



**Waitematā**  
District Health Board

**Best Care for Everyone**

**Planning, Funding & Outcomes**

Level 2, 15 Shea Terrace  
Takapuna, Auckland 0622  
Private Bag 93-503, Takapuna  
North Shore City 0740  
Telephone: 09 486 8900  
[www.waitematadhb.govt.nz](http://www.waitematadhb.govt.nz)

11 June 2021

NZ Health Justice

By email to: [fyi-request-15559-55dc5943@requests.fyi.org.nz](mailto:fyi-request-15559-55dc5943@requests.fyi.org.nz)

Dear requester

**Re: OIA request – Performance management report from HealthCare NZ Limited**

I refer to your Official Information Act request dated 25 May 2021 seeking a copy of the most-recent HealthCare NZ Ltd performance management report from Waitematā DHB.

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

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

Waitematā DHB has a contract with Healthcare NZ Limited for “Long Term Support – Chronic Health Conditions – Home-Based Support Services”, which provides services to a small number of individuals (fewer than 10). The most-recent Performance Monitoring Return, covering the period 1 January 2021 to 31 March 2021, is attached for your reference – **Attachment 1**.

**2. Furthermore, please provide us with:**

- **a definition of “missed care” as it applies to HealthCare NZ Limited and**
- **the rate of missed care reported by HealthCare NZ over the past 12 months.**

The definition Waitematā DHB uses for ‘missed visits’ is the service not responding to the needs of a client. For example, if a support worker does not attend a scheduled appointment, if there is a scheduling error or if a visit is rescheduled without agreement from the client.

‘Missed visits’ are not a reporting measure in the Performance Monitoring Return for this contract.

We are, therefore, refusing this aspect of your request under section 18(g) of the Official Information Act 1982 as the information is not held.

You have the right to seek an investigation and review of this decision by the Ombudsman. Information about how to seek a review is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or Freephone 0800 802 602.

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


Waitematā DHB does not fund missed visits.

I trust that the information we have been able to provide is helpful.

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

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

Yours sincerely



**Dr Debbie Holdsworth**  
**Director Funding**  
**Waitematā District Health Board**



NWA	HOP	
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Dunedin Office  
 Level 9, 481 Moray Place  
 Phone: 0800 855 066  
 Fax: (03) 474 8582  
 Email: performance\_reporting@health.govt.nz

### PERFORMANCE MONITORING RETURN

#### Healthcare of New Zealand Limited

**Provider Number:** 244688

**Agreement Number:** 321386/15 Long Term Support - Chronic Health Conditions - Home Based Support Services

**Agreement Term:** 26 November 2007 to 30 June 2021

**Agreement Manager:** Debbie Holdsworth

**Agreement Deputy Manager:** Katie Daniel

**Agreement Funder:** Waitemata DHB

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

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

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

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

Print Name: Vicki McCardle

Signature:

Please assist Sector Services in maintaining accurate records:

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

First Name: Vicki

For Sector Services use only

Date Received	Date Processed

Position: Regional Manager - Northern

Date: 20 April 2021

Family Name: McCardle

Email address: contracts@hhlgroup.co.nz

## Instructions

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

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

### Front Page

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

### Additional Information Section

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

### Reporting for each service within the agreement

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

### Narrative Reports

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

### Sending your Performance Monitoring Return to Sector Services

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

Mail:	Performance Reporting Ministry of Health Private Bag 1942 DUNEDIN 9054
Email:	<a href="mailto:performance_reporting@health.govt.nz">performance_reporting@health.govt.nz</a>
Fax:	(03) 474 8582

## ADDITIONAL INFORMATION

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

## Important

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

## Reporting for the contract as a whole

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

## Reporting for each service within the contract

<b>4. LTS - Household Management</b> <b>Purchase Unit: CHC0004 Household Support Services for People with Chronic Health Conditions</b> <b>Purchase Unit Measure: Service</b> <b>Facility:</b>				
Reporting Unit	Start Date	End Date	ID	Actual Data
Number of service users receiving care on the first day of the reported month	01 January 2021	31 January 2021	317873	3
Number of service users receiving care on the first day of the reported month	01 February 2021	28 February 2021	317873	3
Number of service users receiving care on the first day of the reported month	01 March 2021	31 March 2021	317873	3
<b>5. LTS - Personal Care</b> <b>Purchase Unit: CHC0005 Personal Care Services for People with Chronic Health Conditions</b> <b>Purchase Unit Measure: Service</b> <b>Facility:</b>				
Reporting Unit	Start Date	End Date	ID	Actual Data
Number of service users receiving care on the first day of the reported month	01 January 2021	31 January 2021	317873	4
Number of service users receiving care on the first day of the reported month	01 February 2021	28 February 2021	317873	4
Number of service users receiving care on the first day of the reported month	01 March 2021	31 March 2021	317873	4