023 – 09 February 2023.

Regional summaries

25. All regions across the motu continue to focus on initiatives to improve flow and mitigate acute demand, and on driving up planned care activity volumes.

Northern

Primary and community care

Hospital Capacity

26. Auckland experienced a significant weather event on 27 January and declared a state of local emergency, which was subsequently extended for 7 days on 30 January. Daily briefings were stood down on 7 February, and a check-in is scheduled for 10 February ahead of a potential cyclone event due Sunday 12 February. Service delivery has returned to normal, except for a wet lease provider whose capacity will be unavailable for a further week due to flood repairs – this is impacting on paediatric dental and paediatric service delivery. Plans are underway for recovery.
27. Paediatric Intensive Care Unit (PICU) occupancy across the region has averaged 105% occupancy over the last seven days. Across the Northern region, adult inpatient occupancy remains high at an average of 98%.
28. Acute mental health inpatient units are reporting high occupancy, with only 1-2 beds available each day across the Auckland region; demand has increased in the last week, putting additional pressure on teams, and impacting patient flow.
29. The region continues to be challenged by ongoing vacancies across Residential Medical Officer (RMO), nursing, midwifery, and allied health workforces. Midwifery workforce gaps continue to also be an area of focus.

30. The additional holiday period remunerations for ED Senior Medical Officers (SMOs) and general medicine ended last week. As the vulnerability of the general medicine workforce across the region remains a risk, the region is actively working collaboratively to consider both long and short-term alternative ways of working to reduce the current workload of SMOs.
31. The Northern Region has continued to deliver services with only minimal impact to planned care because of the flooding event on 27 January. In addition to the work underway to reschedule any appointments cancelled due to facility closures, the region is also working to proactively ensure patients are supported to either attend or reschedule appointments where they have been affected by the flooding.

Te Manawa Taki

Primary and community care

32. The region is moving back to business as usual following the storms, with ongoing communication and welfare for some isolated communities. There is work underway around the long-term impact of the Raglan and Coromandel Road closures on staff travel.
33. The region is maintaining a watch over the measles notification; all affected people in the region have been contacted by public health and are fully vaccinated.
34. Regional discussions are underway on how best to support the chronic staffing shortage in the Taranaki Community Oral Health Service.

Hospital Capacity update

35. There was high demand on acute theatre hours at Waikato Hospital this week.
36. Hospitals around the region are experiencing high occupancy. ED SMO vacancies in Thames and Tokoroa are being managed locally, and a plan for ongoing support is being developed with the regional IOC.
37. Nursing vacancies are putting pressure on services across the region.

Central

Primary and community care

38. There are shortages of pharmacists throughout the region, particularly in Mid Central. Low intern pass rates are compounding the shortage, and there is limited locum availability.
39. Primary care in the Wairarapa is reporting that they are at capacity. The new clinics in South Wairarapa for non-enrolled patients are in place. The national telehealth service is available for practices to refer enrolled and non-enrolled people.
40. The number of COVID-19 cases reported in Capital Coast and Hutt Valley is decreasing, averaging 124 cases per day compared with 143 cases per day the week prior. Primary care contact volumes have also reduced to 29 thousand, down from 34 thousand the week prior.

Hospital Capacity

43. Hawkes Bay hospital continues to recruit to fill nursing vacancies. The ED has nursing vacancies, as well as RMO and SMO shortages. There are also high levels of unplanned leave in the inpatient wards leading to constraints in care and reduced hospital flow.
44. There have been MRI outages in Hawkes Bay this week, delaying patients. In addition, 60% of the radiology SMO workforce has been absent, so there have been reporting delays.
45. Wairarapa Hospital has had high volumes of ED presentations with poor performance against admitted patient SSED (43%) due to hospital occupancy and flow challenges, including inter-regional hospital flow pressures. Wairarapa continue to heavily rely on a locum SMO workforce.
46. Hutt Valley and Wellington Hospitals remain at high occupancy (average midnight occupancy of 102% in Wellington, and 99% at Hutt).
47. Whanganui Hospital continue to experience delays in transitioning patients to ARC.

Te Waipounamu

Primary and community care

49. Canterbury has experienced significant hot weather in the past week; key messages were sent out via primary care on how to keep safe in the heat wave.
50. Community nursing capacity has increased in Canterbury, with good patient flow to all providers. Hauora hub continues to provide services for COVID-19 with particular focus on Māori and Pacific patients, as well as unenrolled patients and those with social complexities.
51. There are significant shortages of lead maternity careers (LMCs) in the Nelson/Tasman region. The Motueka area has one LMC for a population of 150 birthing women (this has reduced from four). In the Wairau community there are only 50% of the required LMCs.

Hospital Capacity

52. A power outage in the hospital was well supported by local GP practices and St John ambulance who assisted the emergency department.
53. There are significant staffing vacancies across Wairau and West Coast hospitals, including nursing, RMO, pharmacists, midwifery, and physiotherapy. Recruitment is underway but is challenging in these areas.
54. Christchurch Hospital has had occupancy rates of 105-110% in the past week. COVID-19 inpatient volumes continue to decrease. There are high vacancy rates which are expected to improve in February when the new graduate nursing cohort starts.
55. Dunedin Hospital has seen a slightly reduced occupancy rate in the past week, but high numbers of medical outliers, and high demand for acute theatres.

56. An aged care facility in Wairau continues to be supported by Te Whatu Ora staff who are volunteering to cover staffing shortfalls. Another Wairau facility has had an interim manager appointed to support clinical decision making. Overall, there is a shortfall in Wairau ARC beds, which is resulting in at least one patient requiring a long inpatient stay in Wairau Hospital.
57. ARC facilities across Te Wai Pounamu continue to be challenged by workforce gaps; the district and partners are supporting management of this by utilising Section 31 until longer term solutions are found. Demand for dementia beds is not being met in South Canterbury, resulting in patients remaining in hospital.
58. ARCs in Canterbury were supported to ensure residents were closely monitored due to the heat.

Planned Care

59. A new Planned Care Oversight Group has been established and will meet fortnightly, which is a joint group between Te Whatu Ora and Te Aka Whai Ora.
60. This group will have a particular focus on:
 - driving progress towards reducing numbers on the ESPI2 and ESPI5 long waiters
 - ensuring priority is given to activities which will result in the reduction of the wait lists from an equity perspective
 - improving and standardising production planning and driving up production.
61. As part of the initiative targeting reduction of the wait list by 30 June 2023, additional funding has been made available to:
 - deliver additional community paediatric dental volumes, including additional Mobile Surgical Services (MSS) bus services in the Northern region, and additional Saturday sessions and outsourcing in the other three regions. This initiative also includes navigation services to support Māori and Pacific patients to access these services.
 - cover the maternity ultrasound co-payment for a temporary period until 30 June. This is in response to access to maternity ultrasounds being impacted by the introduction of co-payments by providers as the fee claimable is not adequate compared to cost of providing the service. This co-payment is impacting on access to maternity ultrasounds. The flow on impact is that women not in a position to pay the co-payment are either not having scans done or are attending HSS services, this is affecting Māori and Pacific women disproportionately. The temporary subsidy of the co-payment is intended to reduce the demand on planned care services where ultrasound capacity is already under pressure, as well as encouraging women to access the recommended scans for the wellbeing of themselves and their babies.
 - review current wait lists for hospital based diagnostic radiology. This initiative is based on a model successfully used by Auckland District. Regions will engage an appropriate GP, or other clinician, to undertake a formal review of patients on the wait list and identify any referrals that are inappropriate so they can be removed from the wait list and referred to primary care. As well as managing the current wait list, this will provide initial data on wait list characteristics on which to base Reset and Restore's radiology recommendations including the development of a radiology wait list referral process, national data consistency, clinical pathways, and prioritisation projects.

62. A more detailed report will be available to support the Planned Care Deep Dive on Friday 10 February.

A handwritten signature in black ink, appearing to read 'Fionnagh Dougan', with a stylized flourish at the end.

Fionnagh Dougan
National Director
Hospital and Specialist Services,
Te Whatu Ora - Health New Zealand
10/02/2023

Aide-Memoire

System pressures update for week ending 17 February 2023

To	Hon Ayesha Verrall	Report No	HNZ00011067
From	Fionnagh Dougan, National Director, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	17/02/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, February 6 – February 12.

Overview

2. The health system remains under pressure, although most acute flow measures improved slightly this week. Emergency department (ED) attendance volumes and subsequent admissions have decreased this week, and Shorter Stays in Emergency Departments (SSED) performance improved slightly, although remains challenged. The number of reported COVID-19 cases continues to decline. The number of acute patients in hospital for seven days or more decreased 1% to 1,495 patients – this continues to be a contributor to hospital access block.
3. The focus of the last few days, and going into the weekend, is the support of the areas most affected by Cyclone Gabrielle on the East Coast. A national state of emergency remains in place. The Central and Te Manawa Taki regions are activating a joint Incident Management Team for Tairāwhiti and Hawkes Bay to manage the significant and ongoing storm impacts.
4. The National System Flow Improvement programme continues, with a site visit to Palmerston North this week. Updates on this programme of work will be available in due course.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

5. The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on the COVID-19 position, workforce pressures, and actions being taken across the regions.

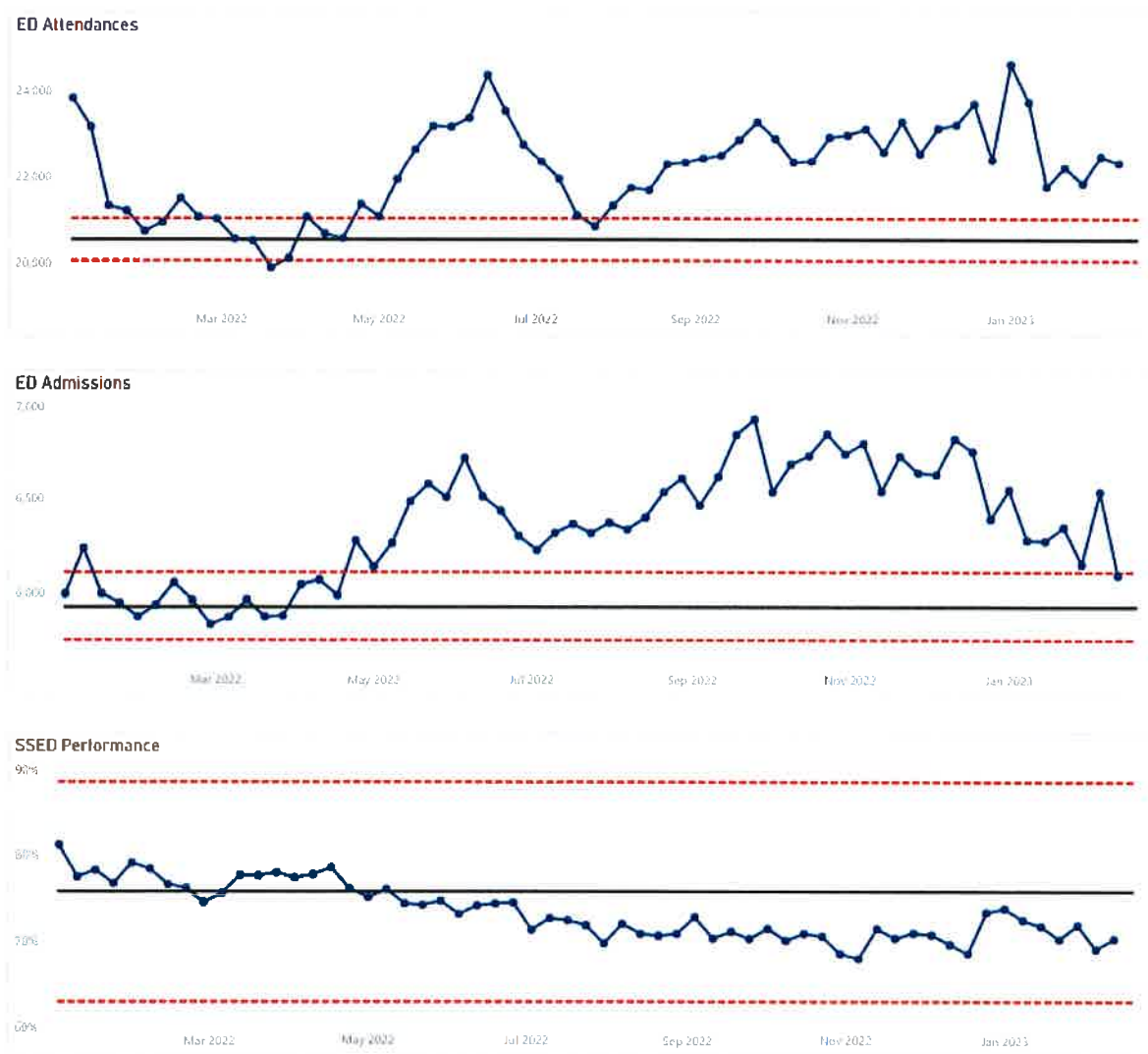
National Monitoring Report

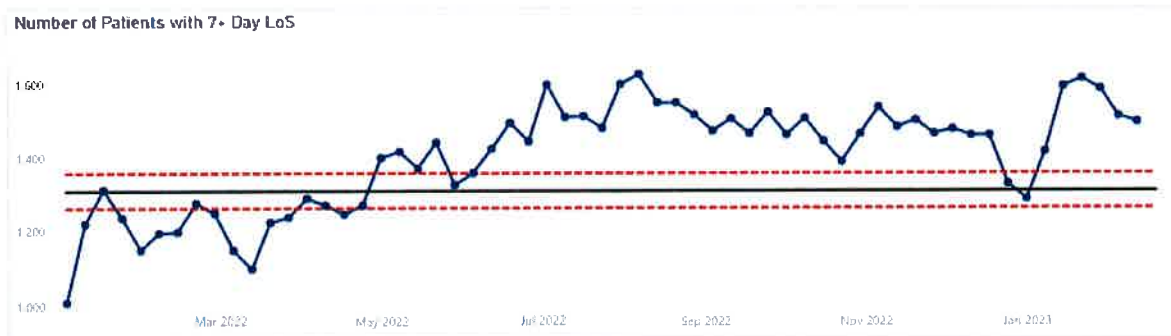
	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	345,278	370,159	-6.72%	↓	390,599	-11.60%	↓	341,703	1.05%	↑
Whakarongorau call volumes - Healthline	8,092	8,190	-1.20%	↓	8,016	0.95%	↑	9,215	-12.19%	↓
Whakarongorau call volumes - Covid	2,060	8,737	-76.42%	↓	4,593	-55.15%	↓	62,167	-96.69%	↓
111 call volumes	11,943	12,409	-3.76%	↓	12,084	-1.17%	↓	(Blank)	(Blank)	→
Ambulance response times (Minutes)	32.20	32.60	-1.23%	↓	30.70	4.89%	↑	(Blank)	(Blank)	→
Hospital access										
ED attendances	22,334	22,492	-0.70%	↓	21,791	2.49%	↑	21,507	3.85%	↑
ED admissions	6,089	6,535	-6.82%	↓	6,271	-2.90%	↓	6,052	0.61%	↑
ED conversion rate	27.26%	29.05%	-6.17%	↓	28.78%	-5.26%	↓	28.14%	-3.11%	↓
Ambulance handover delays (Minutes)	33.10	33.00	0.30%	↑	32.00	3.44%	↑	(Blank)	(Blank)	→
SSED performance	70.20%	69.00%	1.75%	↑	71.66%	-2.04%	↓	76.52%	-8.26%	↓
Hospital flow										
Resourced inpatient ward beds	7,670	6,666	15.07%	↑	7,659	0.15%	↑	7,539	1.74%	↑
Ward bed occupancy	89.15%	88.94%	0.23%	↑	88.93%	0.24%	↑	84.66%	5.30%	↑
Critical Care occupancy	71.07%	68.90%	3.15%	↑	66.21%	7.34%	↑	60.19%	18.08%	↑
Number of patients with 7+ day LoS	1,495	1,511	-1.06%	↓	1,591	-6.03%	↓	1,196	25.00%	↑
Discharge from hospital										
Discharge volumes (daily average)	2,076	1,990	4.32%	↑	2,278	-8.87%	↓	2,098	-1.05%	↓
ARC Covid cases	17	59	-71.19%	↓	168	-89.88%	↓	(Blank)	(Blank)	→
Covid care in the community contact volumes	11,312	13,042	-13.26%	↓	24,016	-52.90%	↓	(Blank)	(Blank)	→

Hospital Performance

6. Performance for SSED (patients admitted or discharged within 6 hours) improved for both the all-patient and non-admitted patient SSED to 70% and 78% respectively. The admitted patient SSED remained static at 51%.
 - The highest performing hospitals were Tairāwhiti and South Canterbury who reached 93% and 92% respectively.
 - The most challenged hospitals remain Capital and Coast, with all-patient SSED of 43% and Mid Central with all-patient SSED of 51%.

7. Nationally, ED attendance volumes for the week ending 12 February 2023 decreased by 0.7% from the previous week. Hospital admissions dropped by 6.8%. The grey line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

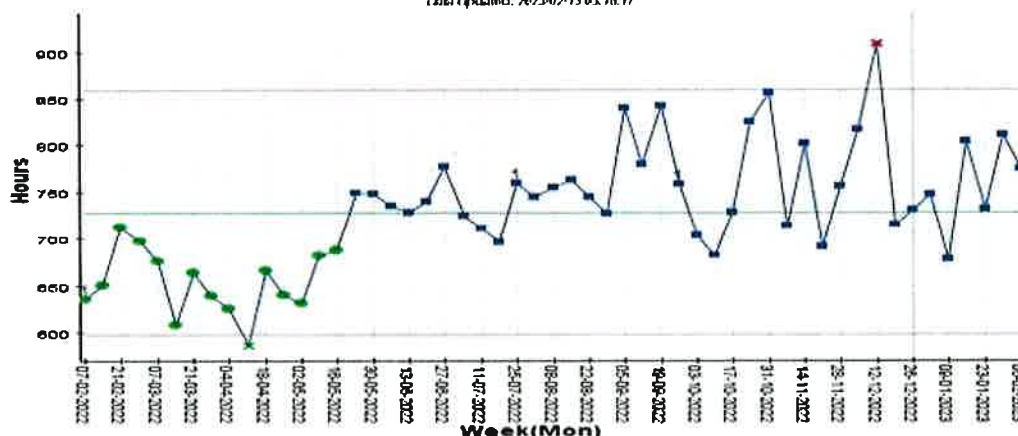




8. The average ambulance time spent outside EDs decreased over the last week. The total crew hours lost decreased to 755 hours nationally. The green line on the graph below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

3.41ab. RAMPING: Sum of time at Treatment Centre > 30min (EAS Ambulance) : (Last 53 Weeks)

Data updated: 2023-02-13 08:16:17



9. Hospital occupancy of over 90% at the major hospitals worsened slightly to 70% of censuses (previous week 62%). Eight hospitals were continuously, or almost continuously over 90% occupancy this past week, compared with six hospitals the week prior. These were Auckland City, Middlemore, North Shore, Tauranga, Palmerston North, Hutt Valley, Wellington, and Christchurch.

National view - workforce pressures

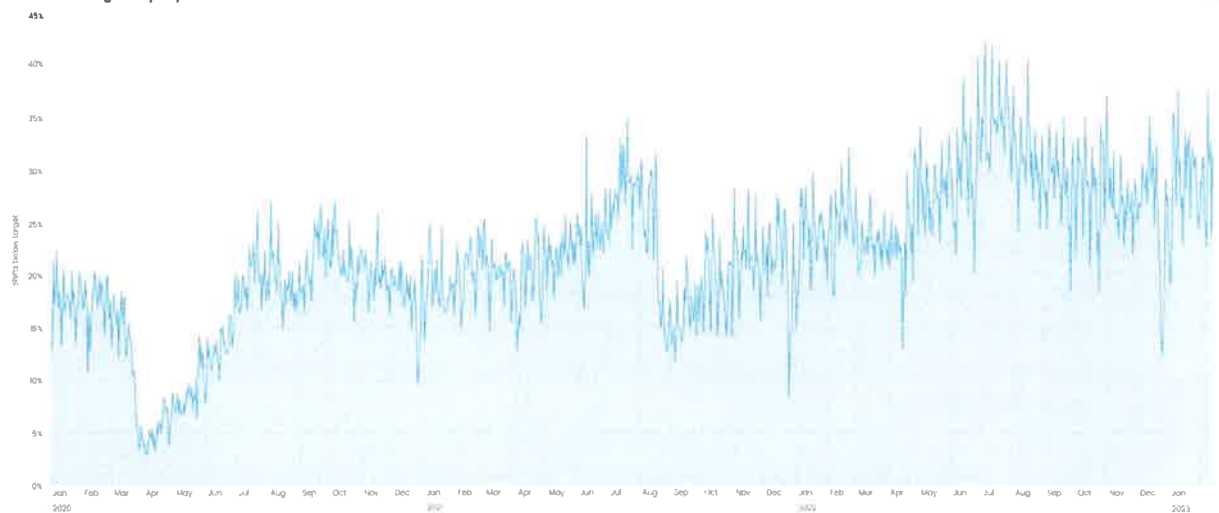
10. Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences.
11. This data collection is still being developed and will be subject to continuous validation and quality assurance. A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)). Time series presentation of this data is provided below.

12. Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. Waitematā, Middlemore, Waikato, Lakes, Whanganui, Wairarapa, and Wellington Hospitals were particularly pressured. A lack of surge nursing workforce is limiting the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days – 07/02/2023 to 14/02/2023

Region	Q	District	Q	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift	Wards
Totals				32%	46%	24%	23%	96%	266
Northern		Northland		12%	31%	0%	6%	99%	10
Northern		Waitemata		56%	50%+	46%	39%	103%	22
Northern		Auckland		27%	40%	21%	21%	98%	28
Northern		Counties		38%	50%+	28%	25%	92%	26
Te Manawa Taki		Waikato		42%	50%+	33%	30%	98%	14
Te Manawa Taki		Bay of Plenty		20%	34%	10%	15%	89%	15
Te Manawa Taki		Lakes		37%	50%+	26%	26%	92%	5
Te Manawa Taki		Tairāwhiti		29%	32%	50%	4%	61%	7
Te Manawa Taki		Taranaki		16%	26%	14%	7%	87%	8
Central		Whanganui		35%	50%+	21%	18%	105%	4
Central		Midcentral		36%	39%	31%	39%	99%	10
Central		Wairarapa		33%	50%+	29%	0%	103%	1
Central		Hawkes Bay		37%	43%	35%	32%	109%	9
Central		Capital, Coast and Hutt Valley		43%	50%+	34%	38%	104%	24
Te Waipounamu		Nelson Marlborough		11%	23%	4%	4%	81%	10
Te Waipounamu		West Coast		2%	3%	3%	0%	69%	9
Te Waipounamu		Canterbury		27%	40%	18%	20%	92%	48
Te Waipounamu		South Canterbury		29%	43%	14%	29%	97%	3
Te Waipounamu		Southern		25%	43%	21%	11%	96%	15

Shifts below target % by day



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 07 February 2023 – 14 February 2023.

Regional summaries

13. All regions across the motu continue to focus on initiatives to improve flow and mitigate acute demand, and on driving up planned care activity volumes.

Northern

Hospital Capacity

14. Following Cyclone Gabrielle, most Northern region hospitals continued to function well. Kaitaia and Bay of Islands Hospitals cancelled planned care due to difficulties travelling, and limited power supplies.

Te Manawa Taki

Primary and community care

15. Measles contact tracing is ongoing. Districts are liaising with utilities and infrastructure providers regarding prioritising health services in the wake of Cyclone Gabrielle. Public health priorities are particularly water related.

Hospital Capacity update

16. Multiple hospitals in the Te Manawa Taki region were isolated during the Cyclone, and regional and national teams are supporting these teams. Facilities are still functioning well, with only minor leaking issues reported. Power supply is being provided through fuel generators, although communications remain difficult with some hospitals. Widespread roading issues from the Cyclone and the floods of a fortnight earlier remain challenging for the movement of staff and patients throughout the region. Widespread school closures are also impacting staff availability.

Central

Primary and community care

17. Cyclone Gabrielle has impacted community pharmacy services, largely through lack of power, telephone, and internet/WiFi. Local emergency management are working with affected pharmacies to re-establish services. Medsafe have extended the medicines emergency supply provisions, enabling pharmacists to supply up to 14-days' supply of medicines without a prescription in the worst impacted districts. There are shortages of pharmacists throughout the region, particularly in Mid Central. Porirua Countdown pharmacy is operating with restricted hours due to staffing constraints. A reduction in COVID-19 cases is being seen across the region.

Hospital Capacity

18. The region this week is responding to and supporting Hawkes Bay Hospital following Cyclone Gabrielle. No road links to the rest of the North Island has created challenges in providing support. Some staff are unable to attend work because of road closures, which has put the hospital under significant pressure. There is a focus on staff welfare and wellbeing. Supply chain requirements are being centrally coordinated, and the region is supporting the redeployment of staff.

Te Waipounamu

Primary and community care

19. Canterbury has experienced significant hot weather in the past week; key messages were sent out via primary care on how to keep safe in the heat wave. Community nursing and home-based support services have ongoing staffing challenges and are sharing complex patients to ensure essential services are covered. Hauora hub continues to provide services for COVID-19, with particular focus on Māori and Pacific patients, as well as unenrolled patients and those with social complexities.
20. There are significant shortages of lead maternity careers (LMCs) in the Nelson/Tasman region. The Motueka area has one LMC for a population of 150 birthing women (this has reduced from four). In the Wairau community there are only 50% of the required LMCs.

Hospital Capacity

21. A power outage in the hospital was well supported by local GP practices and St John ambulance who assisted the ED.
22. There are significant staffing vacancies across Wairau and West Coast hospitals, including nursing, resident medical officers, pharmacists, midwifery, and physiotherapy. Recruitment is underway but is challenging in these areas. The Wairau high dependency unit is being supported by nursing staff from Nelson.
23. Christchurch Hospital has had occupancy rates of 105-110% in the past week. COVID-19 inpatient volumes continue to decrease. There are high vacancy rates which are expected to improve this month as the new graduate nursing cohort starts.

Planned care – Follow on from recent deep dive

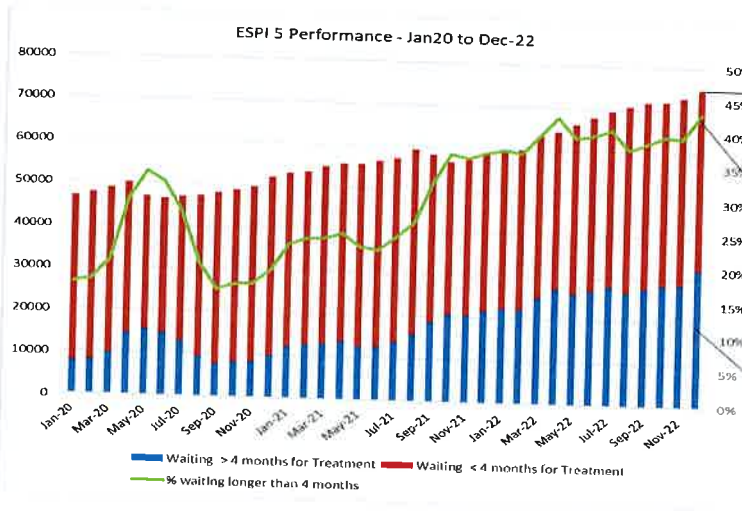
Metrics and definitions

24. First Specialist Appointments or FSAs are also referred to as ESPI 2s, an acronym for Elective Services Patient Flow Indicators. ESPIs measure whether districts are meeting the required performance standard at a key decision or indicator point on a person's journey through the planned care system. All patients accepted for an FSA should be seen within four months of the date of referral.
25. All patients given a commitment to treatment should receive that treatment within four months. ESPI 5 measures the number of patients waiting longer than four months for treatment.
26. Typically, when a district increases the delivery of FSAs this is not met by an equal reduction in the number of treatments made in the same month. Consequently, the demand for treatment increases, which puts further pressure on ESPI 5 waiting lists.

27. Traditionally districts experience an increase in the number of patients outside expectation in December and January as a result of the holiday period and the reduction in the number of theatres available for surgery.

Latest data

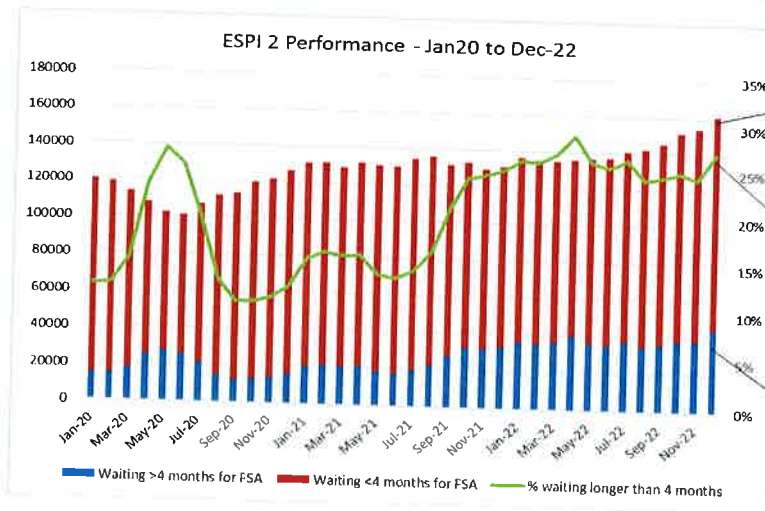
28. As of the end of December 2022, the ESPI 2/First Specialist Assessment Waiting list currently has around 161,000 people on it, where as the ESPI 5/Treatment waiting list has around 74,000 people on it. Of the ~74,000 on the treatment waiting list as at the end of December, just over 6,000 had been waiting more than 12 months. More detail is set out below.



42,366 patients waiting less than 4 months for treatment at the end of December 2022

43% patients waiting more than 4 months for treatment at the end of December 2022, out of total waiting list of ~74,000

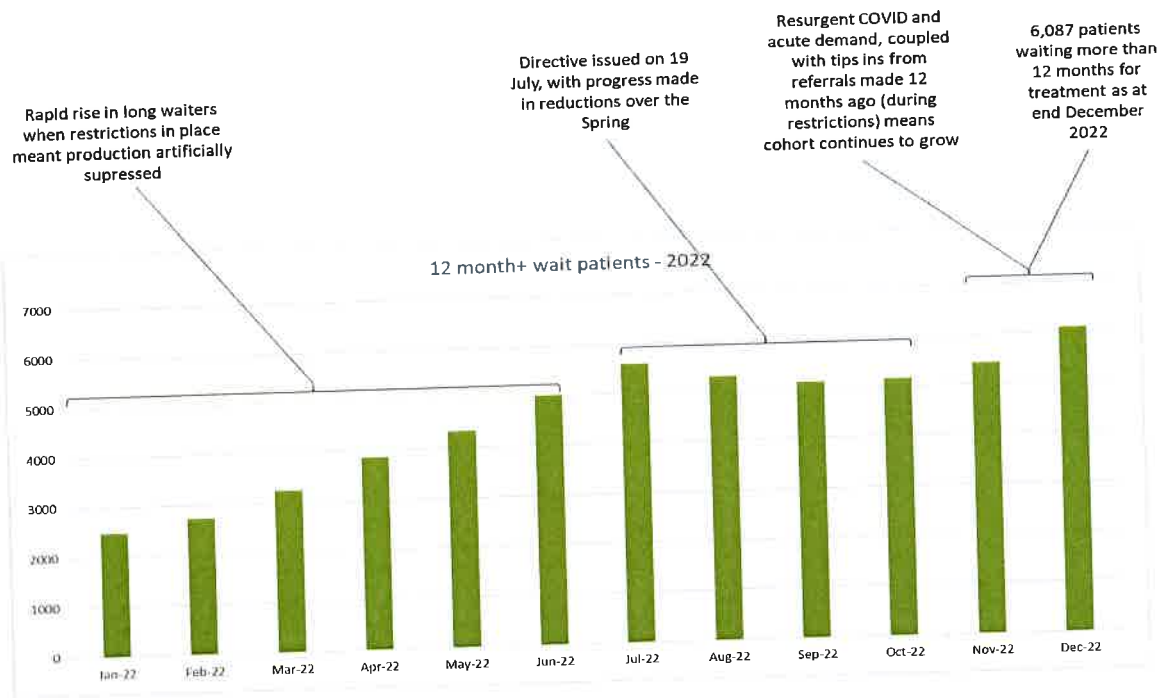
32,192 patients waiting less than 4 months for treatment at the end of December 2022



117,413 patients waiting less than 4 months for FSA at the end of December 2022

27% patients waiting more than 4 months for FSA at the end of December 2022, out of total waiting list of ~161,000

43,891 patients waiting more than 4 months for FSA at the end of December 2022



Makeup of waiting list

29. As referenced above, the ESPI 5/treatment waiting list as at the end of December is around 74,000. However, there will be a proportion of this waiting list that is one person on the list for more than one procedure. So, whilst there are around 74,000 live pathways on the list, this actually relates to around 72,000 individuals. The tables below demonstrate that across different hospitals and different specialties, there are patients who are on the treatment waiting list more than once waiting for different interventions.

	Count of total NHI IDs		Count of distinct NHI IDs
Cardiology	2490	Cardiology	2451
Cardiothoracic	553	Cardiothoracic	553
Dental	4907	Dental	4906
Dermatology	10	Dermatology	10
Ear, Nose & Throat	8583	Ear, Nose & Throat	8516
Gastroenterology	894	Gastroenterology	892
General Medicine	13	General Medicine	13
General Surgery	13577	General Surgery	13459
Gynaecology	6214	Gynaecology	6179
Neurosurgery	584	Neurosurgery	583
Ophthalmology	9952	Ophthalmology	9780
Orthopaedics	14490	Orthopaedics	14292
Paediatric Medicine	4	Paediatric Medicine	4
Paediatric Surgery	1226	Paediatric Surgery	1219
Plastics	4924	Plastics	4856
Renal Medicine	12	Renal Medicine	12
Urology	4317	Urology	4269
Vascular	1211	Vascular	1194
Grand Total	73961	Grand Total	71920

	Count of total NHI IDs		Count of distinct NHI IDs
Auckland	11317	Auckland	11058
Bay of Plenty	3385	Bay of Plenty	3323
Canterbury	8168	Canterbury	7992
Capital and Coast	4025	Capital and Coast	3972
Counties Manukau	5422	Counties Manukau	5334
Hawkes Bay	3097	Hawkes Bay	3026
Hutt Valley	2477	Hutt Valley	2436
Lakes	2354	Lakes	2298
MidCentral	2473	MidCentral	2417
Nelson Marlborough	2472	Nelson Marlborough	2428
Northland	3809	Northland	3746
Otago	3548	Otago	3453
South Canterbury	760	South Canterbury	740
Southland	1464	Southland	1430
Tairāwhiti	1037	Tairāwhiti	1008
Taranaki	2988	Taranaki	2892
Waikato	8762	Waikato	8466
Wairarapa	239	Wairarapa	236
Waitemata	4505	Waitemata	4423
West Coast	485	West Coast	481
Whanganui	1174	Whanganui	1162
Grand Total	73961	Grand Total	71920

Fionnagh Dougan



National Director

Hospital and Specialist Services,
Te Whatu Ora - Health New Zealand
17/02/2023

Aide-Memoire

System pressures update for week ending 24 February 2023

To	Hon Ayesha Verrall	Report No	HNZ00011761
From	Jo Gibbs, Director – System Delivery, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	24/02/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, February 13 – February 19.

Overview

2. The health system remains under pressure, although most acute flow measures improved slightly this week. Emergency department (ED) attendance volumes decreased slightly this week, although subsequent admissions increased. Shorter Stays in Emergency Departments (SSED) performance improved slightly, although remains challenged. The number of reported COVID-19 cases continues to decline.
3. The hospital network continued to operate with relatively few disruptions to service over the last week, despite Cyclone Gabrielle and other significant weather events. Our people have worked exceptionally hard to maintain patient services and support their communities, working together with other government agencies in a number of areas especially across Northland, Auckland, Coromandel, Napier, Gisborne and Tairāwhiti. There will be no planned care undertaken in Hawkes Bay hospital until at least 27 February.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

- The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on the COVID-19 position, workforce pressures, and actions being taken across the regions.

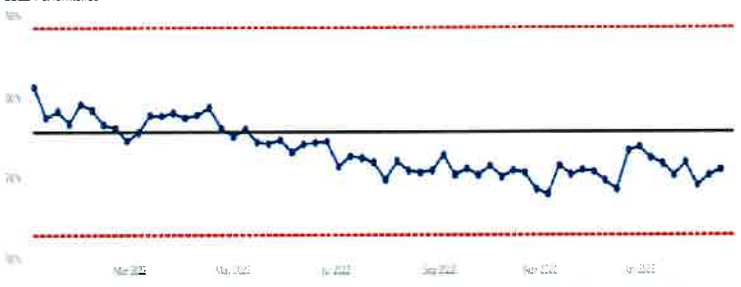
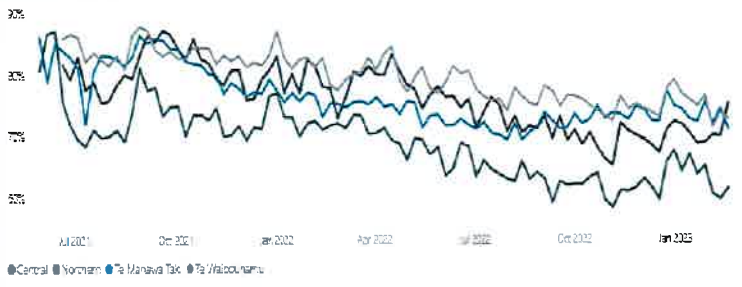
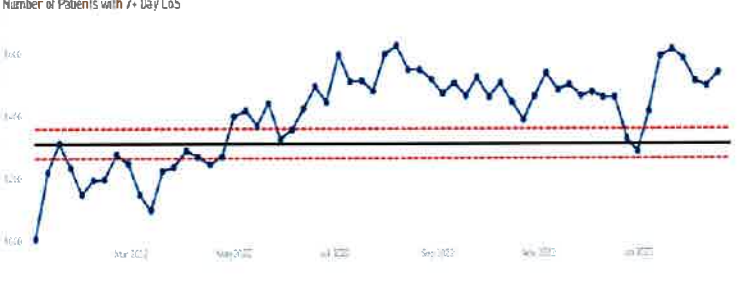
National Monitoring Report

	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	369,598	345,278	7.04%		393,580	-6.09%		414,312	-10.79%	
Whakarongorau call volumes - Healthline	7,115	8,092	-12.07%		7,787	-8.63%		9,421	-24.48%	
Whakarongorau call volumes - Covid	1,745	2,060	-15.29%		13,569	-87.14%		72,030	-97.58%	
111 call volumes	12,534	11,943	4.95%		12,742	-1.63%		(Blank)	(Blank)	
Ambulance response times (Minutes)	33.50	32.20	4.04%		33.00	1.52%		(Blank)	(Blank)	
Hospital access										
ED attendances	22,096	22,353	-1.15%		22,224	-0.58%		21,075	4.84%	
ED admissions	6,408	6,100	5.05%		6,345	0.99%		5,958	7.55%	
ED conversion rate	29.00%	27.29%	6.27%		28.55%	1.58%		28.27%	2.58%	
Ambulance handover delays (Minutes)	32.70	33.10	-1.21%		33.50	-2.39%		(Blank)	(Blank)	
SSED performance	70.89%	70.20%	0.98%		70.18%	1.01%		76.09%	-6.83%	
Hospital flow										
Resourced inpatient ward beds	7,528	7,670	-1.85%		7,474	0.73%		7,502	0.35%	
Ward bed occupancy	89.15%	89.15%	0.01%		88.34%	0.92%		83.72%	6.49%	
Critical Care occupancy	73.60%	71.07%	3.56%		66.78%	10.21%		63.62%	15.68%	
Number of patients with 7+ day LoS	1,538	1,495	2.88%		1,612	-4.59%		1,275	20.63%	
Discharge from hospital										
Discharge volumes (daily average)	2,208	2,076	6.36%		2,214	-0.27%		2,329	-5.20%	
ARC Covid cases	40	17	135.29%		111	-63.96%		(Blank)	(Blank)	
Covid care in the community contact volumes	42,646	11,312	277.00%		4,652	816.72%		(Blank)	(Blank)	

Hospital Performance

5. The grey line on the graphs below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

Metric	National Performance	Trend	Outliers
ED attendances	22,096 patients attended	<p>ED Attendances</p> <p>Nationally, ED attendance volumes for the week ending 19 February 2023 decreased by 1% from the previous week.</p>	<p>ED Attendance</p> <p>Legend: Central, Northern, Te Manawa Takahi, Te Waiapu</p>
ED admissions	6,408 patients admitted	<p>ED Admissions</p> <p>Hospital admissions via ED increased 5% on the week prior.</p>	<p>ED Admission</p> <p>Legend: Central, Northern, Te Manawa Takahi, Te Waiapu</p>

<p>SSED performance (Patients admitted or discharged within 6 hours – target is 95%)</p>	<p>All-patient SSED 71%</p>	<p>SSED Performance</p>  <p>Performance for SSED improved for the admitted SSED by 3 percentage points to 54%. While the change at National level is comparatively small, two thirds of the districts show variances of over +/- 5 percentage points.</p> <p>Non-admitted SSED remained static at 78% and the all-patient SSED was 71% for the week (up 0.7%).</p>	<p>SSED Performance</p>  <p>The highest performing hospitals were Tairāwhiti and South Canterbury who reached 95% and 89% respectively.</p> <p>The most challenged hospitals remain Capital and Coast, with all-patient SSED of 47% and Mid Central with all-patient SSED of 49%.</p>
<p>Number of patients with 7+ day LOS</p>	<p>1,538 patients across the motu</p>	<p>Number of Patients with 7+ Day LoS</p> 	

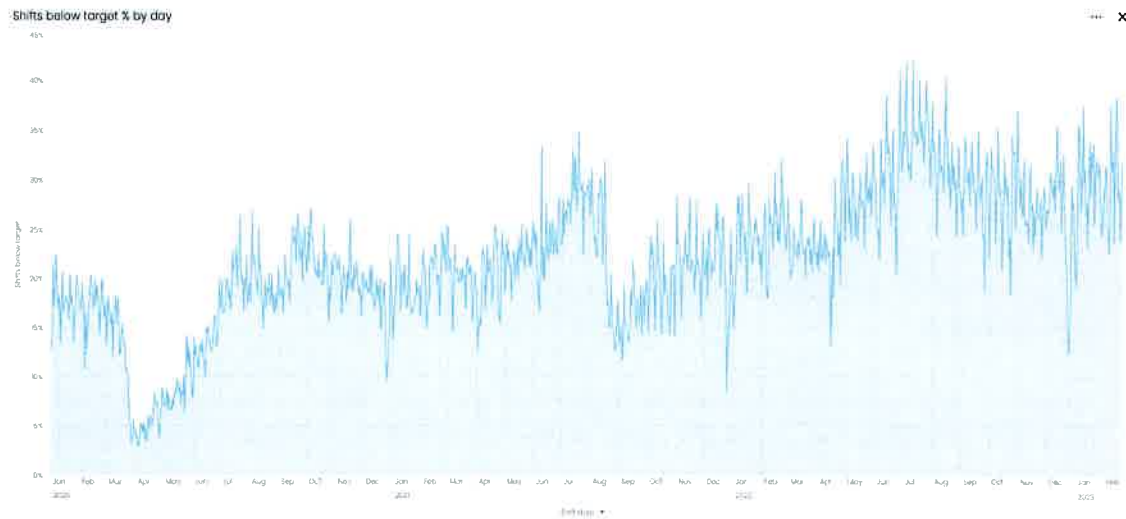
		The number of acute patients in hospital for seven days or more increased 3% to 1,538 patients – this continues to be a contributor to hospital access block.	
Ward bed occupancy	89.15% (national average)	<p>Hospital occupancy of over 90% at the major hospitals worsened slightly to 70% of censuses (previous week 62%)</p>	Eight hospitals were continuously, or almost continuously over 90% occupancy this past week, compared with six hospitals the week prior. These were Auckland City, Middlemore, North Shore, Tauranga, Palmerston North, Hutt Valley, Wellington, and Christchurch.
Ambulance ramping	755 total crew hours lost across the motu	<p>3.41ab. RAMPING: Sum of time at Treatment Centre > 30min (EAS Ambulance) : (Last 53 Weeks) <small>Data Updated: 2023-02-20 11:11:21</small></p> <p>Negligible change in crew hours lost compared with last week</p>	<p>Ambulance workload increased for St John by 7% (711 incidents).</p> <p>High ambulance demand was experienced in cyclone affected regions: Northland (+14 percent), Auckland (+7 percent), Hawkes Bay (+ 88 percent) and Tairāwhiti (+ 59 percent).</p>

National view - workforce pressures

- Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences. A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)). Time series presentation of this data is provided below.
- Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. Waitematā, Middlemore, Waikato, Lakes, Whanganui, Mid Central, Hawkes Bay, Wellington, and South Canterbury Hospitals were particularly pressured. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days - 14/02/2023 to 21/02/2023

Region	District	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift	Wards
Totals		30%	45%	23%	22%	96%	261
Northern	Northland	16%	41%	1%	4%	101%	10
Northern	Waitemata	39%	50%+	26%	22%	100%	22
Northern	Auckland	25%	43%	13%	20%	97%	28
Northern	Counties	35%	50%+	26%	24%	93%	26
Te Manawa Taki	Waikato	41%	50%+	33%	31%	96%	14
Te Manawa Taki	Bay of Plenty	25%	38%	20%	17%	92%	15
Te Manawa Taki	Lakes	37%	49%	34%	29%	92%	5
Te Manawa Taki	Tairāwhiti	9%	15%	11%	0%	54%	6
Te Manawa Taki	Taranaki	14%	22%	14%	5%	91%	8
Central	Whanganui	27%	32%	21%	29%	100%	4
Central	Midcentral	40%	50%	29%	41%	99%	10
Central	Wairarapa	24%	29%	29%	14%	102%	1
Central	Hawkes Bay	37%	50%+	29%	30%	110%	9
Central	Capital, Coast and Hutt Valley	41%	50%+	37%	35%	101%	24
Te Waipounamu	Nelson Marlborough	13%	25%	13%	0%	94%	10
Te Waipounamu	West Coast	1%	2%	0%	0%	69%	9
Te Waipounamu	Canterbury	31%	44%	24%	21%	93%	44
Te Waipounamu	South Canterbury	46%	50%+	24%	50%+	95%	3
Te Waipounamu	Southern	21%	37%	17%	9%	97%	15



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 14 February 2023 – 21 February 2023.

Regional summaries

Northern

Primary and community care

8. Workforce pressures continue across the region, particularly in midwifery.

Hospital Capacity

9. Northern Region hospitals are now running normally following Cyclone Gabrielle. There was some impact to planned care, which is being reviewed and monitored. Adult inpatient occupancy across the region has averaged 97%. Counties Manukau have had a high number of acute surgical presentations, and the intensive care unit (ICU) has been over capacity this week. This is being supported by other ICUs in the region, including redeployment of anaesthetic technicians. The Cardiac surgical waiting list continues to be of concern, with 69% of patients waiting more than the clinically recommended timeframe for treatment.

Te Manawa Taki

Primary and community care

10. General practice is open for bookings and walk-ins in Tairāwhiti following Cyclone Gabrielle. There are still some delays to services (difficulty in road access for couriers transporting laboratory samples) in Thames, but this is improving.

Hospital Capacity

11. There have been some staff redeployments around the region to support the Cyclone affected areas. Hospitals in the region are supporting Gisborne by holding onto patients instead of repatriating. Gisborne is undertaking theatre work in acute and cancer patients due to ongoing water restrictions. The key issues in Waikato are the roading impacts on staffing, staff welfare and fatigue, and support

to GPs and high needs patients. Thames continues to experience nursing and medical ED shortages. The impacts of poor road access and staff fatigue are a factor in recent resignations.

Central

Primary and community care

12. Cyclone Gabrielle has impacted community pharmacy services, largely through lack of power, telephone, and internet/WiFi. Mid Central are monitoring the impact of displaced people and actively considering ways to support colleagues. There are shortages of pharmacists throughout the region, particularly in Mid Central. Pharmacist vacancies are challenging in Porirua and Kapiti, with two pharmacies reducing their hours.

Hospital Capacity

13. The region this week is responding to and supporting Hawkes Bay Hospital following Cyclone Gabrielle. Hospital occupancy remains high around the region. Mid Central are assisting the Tararua rohe with pharmacy support, holding Hawkes Bay inpatients in hospital in Palmerston North instead of repatriating, and offering ARC beds to displaced ARC residents. The Mid Central MAPU was formally opened, however, ventilation upgrades on the medical wards is preventing full use of this area until the end of March.

Te Waipounamu

Primary and community care

14. Canterbury urgent care capacity is constrained due to vacancies and sick leave. The Lakes District hospital had significant capacity constraints last weekend, which required 17 patients to be transferred out to Invercargill and Dunedin over a 72-hour period. This volume of work put significant pressure on St John's and the Otago helicopter service.

Hospital Capacity

15. West Coast hospital is limited in their ability to use the admissions and assessment unit due to nursing vacancies. This is predicted to improve in March when new staff members arrive. Southern ED experienced high demand this week, and patient complexity combined with staff shortages resulted in reduced patient flow through the hospital. High demand for acute theatre time in Dunedin Hospital has continued. Similarly, in Christchurch Hospital a high occupancy in the medical directorate and high volumes of acute surgical demand has impacted on planned care delivery. Wairau ED and high dependency units are recruiting to nursing vacancies and have some contingency plans in place.

Planned care update

As presented recently, there are ongoing waitlist challenges with additions to the list currently outstripping hospitals' ability to provide treatment and exit patients from the list. Following receipt of the Reset & Restore report in September 2022, Te Whatu Ora and Te Aka Whai Ora have been mobilising implementation of the 101 actions contained in the report, to transform models of care and increase treatment volumes.

There are however a number of actions from Reset and Restore that are likely to increase ESPI 2 and/or ESPI 5 as they are implemented. Following specific questions from the Minister, the table below sets out which these are, what the impact is likely to be, and whether they are in planning or in progress.

The data modelling and reporting takes into account the net difference between additions onto the waiting list and removals from the list (treatments and validation), and therefore will track the impact of these recommendations as they are implemented.

Theme	Status	Potential impact on ESPI 2/ESPI 5
The “Post Code Lottery”		
Ensure Nationally consistent prioritisation systems	Planning	Districts where thresholds vary may result in an increase in wait lists for some Districts, but would allow for more consistency across regions.
Work with clinical experts to define agreed minimum access thresholds for various conditions and work toward national capacity for such access recognising this will be a long term objective	Planning	As per recommendation 23.
Primary Care		
Pathways and facilities that make access to diagnostic imaging easier should be prioritised in each region	Planning	Likely to improve access but increase demand on specialist assessment (ESPI 2)
First specialist assessment (FSA)		
Identify the patients waiting >12 months for FSA using the clinically assigned priority and book FSA in priority order by 30 Sept 22. (Waiting Times Directive)	In progress	FSA wait lists act as a direct inflow to the treatment wait list (ESPI 5). As we are seeing a trend down in the number of patients the patients waiting >12 months for FSA, we are observing an increase in the ESPI 5 wait list. We are unable to quantify exact numbers but anticipate growth of the ESPI 5 wait list as the FSA wait list is reduced.
Consider the role of orthopaedic physiotherapy assessment .	In progress	This initiative will likely result in less demand for FSAs initially yet for most it may either only defer the FSA or lead to direct access on the inpatient waitlist.
Telehealth		
Continue to develop telehealth. Such development should include whether telehealth capability can be provided in a community setting to assist those without digital access	Planning	Telehealth modalities would likely lead to increase in follow-up capacity, thus an increase in FSA capacity/delivery. This would likely lead to flow on effect on diagnostics and possibly ESPI 5.
Treatment (ESPI5)		
As per the planned care Directive from Te Whatu Ora, scheduling must address those patients waiting over 365 days with priority within this group to Māori and Pacific. Actively tackle long waiting lists and schedule ESPI 5 patients waiting >12 months by 31 Aug 2022	In progress	As treatment delivery increase there is a risk that post-surgical follow-up limits outpatients capacity/thus FSA capacity. This risk is minimal if appropriate follow-up arrangements are established.
Follow-up		
Create capacity for FSAs by eliminating unnecessary follow-ups. Facilitate discussions with services to identify lower value follow up work that can be avoided to enable provision of long wait FSA and treatment	Planning	An increase in FSA capacity, and subsequent delivery would likely lead to flow on effect on diagnostics and possibly ESPI 5
Consider expansion of virtual advice as appropriate, as distinct from telehealth appointments.	Planning	As per recommendation 82

Increase the use of telehealth for follow-up work that is necessary but where in-person contact is not essential.	Planning	As per recommendation 82



Jo Gibbs
**Director – System Delivery Hospital
and Specialist Services**
Te Whatu Ora - Health New Zealand
24/02/2023

Aide-Memoire

System pressures update for week ending 3 March 2023

To	Hon Ayesha Verrall	Report No	HNZ00012291
From	Jo Gibbs, Director – System Delivery, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	3/03/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented for the week prior: February 20 – February 26.

Overview

2. The health system remains under pressure, and most acute flow measures deteriorated this week. Emergency department (ED) attendance volumes increased slightly this week, and subsequent admissions increased. Shorter Stays in Emergency Departments (SSED) performance declined (driven by demand and length of stay challenges in Northern region) and remains challenged. Reported COVID-19 cases remain stable at a low level.
3. The hospital network continued to operate with relatively few disruptions to service over the last week, despite Cyclone Gabrielle and other significant weather events. Our people have worked exceptionally hard to maintain patient services and support their communities, working together with other Government agencies in a several especially across Northland, Auckland, Coromandel, Napier, Gisborne and Tairāwhiti. Further information is provided in the planned care section. Next week's update will provide the latest data and progress.
4. Regional Hospital & Specialist Services Directors, and their teams, are implementing the winter preparedness actions included in the *Health System Preparedness for Winter 2023* Cabinet Paper, working alongside commissioners who are progressing primary and community care initiatives. Regular updates on implementation progress will be reported from mid-March onwards.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

- The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on the COVID-19 position, workforce pressures, and actions being taken across the regions.

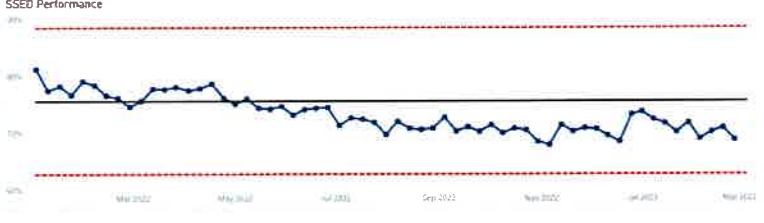
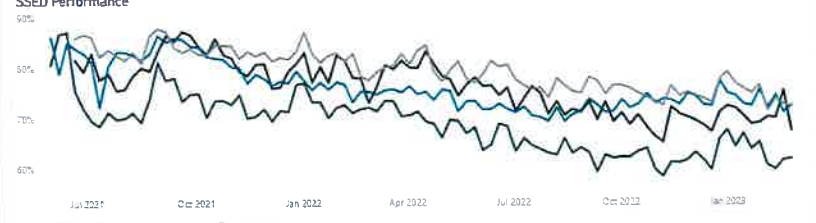
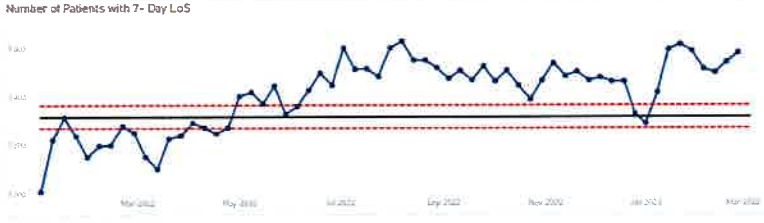
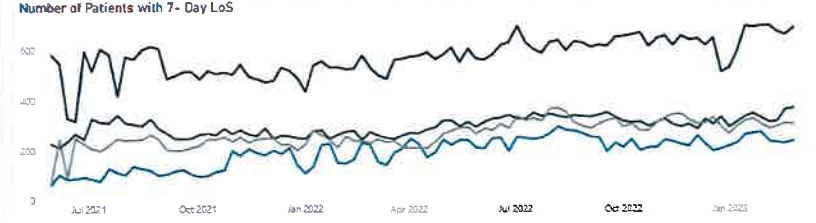
National Monitoring Report

	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	396,196	369,598	7.20%	↑	380,679	-4.08%	↑	427,197	-7.26%	↓
Whakarongorau call volumes - Healthline	7,239	7,115	1.74%	↑	8,043	-10.00%	↓	9,744	-25.71%	↓
Whakarongorau call volumes - Covid	2,319	1,745	32.89%	↑	12,285	-81.12%	↓	58,285	-96.02%	↓
111 call volumes	13,095	12,534	4.48%	↑	12,316	6.33%	↑	(Blank)	(Blank)	→
Ambulance response times (Minutes)	36.80	33.50	9.85%	↑	32.50	13.23%	↑	(Blank)	(Blank)	→
Hospital access										
ED attendances	22,731	22,111	2.80%	↑	21,864	3.97%	↑	21,031	8.08%	↑
ED admissions	6,473	6,419	0.84%	↑	6,146	5.32%	↑	5,828	11.07%	↑
ED conversion rate	28.48%	29.03%	-1.91%	↓	28.11%	1.30%	↑	27.71%	2.76%	↑
Ambulance handover delays (Minutes)	33.40	32.70	2.14%	↑	32.70	2.14%	↑	(Blank)	(Blank)	→
SS&D performance	68.77%	70.89%	-2.99%	↓	71.78%	-4.19%	↓	74.53%	-7.73%	↓
Hospital flow										
Resourced inpatient ward beds	7,490	7,528	-0.51%	↓	7,170	-4.46%	↑	7,500	-0.13%	↓
Ward bed occupancy	89.33%	89.15%	0.20%	↑	88.20%	1.28%	↑	82.04%	8.89%	↑
Critical Care occupancy	73.58%	73.60%	-0.03%	↓	69.36%	7.64%	↑	60.81%	21.00%	↑
Number of patients with 7+ day LoS	1,577	1,538	2.54%	↑	1,584	-0.44%	↓	1,247	26.46%	↑
Discharge from hospital										
Discharge volumes (daily average)	2,393	2,208	8.36%	↑	2,167	10.43%	↑	2,348	1.92%	↑
ARC Covid cases	40	40	0.00%	→	72	-44.44%	↓	(Blank)	(Blank)	→
Covid care in the community contact volumes	(Blank)	42,646	-100.00%	↓	11,617	-100.00%	↓	(Blank)	(Blank)	→

Hospital Performance

6. The grey line on the graphs below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

Metric	National Performance	Trend	Outliers
ED attendances	22,731 patients attended	<p>ED Attendances</p> <p>Nationally, ED attendance volumes for the week ending 26 February 2023 increased 2.8% over the previous week; this is 8% higher than the same time last year.</p>	<p>ED Attendance</p> <p>The three Auckland metro districts each experienced increases in attendances of 9% or higher.</p>
ED admissions	6,473 patients admitted	<p>ED Admissions</p> <p>Nationally, hospital admissions via ED increased 0.84% compared to the week prior; this is 11% higher than the same time last year.</p>	<p>ED Admission</p> <p>ED admissions in the Northern region rose by 6.3% on the week prior.</p>

<p>SSED performance (Patients admitted or discharged within 6 hours – target is 95%)</p>	<p>All-patient SSED 69%</p>	<p>SSED Performance</p>  <p>Performance for SSED decreased for all three measures:</p> <ul style="list-style-type: none"> • All-patient SSED: 69% • Admitted patient SSED: 51% • Non-admitted patient SSED: 76% 	<p>SSED Performance</p>  <p>The highest performing hospitals were West Coast (all-patient SSED 95%), Tairāwhiti (94%), and South Canterbury (92%).</p> <p>The most challenged hospitals remain Capital & Coast and MidCentral, with all-patient SSED of 45%.</p> <p>The three Auckland metro districts reported a decrease between 8 and 12 percentage points for admitted SSED, and Counties Manukau experienced a decrease of 17% for their non-admitted SSED. This is in part due to high presentations, high hospital occupancy, and a closed surgical admissions unit.</p>
<p>Number of patients with 7+ day length of stay</p>	<p>1,577 patients</p>	<p>Number of Patients with 7- Day LoS</p>  <p>The number of acute patients in hospital for 7 days or more (as of Monday, 27 February) increased by 2.5% to 1,577 patients. This continues to be a contributor to hospital access block and is 26% higher than the same time last year.</p>	<p>Number of Patients with 7- Day LoS</p> 

<p>Ward bed occupancy</p>	<p>89.33% (national average)</p>		<p>The number of major hospitals experiencing very high occupancy (90-100% of censuses where occupancy was over 90%) increased to seven (Auckland, North Shore, MidCentral, Hutt Valley, Wellington, Christchurch, and Dunedin).</p> <p>The number of major EDs that experienced very high occupancy increased to four (Counties Manukau, MidCentral, Wellington, Canterbury).</p>
<p>Ambulance ramping</p>	<p>881 total crew hours lost</p>	<p>3.41ab. RAMPING: Sum of time at Treatment Centre > 30min (EAS,Ambulance) : (Last 53 Weeks) Data Updated: 2023-03-27 03:15:30</p> <p>Ramping time has been tracking above the 53-week average for the last four weeks. There was a 13.7% increase in crew hours lost compared to last week (up 106 hours)</p>	<p>111 call volumes increased by 5% last week, while the national ambulance workload decreased slightly. Response times increases are correlated with increased average time waiting outside EDs.</p>

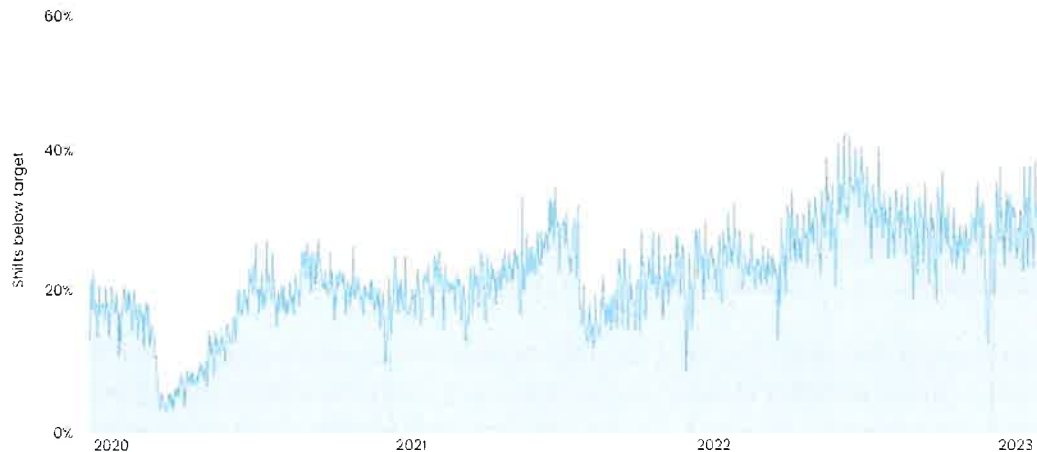
National view - workforce pressures

- Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences. A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)). Time series presentation of this data is provided below.
- Around the motu this week, day shifts with their high occupancy rates are frequently below target (more than 50% of the time) as shown below. Waitematā, Auckland, Middlemore, Waikato, Whanganui, MidCentral, Wellington, South Canterbury, and Southern Hospitals were particularly pressured. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days - 21/02/2023 to 28/02/2023

Region	District	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift	Wards
Totals		29%	44%	22%	20%	95%	266
Northern	Northland	12%	33%	1%	3%	96%	10
Northern	Waitemata	40%	50%+	28%	27%	101%	22
Northern	Auckland	28%	47%	22%	15%	100%	28
Northern	Counties	35%	50%+	25%	26%	92%	26
Te Manawa Taki	Waikato	38%	50%+	31%	23%	98%	14
Te Manawa Taki	Bay of Plenty	26%	39%	19%	20%	89%	15
Te Manawa Taki	Lakes	27%	43%	28%	10%	90%	5
Te Manawa Taki	Tairāwhiti	10%	18%	6%	3%	54%	10
Te Manawa Taki	Taranaki	6%	16%	0%	0%	83%	8
Central	Whanganui	30%	50%	16%	25%	102%	4
Central	Midcentral	36%	46%	29%	33%	100%	10
Central	Wairarapa	17%	38%	0%	13%	94%	1
Central	Hawkes Bay	28%	35%	17%	32%	108%	9
Central	Capital, Coast and Hutt Valley	40%	50%+	37%	26%	101%	24
Te Waipounamu	Nelson Marlborough	12%	20%	11%	3%	93%	10
Te Waipounamu	West Coast	2%	3%	0%	0%	64%	9
Te Waipounamu	Canterbury	24%	33%	20%	18%	90%	45
Te Waipounamu	South Canterbury	64%	50%+	42%	50%+	101%	3
Te Waipounamu	Southern	27%	50%+	18%	11%	97%	15

Shifts below target % by day



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 21 February 2023 – 28 February 2023.

Regional summaries

Northern

Primary and community care

9. Workforce pressures continue across the region, particularly in midwifery. Recent weather and flooding contributed to multiple “did not attend” or appointment cancellations. This is being followed up at NHI and ethnicity level; the aim is to have all patients rebooked within the next week.

Hospital capacity

10. Hospital and ED occupancy was high across the region this week. Unplanned leave increased across the region, reflected in a high number of nursing shifts below target. Planned care delivery has been challenged in Counties Manukau due to shortages of Anaesthetic Technicians. Te Tai Tokerau has experienced sustained high occupancy in the Special Care Baby Unit over the last week.

Te Manawa Taki

Primary and community care

11. General practices are open for bookings and walk-ins in Tairāwhiti following Cyclone Gabrielle. There are still some delays to services (e.g., difficulty in road access for couriers transporting laboratory samples in Thames), but this is improving.

Hospital capacity

12. There have been staff redeployments around the region to support Cyclone-affected areas. Hospitals in the region are supporting Gisborne by holding patients instead of repatriating them. Gisborne is undertaking theatre work for acute and cancer patients only due to ongoing water restrictions. Key issues in Waikato include: roading impacts on staffing, staff welfare and fatigue, and support to GPs and high-needs patients. Thames continues to experience nursing and medical ED shortages, putting pressure on both ED and inpatient ward capacity.

Central

Primary and community care

13. Cyclone Gabrielle has impacted community pharmacy services, largely due to lack of power, telephone, and internet/Wi-Fi. MidCentral is monitoring the impact of displaced people and actively considering ways to support colleagues. There are shortages of pharmacists throughout the region, particularly in MidCentral. Pharmacist vacancies are challenging in Porirua and Kapiti, with two pharmacies reducing their hours.

Hospital capacity

13. The region continues to respond to, and support, Hawke's Bay Hospital following Cyclone Gabrielle. Hospital occupancy remains high around the region. MidCentral is assisting the Tararua rohe with pharmacy support, holding Hawke's Bay inpatients in hospital in Palmerston North instead of repatriating, and offering aged residential care (ARC) beds to displaced ARC residents. The MidCentral Medical Assessment and Planning Unit has formally opened. However, ventilation upgrades on the medical wards are preventing full use of this area until the end of March. Hutt Valley has also been a pressure point with challenges to flow caused by discharge delays.

Te Waipounamu

Primary and community care

14. West Coast private practices are experiencing staffing challenges, and we are working on how best to support them. Urgent care in Canterbury is under strain and there is now a service-level collaboration group that meets weekly to address immediate and long-term issues. Lead maternity carer recruitment continues for Wairau. Community pharmacists in Wairau are restricting services due to vacancies (two pharmacies in Nelson and Richmond are only able to provide a half-day service on the weekend and have limited after-hours availability). One pharmacy in Nelson and one in Wairau are not offering vaccination services. The Needs Assessment Service Coordination service in South Canterbury has been under pressure this week with staff illness.

Hospital capacity

15. There is work under way to address challenges in ambulance provision in South Canterbury as this is impacting timely patient discharge to ARC facilities. ED presentations were high across the Te Waipounamu region. Canterbury ED was in red status for more than 48 hours due to a combination of high volume and staff shortages. Dunedin, Wairau, and Canterbury are recruiting ED nurses. Critical care staffing in Dunedin Hospital is limiting the number of planned care procedures each week. Hospital occupancy is high across the region, with high numbers of stranded patients seen in Dunedin, Invercargill, and South Canterbury, due to lack of capacity in step-down facilities (e.g., ARC).

Planned care

16. The planned care update this week focuses on the impact of the cyclone on Hawke's Bay and Tairāwhiti. The latest data and updates will be included in this report next week.
17. Te Matau a Māui – Hawke's Bay was heavily impacted by Cyclone Gabrielle between 14 and 24 February 2023. From 27 February, all sites have re-opened.

18. Te Whatu Ora Tairāwhiti continues to be impacted by Cyclone Gabrielle. Service provision is restricted to emergency and urgent services only at this time because of continued water supply restrictions, supply chain challenges, and staffing issues (both chronic and worsened by flood-impacted staff). This is reviewed weekly by clinical and service leaders and increased as able.
19. Across both regions, while most services have now re-started there was significant service disruption during the period affected by the cyclone. The tables below compare activity in the cyclone period with the same period in the previous year. In most sites, it shows that both outpatient (first specialist assessment and follow up) and theatre activity was significantly reduced compared to last year.

Timeframes affected – Hawke’s Bay

Outpatients

20. All outpatient appointments at Central Hawke’s Bay, Napier Health Centre, and Wairoa Health Centre were cancelled. At Hawke’s Bay Regional Hospital in Hastings a revised programme was delivered, with all patients that turned up for their appointments seen.

		Follow Up Patient	New Patient
CENTRAL HAWKES BAY	2022 Period 14th Feb to 25th Feb 2022	52	44
	Cyclone Period 13th Feb to 24th Feb 2023	54	31
	Difference	2	-13
HAWKES BAY REGIONAL HOSPITAL	2022 Period 14th Feb to 25th Feb 2022	4432	1326
	Cyclone Period 13th Feb to 24th Feb 2023	3030	755
	Difference	-1402	-571
NAPIER HEALTH CENTRE	2022 Period 14th Feb to 25th Feb 2022	370	101
	Cyclone Period 13th Feb to 24th Feb 2023	208	30
	Difference	-162	-71
WAIROA HEALTH CENTRE	2022 Period 14th Feb to 25th Feb 2022	130	40
	Cyclone Period 13th Feb to 24th Feb 2023	29	11
	Difference	-101	-29
TOTAL	2022 Period 14th Feb to 25th Feb 2022	4984	1511
	Cyclone Period 13th Feb to 24th Feb 2023	3321	827
	Difference	-1663	-684

Theatres

21. All routine elective procedures were cancelled from 14 to 18 February. From 20 to 24 February services were delivered to non-deferrable patients who were clinically reviewed by surgeons and anaesthetists.
22. From 27 February, work is back up to 90% of sessions and all theatres are planned to be running from 6 March. Currently six (of seven) theatres are running, with a daily review to potentially open the seventh for more acute cases if staff are available.
23. The table below compares surgeries delivered in the cyclone period to those delivered in the same period in 2022.

Onsite Surgeries

2022 Period: 14 to 25 February 2022	198
Cyclone Period: 13 to 24 February 2023	83
Difference	-115

Note, the table only references onsite activity.

Endoscopy

24. The endoscopy unit, Ruakopito, was used in from 14 to 19 February to assist with hospital flow, meaning that all endoscopy was cancelled.
25. From 20 February, one endoscopy room was running, prioritising urgent and cancer patients. Two rooms (normal capacity) have been running again from 27 February.

Private facilities

26. Private providers also experienced downtime but are providing assurance that lost activity will be caught up to planned levels.
27. Kaweka Health is operating and close to business as usual.
28. Royston is operating and close to business as usual. We are trailing sending some orthopaedic arranged patients to be operated on there, instead of onsite.

Lessons from COVID-19

29. During COVID-19 surges we saw a dip in referral rates from general practice, and then elevated referral levels over the following months.

Timeframes affected – Tairāwhiti

Outpatients

30. From 14 February to 27 February, all non-emergency and non-urgent services were deferred.

	Total	FSA	Follow up
2022 Period: 14 – 27 February 2022	1,474	449	1,025
Cyclone Period: 14 – 27 Feb 2023	657	220 (313 were booked)	437 (737 were booked)

Theatres

31. All routine elective procedures were cancelled from 14 to 27 February, with the second week needing to be deferred due to the water failure to the city. Only emergency surgery occurred. From 27 February, delivery increased to include high-priority non-deferrable surgeries, and day surgery where possible

	Total	Acute	Planned
2022 Period: 14 – 27 February 2022	188	51	137
Cyclone Period: 14 – 27 Feb 2023	65	51	14

Endoscopy

32. Acute and priority diagnostic endoscopy continued as able.

	Total
2022 Period: 14 – 27 February 2022	135
Cyclone Period: 14 – 27 Feb 2023	80

Admissions

33. Reduced planned care delivery also reduced planned admission, although acute demand continued to put pressure on inpatient capacity

	Total
2022 Period: 14 – 27 February 2022	474
Cyclone Period: 14 – 27 Feb 2023	383

Emergency demand

34. Emergency departments have seen increased pressure due to primary care limitations (from loss of connectivity and water restrictions). Teams responded well to increased demand.

	Total	ED
2022 Period: 14 – 27 February 2022	846	96%
Cyclone Period: 14 – 27 Feb 2023	1051	95%



Jo Gibbs
Director – System Delivery Hospital
and Specialist Services,
Te Whatu Ora - Health New Zealand
03/03/2023

Hon Ayesha Verrall
Minister of Health

..... / /

Aide-Memoire

System pressures update for week ending 10 March 2023

To	Hon Ayesha Verrall	Report No	HNZ00012839
From	Fionnagh Dougan – National Director, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	10/03/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, February 27 – March 05.
2. From Friday 17 March, the Aide-Memoire will be updated to incorporate a glossary to define key terms and any data-related caveats to reflect the feedback provided on Tuesday 7 March.

Overview

3. The health system remains under pressure. Emergency department (ED) attendance volumes increased this week, as did subsequent admissions. Shorter Stays in Emergency Departments (SSED) performance improved one percentage point and remains challenged. The number of reported COVID-19 cases remains stable at a low level.
4. The hospital network continued to operate with relatively few disruptions to service over the last week, despite Cyclone Gabrielle and other significant weather events. Our people have worked exceptionally hard to maintain patient services and support their communities, working together with other government agencies in a number of areas especially across Northland, Auckland, Coromandel, Napier, Gisborne and Tairāwhiti. Further information on the situation will be brought back in future updates.
5. Regional Hospital & Specialist Services Directors and their teams are overseeing implementation of winter preparedness actions as set out in the Cabinet Paper, working alongside commissioners who are progressing primary and community care initiatives. Regular updates on implementation progress will be brought back from mid-March onwards.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

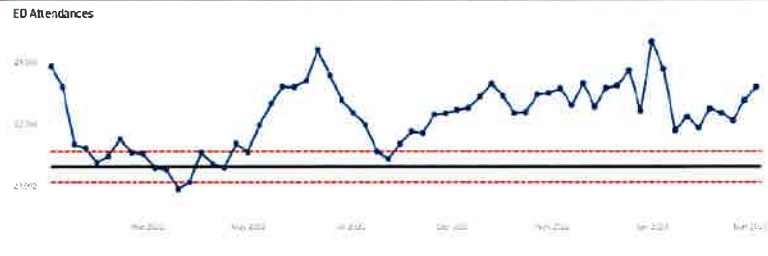
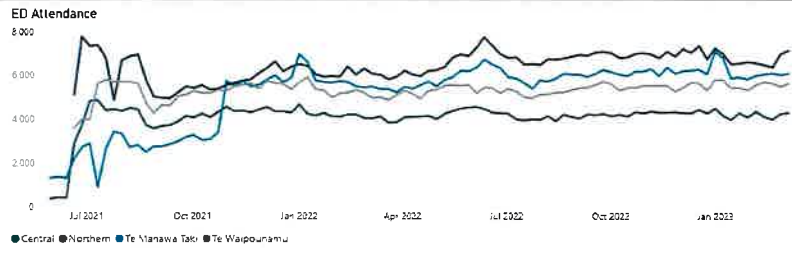
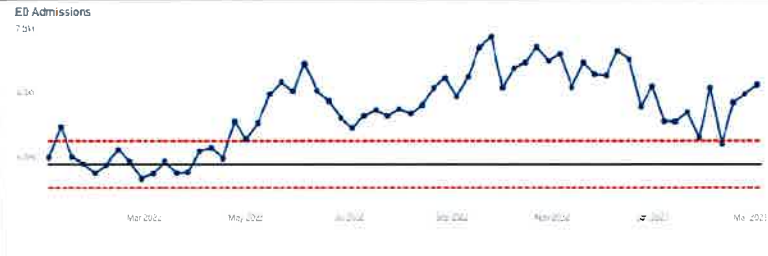
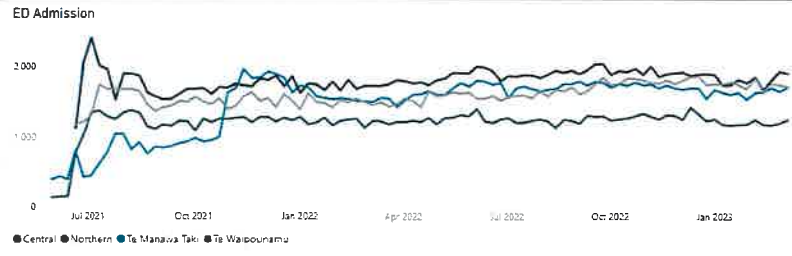
6. The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on the COVID-19 position, workforce pressures, and actions being taken across the regions.

National Monitoring Report

	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	406,677	396,196	2.65%	↑	370,159	9.87%	↑	454,292	-10.48%	↓
Whakarongorau call volumes - Healthline	7,444	7,239	2.83%	↑	8,190	-9.11%	↓	10,331	-27.95%	↓
Whakarongorau call volumes - Covid	2,915	2,319	25.70%	↑	8,737	-66.64%	↓	60,955	-95.22%	↓
111 call volumes	13,051	13,095	-0.34%	↓	12,409	5.17%	↑	(Blank)	(Blank)	→
Ambulance response times (Minutes)	35.70	36.80	-2.99%	↓	32.60	9.51%	↑	(Blank)	(Blank)	→
Hospital access										
ED attendances	23,184	22,747	1.92%	↑	22,492	3.08%	↑	20,572	12.70%	↑
ED admissions	6,557	6,484	1.13%	↑	6,535	0.34%	↑	5,867	11.76%	↑
ED conversion rate	28.28%	28.50%	-0.78%	↓	29.05%	-2.66%	↓	28.52%	-0.83%	↓
Ambulance handover delays (Minutes)	34.40	33.40	2.99%	↑	33.00	4.24%	↑	(Blank)	(Blank)	→
SSED performance	69.71%	68.74%	1.41%	↑	69.00%	1.03%	↑	75.57%	-7.76%	↓
Hospital flow										
Resourced inpatient ward beds	7,759	7,490	3.59%	↑	6,666	16.40%	↑	7,296	6.35%	↑
Ward bed occupancy	89.13%	89.33%	-0.23%	↓	88.94%	0.21%	↑	80.28%	11.01%	↑
Critical Care occupancy	71.63%	73.58%	-2.64%	↓	68.90%	3.96%	↑	61.55%	16.38%	↑
Number of patients with 7+ day LoS	1,576	1,577	-0.06%	↓	1,511	4.30%	↑	1,147	37.40%	↑
Discharge from hospital										
Discharge volumes (daily average)	2,524	2,393	5.47%	↑	1,990	26.83%	↑	2,229	13.23%	↑
ARC Covid cases	50	40	25.00%	↑	59	-15.25%	↓	370	-86.49%	↓
Covid care in the community contact volumes	15,257	9,917	53.85%	↑	13,042	16.98%	↑	(Blank)	(Blank)	→

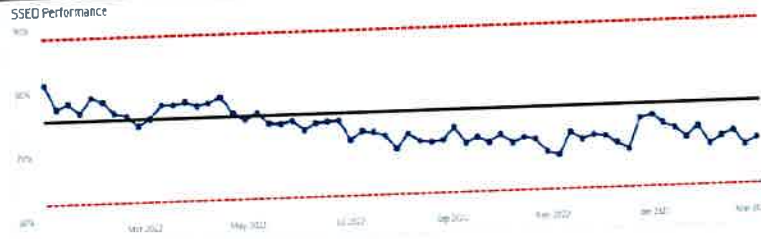
Hospital Performance

7. The grey line on the graphs below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

Metric	National Performance	Trend	Outliers
ED attendances	23,184 patients attended	 <p>Nationally, ED attendance volumes for the week ending 5 March 2023 increased 1.9% from the previous week. This is the first time in eight weeks that attendance volumes have exceeded 23k.</p>	 <p>Two thirds of districts experienced an increase, including the three Auckland metro districts. Their combined increase in attendances was 3%.</p>
ED admissions	6,557 patients admitted	 <p>Nationally hospital admissions via ED increased 1.13% on the week prior – 11.7% higher than the same time last year.</p>	

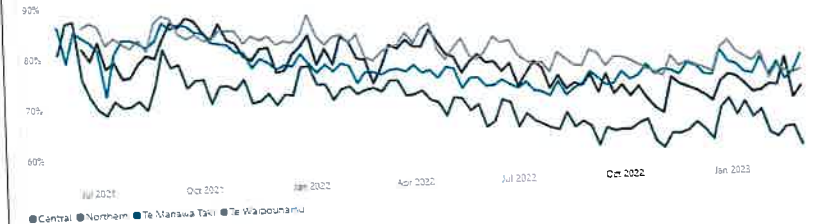
SSED performance
(Patients admitted or discharged within 6 hours – target is 95%)

All-patient SSED 70%



Performance for SSED improved 1 percentage point for all-patient SSED (70%) and non-admitted SSED (77%) and remained static for the admitted SSED (51%).

SSED Performance



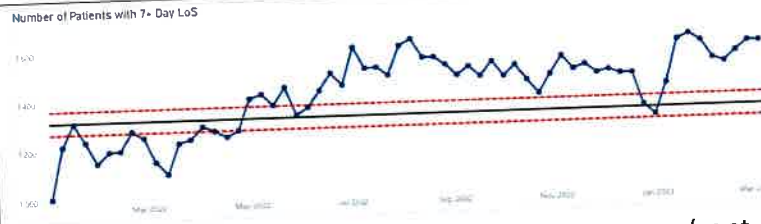
The highest performing hospitals were West Coast (all-patient SSED 94%), Tairāwhiti (93%), and South Canterbury (88%).

The most challenged hospitals remain Capital and Coast (all-patient SSED 42% and admitted patient SSED of 22%) and Mid Central (all-patient SSED 43% and admitted patient SSED of 12%). Auckland City Hospital experienced considerable pressures in the first part of the week.

Two thirds of the districts reported a decrease in admitted SSED, which was offset by improvements of 7 percentage points and more in some of the bigger districts.

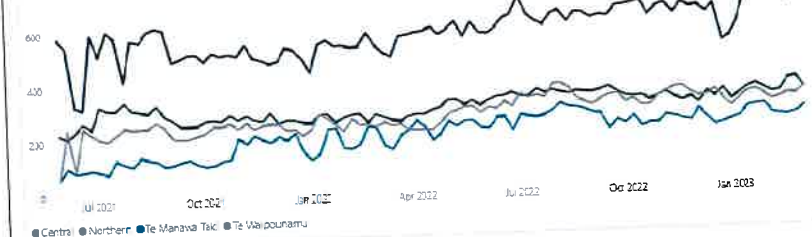
Number of patients with 7+ day LOS

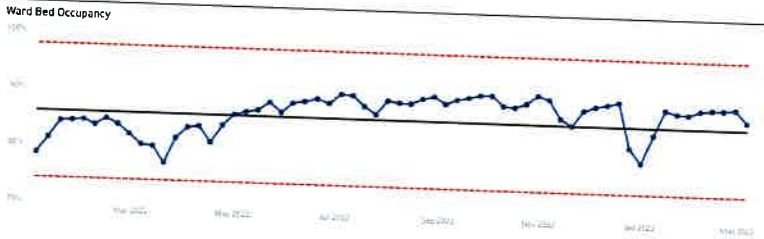
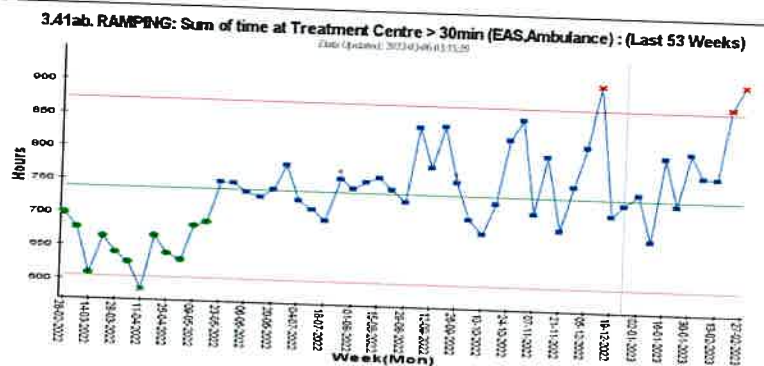
1,576 patients across the motu



The number of acute patients in hospital for 7 days or more (as at 10am Monday) remained at the same high levels as the previous

Number of Patients with 7+ Day LoS



		<p>week, 1,576 patients – this continues to be a contributor to hospital access block, and is 26% higher than the same time last year.</p>	
<p>Ward bed occupancy</p>	<p>87.14% (national average)</p>	<p>Ward Bed Occupancy</p> 	<p>The number of major hospitals that experienced very high occupancy (90-100% of censuses where occupancy was over 90%) increased to eight (Auckland, Waikato, Hawke's Bay, Mid Central, Hutt Valley, Wellington, Christchurch, and Dunedin). The number of major EDs that experienced very high occupancy remained at four (Counties Manukau, Mid Central, Wellington, Canterbury).</p>
<p>Ambulance ramping</p>	<p>914 total crew hours lost across the motu</p>	<p>3.41a. RAMPING: Sum of time at Treatment Centre > 30min (EAS Ambulance) : (Last 53 Weeks) <small>EAS (4/20/2021 - 20/03/2023) 06:13:11.25</small></p>  <p>Total ramping last week was the highest on record at 914 hours. This is 34 hours more than the previous week and 20% above the 53-week average.</p>	<p>Ambulance workload decreased nationally although there was an increase in demand for Wellington Free Ambulance. The areas with the most noticeable increase in ramping time were Auckland (34% above the weekly average), Christchurch (28%), Hawke's Bay (51%), and Palmerston North (57%).</p>

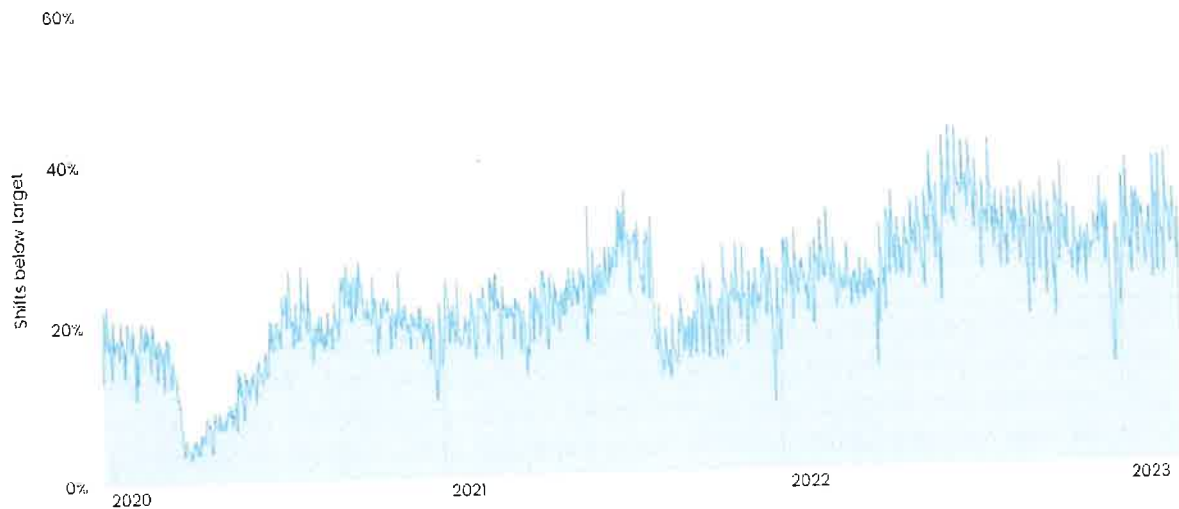
National view - workforce pressures

8. Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences. A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)). Time series presentation of this data is provided below.
9. Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. Waitematā, Middlemore, Waikato, Lakes, Whanganui, Mid Central, Wellington, South Canterbury, and Southern Hospitals were particularly pressured. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days - 27/02/2023 to 06/03/2023

Region	q	q	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift	Wards
Totals			28%	42%	21%	20%	95%	270
Northern	Northland		14%	31%	0%	11%	98%	10
Northern	Waitemata		40%	50%+	29%	23%	99%	21
Northern	Auckland		24%	40%	16%	15%	100%	28
Northern	Counties		36%	50%+	28%	22%	91%	26
Te Manawa Taki	Waikato		36%	50%+	28%	15%	96%	14
Te Manawa Taki	Bay of Plenty		20%	28%	13%	18%	85%	15
Te Manawa Taki	Lakes		25%	48%	18%	10%	95%	5
Te Manawa Taki	Tairāwhiti		12%	12%	12%	12%	57%	10
Te Manawa Taki	Taranaki		6%	12%	6%	0%	78%	9
Central	Whanganui		46%	50%+	34%	31%	102%	4
Central	Midcentral		44%	50%+	33%	38%	101%	10
Central	Wairarapa		4%	13%	0%	0%	102%	1
Central	Hawkes Bay		16%	21%	8%	17%	112%	9
Central	Capital, Coast and Hutt Valley		43%	50%+	40%	33%	100%	24
Te Waipounamu	Nelson Marlborough		13%	23%	13%	0%	90%	10
Te Waipounamu	West Coast		5%	11%	0%	0%	82%	9
Te Waipounamu	Canterbury		25%	31%	18%	25%	89%	48
Te Waipounamu	South Canterbury		50%	50%+	29%	50%+	103%	3
Te Waipounamu	Southern		27%	42%	22%	18%	96%	16

Shifts below target % by day



Represents: shifts below target and utilisation.
Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 27 February 2023 – 06 March 2023.

Regional summaries

Northern

Primary and community care

10. Workforce pressures continue across the region, particularly in midwifery, general medicine RMOS, nursing, allied health, and anaesthetic technicians.

Hospital Capacity

11. ED presentations were high across the region this week. On Monday, Te Toka Tumai experienced sustained demand and capacity pressures resulting in significant ambulance ramping throughout the day. Regional actions included diversion of ambulances and general medical acute calls to other hospitals, opening the hospital atrium to accommodate patients (cared for by ambulance staff), and opening all flex capacity in Te Toka Tumai. A review of the regional escalation is underway. All acute mental health units in the region continue to report high occupancy. The Northern Region Cardiac Bypass waiting list has grown from 116 to 124 patients this week, just over half of whom are waiting longer than the clinically recommended timeframe. Auckland City Hospital are now looking to assist Waikato Hospital with acute cardiac surgery to ensure access for the most urgent patients is supported.

Te Manawa Taki

Primary and community care

12. The shortage of general practice availability in Eastern Bay of Plenty contributed to an increase in triage level 4 presentations in the Tauranga ED this week. There is some pressure in Whakatane ARC facilities – one is closed to admissions due to COVID-19 cases, and another has staffing pressures. There is a number of patients waiting for palliative care input in Eastern Bay of Plenty.

Hospital Capacity

13. Emergency departments are busy across the region. Staff fatigue is being reported, particularly in Tairāwhiti, Whakatāne, and Waikato. This is in part due to high hospital occupancy and staffing pressures. Whakatāne hospital has had occupancy of 100-119% over the last week. Tairāwhiti hospital remains in red status due to their ongoing emergency response. Patients can now be repatriated to Tairāwhiti from around the region, and there is ongoing complexity with patients who cannot return to their homes. The local holiday park has helped with the logistics of the emergency response. Rotorua had a power outage on 07 March (due to a transformer outside of the hospital), this was resolved quickly with no clinical impact.

Central

Primary and community care

14. There continue to be multiple isolated communities in Hawke's Bay following Cyclone Gabrielle. Co-ordinated supply drops and welfare staff visits have occurred. All pharmacies in Hawke's Bay have now reopened. An ARC facility in Wairoa has been yellow stickered, and all residents relocated to Tauranga or Rotorua. The expected timeframe for repair is 3-4 months. A primary care support pharmacist has been seconded to support community pharmacy in Hawke's Bay, and there is ongoing support of Tararua pharmacies who are supporting displaced patients. There are shortages of pharmacists throughout the region, particularly in Mid Central and Capital, Coast and Hutt Valley.

Hospital Capacity

13. Emergency departments are busy across the region and high hospital occupancy continues to hamper the ability to move patients out of the ED in a timely manner. All overflow beds in Hawke's Bay hospital are in use. Palmerston North hospital are supporting Hawke's Bay with patient volumes and limiting repatriations. Hawke's Bay ED are recruiting to 15 FTE nursing vacancies.

Te Waipounamu

Primary and community care

14. West Coast private practices are experiencing staffing challenges, and Te Whatu Ora is working with them to examine options for support. A shortage of medical technicians is impacting on some services. Community pharmacists in the Wairau region are restricting services due to vacancies – 2 pharmacies in Nelson and Richmond are only able to provide a half day service in the weekend and have limited after hours availability. One pharmacy in Nelson and one in Wairau are not offering a vaccination service. All four providers of the South Canterbury Home Based Services are unable to provide packages of care that involve two people to assist patients twice daily due to staffing challenges. This has the potential to delay discharge and require higher utilisation of hospital level care beds.

Hospital Capacity

15. ED presentations were high across the Te Waipounamu region. Canterbury ED was in red for more than 48 hours with a combination of high volumes and staff shortages. There is a significant overflow of medical patients into surgical wards, limiting planned care capability. Strategies to help alleviate pressures included opening beds overnight in the PACU. Dunedin, Wairau, and Canterbury are recruiting to ED nursing vacancies. Critical care staffing in Dunedin hospital is limiting the number of planned care procedures each week. Hospital occupancy is high across the region, with high numbers of stranded patients seen in Dunedin, Invercargill, and South Canterbury, due to lack of capacity in step down facilities such as ARC. South Canterbury is supporting ARC to create capacity by clinically reviewing psychogeriatric patients.

Planned care

Additional volumes

16. Following the submission of the first progress updates by regions, to Sunday 26 February, against additional agreed Planned Care volumes and funding to reduce wait lists by 30 June 2023. Updates on this initiative will be brought back fortnightly.
- 536 additional inpatient surgical episodes have been completed (9% of total inpatient episodes supported) and
 - 4,460 additional diagnostic tests completed (12% of the total diagnostic tests supported with this money).
 - Other initiatives such as additional dental volumes, the MSK community initiative to manage Orthopaedic activities and patient travel/accommodation support to promote access to planned care services are mobilising and will feature in future updates.

Cardiac Waiting Lists

17. Whilst cardiac surgery waits continue to be a concern however there are early signs this may be stabilising:
- The national cardiac wait list has shown a small decrease this week down to 451 (345 CABG/Valve and 106 TAVI patients) patients down from 455 the week before
 - YTD planned delivery for cardiac surgery is 2179 with actual reported delivery of 1842, a variance of -337, with limited staff, beds and ICU space plus incursion from acute demand being the main limiting factors
 - We continue to monitor this weekly and hope this trend will continue – focus is on maximising production and utilising mutual aid, exploring more outsourcing, and ensuring appropriate support/monitoring and escalation for patients on the list. Wellington Hospital has introduced a new support process. Clinical nurse specialists call patients regularly to work through an assessment framework, escalate matters to either their GP or cardiologist should any issues arise, and escalate for urgent surgery where appropriate. This methodology is being rolled out to other cardiac centres, facilitated by the national team
 - A more detailed briefing on this is being prepared.

Latest Data – Delivery Against Plan (January 2023)

Measure	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
Inpatient Surgical Discharges	-3,103 / -20.0% against plan	-5,311 / -16.4% against plan	-7,083 / -14.5% against plan	-9,289 / -14.4% against plan	-11,765 / -14.4% against plan	-13,712 / -14.3% against plan	-16,068 / -14.8% against plan
Minor Procedures	+1,433 / +18.3% against plan	+3,895 / +23.2% against plan	+8,141 / +32.6% against plan	+11,938 / +35.9% against plan	+16,100 / +38.4% against plan	+21,330 / +43.6% against plan	+24,097 / +42.9% against plan
All Delivery	92.4% against plan	96.5% against plan	100.6% against plan	102.0% against plan	102.7% against plan	104.4% against plan	104% against plan

Fionnagh Dougan



National Director – Hospital
and Specialist Services,
Te Whatu Ora - Health New Zealand
10/03/2023

Hon Ayesha Verrall
Minister of Health

..... / /

Aide-Memoire

System pressures update for week ending 17 March 2023

To	Hon Ayesha Verrall	Report No	HNZ00013441
From	Fionnagh Dougan – National Director, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	17/03/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, March 06 – March 12.
2. This week the Aide-Memoire has been updated to incorporate a glossary to define key terms and any data-related caveats to reflect the feedback provided on Tuesday 7 March.

Overview

3. The health system remains under pressure. Emergency department (ED) attendance volumes remained static this week, and ED admissions decreased slightly. Shorter Stays in Emergency Departments (SSED) performance improved one percentage point and remains challenged. The number of reported COVID-19 cases remains stable at a low level.
4. Regional Hospital & Specialist Services Directors and their teams are overseeing implementation of winter preparedness actions as set out in the Cabinet Paper, working alongside commissioners who are progressing primary and community care initiatives.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

- The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on, workforce pressures, and actions being taken across the regions.

National Monitoring Report

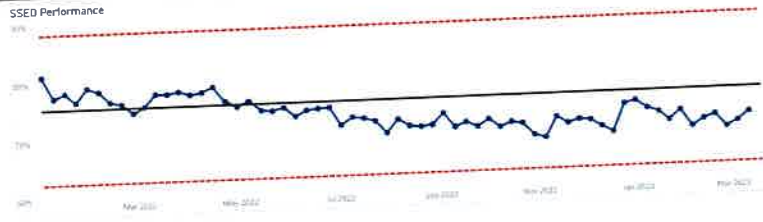
	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	409,826	406,677	0.77%	↑	345,278	18.69%	↑	458,740	-10.66%	↓
Whakarongorau call volumes - Healthline	7,241	7,444	-2.73%	↓	8,092	-10.52%	↓	8,790	-17.62%	↓
Whakarongorau call volumes - Covid	3,061	2,915	5.01%	↑	2,060	48.59%	↑	88,579	-96.54%	↓
111 call volumes	13,320	13,051	2.06%	↑	11,943	11.53%	↑	(Blank)	(Blank)	→
Ambulance response times (Minutes)	35.10	35.70	-1.68%	↓	32.20	9.01%	↑	(Blank)	(Blank)	→
Hospital access										
ED attendances	23,158	23,204	-0.20%	↓	22,353	3.60%	↑	20,529	12.81%	↑
ED admissions	6,442	6,574	-2.01%	↓	6,100	5.61%	↑	5,960	8.09%	↑
ED conversion rate	27.82%	28.33%	-1.81%	↓	27.29%	1.94%	↑	29.03%	-4.18%	↓
Ambulance handover delays (Minutes)	33.80	34.40	-1.74%	↓	33.10	2.11%	↑	(Blank)	(Blank)	→
SSED performance	71.09%	69.69%	2.01%	↑	70.20%	1.27%	↑	77.67%	-8.47%	↓
Hospital flow										
Resourced inpatient ward beds	7,690	7,759	-0.88%	↓	7,670	0.26%	↑	7,383	4.17%	↑
Ward bed occupancy	89.85%	89.13%	0.82%	↑	89.15%	0.80%	↑	80.04%	12.26%	↑
Critical Care occupancy	74.06%	71.63%	3.39%	↑	71.07%	4.20%	↑	61.09%	21.23%	↑
Number of patients with 7+ day LoS	1,551	1,576	-1.59%	↓	1,495	3.75%	↑	1,097	41.39%	↑
Discharge from hospital										
Discharge volumes (daily average)	2,466	2,524	-2.30%	↓	2,076	18.79%	↑	2,085	18.27%	↑
ARC Covid cases	62	50	24.00%	↑	17	264.71%	↑	373	-83.38%	↓
Covid care in the community contact volumes	14,682	15,257	-3.77%	↓	11,312	29.79%	↑	(Blank)	(Blank)	→

Hospital Performance

6. The grey line on the graphs below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

Metric	National Performance	Trend	Outliers
ED attendances	23,158 patients attended	<p>ED Attendances</p> <p>Nationally, ED attendance volumes for the week ending 12 March 2023 remained static.</p>	<p>ED Attendance</p>
ED admissions	6,442 patients admitted	<p>ED Admissions</p> <p>Nationally hospital admissions via ED decreased 2% on the week prior.</p>	<p>ED Admission</p>

SSED performance
All-patient SSED 71%



Performance for SSED improved 1 percentage point for each of the three measures:
 All-patient SSED (71%)
 Non-admitted SSED (79%)
 Admitted SSED (53%)

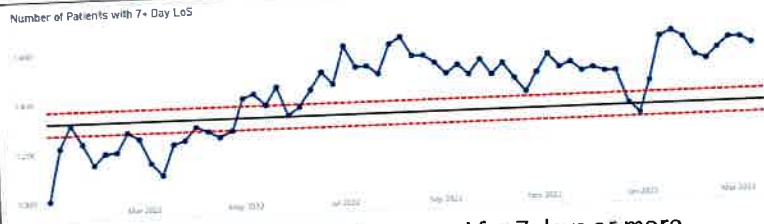


The highest performing hospitals were Tairāwhiti (all-patient SSED 94%), and Nelson Marlborough and West Coast (86%).

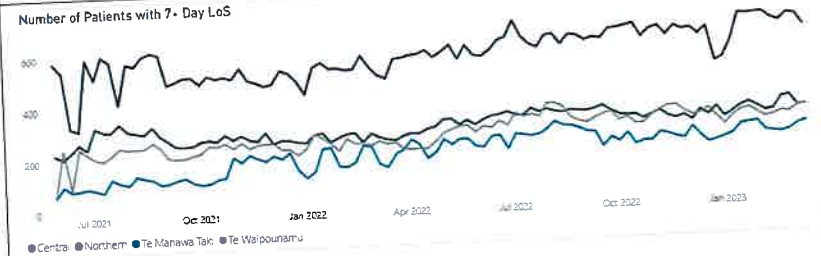
The most challenged hospitals remain Capital and Coast (all-patient SSED 44% and admitted patient SSED of 24%) and Mid Central (all-patient SSED 56% and admitted patient SSED of 18%).

Many districts reported large variations from the previous week for their admitted SSED (13 hospitals had changes of 6 percentage points or more).

Number of patients with 7+ day LOS
1,551 patients across the motu



The number of acute patients in hospital for 7 days or more decreased 1.5% compared with the previous week – this continues to be a contributor to hospital access block.



<p>Ward bed occupancy</p>	<p>89.85% (national average)</p>		<p>The number of major hospitals that experienced very high occupancy (90-100% of censuses where occupancy was over 90%) remained at eight (Auckland, North Shore, Waikato, Tairāwhiti, Mid Central, Hutt Valley, Wellington, and Christchurch).</p>
<p>Ambulance ramping</p>	<p>903 total crew hours lost across the motu</p>	<p>Total ramping last week decreased slightly to 903 hours and still remains high.</p>	<p>National 111 call volumes and ambulance workload increased slightly last week.</p>

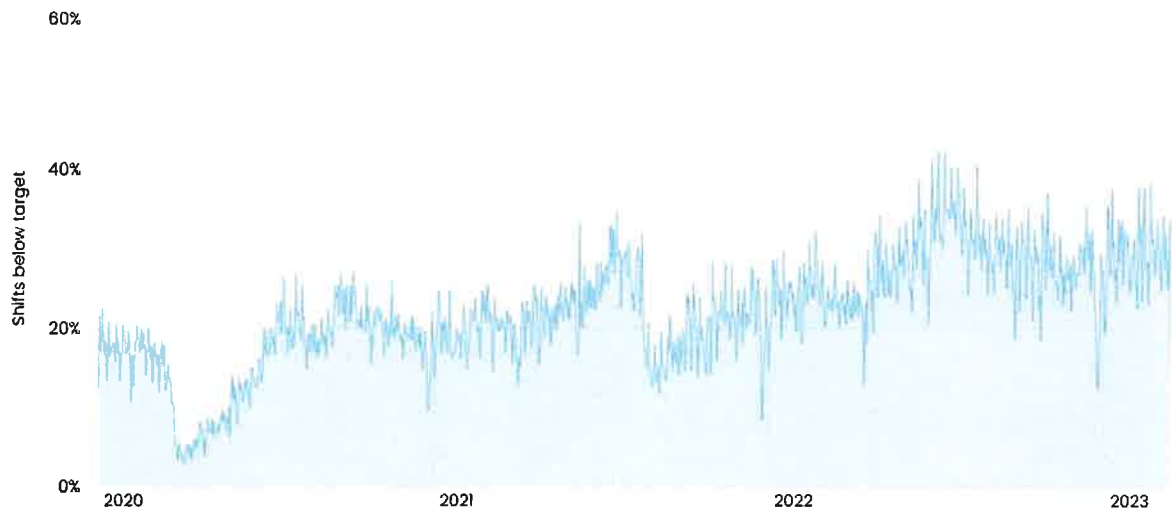
National view - workforce pressures

7. Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. Waitematā, Auckland, Middlemore, Waikato, Whanganui, Mid Central, Wellington, South Canterbury, and Southern Hospitals were particularly pressured. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days - 07/03/2023 to 14/03/2023

Region	District	shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift	Wards
Totals		28%	42%	22%	17%	95%	264
Northern	Northland	13%	30%	4%	4%	101%	10
Northern	Waitemata	46%	50%+	34%	24%	101%	22
Northern	Auckland	23%	44%	17%	8%	99%	28
Northern	Counties	31%	47%	30%	17%	91%	26
Te Manawa Taki	Waikato	42%	50%+	37%	24%	98%	14
Te Manawa Taki	Bay of Plenty	17%	28%	8%	14%	88%	15
Te Manawa Taki	Lakes	14%	10%	23%	10%	94%	5
Te Manawa Taki	Tairāwhiti	20%	21%	26%	13%	82%	7
Te Manawa Taki	Taranaki	9%	19%	8%	0%	86%	8
Central	Whanganui	43%	50%+	22%	38%	106%	4
Central	Midcentral	34%	50%+	24%	26%	99%	10
Central	Wairarapa	4%	13%	0%	0%	96%	1
Central	Hawkes Bay	12%	14%	11%	11%	107%	9
Central	Capital, Coast and Hutt Valley	42%	50%+	38%	32%	103%	24
Te Waipounamu	Nelson Marlborough	8%	13%	8%	2%	85%	10
Te Waipounamu	West Coast	1%	2%	0%	0%	62%	9
Te Waipounamu	Canterbury	22%	33%	13%	18%	90%	46
Te Waipounamu	South Canterbury	67%	50%+	50%+	50%+	107%	3
Te Waipounamu	Southern	31%	50%+	25%	13%	96%	15

Shifts below target % by day



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 07 March 2023 – 14 March 2023.

Regional summaries

Northern

Primary and community care

8. Workforce pressures continue across the region, particularly in midwifery, general medicine RMOS, nursing, allied health, and anaesthetic technicians.

Hospital Capacity

9. ED presentations remained high across the region this week. Two districts (Counties Manukau and Waitematā) required regional support due to increased demand – this was well managed within the region without the need for further escalation. Paediatric ED demand remained similar to the previous week. Inpatient occupancy remains high across the region, with Counties Manukau over capacity throughout the week. Waitematā limited planned care delivery one day this week due to high acute demand; Counties Manukau planned care continues to be constrained by ongoing anaesthetic technician workforce shortages.

Te Manawa Taki

Primary and community care

Hospital Capacity

10. Emergency departments are busy across the region. Acute theatre demand in Waikato has impacted the delivery of planned care. Whakatāne hospital notes ongoing pressures in their mental health unit. Tairāwhiti hospital remains in red status due to their ongoing emergency response. There is still a need for national staffing support, particularly nursing and pharmacy support.

Central

Primary and community care

11. General practice in Carterton, Martinborough, and Featherston have opened their books to residents within their geographical boundaries. Community pharmacists in Dannevirke are dispensing emergency supplies for displaced people from Hawke's Bay.

Hospital Capacity

13. Emergency departments are busy across the region and high hospital occupancy continues to hamper the ability to move patients out of the ED in a timely manner. Palmerston North continues to support Hawke's Bay hospital with patient admissions. Hutt Hospital average length of stay has increased from 4.0 days last week to 6.3 days this week, with hospital occupancy of 99%. Wairarapa hospital is experiencing ongoing challenges with discharging to aged residential care.

Te Waipounamu

Primary and community care

14. South Canterbury practices are busy, with increasing reports of staffing fatigue. Vacancies in the NASC service is placing additional pressure on ARC placement and community services in the district.

Hospital Capacity

15. ED presentations remained high across the Te Waipounamu region and EDs are under pressure from high complexity patients, hospital access block, and staffing shortages. Waitaha Canterbury have had high inpatient occupancy this week, 97-110%. South Canterbury was able to support Waitaha this week by redeploying an anaesthetic technician and a theatre coordinator. There have been increases in the number of Covid-19 related staff illnesses in Waitaha, and a slight increase in the number of Covid-19 cases in ARC in the district.

Planned care

16. As of 12 March, delivery against total funded additional Planned Care volumes aimed at reducing wait lists by 30 June 2023 stands at:
 - 860 (15%) additional inpatient surgical procedures delivered
 - 5,491 (15%) additional diagnostic procedures delivered
17. The additional paediatric dental volumes, the musculoskeletal community initiative, and patient support services continue to be mobilised but are not yet reporting substantive progress. This is anticipated at the end of the current reporting period 26 March.
18. An expert advisory group to guide the implementation of the theatre utilisation grouping of Reset and Restore recommendations has been established. The initial priorities for this group are:
 - To establish an integrated view of the current national theatre capacity
 - Agree key metrics to report and monitor improvements in theatre utilisation

19. Production plans for 2023/24 continue to be refined, and updates will be available in subsequent weeks.

Latest Data – Delivery Against Plan (January 2023)

Measure	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
Inpatient Surgical Discharges	-3,103 / -20.0% against plan	-5,311 / -16.4% against plan	-7,083 / -14.5% against plan	-9,289 / -14.4% against plan	-11,765 / -14.4% against plan	-13,712 / -14.3% against plan	-16,068 / -14.8% against plan
Minor Procedures	+1,433 / +18.3% against plan	+3,895 / +23.2% against plan	+8,141 / +32.6% against plan	+11,938 / +35.9% against plan	+16,100 / +38.4% against plan	+21,330 / +43.6% against plan	+24,097 / +42.9% against plan
All Delivery	92.4% against plan	96.5% against plan	100.6% against plan	102.0% against plan	102.7% against plan	104.4% against plan	104% against plan

Fionnagh Dougan



National Director – Hospital
and Specialist Services,
Te Whatu Ora - Health New Zealand
17/03/2023

Glossary of key terms

SSED performance	<p>The shorter stays in ED target measures the percentage of patients who were admitted, discharged, or transferred from ED within 6 hours. The target is 95%. (This measure is different from 'wait times' which isn't included in this report but measures the length of time taken from arrival in ED to an assessment by a clinician.)</p> <p>SSED is presented as all-patients, admitted patients, and non-admitted patients. Typically admitted patients spend longer in EDs because of hospital access block.</p>
Ward bed occupancy	<p>A hospital census is taken at 0800, 1600, and 2400. It includes all patients in adult wards, including those in corridors, but excludes:</p> <ul style="list-style-type: none"> • ICU/HDU/CCU • Short stay assessment units • Discharge lounges • Patients on leave • Mental health and psychogeriatrics • Maternity • NICU and paediatrics <p>To calculate ward bed occupancy: <i>Numerator:</i> total number of patients in the hospital wards included above at the time of the 8am/4pm/12am census. <i>Denominator:</i> number of resourced beds in the hospital wards included above at the time of the 8am/4pm/12am census.</p>
Ambulance ramping	<p>Ambulance crews have a 30-minute handover time built into their allocated patient transfer time. Any time spent in the ED that exceeds 30 minutes contributes toward the ramping data.</p>
Number of acute patients in hospital on Monday with a length of stay over 7 days	<p>The number of acute patients who were in hospital at 10am on Monday who have been in hospital for 7 days or longer. This includes all medical and surgical patients across adult and paediatric wards, but excludes:</p> <ul style="list-style-type: none"> • ICU/HDU/CCU/NICU • Mental health and psychogeriatrics
Shifts below target	<p>Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences.</p> <p>A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)).</p>

Aide-Memoire

System pressures update for week ending 24 March 2023

To	Hon Ayesha Verrall	Report No	HNZ00014466
From	Fionnagh Dougan – National Director, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	24/03/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, March 13 – March 19.

Overview

2. The health system remains under pressure. Emergency department (ED) attendance volumes reduced marginally this week, and ED admissions increased slightly. Shorter Stays in Emergency Departments (SSED) performance improved one percentage point and remains challenged. The number of reported COVID-19 cases remains stable at a low level.
3. Regional Hospital & Specialist Services Directors and their teams are overseeing implementation of winter preparedness actions as set out in the Cabinet Paper, working alongside commissioners who are progressing primary and community care initiatives.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

4. The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on, workforce pressures, and actions being taken across the regions.

National Monitoring Report

	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	409,904	409,826	0.02%		369,598	10.91%		457,281	-10.36%	
Whakarongorau call volumes - Healthline	7,835	7,466	4.94%		7,115	10.12%		7,998	-2.04%	
Whakarongorau call volumes - Covid	14,921	11,101	34.41%		1,745	755.07%		64,655	-76.92%	
111 call volumes	13,125	13,320	-1.46%		12,534	4.72%		(Blank)	(Blank)	
Ambulance response times (Minutes)	34.70	35.10	-1.14%		33.50	3.58%		(Blank)	(Blank)	
Hospital access										
ED attendances	22,910	23,170	-1.12%		22,111	3.61%		19,902	15.11%	
ED admissions	6,560	6,452	1.67%		6,419	2.20%		5,870	11.75%	
ED conversion rate	28.63%	27.85%	2.83%		29.03%	-1.37%		29.49%	-2.92%	
Ambulance handover delays (Minutes)	32.90	33.80	-2.66%		32.70	0.61%		(Blank)	(Blank)	
SSED performance	72.27%	71.10%	1.65%		70.89%	1.94%		77.60%	-6.86%	
Hospital flow										
Resourced inpatient ward beds	7,766	7,690	0.99%		7,528	3.16%		7,534	3.09%	
Ward bed occupancy	89.42%	89.85%	-0.49%		89.15%	0.29%		77.15%	15.90%	
Critical Care occupancy	74.45%	74.06%	0.53%		73.60%	1.16%		64.06%	16.23%	
Number of patients with 7+ day LoS	1,562	1,551	0.71%		1,538	1.56%		1,222	27.82%	
Discharge from hospital										
Discharge volumes (daily average)	2,465	2,466	-0.04%		2,208	11.64%		2,095	17.66%	
ARC Covid cases	116	62	87.10%		40	190.00%		412	-71.84%	
Covid care in the community contact volumes	1,761	14,682	-88.01%		-1,301	-235.36%		(Blank)	(Blank)	

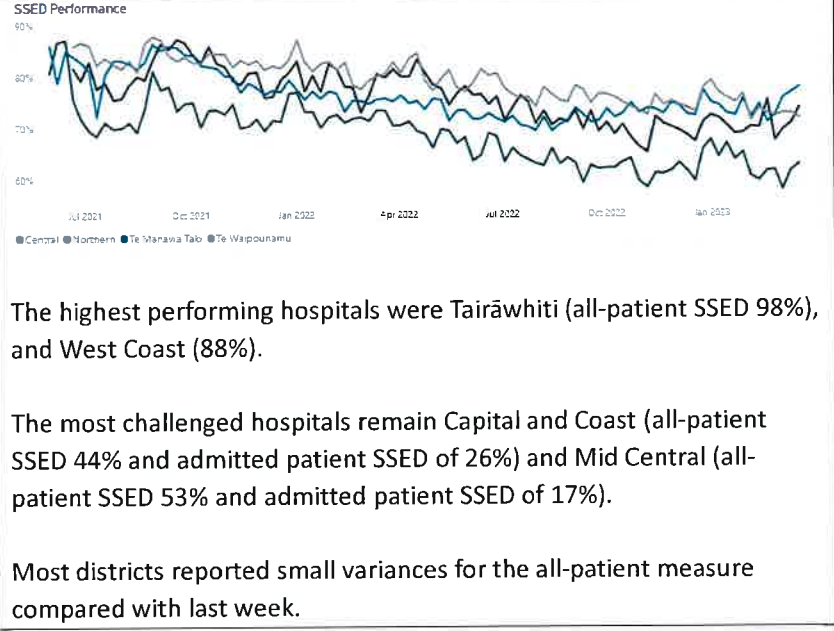
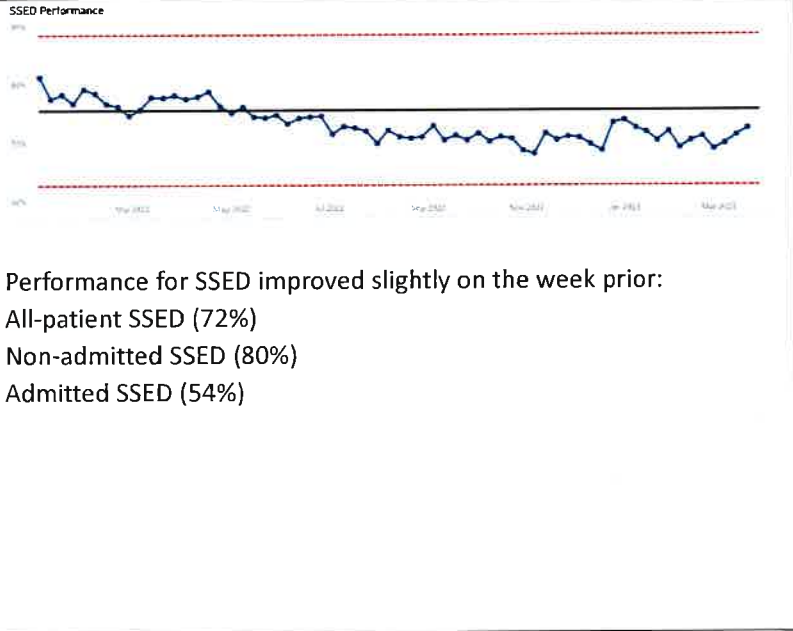
Hospital Performance

5. The grey line on the graphs below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

Metric	National Performance	Trend	Outliers
ED attendances	22,910 patients attended	<p>ED Attendances</p> <p>Nationally, ED attendance volumes for the week ending 19 March 2023 decreased 1.1%.</p>	<p>ED Attendance</p> <p>Two thirds of districts reported a decrease in presentations compared with the week prior.</p>
ED admissions	6,560 patients admitted	<p>ED Admissions</p> <p>Nationally hospital admissions via ED increased 1.6% on the week prior.</p>	<p>ED Admission</p>

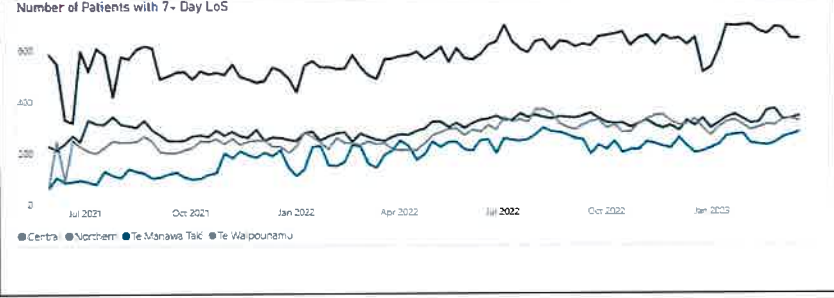
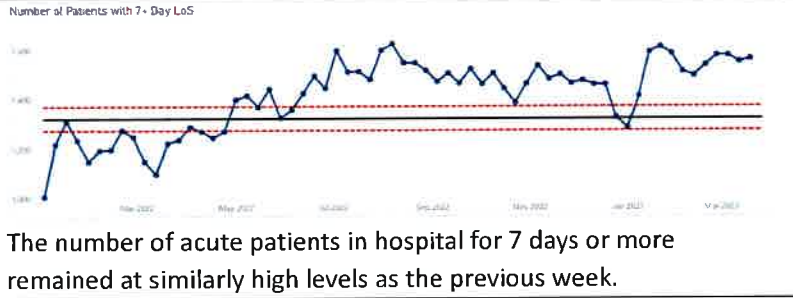
SSED performance

All-patient SSED 72%



Number of patients with 7+ day LOS

1,562 patients across the motu



<p>Ward bed occupancy</p>	<p>89.42% (national average)</p>		<p>The number of major hospitals that experienced very high occupancy (90-100% of censuses where occupancy was over 90%) remained at eight (Waikato, Tairāwhiti, Tauranga, Hawkes Bay, Mid Central, Hutt Valley, Wellington, and Christchurch).</p>
<p>Ambulance ramping</p>	<p>803 total crew hours lost across the motu</p>	<p>3.41ab. RAMPING: Sum of time at Treatment Centre > 30min (EAS, Ambulance) : (Last 53 Weeks) Data (Updated: 2023-03-21 03:15:33)</p> <p>Total ramping last week decreased last week to 803 hours and is still above the 53-week average of 745 hours.</p>	<p>111 call volumes increased in the last week. However national ambulance workload decreased last week, although slightly increased for Wellington Free Ambulance.</p>

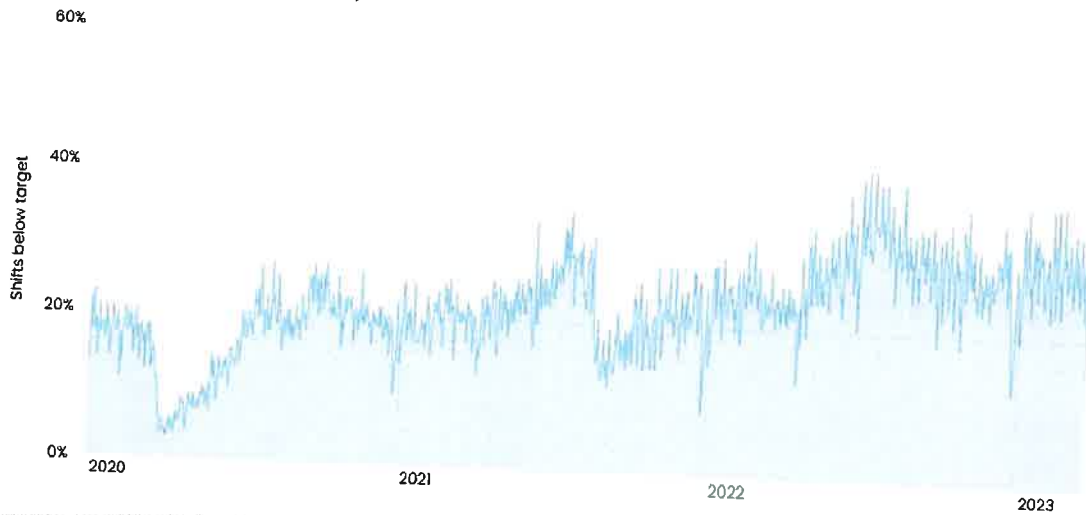
National view - workforce pressures

6. Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. Waitematā, Middlemore, Waikato, Whanganui, Mid Central, Wellington, and South Canterbury Hospitals were particularly pressured. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days - 15/03/2023 to 22/03/2023

Region	District	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift	Wards
Totals		27%	40%	21%	19%	95%	282
Northern	Northland	10%	20%	1%	9%	95%	10
Northern	Waitemata	47%	50%+	43%	29%	99%	21
Northern	Auckland	21%	35%	14%	15%	97%	28
Northern	Counties	34%	50%+	31%	20%	92%	26
Te Manawa Taki	Waikato	35%	50%+	28%	23%	94%	14
Te Manawa Taki	Bay of Plenty	21%	32%	15%	18%	90%	15
Te Manawa Taki	Lakes	15%	18%	15%	13%	89%	5
Te Manawa Taki	Tairāwhiti	9%	15%	6%	3%	85%	7
Te Manawa Taki	Taranaki	18%	34%	12%	4%	87%	8
Central	Whanganui	26%	50%+	16%	6%	103%	4
Central	Midcentral	37%	45%	26%	39%	102%	10
Central	Wairarapa	13%	0%	38%	0%	102%	1
Central	Hawkes Bay	16%	32%	6%	10%	109%	9
Central	Capital, Coast and Hutt Valley	40%	50%+	32%	32%	102%	24
Te Waipounamu	Nelson Marlborough	21%	37%	20%	2%	96%	10
Te Waipounamu	West Coast	2%	3%	3%	0%	78%	9
Te Waipounamu	Canterbury	22%	30%	13%	20%	90%	45
Te Waipounamu	South Canterbury	36%	50%	17%	42%	99%	3
Te Waipounamu	Southern	21%	39%	13%	10%	92%	15

Shifts below target % by day



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 15 March 2023 – 22 March 2023.

Regional summaries

Northern

Primary and community care

7. Workforce pressures continue across the region, particularly in midwifery, general medicine RMOS, nursing, allied health, and anaesthetic technicians.

Hospital Capacity

8. ED presentations remained high across the region this week. Child inpatient occupancy significantly improved across the region this week, reducing by 20% compared with the previous week. Adult occupancy also improved slightly, although remains high with an average of 96% across the region. In the last week Northern region hospitals delivered planned care with minimal disruption, with the exception of Counties Manukau who were constrained by a shortage of anaesthetic technicians.

Te Manawa Taki

Primary and community care

9. Winter planning is underway across the region. Regional recovery planning is also underway in the Tairāwhiti region.

Hospital Capacity

10. Emergency departments are busy across the region. Hospital occupancy remains high, and Lakes district had acute theatre pressures this week. Tairāwhiti hospital remains in red status due to their ongoing emergency response. There is still a need for national staffing support, particularly nursing and pharmacy support.

Central

Primary and community care

11. Community pharmacies in Mid Central are preparing for the influenza vaccination program and considering the impact that may occur from the community pharmacist shortage. A rural community response in Hawke's Bay continues for isolated communities with supply drops and welfare/medical checks.

Hospital Capacity

13. Emergency departments are busy across the region and high hospital occupancy continues to hamper the ability to move patients out of the ED in a timely manner. Hawke's Bay hospital is transitioning from an emergency response to a recovery process, and support is being provided both regionally and nationally. Wairarapa Hospital is experiencing challenges with discharge to ARC facilities.

Te Waipounamu

Primary and community care

14. South Canterbury practices are busy, with increasing reports of staffing fatigue. Vacancies in the NASC service is placing additional pressure on ARC placement and community services in the district. The provision of after-hours care in Wānaka and access to the community is being explored prior to winter. Lead maternity carer (LMC) vacancies continue in Wairau, along with community pharmacy vacancies.

Hospital Capacity

15. ED presentations remained high across Te Waipounamu and EDs are under pressure from high complexity patients, hospital access block, and staffing shortages. Waitaha Canterbury have had high inpatient occupancy this week, 97-105%. This includes high acute surgical demand, and this combined with the anaesthetic technician shortages is impacting on the delivery of planned care. They are also experiencing an increase in COVID-19 illness in staff. Midwifery roster gaps in South Canterbury are improving with the use of locums. High acute theatre hours also impacted planned care delivery in this district.

Planned care

16. As of 12 March, delivery against total funded additional Planned Care volumes aimed at reducing wait lists by 30 June 2023 stands at:
 - 860 (15%) additional inpatient surgical procedures delivered
 - 5,491 (15%) additional diagnostic procedures delivered
17. The additional paediatric dental volumes, the musculoskeletal community initiative, and patient support services continue to be mobilised but are not yet reporting substantive progress. This is anticipated at the end of the current reporting period 26 March.

18. An expert advisory group to guide the implementation of the theatre utilisation grouping of Reset and Restore recommendations has been established. The initial priorities for this group are:
- To establish an integrated view of the current national theatre capacity
 - Agree key metrics to report and monitor improvements in theatre utilisation
19. Latest cardiac surgery data shows that as at 12 March 2023:
- The national cardiac waiting list has decreased to 438 patients, a decrease of 6 patients from the previous week.
 - The planned national maximum number of patients waiting for surgery is 330. As of 12 March 2023 the national wait list total of 438, was made up of two subsets, 342 CABG/Valve and 96 TAVI. The waiting lists for all districts with the exception of Capital and Coast are above the maximum target waiting.
 - YTD planned delivery is 2317 with actual reported delivery of 1972, a variance of -345.



Fionnagh Dougan
**National Director – Hospital
and Specialist Services,
Te Whatu Ora - Health New Zealand**
24/03/2023

Glossary of key terms	
SSED performance	<p>The shorter stays in ED target measures the percentage of patients who were admitted, discharged, or transferred from ED within 6 hours. The target is 95%. (This measure is different from 'wait times' which isn't included in this report but measures the length of time taken from arrival in ED to an assessment by a clinician.)</p> <p>SSED is presented as all-patients, admitted patients, and non-admitted patients. Typically admitted patients spend longer in EDs because of hospital access block.</p>
Ward bed occupancy	<p>A hospital census is taken at 0800, 1600, and 2400. It includes all patients in adult wards, including those in corridors, but excludes:</p> <ul style="list-style-type: none"> • ICU/HDU/CCU • Short stay assessment units • Discharge lounges • Patients on leave • Mental health and psychogeriatrics • Maternity • NICU and paediatrics <p>To calculate ward bed occupancy: <i>Numerator:</i> total number of patients in the hospital wards included above at the time of the 8am/4pm/12am census. <i>Denominator:</i> number of resourced beds in the hospital wards included above at the time of the 8am/4pm/12am census.</p>
Ambulance ramping	<p>Ambulance crews have a 30-minute handover time built into their allocated patient transfer time. Any time spent in the ED that exceeds 30 minutes contributes toward the ramping data.</p>
Number of acute patients in hospital on Monday with a length of stay over 7 days	<p>The number of acute patients who were in hospital at 10am on Monday who have been in hospital for 7 days or longer. This includes all medical and surgical patients across adult and paediatric wards, but excludes:</p> <ul style="list-style-type: none"> • ICU/HDU/CCU/NICU • Mental health and psychogeriatrics
Shifts below target	<p>Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences.</p> <p>A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)).</p>
Elective services patient flow indicators (ESPIs)	<p>ESPI 1: services appropriately acknowledge and process more than 90% of referrals in 15 calendar days or less.</p> <p>ESPI 2: patients waiting longer than four months for their first specialist assessment (FSA).</p> <p>ESPI 3: patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).</p>

ESPI 5: patients given a commitment to treatment but not treated within four months.

ESPI 6: patients in active review who have not received a clinical assessment within the last six months.

ESPI 8: the proportion of patients who were prioritised using approved nationally recognised processes or tools.

Aide-Memoire

System pressures update for week ending 31 March 2023

To	Hon Ayesha Verrall	Report No	HNZ00014861
From	Fionnagh Dougan – National Director, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	31/03/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, 20 – 26 March 2023.

Overview

2. The health system remains under pressure. Emergency department (ED) attendance volumes increased to just over 23,000 this week, and ED admissions reduced slightly. Shorter Stays in Emergency Departments (SSED) performance improved half a percentage point and remains challenged. The number of reported COVID-19 cases remains stable at a low level.
3. Regional Hospital & Specialist Services Directors and their teams are overseeing implementation of winter preparedness actions as set out in the Cabinet Paper, working alongside commissioners who are progressing primary and community care initiatives.

System performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

- The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on, workforce pressures, and actions being taken across the regions.

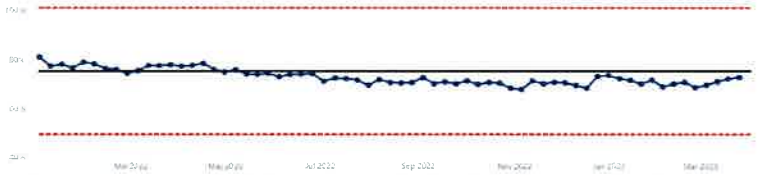
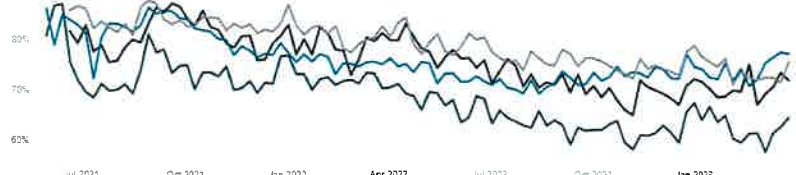
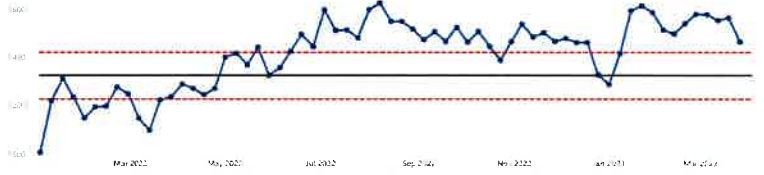
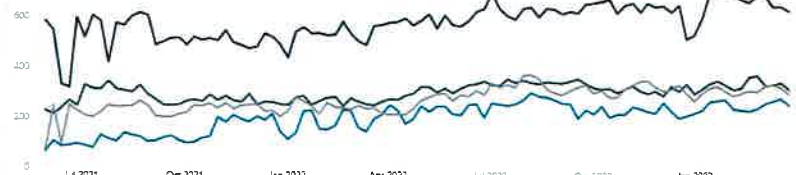

National Monitoring Report

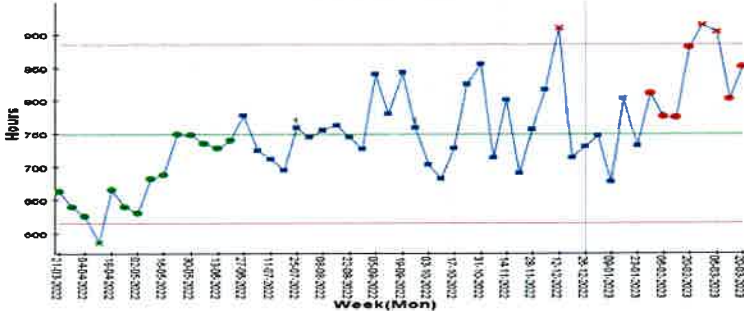
	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	396,021	410,052	-3.42%	↓	397,118	-0.28%	↓	456,086	-13.17%	↓
Whakarongorau call volumes - Healthline	7,703	7,835	-1.68%	↓	7,239	6.41%	↑	8,667	-11.12%	↓
Whakarongorau call volumes - Covid	20,186	14,921	35.29%	↓	2,319	770.46%	↑	56,716	-64.41%	↓
111 call volumes	12,970	13,125	-1.18%	↓	13,095	-0.95%	↓	(Blank)	(Blank)	→
Ambulance response times (Minutes)	35.10	34.70	1.15%	↑	36.80	-4.62%	↓	(Blank)	(Blank)	→
Hospital access										
ED attendances	23,007	22,926	0.35%	↑	22,747	1.14%	↑	20,124	14.33%	↑
ED admissions	6,454	6,570	-1.77%	↓	6,484	-0.46%	↓	5,875	9.66%	↑
ED conversion rate	28.05%	28.66%	-2.11%	↓	28.50%	-1.59%	↓	29.19%	-3.91%	↓
Ambulance handover delays (Minutes)	33.60	32.90	2.13%	↑	33.40	0.60%	↑	(Blank)	(Blank)	→
SSED performance	72.92%	72.28%	0.89%	↑	68.74%	6.08%	↑	77.99%	-6.51%	↓
Hospital flow										
Resourced inpatient ward beds	7,510	7,766	-3.30%	↓	7,490	0.27%	↑	7,515	-0.07%	↓
Ward bed occupancy	88.82%	89.42%	-0.67%	↓	89.33%	-0.58%	↓	81.54%	8.92%	↑
Critical Care occupancy	72.35%	74.46%	-2.82%	↓	73.58%	-1.66%	↓	62.32%	16.10%	↑
Number of patients with 7+ day LoS	1,462	1,562	-6.40%	↓	1,577	-7.29%	↓	1,236	18.28%	↑
Discharge from hospital										
Discharge volumes (daily average)	2,301	2,465	-6.65%	↓	2,393	-3.84%	↓	2,076	10.84%	↓
ARC Covid cases	64	116	-44.83%	↓	40	60.00%	↑	440	-85.45%	↓
Covid care in the community contact volumes	12,090	1,761	586.54%	↓	9,917	21.91%	↑	(Blank)	(Blank)	→

Hospital Performance

5. The grey line on the graphs below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

Metric	National Performance	Trend	Outliers
ED attendances	23,007 patients attended	<p>ED Attendances</p> <p>Nationally, ED attendance volumes for the week ending 26 March increased 0.35% compared with the week prior.</p>	<p>ED Attendance</p> <p>Most districts reported variances of less than 5% from the previous week.</p>
ED admissions	6,454 patients admitted	<p>ED Admissions</p> <p>Nationally, hospital admissions via ED decreased 1.7% on the week prior.</p>	<p>ED Admission</p>

<p>SSED performance</p>	<p>All-patient SSED: 73%</p>	<p>SSED Performance</p>  <p>Performance for SSED improved slightly on the week prior:</p> <ul style="list-style-type: none"> • All-patient SSED: 73% • Non-admitted SSED: 80% • Admitted SSED: 55% 	<p>SSED Performance</p>  <p>The highest performing hospitals were Tairāwhiti (all-patient SSED 95%), and South Canterbury (92%).</p> <p>The most challenged hospitals remain Capital and Coast (all-patient SSED of 45%, and admitted patient SSED of 22%) and MidCentral (all-patient SSED of 55% and admitted patient SSED of 21%).</p>
<p>Number of patients with 7+ day LOS</p>	<p>1,462 patients across the motu</p>	<p>Number of Patients with 7+ Day LoS</p>  <p>The number of acute patients in hospital for seven days or more decreased 6%, to 1,462 patients.</p>	<p>Number of Patients with 7+ Day LoS</p> 
<p>Ward bed occupancy</p>	<p>88.82% (national average)</p>	<p>Ward Bed Occupancy</p> 	<p>The number of major hospitals that experienced very high occupancy (95-100% of censuses where occupancy was over 90%) dropped from eight to five (North Shore, Waikato, Palmerston North, Hutt Valley, and Wellington).</p>

<p>Ambulance ramping</p>	<p>851 total crew hours lost (Hato Hone St John)</p> <p>93 total crew hours lost (Wellington Free Ambulance)</p>	<p>3.41ab. RAMPING: Sum of time at Treatment Centre > 30min (EAS,Ambulance) : (Last 53 Weeks) <small>Date Updated: 2023-03-27 12:15:25</small></p>  <p>Total ramping for Hato Hone St John last week increased last week to 851 hours, and is above the 53-week average of 750 hours. Ramping for Wellington Free Ambulance increased by 10 hours from the week prior, to 93 hours.</p>	<p>111 call volumes and ambulance demand decreased in the last week. However, ramping time increased.</p>
---------------------------------	--	--	---

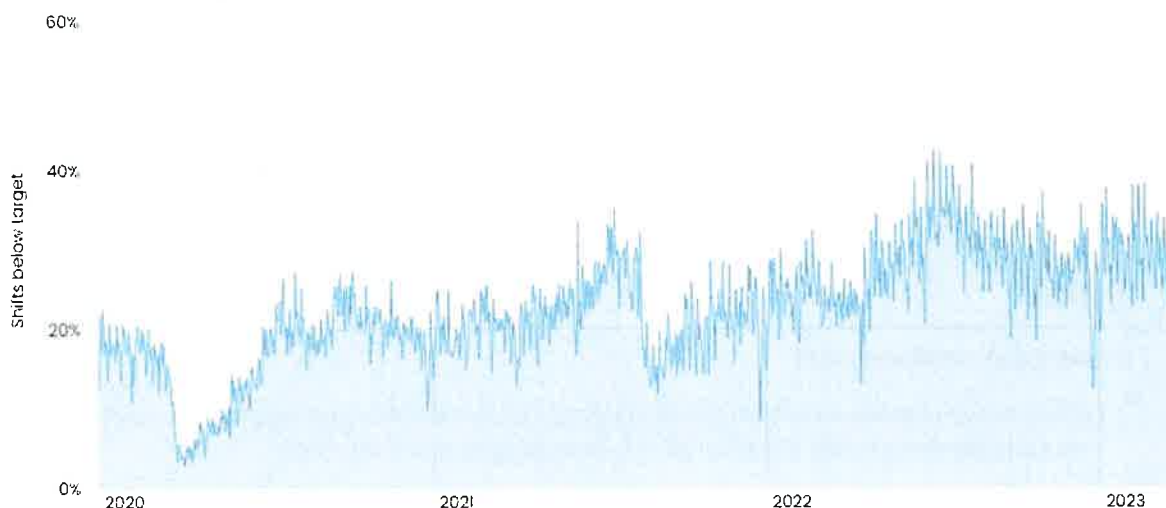
National view - workforce pressures

6. Around the motu this week, day shifts with their high occupancy rates are frequently below target, more than 50% of the time, as shown below. Waitematā, Middlemore, Waikato, Whanganui, Wairarapa, Wellington, and South Canterbury Hospitals were particularly pressured. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days – 21/03/2023 to 28/03/2023

Region	Q	District	Q	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift	Wards
Totals				24%	36%	18%	18%	92%	262
Northern		Northland		10%	26%	0%	4%	94%	10
Northern		Waitemata		35%	50%+	26%	20%	73%	21
Northern		Auckland		20%	33%	12%	16%	97%	28
Northern		Counties		33%	49%	26%	22%	92%	26
Te Manawa Taki		Waikato		37%	50%+	38%	19%	97%	14
Te Manawa Taki		Bay of Plenty		16%	23%	10%	14%	88%	15
Te Manawa Taki		Lakes		19%	31%	14%	11%	95%	5
Te Manawa Taki		Tairāwhiti		17%	25%	5%	16%	69%	7
Te Manawa Taki		Taranaki		16%	25%	14%	7%	92%	7
Central		Whanganui		26%	50%+	14%	11%	100%	4
Central		Midcentral		23%	30%	11%	29%	100%	10
Central		Wairarapa		19%	43%	14%	0%	106%	1
Central		Hawkes Bay		10%	17%	6%	6%	108%	9
Central		Capital, Coast and Hutt Valley		42%	50%+	37%	36%	104%	24
Te Waipounamu		Nelson Marlborough		11%	21%	7%	0%	86%	10
Te Waipounamu		West Coast		4%	5%	3%	3%	81%	9
Te Waipounamu		Canterbury		19%	26%	13%	19%	87%	46
Te Waipounamu		South Canterbury		25%	43%	5%	29%	96%	3
Te Waipounamu		Southern		20%	38%	13%	10%	92%	15

Shifts below target % by day



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 21 March 2023 – 28 March 2023.

Regional summaries

Northern

Primary and community care

7. Workforce pressures continue across the region, particularly in midwifery, general medicine Resident Medical Officers (RMOs), nursing, allied health, and anaesthetic technicians.

Hospital capacity

8. ED presentations remained high across the region this week. Child inpatient occupancy rose across the region, and Neonatal Intensive Care Unit and Special Care Baby Unit occupancy remained similar to the previous week. Adult occupancy remains high, with an average of 95% across the region. In the last week, Northern region hospitals delivered planned care with minimal disruption except for Counties Manukau, which was constrained by a shortage of anaesthetic technicians. Auckland City Hospital is assisting Waikato Hospital with acute cardiac surgery to ensure access for the most urgent patients.

Te Manawa Taki

Primary and community care

9. Winter planning is under way across the region. Regional recovery planning is also under way in the Tairāwhiti region. The regional Integrated Operations Centre is developing an ambulance diversion process (inter-hospital/district/region) to respond to any ad hoc ED, hospital, or transport disruptions, and/or complex patient needs.

Hospital capacity

10. EDs are busy across the region. Ten beds are closed in Waikato ED for ongoing repairs due to a water leak. A mountain bike event in Rotorua affected ED demand in Lakes Hospital this week. Hospital occupancy remains high. Tairāwhiti hospital remains in red status due to their ongoing emergency response. There is still a need for national staffing support, particularly nursing and pharmacy support. Tauranga Hospital had high acute theatre demand this week and transferred trauma patients to Whakatāne to expediate care.

Central

Primary and community care

11. Community pharmacies in MidCentral are preparing for the influenza vaccination program and considering the possible impact of the community pharmacist shortage.

Hospital capacity

13. EDs are busy across the region and high hospital occupancy continues to hamper the ability to move patients out of the ED in a timely manner. Whanganui Hospital has experienced delays in transferring cardiac patients to Wellington Hospital this week, which has reduced flow. Wellington Hospital has had an average midnight occupancy rate of 103% (up for 101% last week). MidCentral continues to support Hawke's Bay with the admission and discharge of Hawke's Bay patients.

Te Waipounamu

Primary and community care

14. South Canterbury practices are busy, with increasing reports of staffing fatigue. Vacancies in the Needs Assessment and Service Co-ordination service is putting additional pressure on aged residential care (ARC) placement and community services in the district. Providing after-hours care in Wānaka and access to the community is being explored prior to winter. Lead maternity carer vacancies continue in Wairau, along with community pharmacy vacancies.

Hospital capacity

15. ED presentations remain high across the region, as does hospital occupancy. Medical imaging technologist staffing vacancies in Nelson is a risk impacting on the ability to deliver services, particularly MRI. Waitaha Canterbury are seeing a significant increase in staffing sickness related to COVID-19. Dunedin Hospital has been over 100% occupancy this week and has had a high number of acute theatre hours; planned care is operating at 60-70% of usual capacity. Community staffing and ARC capacity is causing bed blockages in the hospital. The impact from RMO vacancies on delivering planned care has improved on the West Coast, and orthopaedic outsourcing is under way with appropriate patient identification.

Planned care

16. Planned care data for February will be submitted, validated, and available the week of 3 April 2023. Hospitals continue to report restrictions on planned care delivery due to high inpatient occupancy and high volumes of acute presentations to EDs.
17. The following summarises progress (as at 27 March) towards delivering the agreed additional volumes of care to reduce the >365 days wait list, and release planned care capacity, by 30 June 2023.
- 8,538 hospital-based procedures have been completed across the four regions.
 - Of these procedures, 1,162 are hospital-based treatment procedures (20% of planned delivered to date) and 7,376 are hospital-based diagnostic procedures (20% of planned delivered to date).
 - Given current health system demands on planned care delivery, it is unlikely that 100% of volumes will be delivered by 30 June 2023. Delivery is being monitored with regions to identify forecast the end of June position, which will become clearer as each fortnightly report is produced.
18. Cardiac Surgery status as of the week ending 19 March
- The national cardiac waiting list has increased to 442 patients, an increase of four patients from the previous week, and 112 above the national maximum target of 330.
 - The national wait list is made up of two subsets, 337 CABG/Valve and 105 TAVI patients. The waiting lists for all districts, except for Capital and Coast, are above the maximum target waiting.
 - Year-to-date planned delivery is 2,385 with actual reported delivery of 2,030, a variance of -355.
 - Of the 442 patients recorded on the waiting list, 185 (42%) are within time frame and 257 (58%) patients are waiting outside their recommended timeframe.
 - 43 patients are waiting between 90 and 120 days, while a further 129 patients are waiting over 120 days.
 - The Tertiary Quaternary Group has established a National Cardiac Programme to consider cardiac pressures nationally and identify approaches to minimise clinical risk. Aware of the current demand at the Waikato District, some patients suitable for transfer from this district are being treated in Auckland, Wellington, and Canterbury to ease demand.
19. To note, detailed updates on Anaesthetic Technician issues and Radiation Oncology will form part of next week's report.



Fionnagh Dougan
National Director – Hospital
and Specialist Services,
Te Whatu Ora - Health New Zealand
31/03/2023

Hon Ayesha Verrall
Minister of Health

..... / /

Glossary of key terms	
SSED performance	The shorter stays in ED target measures the percentage of patients who were admitted, discharged, or transferred from ED within 6 hours. The target is 95%. (This measure is different from 'wait times' which isn't included in this report but measures the length of time taken from arrival in ED to an assessment by a clinician.) SSED is presented as all-patients, admitted patients, and non-admitted patients. Typically admitted patients spend longer in EDs because of hospital access block.
Ward bed occupancy	A hospital census is taken at 0800, 1600, and 2400. It includes all patients in adult wards, including those in corridors, but excludes: <ul style="list-style-type: none"> • ICU/HDU/CCU • Short stay assessment units • Discharge lounges • Patients on leave • Mental health and psychogeriatrics • Maternity • NICU and paediatrics <p>To calculate ward bed occupancy: <i>Numerator:</i> total number of patients in the hospital wards included above at the time of the 8am/4pm/12am census. <i>Denominator:</i> number of resourced beds in the hospital wards included above at the time of the 8am/4pm/12am census.</p>
Ambulance ramping	Ambulance crews have a 30-minute handover time built into their allocated patient transfer time. Any time spent in the ED that exceeds 30 minutes contributes toward the ramping data.
Number of acute patients in hospital on Monday with a length of stay over 7 days	The number of acute patients who were in hospital at 10am on Monday who have been in hospital for 7 days or longer. This includes all medical and surgical patients across adult and paediatric wards, but excludes: <ul style="list-style-type: none"> • ICU/HDU/CCU/NICU • Mental health and psychogeriatrics
Shifts below target	Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences. A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)).
Elective services patient flow indicators (ESPIs)	ESPI 1: services appropriately acknowledge and process more than 90% of referrals in 15 calendar days or less. ESPI 2: patients waiting longer than four months for their first specialist assessment (FSA). ESPI 3: patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT). ESPI 5: patients given a commitment to treatment but not treated within four months. ESPI 6: patients in active review who have not received a clinical assessment within the last six months. ESPI 8: the proportion of patients who were prioritised using approved nationally recognised processes or tools.

Aide-Memoire

System pressures update for week ending 7 April 2023

To	Hon Ayesha Verrall	Report No	HNZ00015510
From	Fionnagh Dougan – National Director, Hospital and Specialist Services, Te Whatu Ora - Health New Zealand	Date	7/04/2023
		Security level	In Confidence

Purpose

1. This Aide-Memoire provides you with the weekly update on demand pressures across the health service delivery system. Please note, data is presented from the week prior, March 27 – April 2.

Overview

2. Emergency department (ED) attendance volumes remained similar to the previous week, and ED admissions increased. Shorter Stays in Emergency Departments (SSED) performance deteriorated slightly and remains challenged. The number of reported COVID-19 cases remains stable at a low level.
3. Regional Hospital & Specialist Services Directors and their teams are overseeing implementation of winter preparedness actions as set out in the Cabinet Paper, working alongside commissioners who are progressing primary and community care initiatives. An update on this work is included in this aide memoire.

System Performance this week

Note: Critical care occupancy includes Intensive Care and High Dependency Care (ICU/HDU) beds.

- The dashboard presented below is the summary national report, which is the front-end of a regular data repository showing the latest position at key points along the urgent care pathway. Te Whatu Ora is seeking to have this data available at national, regional, and local level. Further detail is given below on all key trends, as well as an update on, workforce pressures, and actions being taken across the regions.

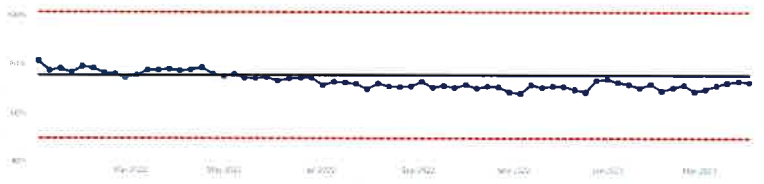
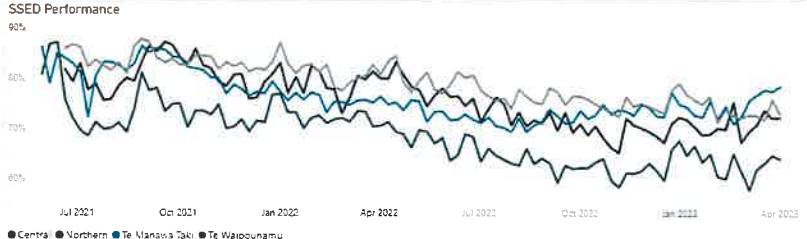
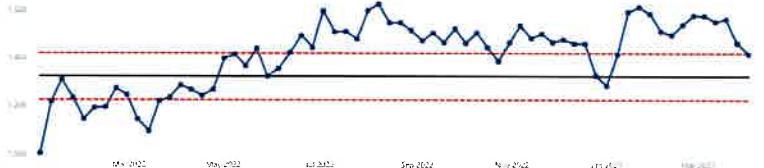
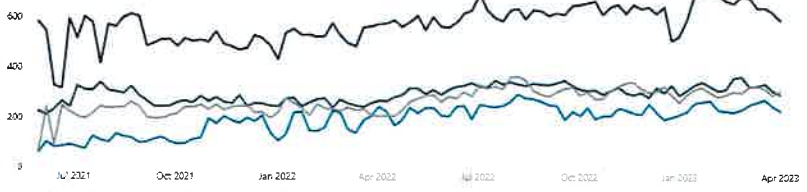
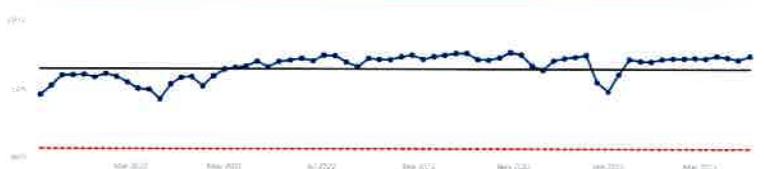
National Monitoring Report

	Current	Previous Week	Change	Direction	Previous Month	Change	Direction	Previous Year	Change	Direction
Enhanced community care										
Primary care contact volume	415,649	398,148	4.40%	↓	408,640	1.72%	↑	475,738	-12.63%	↓
Whakareporou call volumes - Healthline	7,941	7,527	5.50%	↑	7,531	5.44%	↑	8,794	-9.70%	↓
Whakareporou call volumes - Covid	5,386	3,636	48.13%	↑	2,915	84.77%	↑	53,631	-99.06%	↓
111 call volumes	12,732	12,970	-1.84%	↓	13,051	-2.44%	↓	(Blank)	(Blank)	→
Ambulance response times (Minutes)	34.10	35.10	-2.85%	↓	35.70	-4.48%	↓	(Blank)	(Blank)	→
Hospital access										
ED attendances	22,990	23,024	-0.15%	↓	23,318	-1.41%	↓	21,080	9.06%	↑
ED admissions	6,674	6,467	3.20%	↑	6,628	0.69%	↑	6,041	10.48%	↑
ED conversion rate	29.03%	28.09%	3.35%	↑	28.42%	2.13%	↓	28.66%	1.30%	↑
Ambulance handover delays (Minutes)	33.20	33.60	-1.19%	↓	34.40	-3.49%	↓	(Blank)	(Blank)	→
SSED performance	72.36%	72.89%	-0.71%	↓	69.61%	3.98%	↑	77.38%	-6.46%	↓
Hospital flow										
Resourced inpatient ward beds	7,497	7,538	-0.54%	↓	7,759	-3.38%	↓	7,771	-3.53%	↓
Ward bed occupancy	89.88%	88.73%	1.29%	↑	89.13%	0.84%	↑	83.47%	7.68%	↑
Critical Care occupancy	74.30%	72.35%	2.69%	↑	71.63%	3.72%	↑	65.46%	13.51%	↑
Number of patients with 7+ day LoS	1,416	1,462	-3.15%	↓	1,576	-10.15%	↓	1,288	9.94%	↓
Discharge from hospital										
Discharge volumes (daily average)	2,442	2,301	6.13%	↑	2,524	-3.25%	↓	2,205	10.75%	↑
ARC Covid cases	117	64	82.81%	↑	50	134.00%	↑	458	-74.45%	↓
Covid care in the community contact volumes	(Blank)	12,090	-100.00%	↓	15,257	-100.00%	↓	(Blank)	(Blank)	→

Hospital Performance

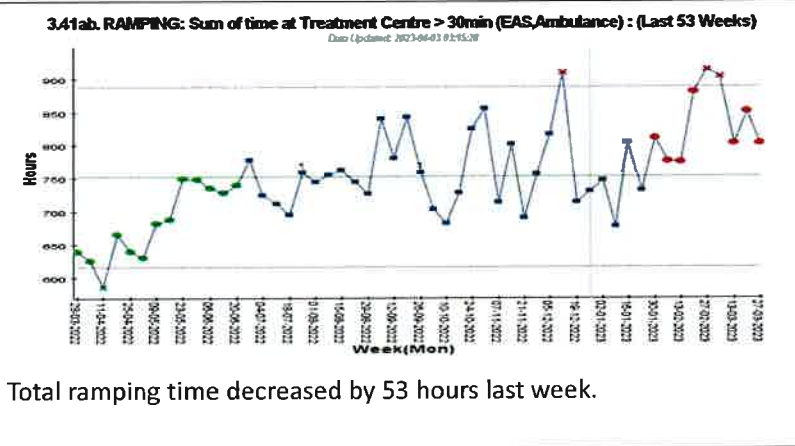
5. The grey line on the graphs below represents the long-run average, with the red lines representing the upper and lower control limits (1 standard deviation from the norm). Activity above or below the control lines represents a significant change.

Metric	National Performance	Trend	Outliers
ED attendances	22,990 patients attended	<p>ED Attendances</p> <p>Nationally, ED attendance volumes for the week ending 02 April 2023 remained at similar levels compared with the week prior.</p>	<p>ED Attendance</p> <p>All districts, bar two of the smallest ones, only reported variances of less than 5 percent from the previous week. All three Auckland metro districts reported an (albeit small) increase in ED attendances.</p>
ED admissions	6,674 patients admitted	<p>ED Admissions</p> <p>Nationally hospital admissions via ED increased 3.2% on the week prior.</p>	<p>ED Admission</p>

<p>SSED performance</p>	<p>All-patient SSED 72%</p>	<p>SSED Performance</p>  <p>Performance for SSED for the all-patient SSED decreased by 0.5% and 1.2% for the non-admitted patient. Performance for admitted patient SSED improved 1.5%: All-patient SSED (72%) Non-admitted SSED (79%) Admitted SSED (56%)</p>	<p>SSED Performance</p>  <p>The highest performing hospitals were Tairāwhiti (all-patient SSED 93%), and South Canterbury (93%).</p> <p>The most challenged hospitals remain Capital and Coast (all-patient SSED 45%) and Mid Central (all-patient SSED 56%).</p>
<p>Number of patients with 7+ day LOS</p>	<p>1,416 patients across the motu</p>	<p>Number of Patients with 7- Day LoS</p>  <p>The number of acute patients in hospital for 7 days or more decreased 3% to 1,416 patients.</p>	<p>Number of Patients with 7- Day LoS</p> 
<p>Ward bed occupancy</p>	<p>89.8% (national average)</p>	<p>Ward Bed Occupancy</p> 	<p>Hospital occupancy of over 90% at the major hospitals improved to 54% of censuses (down from 58%) and is the lowest it has been since early January. Only three hospitals reported continuous or near continuous occupancy of over 90% (Hutt Valley, Wellington, Dunedin). This is down from eight hospitals two weeks ago.</p>

Ambulance ramping

893 total crew hours lost across the motu



111 call volumes and ramping time decreased in the last week. Ambulance demand remained similar to the week prior.

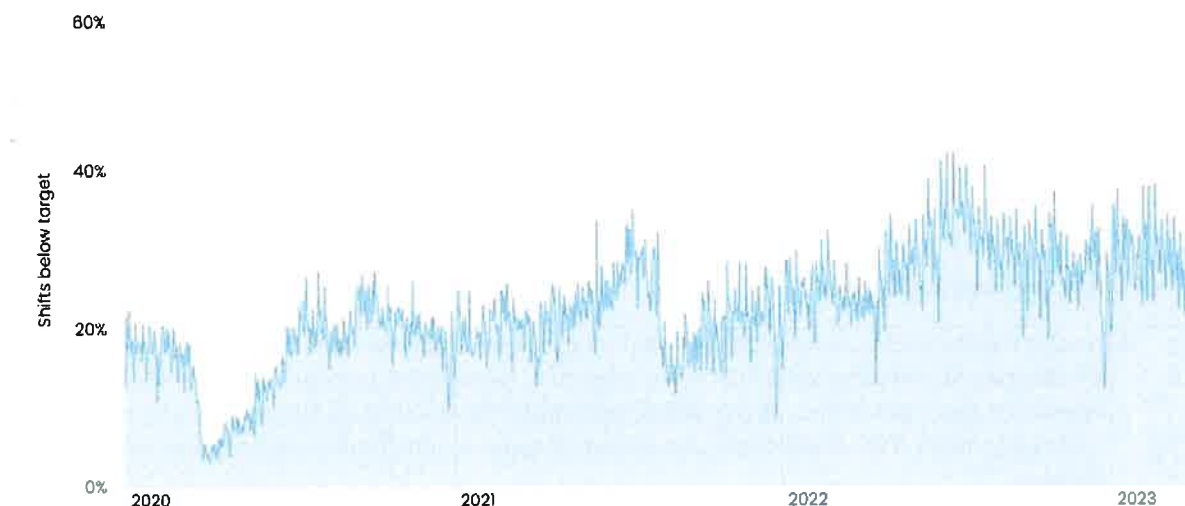
National view - workforce pressures

6. Around the motu this week, day shifts with their high occupancy rates are frequently below target more than 50% of the time, as shown below. Waitematā, Middlemore, Waikato, Lakes, Whanganui, Wellington, South Canterbury, and Southern Hospitals were particularly pressured. Note: Tairāwhiti are missing this week due to a Trendcare upgrade. A lack of surge nursing workforce limits the ability to resource additional physical inpatient capacity.

Adult ward summary for the last rolling 7 days – 29/03/2023 to 05/04/2023

Region	District	Shifts below target	Day shifts below target	Evening shifts below	Night shifts below	Utilisation in day shift	Wards
Totals		25%	37%	20%	18%	95%	258
Northern	Northland	6%	13%	0%	6%	93%	10
Northern	Waitemata	43%	50%+	39%	25%	99%	22
Northern	Auckland	19%	28%	13%	16%	94%	28
Northern	Counties	30%	46%	26%	19%	90%	26
Te Manawa Taki	Waikato	42%	50%+	40%	28%	96%	14
Te Manawa Taki	Bay of Plenty	13%	18%	8%	13%	82%	15
Te Manawa Taki	Lakes	34%	50%+	33%	13%	102%	5
Te Manawa Taki	Taranaki	12%	16%	14%	6%	86%	8
Central	Whanganui	34%	50%+	13%	34%	101%	4
Central	Midcentral	23%	21%	19%	28%	98%	10
Central	Wairarapa	13%	25%	13%	0%	99%	1
Central	Hawkes Bay	8%	14%	3%	8%	104%	9
Central	Capital, Coast and Hutt Valley	39%	50%+	34%	28%	103%	24
Te Waipounamu	Nelson Marlborough	18%	31%	17%	5%	87%	10
Te Waipounamu	West Coast	5%	7%	6%	0%	85%	9
Te Waipounamu	Canterbury	21%	30%	14%	18%	91%	47
Te Waipounamu	South Canterbury	26%	46%	17%	17%	102%	3
Te Waipounamu	Southern	27%	46%	18%	17%	98%	15

Shifts below target % by day



Represents: shifts below target and utilisation.

Medical, surgical, and AT&R ward shifts with nursing resource significantly below required for patient case mix for period 29 March 2023 – 05 April 2023.

Regional summaries

Northern

Primary and community care

7. Workforce pressures continue across the region, particularly in midwifery, general medicine RMOS, nursing, allied health, and anaesthetic technicians.

Hospital Capacity

8. ED presentations remained high across the region this week. Child inpatient occupancy rose across the region this week, and NICU and SCBU occupancy remained similar to the previous week. Adult occupancy remains high with an average of 95% across the region. In the last week Northern region hospitals delivered planned care with minimal disruption, with the exception of Counties Manukau who were constrained by a shortage of anaesthetic technicians. Auckland City Hospital are assisting Waikato Hospital with acute cardiac surgery to ensure access for the most urgent patients is supported.

Te Manawa Taki

Primary and community care

9. Winter planning is underway across the region. There are pressures on the dietitian service in Bay of Plenty, particularly regarding the management of nasogastric feeding. This is being managed at a local level.

Hospital Capacity

10. COVID-19 hospitalised patient numbers are rising slightly throughout the region, and COVID continues to be a theme across staff unplanned absences. There is ongoing high occupancy in inpatient wards across the region. RSV presentations in Rotorua put pressures on the paediatric wards. There have been high acute theatre hours across Tauranga and Rotorua.

Central

Primary and community care

11. Support to isolated communities in Hawke's Bay continues following the cyclone. A shortage of community pharmacists in Mid Central is impacting vaccination delivery. In the Wairarapa Greytown Medical is now open to new registrations, and Masterton medical are providing a range of services, including a dedicated virtual telehealth service to support vulnerable populations and unenrolled patients.

Hospital Capacity

13. Emergency departments are busy across the region and high hospital occupancy continues to hamper the ability to move patients out of the ED in a timely manner. Hawke's Bay hospital flow has been constrained by multiple patients waiting for transfer to tertiary services, similarly in Whanganui. Wellington Hospital occupancy has averaged 101% this week.

Te Waipounamu

Primary and community care

14. General practices in South Canterbury are being encouraged to support the optimisation of Boosterix coverage for pertussis; pharmacies in the district are also supporting this work. South Canterbury have been able to reinstate home based services in Twizel rural areas following successful recruitment of staff. Wairau continue to recruit to pharmacist and lead maternity carer vacancies. Nelson and Richmond will be unable to open pharmacies on Good Friday and Easter Sunday due to pharmacist shortages.

Hospital Capacity

15. ED presentations remain high across the region, as does hospital occupancy. Medical imaging technologist staffing vacancies in Nelson is a risk impacting on the ability to deliver services, particularly MRI. Waitaha Canterbury are seeing staff turnover continuing, with staff recruited to overseas contracts. Dunedin Hospital is combining their high dependency unit with the ICU due to nursing staff constraints – this is impacting the number of planned care procedures that proceed each week. An ARC facility in South Canterbury has reopened 25 beds that were closed in 2021 due to a staffing shortage.

Planned care

Latest data

16. The number of patients waiting beyond four months for assessment and treatment continued to increase in February 2023. This is a typical trend for the month of February.
17. February planned care data shows the number of patients waiting beyond the expectation of four months for a First Specialist Assessment (FSA) increased from 51,543 in the previous month (January) to 53,604 in February.
18. The number of patients given a commitment to treatment waiting beyond expectation also grew. February data shows the number waiting for treatment increased from 33,992 in January to 34,652. All districts have patients waiting beyond expectation for an FSA (ESPI 2) and for treatment (ESPI 5).
19. Table One below provides delivery against plan up to the end of February 2023 for Inpatient Surgical Discharges and Minor Procedures. Districts continue to maintain Minor Procedure delivery through the management of COVID-19 and the workforce and capacity restrictions.
20. The high volume of Minor Procedures delivered results in a total planned care intervention count of 199,504 or 105.2% of planned intervention delivery.

Table One: Planned Care Delivery (data extracted from National Collections 3/4/23)

Measure	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
Inpatient Surgical Discharges	-3,103 / -20.0% against plan	-5,311 / -16.4% against plan	-7,083 / -14.5% against plan	-9,289 / -14.4% against plan	-11,765 / -14.4% against plan	-13,712 / -14.3% against plan	-16,068 / -14.8% against plan	-17,526 / -13.3% against plan
Minor Procedures	+1,433 / +18.3% against plan	+3,895 / +23.2% against plan	+8,141 / +32.6% against plan	+11,938 / +35.9% against plan	+16,100 / +38.4% against plan	+21,330 / +43.6% against plan	+24,097 / +42.9% against plan	+28,558 / +44.5% against plan
All Delivery	92.4% against plan	96.5% against plan	100.6% against plan	102.0% against plan	102.7% against plan	104.4% against plan	104% against plan	105.2% against plan

21. The number of patients waiting beyond 12 months for treatment has increased in February. Districts continue to focus on addressing long waiting patients and the inequity imbalance on all lists.

Table Two: National Long Waiting Patients (data extracted from National Collections 3/4/23)

Month	July 2022	August 2022	Sept 2022	October 2022	Nov 2022	Dec 2022	January 2023	Feb 2023
Treatment (ESPI 5)	5,543	5,243	5,057	5,064	5,327	5,945	6,249	6,412

Anaesthetic Technicians

22. On 29 March, Minister Verrall directed HSS to lead a focussed Anaesthetic Technician (AT) recruitment campaign.

23. A tactical working group is being established to support work across the motu to address AT workforce challenges, including to lead the short-term recruitment work. The purpose of the group is to rapidly progress short – medium term initiatives to attract and retain ATs. While there will be close alignment with the Manatu Hauora led Workforce Taskforce, this group will not focus on bargaining and long-term pipeline and scope of practice initiatives.
24. The tactical group will meet fortnightly for the next six months, with work programme implementation occurring between hui. The first meeting is being planned for the week commencing 17 April, to avoid absences from key stakeholders over the Easter and peak school holiday period. Membership will include frontline ATs, operational management, SMO leadership, union leadership (APEX and PSA), allied health professional leadership and People and Culture expert input.
25. In the meantime, Te Whatu Ora Waitaha (Canterbury) has implemented some recommendations from the recent review of AT workforce in their District. Pending union support (which is expected by 4 April), ATs will be paid additional fixed-term allowances above the rate set out in their contracts, until the vacancy levels in their services drops to agreed levels. These increases will come into effect on 3 Wednesday and staff are expected to be notified on 5 or 6 April in writing. Over recent weeks Waitaha has also implemented changes to service leadership, which is making a demonstrably improvement to work practice and culture.

Hospital and Specialist Services winter preparedness – Implementation Update Summary

20. Meetings held with all regional directors to confirm approach for fortnightly reporting against system pressures actions. This includes fortnightly RAG status updates, and what resources are required to embed winter initiatives. Initial returns received from all regions to give latest progress.
21. Acute flow work continues with visits to Wellington and Christchurch hospitals to establish what support is needed at a national level to progress acute flow initiatives over the medium term.
22. Actions for the next period in consultation with regional directors:
 - a) deep dives on specific areas like Hospital in the Home to establish what actually is already in place and what fuller implementation means
 - b) further exploration into mental health support to EDs
 - c) gather information on what resources are needed where there are barriers

Northern Region updates against HSS initiatives

- Hospital in the Home:
 - This is already in place for Waitematā, Te Toka Tumai, and Counties Manukau, and implementation is underway in Te Tai Tokerau.
- Escalation planning:
 - Counties Manukau have an established escalation pathway in place, and it is being implemented in the other three districts.

- All districts are linked into the national HSS surveillance program (daily health check and provide daily hospital status reports, Mon-Fri)
- Mental health support to EDs:
 - Te Tai Tokerau and Counties Manukau have established direct admission pathways; Waitematā and Te Toka Tumai are working on implementing this.
- Maintaining planned care:
 - Te Toka Tumai have established plans to ensure planned care is maintained during periods of high acute demand; the other three districts are working on the implementation of these.

Te Manawa Taki Region updates against HSS initiatives

The regional coordination centre is working closely with Tairāwhiti to support their winter preparedness actions; reporting on these will be available in the next update.

- Hospital in the home:
 - This is in place in the Waikato district; Bay of Plenty and Lakes districts have implementation work underway.
 - Work has not yet started in Taranaki.
- Escalation planning:
 - All districts have documented and accessible escalation plans, and the process for regional and national escalation is understood.
- Mental health support to EDs:
 - Waikato, Bay of Plenty, and Taranaki have direct admission pathways.
 - Lakes district is able to directly admit patients triaged from the community; mental health training has been provided to ED nurses.
- Maintaining planned care:
 - Waikato and Bay of Plenty have a process to review plans to ensure planned care is maintained during periods of high acute demand.
 - Taranaki are implementing this process currently.
 - Lakes district have an escalation plan in place, but developing a formalised process for this.

Central Region updates against HSS initiatives:

- Hospital in the home:
 - This is in place currently in Capital & Coast, Hutt Valley, and Whanganui.
 - Hawke's Bay are doing some work to explore the implementation of hospital in the home
 - Mid Central are reviewing their current HitH, which includes an IV therapy service
 - Wairarapa are initiating a targeted, small scale, HitH
- Escalation planning:
 - This is well established in all districts, and has good regional and national links
- Maintaining planned care:
 - All districts have a local response plan for minimising the impact of acute demand on planned care.

Te Wai Pounamu Region updates against HSS initiatives:

- Hospital in the Home:
 - West Coast are developing a 'transfer to home' project as part of an early supported discharge pathway, including an integrated primary care response. Implementation has not yet been started.

- Nelson Marlborough have met to discuss the next steps following a successful pilot of HitH in Wairau 2022. They are considering model of care, equity of care for Māori patients, vulnerable patients, and those who are rurally located, and what resourcing is required. This would require dedicated funding.
- Southern District have a HOME team already embedded that supports patients at home for admission avoidance and supported discharge. Their current vacancies are hampering the ability to increase capacity for this service.
- South Canterbury have a rapid response service established to support early discharge and admission avoidance – this is supported by RNs and allied health Mon-Fri, with healthcare assistant support in the weekends. Work is yet to commence to optimise this for winter.
- Waitaha have an established community rehabilitation enablement and support team (CREST) and are working to strengthen this with the addition of the stroke ESD pathway.
- Escalation planning:
 - Te Wai Pounamu have established escalation pathways across all districts and regionally, and have added in additional triggers to link to the national surveillance program of work.
- Mental health support to EDs:
 - Work against this action is being considered in Southland, Southern, and Waitaha.
 - In South Canterbury direct admissions are occurring, and planning is underway to optimise this pathway and prevent linkages to ED.
 - West Coast have an established pathway where ED is only utilised if a patient is requiring a physical health assessment. Mon-Fri a consult liaison nurse is based in the ED to ensure early access to mental health presentations.
 - Nelson Marlborough patients presents to a mental health facility, unless a physical medical assessment is required. A MHAIDS nurse educator is based in both EDs to support engagement with MH clients and to ensure access pathways are in place. Peer workers are based in Nelson ED to support de-escalation of client presentations. This is a partnership program with an NGO called Health Action Trust. Work is underway to scope an expansion of this approach for Marlborough.
- Maintaining planned care:
 - Nelson Marlborough are working on discharge before 11am and criteria-led discharge. In order to establish a transit lounge they need funding for healthcare assistants to staff this area.
 - South Canterbury have a daily planned care meeting to understand acute demands and to assess immediate, medium, and long-term impacts.
 - Waitaha and Southern continuously review plans to ensure planned care is maintained.
 - West Coast have an established daily ops reporting and meeting to look at planned care and acute flow, as well as a weekly planned care review.

Fionnagh Dougan



National Director – Hospital
and Specialist Services,
Te Whatu Ora - Health New Zealand
03/04/2023

Glossary of key terms

SSED performance	<p>The shorter stays in ED target measures the percentage of patients who were admitted, discharged, or transferred from ED within 6 hours. The target is 95%.</p> <p>(This measure is different from ‘wait times’ which isn’t included in this report but measures the length of time taken from arrival in ED to an assessment by a clinician.)</p> <p>SSED is presented as all-patients, admitted patients, and non-admitted patients. Typically admitted patients spend longer in EDs because of hospital access block.</p>
Ward bed occupancy	<p>A hospital census is taken at 0800, 1600, and 2400.</p> <p>It includes all patients in adult wards, including those in corridors, but excludes:</p> <ul style="list-style-type: none"> • ICU/HDU/CCU • Short stay assessment units • Discharge lounges • Patients on leave • Mental health and psychogeriatrics • Maternity • NICU and paediatrics <p>To calculate ward bed occupancy:</p> <p><i>Numerator:</i> total number of patients in the hospital wards included above at the time of the 8am/4pm/12am census.</p> <p><i>Denominator:</i> number of resourced beds in the hospital wards included above at the time of the 8am/4pm/12am census.</p>
Ambulance ramping	<p>Ambulance crews have a 30-minute handover time built into their allocated patient transfer time. Any time spent in the ED that exceeds 30 minutes contributes toward the ramping data.</p>
Number of acute patients in hospital on Monday with a length of stay over 7 days	<p>The number of acute patients who were in hospital at 10am on Monday who have been in hospital for 7 days or longer. This includes all medical and surgical patients across adult and paediatric wards, but excludes:</p> <ul style="list-style-type: none"> • ICU/HDU/CCU/NICU • Mental health and psychogeriatrics
Shifts below target	<p>Shifts below target is defined as medical, surgical and Assessment, Treatment and Rehab (AT&R) ward shifts with nursing resources significantly below the required level for the patient case mix. This data gives an overview of the pressures placed on clinical services due to vacancies, sickness, and annual leave absences.</p> <p>A shift is defined as below target when the difference in care hours available and the care hours required (based on a nursing assessment of each patient on a shift) is greater than negative 8.5% (or 40 minutes per full-time equivalent (FTE)).</p>

<p>Elective services patient flow indicators (ESPIs)</p>	<p>ESPI 1: services appropriately acknowledge and process more than 90% of referrals in 15 calendar days or less.</p> <p>ESPI 2: patients waiting longer than four months for their first specialist assessment (FSA).</p> <p>ESPI 3: patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).</p> <p>ESPI 5: patients given a commitment to treatment but not treated within four months.</p> <p>ESPI 6: patients in active review who have not received a clinical assessment within the last six months.</p> <p>ESPI 8: the proportion of patients who were prioritised using approved nationally recognised processes or tools.</p>
---	--