AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Hospital Advisory Committee Meeting

Wednesday, 26 October 2016

2.00 pm

A+ Trust Room
Clinical Education Centre
Level 5
Auckland City Hospital
Grafton

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Published 17 October 2016

Agenda
Hospital Advisory Committee
26 October 2016

Venue: A+ Trust Room, Clinical Education Centre
Level 5, Auckland City Hospital, Grafton

Time: 2.00pm

Committee Members	**Auckland DHB Executive Leadership**	
Judith Bassett (Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Simon Bowen	Director of Health Outcomes – ADHB/WDHB
Peter Aitken	Margaret Dotchin	Chief Nursing Officer
Doug Armstrong	Joanne Gibbs	Director Provider Services
Dr Chris Chambers	Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Assoc Prof Anne Kolbe	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Dr Lester Levy	Fiona Michel	Chief Human Resources Officer
Dr Lee Mathias	Dr Andrew Old	Chief of Strategy, Participation and Improvement
Robyn Northey	Rosalie Percival	Chief Financial Officer
Morris Pita	Linda Wakeling	Chief of Intelligence and Informatics
Gwen Tepania-Palmer	Sue Waters	Chief Health Professions Officer
Ian Ward	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff	
	Dr Vanessa Beavis	Director Perioperative Services
	Dr John Beca	Director Surgical, Child Health
	Anna Schofield	Acting Director Mental Health and Addictions
	Judith Catherwood	Director Long Term Conditions
	Ian Costello	Director of Clinical Support Services
	Dr Mark Edwards	Director Cardiovascular Services
	Dr Sue Fleming	Director Women's Health
	Mr Wayne Jones	Director Surgical Services
	Auxilia Nyangoni	Deputy Chief Financial Officer
	Dr Michael Shepherd	Director Medical, Children's Health
	Dr Barry Snow	Director Adult Medical
	Dr Richard Sullivan	Director Cancer and Blood and Deputy Chief Medical Officer
	Jo Brown	Funding and Development Manager Hospitals
	Clare Thompson	General Manager Non Clinical Support Services
	Marlene Skelton	Corporate Business Manager
	Suzanne Stephenson	Acting Director Communications
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Apologies Members:

Apologies Staff: Sue Waters

Agenda

Please note that agenda times are estimates only

2.00pm	**1.**	**Attendance and Apologies**
	2.	**Register and Conflicts of Interest** Does any member have an interest they have not previously disclosed? Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
2.05pm	**3.**	**Confirmation of Minutes 7 September 2016**
2.10pm	**4.**	**Action Points 7 September 2016**
2.15pm	**5.**	**Provider Arm Operational Performance – Executive Summary**
	5.1	Provider Arm Scorecard
	5.2	Financial and Operational Performance
2.20pm	**6.**	**Directorate Updates**
	61	Clinical Support Services
	6.2	Women's Health Directorate
	6.3	Child Health Directorate
	6.4	Perioperative Services Directorate
	6.5	Cancer and Blood Directorate
	6.6	Mental Health Directorate
	6.7	Adult Medical Directorate
	6.8	Community and Long Term Conditions Directorate
	6.9	Surgical Services Directorate
	6.10	Cardiovascular Directorate
	6.11	Non-Clinical Support Services
2.50pm	**7.**	**Patient Experience Report**
	7.1	Inpatient Experience
	7.2	Outpatient Experience
3.05pm	**8.**	**Information Papers - Nil**
3.15pm	**9.**	**Resolution to exclude the public**

Next Meeting:	Wednesday, 07 December 2016 at 2.00pm A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton

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Attendance at Hospital Advisory Committee Meetings

Members	09 Dec. 15	17 Feb. 16	30 Mar. 16	11 May. 16	22 Jun. 16	03 Aug. 16	07 Sep. 16	26 Oct. 16	07 Dec. 16
Judith Bassett (Chair)	1	1	1	1	X	1	1		
Joanne Agnew	1	1	1	1	1	1	1		
Peter Aitken	1	1	1	1	1	1	1		
Doug Armstrong	1	1	1	1	1	1	1		
Chris Chambers	1	1	1	1	1	1	1		
Anne Kolbe	1	1	1	1	X	1	1		
Lester Levy	1	1	1	1	1	x	x		
Lee Mathias	1	X	1	1	1	1	x		
Robyn Northey	1	1	1	1	1	1	1		
Morris Pita	X	X	1	1	X	1	1		
Gwen Tepania-Palmer	1	1	1	1	X	1	1		
Ian Ward	1	1	1	1	1	1	1		
Key: x = absent, # = leave of absence									

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An "interest" can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full **nature** of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legisaltion.govt.nz) and "Managing Conflicts of Interest – Guidance for Public Entities" (www.oag.govt.nz).

Register of Interests – Hospital Advisory Committee

Member	Interest	Latest Disclosure
Judith BASSETT (Chair)	Fisher and Paykel Healthcare Westpac Banking Corporation Husband – Fletcher Building Husband - shareholder of Westpac Banking Group Daughter - shareholder of Westpac Banking Group	13.07.2015
Jo AGNEW	Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Professional Teaching Fellow – School of Nursing, Auckland University Appointed Trustee – Starship Foundation Casual Staff Nurse – Auckland District Health Board	15.07.2015
Peter AITKEN	Pharmacy Locum - Pharmacist Shareholder/ Director, Consultant - Pharmacy Care Systems Ltd Shareholder/ Director - Pharmacy New Lynn Medical Centre Shareholder/Director – New Lynn 7 Day Pharmacy Shareholder/Director – Belmont Pharmacy 2007 Ltd Shareholder/Director – TAMNZ Limited Shareholder/Director – Bee Beautiful Limited	07.10.2015
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Trustee – Woolf Fisher Trust Trustee- Sir Woolf Fisher Charitable Trust Daughter is a partner – Russell McVeagh Lawyers Member – Trans-Tasman Occupations Tribunal Shareholder – Orion Healthcare (no personal beneficial interest as it is held through a Trust)	10.10.2016
Chris CHAMBERS	Employee - ADHB Wife is an employee - Starship Trauma Service Clinical Senior Lecturer in Anaesthesia - Auckland Clinical School Member – Association of Salaried Medical Specialists Associate - Epsom Anaesthetic Group Shareholder - Ormiston Surgical	26.01.2014
Anne KOLBE	Director - Kolbe Medical Services Ltd Senior Consultant - Communio NZ Senior Consultant - Siggins Miller, Australia Member - Risk and Audit Committee, Whanganui District Health Board Member – Inaugural Board of EXCITE International Member - Australian Institute of Directors Fellow by Examination – Royal Australian College of Surgeons Vocational medical registration – Medical Council NZ Reviewer – Australia and New Zealand Journal of Public Health Reviewer – European Commission, Personalising Health and Care H2020-PHC2015 – two stage Reviewer - Injury International Journal of Technology Assessment in Health Care Observer to the Medicare Benefits Schedule Review Taskforce (Australia) Chair – Advisory Council EXCITE International Board of Directors – EXCITE International Transition of the NHC Business functions into the New Zealand Ministry of Health was completed on 9th May 2016.	26.05.2016

	Husband: Professor of Medicine, University of Auckland Chair - Health Research Council of NZ, Clinical Trials Advisory Committee Member - Australian Medical Council, Medical School Advisory Committee Lead - Medical Specialties Advisory Committee Accreditation Team, Royal Australian College of General Practitioners Member - Executive Committee, International Society for Internal Medicine Chair - RACP Re-validation Working Party Member - RACP Governance Working Party Daughter – Forensic scientist at Institute of Environmental Science and Research (ESR)	
Lester LEVY	Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman) Chairman - Auckland Transport Chairman – Health Research Council Independent Chairman - Tonkin and Taylor Ltd (non-shareholder) Professor (Adjunct) of Leadership - University of Auckland Business School Head of the New Zealand Leadership Institute – University of Auckland Lead Reviewer – State Services Commission, Performance Improvement Framework Director and sole shareholder – Brilliant Solutions Ltd (private company) Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder) Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder) Trustee – Levy Family Trust Trustee – Brilliant Street Trust	09.02.2016
Lee MATHIAS	Chair - Counties Manukau Health Deputy Chair - Auckland District Health Board Chair - Health Promotion Agency Chair - Unitec Acting Chair - Health Innovation Hub Director - Health Alliance Limited Director/shareholder - Pictor Limited Director - Lee Mathias Limited Director - John Seabrook Holdings Limited Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Trustee - Mathias Martin Family Trust Director – New Zealand Health Partnerships	11.05.2016
Robyn NORTHEY	Trustee - A+ Charitable Trust Shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fletcher Building Husband – Chair, Problem Gambling Foundation	24.08.2016
Morris PITA	Member – Waitemata District Health Board Shareholder – Turuki Pharmacy, South Auckland Shareholder – Whanau Pharmacy Limited Director and Shareholder of Healthcare Applications Ltd Owner and operator with wife - Shea Pita & Associates Ltd Wife is member of Northland District Health Board Wife provides advice to Maori health organisations	17.02.2016
Gwen TEPANIA-PALMER	Board Member - Waitemata District Health Board Board Member - Manaia PHO Chair - Ngati Hine Health Trust	02.04.2013

	Committee Member - Te Taitokerau Whanau Ora Committee Member - Lottery Northland Community Committee Member - Health Quality and Safety Commission	
Ian WARD	Deputy Chair - NZ Blood Service Director and Shareholder – C4 Consulting Ltd Shareholder – Vector Group Son – Oceania Healthcare	18.07.2016

Minutes
Hospital Advisory Committee Meeting
07 September 2016

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 07 September 2016 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 2:00pm.

Committee Members Present	**Auckland DHB Executive Leadership Team Present**	
Judith Bassett (Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Margaret Dotchin	Chief Nursing Officer
Peter Aitken	Joanne Gibbs	Director Provider Services
Doug Armstrong	Fiona Michel	Chief of People and Capability
Dr Chris Chambers	Dr Andrew Old	Chief of Strategy, Participation and Improvement
Assoc Prof Anne Kolbe (arrived during item 6.1)	Rosalie Percival	Chief Financial Officer
Robyn Northey	Linda Wakeling	Chief of Intelligence and Informatics
Gwen Tepania-Palmer	Sue Waters	Chief Health Professions Officer
Ian Ward	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff Present	
	Dr Vanessa Beavis	Director Perioperative Services
	Dr John Beca	Director Surgical Child Health
	Anna Schofield	Acting Director Mental Health and Addictions
	Judith Catherwood	Director Community and Long Term Conditions
	Ian Costello	General Manager and Acting Director Clinical Support Services
	Dr Mark Edwards	Director Cardiovascular Services
	Dr Sue Fleming	Director Women's Health
	Deirdre Maxwell	General Manager, Cancer and Blood
	Dr Michael Shepherd	Director Medical Child Health
	Dr Barry Snow	Director Adult Medical
	Other Auckland DHB Senior Staff Present	
	Jo Brown	Funding and Development Manager Hospitals
	Marlene Skelton	Corporate Business Manager
	Suzanne Stephenson	Acting Director Communications
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. APOLOGIES

That the apologies of Lester Levy, Lee Mathias and Morris Pita be received.

That the apologies of senior staff members, Dr Wayne Jones, Director Surgical Services and Dr Richard Sullivan, Director Cancer and Blood, be received.

2. REGISTER AND CONFLICTS OF INTEREST

There were none.

3. CONFIRMATION OF MINUTES 03 August 2016 (Pages 9-22)

Resolution: Moved Ian Ward / Seconded Jo Agnew

That the minutes of the Hospital Advisory Committee meeting held on 3 August 2016 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS 4 AUGUST 2016 (Page 23)

Annual Clinical Report Day

Judith Bassett advised that she had attended the afternoon session of the Annual Clinical Report Day that focussed on research and had found it to be extremely interesting... She thanked Dr Sue Fleming for providing the opportunity for Board members to attend.

[Secretarial Note: Item 7.1 was considered next.]

5. PROVIDER ARM PERFORMANCE REPORT (Pages 24-27)

5.1 Provider Arm Scorecard (Pages 28-30)

Joanne Gibbs, Director Provider Services asked that her report be taken as read and highlighted the points made in the executive summary of the report on pages 24 to 27 of the agenda. Particular attention was drawn to:

- The strong performance of both Adult and Children's EDs against the target of an ED stay of less than 6 hours.
- A significant variance around ESPI 5 non-compliance for this reporting period which can be attributed to the orthopaedic issues; there is a possible risk against ESPI 5 compliance for up to 6 months. Work is underway with the orthopaedic team to improve this position for September.
- Further encouraging performance is being delivered for the build-up of six months' data with high suspicion cancer patients (62 day target) and confirmed cancer patients (31 day target).
- Un-viewed/unsigned Histology - Cytology results have been added to the patient safety section of the scorecard. A significant improvement has been seen over the last few months.
- "Get on Track" and "Think Tank" actions will be provided in the next report..

That the Provider Arm Scorecard report be received.

Carried

[Secretarial Note: Item 6.1 was considered next.]

5..2 Financial and Operational Performance (Pages 31-43)

Rosalie Percival, Chief Financial Officer, asked that the report be taken as read, advising that:

- The Provider Arm result for the month is $3.7M unfavourable. This result is revenue driven, reflecting the under delivery to contract for Auckland DHB population elective volumes and IDFs, both of which are subject to wash-up. Expenditure is close to budget but not reflecting a corresponding drop as a result of the reported under delivery.
- Overall volumes are reported at 93.5% of base contract. This equates to $6.1M below contract – an estimated $2.4M of this is subject to wash-up and is recognised in the result, with the remaining $3.7M not recognised in the result.
- Total FTE (including outsourced) for July was 8,566; 93 FTE above budget, and consistent with the last six months. The key unfavourable variance is primarily due to additional savings targets not met (72 FTE), combined with Registrar FTE at 26 FTE above budget –a spike in reported FTE following rotation which is expected to reduce next month.
- For July 2016 $1.3M savings have been achieved against the budget of $2.7M, resulting in an unfavourable variance of $1.4M. The unfavourable result can be attributed to the planned savings initiatives being in the development phase and not yet realised.

That the Financial and Operational Performance report be received.

Carried

6. DIRECTORATE UPDATES

6.1 Clinical Support Services (Pages 44-51)

Ian Costello, Director Clinical Support Services asked that report be taken as read, highlighting as follows:

- The number of paediatric patients waiting longer than 42 days for MRI has decreased from 46% (26/06) to 42% (31/07). There are now 34 patients waiting longer than 42 days for MRI (previously 68).
- Outsourcing arrangements for adult referrals are assisting in managing demand and a total of 235 additional procedures have been completed by private providers for the period July 2016. The outsourcing of standard' scans has made a significant impact on the waiting list.
- The outsourced patient appointment text reminder service is being rolled out over the next few months and should see an improvement in the information provided to patients.

6..2 Women's Health Directorate (Pages 52-60)

Sue Fleming, Director Women's Health, asked that the report be taken as read, highlighting

as follows:

- The Annual Clinical Report, which included the Maternity Quality and Safety Report, has been completed. The critique of data was presented at the report day held in 19th August. Very positive feedback regarding the day was received from both LMC and DHB staff.
- The recent workshop with SMOs successfully agreed a model for afterhours SMO cover.
- The midwifery workforce has seen an improvement in recruitment with 6.2 FTE due to commence between September 2016 and January 2017. 5.1 FTE vacancy now remains. Recruitment to clinical midwifery leadership roles across the service has commenced.
- The Maori midwifery team and Maori SMO continue to hold clinics at Glen Innes. A Marae based model for pregnancy and parenting sessions has been set-up and is proving to be very successful in getting the most vulnerable women both engaged in antenatal education and linking in with the broader community for support.

6..3 Child Health Directorate (Pages 61-68)

Dr Michael Shepherd, Director Medical Child Health, and Dr John Beca, Director Surgical Child Health asked that the report be taken as read, highlighting as follows:

- Good progress is being made with the clinical excellence programme; work has begun with the services to develop a set of measures. An additional scorecard of health and safety measures will be provided for the next meeting.
- The Child Health Directorate prioritised work on DNAs (also referred to as 'was not brought', WNB) over the past 12 months. Recent data demonstrates a reduction in DNA/WNB overall. As the experience for each service is different, all child health services are to engage in a reflective process which will allow them to develop a fit for purpose response to help children who were not brought to clinic.

Matters covered in discussion and in response to questions included:

- John Beca advised that work on the main lift bank was due to start mid-October with the lifts being replaced one at a time over an 18 month period. The situation was impacted by other building projects that were also being undertaken in the Starship Hospital in the same period. Robust contingency plans were in place to manage the movement of patients around the space during this time.

6..4 Perioperative Services Directorate (Pages 69-77)

Dr Vanessa Beavis, Director Perioperative Services, asked that the report be taken as read, highlighting as follows:

- Several projects are currently on hold due to resource availability, the Service Improvement team are undertaking a feasibility study to see how these can be

progressed.

- Duncan Bliss has been appointed to the position of General Manager, Surgical and Perioperative Services. Dr Beavis introduced him to the committee.
- Ophthalmology OR nursing has been realigned back into the Perioperative Directorate.

[Secretarial Note: Item 6.9 was considered next.]

6..5 Cancer and Blood Directorate (Pages 78-83)

Deirdre Maxwell, General Manager, Cancer and Blood, asked that the report be taken as read, highlighting that:

- At their August meeting, the region's CEO/CMO forum approved the Terms of Reference for the new Cancer Governance Group to oversee the Northern Region Integrated Cancer Service development, including local delivery of chemotherapy. This group includes the Northern Region DHBs, the University of Auckland and the Cancer Society. The first meeting is planned for October.
- We continue to support the development of Models of Care for breast and bowel cancer for the region. Two recent regional workshops have been held to progress this work.
- The service has commenced the provision of Nivolumab for melanoma patients and is gearing up for the planned increase in patient volumes commensurate with modelling projections. A joint model has been agreed with funding colleagues and activity will be monitored closely. From 1 September 2016 pembrolizumab (Keytruda) will also be provided, consistent with Pharmac instruction.
- Work has started on a "Dry July" funded project. A video is being made to ensure the service is more welcoming. To reach a wide audience it will be posted on the Healthpoint site.

6..6 Mental Health and Addictions Directorate (Pages 84-93)

Anna Schofield, Acting Director Mental Health and Addictions, asked that the report be taken as read, highlighting as follows:

- Work is on track for developing the Directorate integrated care and localities approach which will also inform decisions about prioritising facilities. Key elements of the proposed Mental Health and Addictions Directorate localities approach were presented to the DHB Localities Governance Group by the Director and General Manager on 4 July. The Performance Improvement team will work with the Directorates involved to confirm their present and future desired state for providing services in the localities.
- Initiatives have begun around working differently with non-government organisations in a more collaborative way.

Matters covered in discussion and in response to questions included:

- Gwen Tepania-Palmer asked whether the Primary/Secondary Integration work stream in the Tamaki Mental Health and Wellbeing Initiative would focus on an Equally Well initiative. Advice was given that there was now recognition that this needs to be addressed at a governance level as well as being tackled at a grass roots level. Practical initiatives that could be undertaken at a locality level were now being investigated. Equally Well project lead, Helen Lockett has identified that local organisations and GPs needed to be on board with any project in order for it to succeed.

6..7 Adult Medical Directorate (Pages 94-98)

Dr Barry Snow, Director Adult Medical, asked that the report be taken as read, highlighting as follows:

- There had been good performance against the SSED target during quarter one.
- There had been an increase in Nosocomial pressure injury point prevalence for the month at 9.1% up from 7.1%.

6..8 Community and Long Term Conditions Directorate (Pages 100-109)

Judith Catherwood, Director Long Term Conditions, asked that the report be taken as read, highlighting as follows:

- The palliative care strategy has been confirmed and delivered to the service last week.
- A new medical director has been appointed, Lalit Kalar, who is also a stroke care specialist.

Matters covered in discussion and in response to questions included:

- Chris Chambers commenting in relation to the % of inpatients on the older people's heath waiting list for two calendar days or less, noting that achievement against the target seemed erratic. Judith Catherwood clarified that it was originally a four working day target which had been used as a stretch target and now sat at two calendar days. July had seen a slight dip but it was now back on track. Two weeks ago Frailty Pathway patients had begun to be admitted directly into Older Peoples Health and this may have also had a slight effect on this target.

6..9 Surgical Services Directorate (Pages 110-118)

Dr Vanessa Beavis, Director Perioperative Services in the absence of Mr Wayne Jones, Director Surgical Services, asked that the report be taken as read, highlighting as follows:

- In July, the cumulative achievement across Surgery was 103% (+31) of the discharge target. The biggest area of deviation from plan is in General Surgery and Urology who have been utilising the capacity released by Orthopaedics (which was under delivery against target).
- The organisational position for ESPI 5 is reported as fully non-compliant for patients not receiving a date for surgery within 4 months at 1.48% (the target is <1.0%). This is predominantly due to the current Orthopaedic position which is now being reviewed.
- The Preadmission project has commenced during August [detail on page 115 of the agenda]

[Secretarial Note: Item 6.5 was considered next.]

6..10 Cardiovascular Directorate (Pages 119-127)

Dr Mark Edwards, Director Cardiovascular Services, asked that the report be taken as read, highlighting as follows:

- There is a continual steady volume of transplant activity. Work is underway with Ernst and Young and the Ministry of Health in relation to practices in clinical settings and institutional arrangements for deceased organ donation. There is also consideration being given to the practice of accepting organ donation after controlled cardiac death (DCCD).
- There has been a high number of patients in-flowing into the cardiac waiting list. A cardiac care regional teleconference (the first of its kind) was instituted to remediate the situation. Successful regional cooperation has smoothed out the waiting list.

6..11 Non-Clinical Support Services (Pages 128-136)

James Tutty, Business Improvement Manager, in the absence of Clare Thompson, General Manager Commercial and Non Commercial Services, asked that the report be taken as read, highlighting that:

- A day had been spent in Wellington learning about the procurement and integrated supply chain process and gaining a better understanding of how it works.

Resolution: Moved Robyn Northey / Seconded Gwen Tepania-Palmer

That the Directorate Update reports be received.

Carried

7. PATIENT EXPERIENCE REPORT (Pages 137-144)

7.1 In-patient Experience

Dr Andrew Old, Chief of Strategy, Participation and Improvement asked that the report be taken as read, advising that:

- This report is about the inpatient experience and the co-ordination around how well the patient is prepared for discharge.
  Since this measure was last reported on in April 2014, there has been a 4% improvement in how well patients are prepared for leaving hospital, with Women's Health and Children's Health directorates both improving significantly. Patient comments also offered another important insight. In 2014 almost 3% of patients commented they were given information whilst still groggy from anaesthetic. In the last twelve months only three patients (0.2%) have commented that this had happened.

7.2 Outpatient Experience

Dr Andrew Old, Chief of Strategy, Participation and Improvement asked that the report be taken as read, advising that:

- Most patients report being as involved as they wanted to be in decisions about their care and treatment, but a significant minority, around one in five are telling us they would like more involvement. It is pleasing to see a significant two percentage point improvement in our overall performance on this measure since the last report in August 2014.
- "Very good" and "excellent" ratings are reasonably high across all directorates, but it's worth acknowledging Cancer and Blood and Adult Community and Long Term Conditions directorates who are meeting or exceeding our target of 90 percent of patients rating our care as very good or excellent..

Matters covered in discussion and in response to questions included:

- Chris Chambers drew attention to page 144 of the agenda and the comment, "*I am left with feeling a decision to do surgery or not is up to me - but I don't feel that I have enough information at this time to make an informed decision. I'm no clearer after this latest appointment about the best course of action."* and concluded that 4% of patients across the board would like more information or wanted the information provided to include a recommendation to assist decision making.

That the Patient Experience reports be received.

Carried

8. INFORMATION PAPERS

8.1 Overall Provider Performance including Health Target Updates (Pages 145-174)

Jo Gibbs, Director Provider Services, asked that the report be taken as read.

Matters covered in discussion and in response to questions included:

- Comment that there appeared to be moderate variability in monthly reported event rates of reported adverse events causing harm SAC 1 and 2 incidents. There was no apparent increase in numbers. However, there was a spike showing for July 2016 which required some explanation. Further investigation is required in order to be able to do so.
- Chris Chambers had a question in relation to the older people's health waiting list target that was answered by Judith Catherwood, Director Community and Long Term Conditions during discussion of item 6.8.

That the Overall Provider Performance including Health Target Updates report be received.

Carried

[Secretarial Note: Item 5.2 was considered next.]

9. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 175-177)

Resolution: Moved Peter Aitken / Seconded Jo Agnew

That in accordance with the provisions of Clauses 34 and 35, Schedule 4, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
3. Confirmation of Confidential Minutes 3 August 2016	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage,	That the public conduct of the whole or the relevant part of the

Points 3 August 2016	commercial activities [Official Information Act 1982 s9(2)(i)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]	meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4.1 The Control and Management of Healthcare Associated infections and Emerging Infectious Diseases Threats at Auckland DHB	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Faster Cancer Treatment	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 Food Services	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.3 Acute Flow Performance	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which

	subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.4 Security for Safety Programme Report	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7. Risk Register Report	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Prevent Improper Gain** The disclosure of information would not be in the public interest because of the greater need to prevent the disclosure or use of official information for improper gain or advantage [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Complaints	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Privacy of Persons** To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2	**Obligation of Confidence** The disclosure of information	That the public conduct of the

Compliments	would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Privacy of Persons** To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]	whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.3 Incident Management	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.4 Policies and Procedures	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

The meeting closed at 3.40pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 07 September 2016

Chair: _____ Date: _____

Judith Bassett

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 26 October 2016

Meeting and Item	Detail of Action	Designated to	Action by
16 Sep 2015 Item 8.1	**Auckland Integrated Cancer Centre** That the Strategic Assessment for the Auckland Integrated Cancer Centre business case be provided to the HAC December meeting.	R Sullivan	To be advised
11 May 2016 Item 8.2	**Patient Experience Survey Net Promoter Score** That a presentation be made to the Board on the MOS Board system and how it operated. [*This presentation will be tied to a demonstration showing how the automated scorecard works with MOS*.]	L Wakeling	17 February 2017
3 August 2016 Item 6.5	**New Cancer Drugs** That the Director, Cancer and Blood regularly include in his directorate report information about the introduction of the new cancer drugs and any constraints that the Board should be aware of.	Richard Sullivan	Ongoing
3 August 2016 Item 6.11	**St Luke's Mental Health Site** That a report be brought back to the confidential Hospital Advisory Committee meeting addressing the current situation with the St Luke's Mental Health site.	J Gibbs/A Johns	See item 6.6 on this agenda

Provider Arm Performance Report

Recommendation

That the Hospital Advisory Committee receives the Provider Arm Performance report for August 2016.

Prepared by: Joanne Gibbs (Director Provider Services)
Endorsed by: Ailsa Claire (Chief Executive)

Executive Summary

The Executive Team highlight the following performance themes for the October 2016 Hospital Advisory Committee meeting:

Elective discharge cumulative variance from target

- Elective discharge performance across a number of specialties has been disappointing in quarter 1, with issues in Orthopaedics, Paediatric Surgery and Vascular Surgery.
- High demand for IDF and surgical acute has reduced capacity available for ADHB electives. Recovery plans have been agreed with each Directorate and are being implemented.

Get on Track

- An internal improvement programme, 'Get on Track', is in place across the organisation to rebalance and reset outgoings to income. Since forming in late August, the Get on Track project team have implemented a number of initiatives to reduce waste across the organisation and expedited the usual spring reset to improve patient flow and reduce unnecessary delays to discharge. Through the spring reset a number of planned initiatives of the 'Using the Hospital Wisely' work programme have been expedited, which include discharge planning and day of surgery admissions.
- A Think and Do Tank has been established to work in parallel with the Get on Track Team to identify quick wins (for referral to the Get on Track team) as well as medium term actions for the remainder of the financial year. The first task of the Think and Do Tank was to brainstorm a list of ideas which sit under eight agreed themes. This process included a review of the ideas submitted through the Concord programme. Following prioritisation of the list, a small number of projects have been agreed by the Think and Do Tank for implementation which focus on revenue management, cost control, productivity, reducing waste and infrastructure and corporate overhead. Leads for each project have been identified and project plans are in the process of being developed.

Emergency Department patients with an ED stay of less than 6 hours

- The national target for patients with a stay of less than 6 hours was met for quarter 1.
- August was an extremely busy month with very high AED attendance. The introduction of the new model of care and a faster transfer of patients to an inpatient speciality has made the greatest impact on compliant performance

Faster Cancer Treatment

- August has seen a significant improvement in the number of patients being treated within 62 days of referral for a high suspicion of cancer. This builds on the gradual improvement in the rolling 6 month reported target. A detailed briefing on progress is included at section 6.1 of the Confidential HAC agenda.

Provider Services 2016/17 Business Plan

Daily Hospital Functioning

- Escalation plan development progressing with plans now complete for General Medicine and Orthopaedics and plans nearing completion for the Adult Hospital, General Surgery, AED and Cardiovascular services.
- Nursing redeployment guidelines drafted with communications plan underway as part of Care Capacity Demand Management programme work. Next step development and implementation of "Smart Fives" and Variance Indicator development.
- Initial prioritisation of information system development complete and to be presented at governance group.
- Pilot of Day of Surgery Admissions (DOSA) patients through the transition lounge began on 26 September.
- RFP process underway for architect and quantity surveying for transition lounge stage two facility changes.

Afterhours Inpatient Safety

- As outlined in the previous report, five priorities which impact on all areas of the hospital afterhours have been identified. Two of these priority projects are being addressed in the interim through the Get on Track project and the review of the model of care in conjunction with the Deteriorating Patients and Daily Hospital Functioning work programmes (out of hours theatre access and staffing afterhours, respectively). The remaining three projects (information for afterhours staff, future oversight of afterhours inpatient safety, and handover) will continue to be progressed by the Steering Group / work groups.
- Recruitment to the project manager role to support this work programme has been put on hold. This decision was made in light of the current financial situation and the fact that this work programme is not projected to achieve savings. It is acknowledged that this decision will impact on the speed at which the prioritised projects progress.

Q2 actions:

- Commence development of a framework for Multi-Disciplinary Team (MDT) handover which can be adapted and implemented across services. Draw on strengths of the current robust handover process in Women's Health.
- Continue to progress the development of an intranet page which provides information for afterhours staff in Child Health. To be replicated by other work streams once established.
- Progress with review of model of care in conjunction with other work programmes: Deteriorating Patients, Daily Hospital Functioning.

Deteriorating Patients

- The Steering Group continues to liaise with the HQSC National Deteriorating Patients Programme to ensure alignment – particularly now that the national programme has commenced. Four workstreams will be delivered as part of the National programme using a phased approach over the course of five years. The first workstream to commence aims to develop a standardised rapid response system for adults which will include a standardised Early Warning Score (EWS). Auckland DHB has been selected as one of the five DHBs to trial the new EWS chart. The trial is planned to commence in February 2017 and will run for nine weeks.
- A database solution has been recommended by the Business Intelligence team to capture data for the identified measures. This solution will involve minimal cost and can be upgraded as required. Further work pending with the Business Intelligence team to get this preferred solution up and running.
- As noted in the previous report, both the adult and paediatric work groups have established the preferred structure for the response function and are now awaiting agreement regarding the model of care to sit across the Deteriorating Patients, Afterhours Inpatient Safety and Daily Hospital Functioning work programmes.

Q2 actions:

- Establish preferred database solution and commence data collection using approved forms.
- Progress with review of model of care in conjunction with other work programmes: Afterhours Inpatient Safety, Daily Hospital Functioning.

Using the Hospital Wisely

- The Programme Board which will lead the Using the Hospital Wisely work programme has been established, with membership confirmed and regular meetings scheduled. Terms of Reference for the group have been drafted and will be confirmed at the first Programme Board meeting.
- The baseline data set referred to in the previous report has been further refined to inform and identity the seven key areas of focus. These have been identified as clinical patient pathways, palliative care, discharge planning, improving day of surgery admissions (DOSA), day cases and procedures, reducing readmissions, laboratory and radiology utilisation, and acute flow.
- As outlined earlier, two of the work streams that comprise this work programme (discharge planning and DOSA) have been expedited through the Get on Track project. Palliative care will commence in November and acute flow is already a well-established programme of work which will be further developed as part of the programme.
- A full communications plan and workforce engagement process will be required as part of this programme which will link with other provider arm programmes and with corporate change programmes including the localities work.

Q2 actions:

- Develop detailed action plan

Outpatients Model of Care

- Text reminder service has experienced some delays in going live due to healthAlliance reporting systems. This is due to take place over the next two weeks.
- Project manager identified for the Interpreter project.
- Community and Long Term Conditions and Surgical Services Directorates have identified a number of clinics to trial telephone interpreting and will commence within the next two weeks.
- Working in collaboration with Counties Manukau DHB to explore opportunities for video interpreting/ telehealth.

Q2 actions:

- Steering group to be established for the overall outpatient project once a project manager has been identified.
- An options appraisal to be presented at the Directors meeting regarding the outsourcing of letters.
- Access, booking and choice policy to be presented to SLT in October 2016 with a view to roll out alongside KPIs for evaluating the success of the policy.

Auckland DHB Provider Scorecard

for August 2016

	Measure			Actual	Target	Prev Period	Commentary
Patient Safety	% AED patients seen within triage time - triage category 2 (10 minutes)		PR006	80.17%	>=80%	78.95%	
	% CED patients seen within triage time - triage category 2 (10 minutes)		PR008	91.33%	>=80%	88.82%	
	Number of reported adverse events causing harm (SAC 1&2)		PR084	7	<=12	15	
	Central line associated bacteraemia rate per 1,000 central line days		PR087	0	<=1	0.96	
	Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days		PR088	0.11	<=0.25	0.08	
	Healthcare-associated bloodstream infections per 1,000 bed days - Adult		PR089	0.87	<=1.6	1.15	
	Healthcare-associated bloodstream infections per 1,000 bed days - Child		PR090	1.24	<=2.4	1.57	
	Falls with major harm per 1,000 bed days		PR095	0.06	<=0.09	0.21	
	Nosocomial pressure injury point prevalence (% of in-patients)		PR097	3.23%	<=6%	6.85%	
	Rate of hospital-onset healthcare-associated Clostridium difficile inpatients >=16 years of age per 10,000 bed days (ACH) (Quarterly)	*	PR143	1.27	<=4	1.68	
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)		PR185	4.21%	<=6%	4.28%	
	% Hand hygiene compliance		PR195	85.23%	>=80%	85.06%	
	Unviewed/unsigned Histology/Cytology results < 90 days		PR289	202	0	227	Significant progress over several months. The IM team is working with services to cease the distribution of paper results. Regular reports sent to Directorate Directors for review and action.
	Unviewed/unsigned Histology/Cytology results > 90 days		PR290	214	0	286	Significant progress over several months. The IM team is working with services to cease the distribution of paper results. Regular reports sent to Directorate Directors for review and action.

Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours	PR013	95.16%	>=95%	94.81%	
	(MOH-01) % CED patients with ED stay < 6 hours	PR016	94.05%	>=95%	97.1%	
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less	PR023	89.34%	>=80%	76.82%	
	HT2 Elective discharges cumulative variance from target	PR035	0.9	>=1	0.91	High demand for IDF and Surgical acute has reduced capacity available for ADHB electives. Recovery plans are being implemented.
	(ESPI-2) Patients waiting longer than 4 months for their FSA	PR038	0.16%	0%	0.29%	
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	PR039	1.62%	0%	1.23%	ESPI5 result is driven by Orthopaedics with 76 patients. Result for all other services is 0.2%.
	Cardiac bypass surgery waiting list	PR042	101	<=108	87	
	% Accepted referrals for elective coronary angiography treated within 3 months	PR043	100%	>=90%	98.86%	
	% Urgent diagnostic colonoscopy compliance	PR044	100%	>=85%	97.78%	
	% Non-urgent diagnostic colonoscopy compliance	PR045	86.06%	>=70%	85.79%	
	% Outpatients and community referred MRI completed < 6 weeks	PR046	82.2%	>=85%	75.89%	Slight increase in Referrals MRI extended sessions continue Paed MRI waitlist reducing steadily.
	% Outpatients and community referred CT completed < 6 weeks	PR047	96.28%	>=95%	94.75%	
	Elective day of surgery admission (DOSA) rate	PR048	70.55%	>=68%	69.63%	
	% Day Surgery Rate	PR052	54.56%	>=70%	51.74%	Acuity and casemix being tracked as August data showing an increase weis per theatre session and used theatre minutes however a decrease in discharges highlighting an overall increase major inpatient work. Continued focus on daycase volumes at Green Lane.
	Inhouse Elective WIES through theatre - per day	PR053	110.65	>=99	135.49	
	% DNA rate for outpatient appointments - All Ethnicities	PR056	9.21%	<=9%	10.86%	
	% DNA rate for outpatient appointments - Maori	PR057	19.34%	<=9%	21.1%	Positive progress has been an improvement in the services working within the clinics. The focus for support within DNA continues to thrive.
	% DNA rate for outpatient appointments - Pacific	PR058	17.72%	<=9%	21%	The team continues to call-back for oncology clinics and support the wider DNA strategy.
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 4 weeks of referral	PR059	100%	100%	100%	
	% Radiation oncology patients attending FSA within 4 weeks of referral	PR064	95.85%	100%	100%	Our service has engaged production planning methodology to improve our demand and capacity planning. We are staff vacancies in the service at present, and have engaged a fixed term locum, commencing 28th September to assist.
	% Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT	PR070	99.71%	100%	100%	
	Average LOS for WIES funded discharges (days)	PR074	2.87	<=3	2.77	
	28 Day Readmission Rate - Total	PR078	R/U	<=6%	10.15%	
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	PR119	R/U	<=10%	2.22%	
						August figure skewed by 3 very

Improved Health Status	Breastfeeding rate on discharge excluding NICU admissions		PR099	R/U	>=75%	74.77%	
	% Long-term clients with relapse prevention plans in last 12 months (6-Monthly)	*	PR125	89.45%	>=95%	91.41%	Transitioning to new 1 July MoH reporting requirements that will replace relapse with wellness plans.
	% Hospitalised smokers offered advice and support to quit		PR129	95.31%	>=95%	96.06%	

Amber = Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target.

R/U = Result unavailable

PR078, PR119
A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).

PR099
Result unavailable until after the 20th day of the next month.

PR154
This measure is based on retrospective survey data, i.e. completed responses for patients discharged the previous month.

PR181, PR182, PR184
Results unavailable from NRA until after the 20th day of the next month.

***** **= Quarterly or 6-Monthly Measure**

PR125 (6-Monthly)
Actual result is for the period ending December 2015. Previous period result is for period ending June 2015.

PR143 (Quarterly)
Actual result is for the period ending June 2016. Previous period result is for period ending March 2016.

Financial Performance

Consolidated Statement of Financial Performance - September 2016

Provider	Month (Sep-16)			YTD (3 months ending Sep-16)		
$000s	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Income						
Government and Crown Agency sourced	7,184	8,064	(881) U	22,317	24,357	(2,040) U
Non-Government & Crown Agency Sourced	7,026	6,973	53 F	20,672	20,948	(276) U
Inter-DHB & Internal Revenue	1,258	1,249	9 F	3,456	4,003	(547) U
Internal Allocation DHB Provider	100,169	101,625	(1,456) U	304,730	306,245	(1,515) U
	115,636	**117,911**	**(2,275) U**	**351,175**	**355,552**	**(4,377) U**
Expenditure						
Personnel	71,982	73,239	1,257 F	218,363	219,850	1,487 F
Outsourced Personnel	2,133	1,077	(1,056) U	6,175	3,255	(2,920) U
Outsourced Clinical Services	2,033	1,622	(411) U	5,714	6,256	542 F
Outsourced Other	4,436	4,271	(165) U	12,852	12,813	(39) U
Clinical Supplies	22,049	21,391	(658) U	66,992	63,533	(3,458) U
Infrastructure & Non-Clinical Supplies	15,576	15,536	(41) U	47,049	46,796	(253) U
Internal Allocations	531	531	0 F	1,594	1,595	0 F
Total Expenditure	**118,741**	**117,667**	**(1,074) U**	**358,739**	**354,099**	**(4,640) U**
Net Surplus / (Deficit)	**(3,105)**	**244**	**(3,349) U**	**(7,564)**	**1,453**	**(9,017) U**

Consolidated Statement of Financial Performance – September 2016

Performance Summary by Directorate

By Directorate $000s	Month (Sep-16)			YTD (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Adult Medical Services	2,699	2,440	259 F	6,704	6,527	177 F
Adult Community and LTC	1,960	1,981	(21) U	5,972	5,684	288 F
Surgical Services	9,293	10,090	(797) U	28,605	29,425	(819) U
Women's Health & Genetics	3,378	3,360	18 F	9,419	9,694	(275) U
Child Health	5,723	7,566	(1,843) U	17,983	20,695	(2,712) U
Cardiac Services	2,174	2,842	(668) U	5,640	7,703	(2,063) U
Clinical Support Services	(1,428)	(1,424)	(4) U	(4,930)	(4,251)	(679) U
Non-Clinical Support Services	(1,443)	(1,578)	134 F	(4,688)	(4,666)	(22) U
Perioperative Services	(11,646)	(11,221)	(426) U	(35,558)	(33,806)	(1,752) U
Cancer & Blood Services	959	1,957	(997) U	5,014	6,085	(1,070) U
Operational - Other	5,590	4,881	709 F	14,059	16,437	(2,378) U
Mental Health & Addictions	368	203	165 F	1,099	500	599 F
Ancillary Services	(20,730)	(20,853)	122 F	(56,884)	(58,574)	1,690 F
Net Surplus / (Deficit)	**(3,105)**	**244**	**(3,349) U**	**(7,564)**	**1,453**	**(9,017) U**

Consolidated Statement of Personnel by Professional Group – September 2016

Employee Group $000s	Month (Sep-16)			YTD (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical Personnel	27,036	27,557	521 F	83,325	82,475	(851) U
Nursing Personnel	24,230	23,732	(498) U	72,257	72,055	(201) U
Allied Health Personnel	11,700	12,230	531 F	35,352	36,297	945 F
Support Personnel	1,509	1,676	167 F	4,524	4,991	467 F
Management/ Admin Personnel	7,508	8,045	536 F	22,905	24,032	1,127 F
Total (before Outsourced Personnel)	**71,982**	**73,239**	**1,257 F**	**218,363**	**219,850**	**1,487 F**
Outsourced Medical	971	749	(222) U	2,526	2,269	(257) U
Outsourced Nursing	374	45	(328) U	918	135	(783) U
Outsourced Allied Health	51	80	28 F	238	245	8 F
Outsourced Support	137	6	(132) U	455	17	(438) U
Outsourced Management/Admin	600	198	(402) U	2,039	589	(1,450) U
Total Outsourced Personnel	**2,133**	**1,077**	**(1,056) U**	**6,175**	**3,255**	**(2,920) U**
Total Personnel	**74,115**	**74,316**	**201 F**	**224,538**	**223,105**	**(1,433) U**

Consolidated Statement of FTE by Professional Group – September 2016

FTE by Employee Group	Month (Sep-16)			YTD (3 months ending Sep-16)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Medical Personnel	1,362	1,330	(32) U	1,369	1,335	(34) U
Nursing Personnel	3,570	3,385	(184) U	3,546	3,468	(78) U
Allied Health Personnel	1,814	1,846	31 F	1,820	1,863	42 F
Support Personnel	380	417	37 F	381	421	40 F
Management/ Admin Personnel	1,208	1,280	72 F	1,224	1,286	61 F
Total (before Outsourced Personnel)	**8,335**	**8,258**	**(76) U**	**8,341**	**8,373**	**32 F**
Outsourced Medical	29	28	(1) U	27	28	1 F
Outsourced Nursing	12	6	(6) U	12	6	(6) U
Outsourced Allied Health	7	4	(3) U	8	4	(5) U
Outsourced Support	38	0	(38) U	42	0	(42) U
Outsourced Management/Admin	102	26	(76) U	103	26	(77) U
Total Outsourced Personnel	**187**	**63**	**(124) U**	**192**	**63**	**(129) U**
Total Personnel	**8,522**	**8,322**	**(200) U**	**8,533**	**8,436**	**(97) U**

Consolidated Statement of FTE by Directorate – September 2016

Employee FTE by Directorate Group (including Outsourced FTE)	Month (Sep-16)			YTD (3 months ending Sep-16)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Adult Medical Services	858	833	(26) U	858	833	(25) U
Adult Community and LTC	511	536	25 F	512	536	24 F
Surgical Services	817	771	(46) U	811	771	(40) U
Women's Health & Genetics	380	379	() U	385	379	(6) U
Child Health	1,146	1,111	(35) U	1,129	1,111	(18) U
Cardiac Services	516	517	1 F	512	517	6 F
Clinical Support Services	1,385	1,420	35 F	1,395	1,420	25 F
Non-Clinical Support Services	248	252	3 F	254	252	(3) U
Perioperative Services	832	857	25 F	829	857	28 F
Cancer & Blood Services	324	325	1 F	324	325	1 F
Operational - Others	0	(221)	(221) U	0	(122)	(122) U
Mental Health & Addictions	747	757	10 F	742	756	14 F
Ancillary Services	756	760	5 F	782	793	11 F
Total Personnel	**8,522**	**8,298**	**(224) U**	**8,533**	**8,428**	**(105) U**

Month Result

The Provider Arm result for the month is $3.3M unfavourable. This result is revenue driven, primarily reflecting base elective and IDF volumes below contract for the month.

Overall volumes are 93.3% of base contract - this equates to $6.8M below contract (with $1.5M of this reflected in the result, being the estimated washup liability). Contract performance is likely to improve further once coding is fully complete.

Total revenue for the month is $2.3M (1.9%) unfavourable, with the key variances as follows:

- Funder to Provider base contract revenue $1.5M unfavourable reflecting estimated washup liability for base elective and IDF volumes
- Haemophilia funding $0.4M unfavourable for low blood product usage, bottom line neutral as offset by reduced expenditure
- Research Income $0.3M favourable, offset by equivalent expenditure and bottom line neutral
- Financial Income $0.3M unfavourable driven by term deposit rates lower than budgeted rates

Total expenditure is $1.1M (0.9%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs are close to budget at $0.2M (0.3%) favourable. Total FTE at 8,522 remain consistent with the trend throughout the calendar year, but are 200 above budget due to FTE savings targets incorporated into the budget. While total FTE numbers are unfavourable, total costs remain close to budget due to lower cost per FTE (reflecting reductions in overtime and other premium payments).
- Outsourced Clinical Services $0.4M unfavourable, reflecting a one off prior period adjustment – year to date remains favourable to budget.
- Clinical Supplies $0.7M (3.1%) unfavourable – comprising one off costs for loss on disposal of assets $0.2M and $0.3M unfavourable for Cardiovascular implants - $0.1M ICD implants is phasing only (year to date is on budget) and $0.2M due to high volume of TAVI implants.

Year to Date Result

The Provider Arm result for the year to date is $9.0M unfavourable. This result reflects a combination of revenue below budget due to volumes under contract and unfavourable expenditure due primarily to savings targets not fully achieved.

Overall volumes are reported at 96.2% of base contract - this equates to $11.2M below contract (with $3.6M of this reflected in the result, being the estimated washup liability).

Total revenue for the year to date is $4.4M (1.2%) unfavourable, with the key variances as follows:

- Funder to Provider base contract revenue $3.6M unfavourable for estimated washup liability for base elective and IDF volumes.
- Research Income $1.0M favourable, offset by equivalent expenditure and bottom line neutral.
- ACC revenue $0.7M unfavourable – primarily lower elective surgery volumes combined with budget including growth over last year actuals, not achieved to date.
- Donations $0.8M unfavourable – revenue fluctuates from month to month, depending on timing of key projects, with the full year budget still expected to be achieved.
- MOH Public Health Funding $0.6M unfavourable, in line with services delivered – this revenue is expected to be on budget by year end.
- Haemophilia funding $0.4M unfavourable for low blood product usage, bottom line neutral as offset by reduced expenditure.

Total expenditure is $4.6M (1.3%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs $1.4M (0.6%) unfavourable reflecting total FTE 97 (1.2%) above budget due to FTE savings targets incorporated into the budget, partially offset by lower cost per FTE (reflecting reductions in overtime and other premium payments).
- Clinical Supplies $3.5M (5.4%) unfavourable, comprising the following key variances - high transplant activity - there have been a total of 62 heart, lung, liver and renal transplants for the year to date, compared to the average of 45 for a three month period over the last year and these have very high drug and consumables costs - $0.4M unfavourable, Cardiovascular $0.9M unfavourable reflecting volume growth over the same period last year for both Cardiology and Cardiothoracic combined with a small number of patients with very high blood costs, Perioperative $0.8M reflecting theatre minutes 4.8% above year to date budget assumption, Depreciation $0.5M unfavourable due to timing of capitalisation of projects (expected to be on budget for the full year), one off costs for loss on disposal of assets $0.2M.
- Outsourced Clinical Services $0.5M (8.7%) favourable, reflecting no Orthopaedic elective surgery outsourcing, and offset by an unfavourable revenue/volume position.

FTE

Total FTE (including outsourced) for September were 8,522 which is 200 FTE above budget. Total FTE remain consistent with the trend throughout the calendar year (averaging 8,531 per month from January to September), with the unfavourable variance reflecting FTE targets incorporated into the budget – partially offset by lower cost per FTE.

2016/17 Savings Programme

Significant steps have been taken to reduce costs at Auckland DHB over the past four years, underpinned by a comprehensive savings programme. Living within our means is core to sustaining our services and for 2016/17 our savings programme will continue with a Provider target of $37.35M and the key priority being to deliver services in a cost efficient and productive manner.

Key Strategies

For 2016/17, the $37.35M savings have been targeted within one of three key strategies – Managing cost growth, Purchasing/Productivity Improvement and Service Reconfiguration.

Table 1: Provider 16/17 Savings Target ($000's)

Strategy	Revenue	Personnel	Personnel/ Clinical Supplies	Clinical Supplies	Infra-structure	Grand Total
Managing Cost Growth	1,950	19,293	1,150	4,500	562	27,455
Purchasing/Productivity	1,425	1,630	4,090		200	7,345
Service Reconfiguration	580	1,970				2,550
Grand Total	**$3,955**	**$22,893**	**$5,240**	**$4,500**	**$762**	**$37,350**

Year to Date Result – 3 months to September 2016

For the 3 months to September $4.3M savings have been reported against the budget of $9.3M, resulting in an unfavourable variance of $5M. The year to date unfavourable result is mainly attributed to initiatives which are in implementation mode and therefore too early to report savings. In addition, the key initiatives cover a range of directorates/services and the approach taken to implement the same initiatives will vary in timing in the achievement of savings.

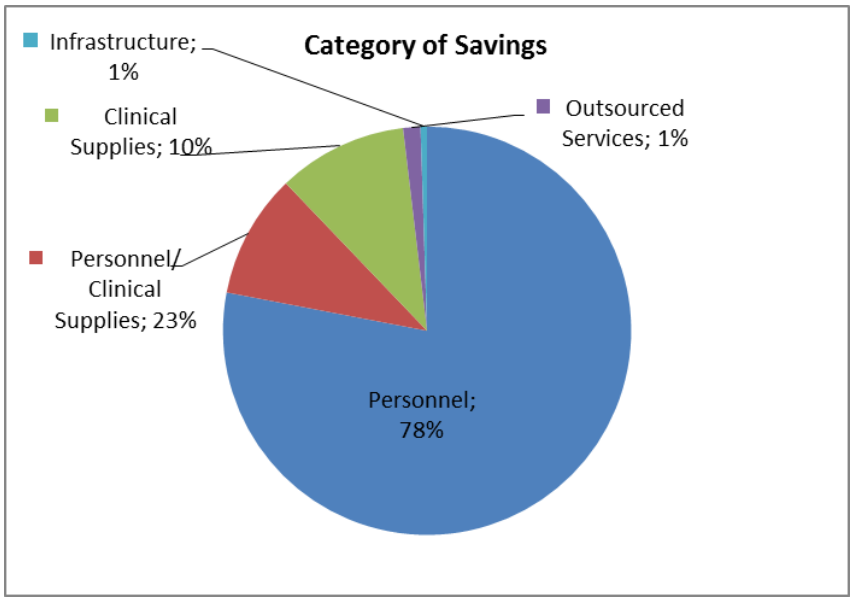
The year to date savings of $4.3M arose mainly from personnel/FTE/vacancy management, bed closures, ACC Levy, Laboratory/Radiology efficiencies and supply chain. The $4.3M savings also includes offsets totalling $1.6M from Personnel and other areas that have been reported to mitigate some of the unfavourable variances and initiatives not yet started.

Table 2: Savings Update – 3 months to September 16 ($000's)

Strategy	Category	16-17 Target Savings	YTD Act	YTD Bud	Var.
Managing Cost Growth	Revenue	1,950	0	488	-488
	Personnel	19,293	3,166	4,823	-1,657
	Personnel/Clinical Supplies	1,150	0	288	-288
	Outsourced Services	0	59	0	59
	Clinical Supplies	4,500	441	1,125	-684
	Infrastructure	562	22	141	-119
Managing Cost Growth Total		**27,455**	**3,688**	**6,864**	**-3,176**
Purchasing/Productivity	Revenue	1,425	0	356	-356
	Personnel	1,630	0	408	-408
	Personnel/Clinical Supplies	4,090	422	1,023	-601
	Infrastructure	200	0	50	-50
Purchasing/Productivity Total		**7,345**	**422**	**1,836**	**-1,414**
Service reconfiguration	Revenue	580	0	145	-145
	Personnel	1,970	183	493	-310
Service reconfiguration Total		**2,550**	**183**	**638**	**-455**
Grand Total		**$37,350**	**$4,292**	**$9,337**	**-5,045**

Category of Savings

Personnel initiatives continue to be the major source of savings at $3.3M (78%) with the balance comprising Personnel/Clinical Supplies $422k (10%), Clinical Supplies $441k (10%), Outsourced Services $59k (1%) and infrastructure $22k (1%).



Key Points by Service

Adult Medical – Favourable, Achieved target of $659k
The Directorate achieved its savings target of $659k for the three months to September and is mainly attributed to offsets from personnel management ($557k) and clinical supplies ($102k). The savings programme for 16/17 is now underway and savings are expected to flow in coming months.

Adult Community and LTC – Unfavourable variance $450k
The Directorate has reported $70k of savings to September mainly in personnel-related initiatives. The unfavourable variance of $450k is attributed to a phased-roll out of programme which will be implemented in the second quarter. The Directorate is expected to meet its savings targets through on-going active management of recruitment and other personnel costs over the full year.

Adult Surgical – Unfavourable variance $1,420k
The Directorate has reported savings of $552k to September mainly attributed to reduced usage of Laboratories, Radiology, nutrition, blood services, bed closure, FTE reductions and model of care skill mix review. There are a number of initiatives which are progressing towards implementation and these are across all main categories for example, revenue, personnel and clinical supplies. In addition, the Directorate has also identified further pipeline projects of approximately $1.4M to help mitigate any savings shortfall against the initial programme.

Women's Health – Unfavourable variance $282k
The Women's Directorate has reported minor savings of $25k to September mainly attributed to Pharmac rebate and blood transfusion as part of the standardisation of care programme. The Women's directorate key area of focus for the year in order of priority will be Gynae-Oncology volumes for Waikato, supplemental payment for multi disciplinary clinics and private patient revenue. These key initiatives are progressing with the various stakeholders (Funder, MOH and other DHBs), therefore there is a timing factor for when the revenue will be received. The directorate is confident the target savings will be achieved.

Children's Health – Unfavourable variance $387k
The Directorate has reported savings of $325k to September and this is mainly attributed to vacancy/leave balance management and ACC levy. The Directorate continues to further refine its savings plan and has established local initiatives estimated to be approximately $500k to help mitigate any shortfall within the original programme.

Cardiovascular – Unfavourable variance $73k
The Directorate has reported $324k savings in ACC, mobile phones, cardiac surgical pathway efficiencies plus offsets achieved from FTE management. This is primarily due to local initiatives including vacancy and leave management and Cardiac Surgical Pathway efficiencies (through reduced Saturday lists). Further local initiatives are under development. These are estimated to be $1.1M to help mitigate any shortfall. These strategies include cardiac surgical pathway efficiencies, cardiology pathway efficiencies (e.g. reconfiguration of the CIU/hybrid service model), high cost consumables and FTE management.

Clinical Support - Unfavourable variance $351k
The Directorate reported $1,076k savings attributed to ACC, FTE review, Laboratory/Radiology efficiency and diagnostic initiatives. This has offset other initiatives currently in start-up/ implementation phases.

Non Clinical Support – Unfavourable variance $24k
The Directorate reported savings of $244k attributed to supply chain and procurement, FTE review. The minor unfavourable balance of $24k is due to timing.

Perioperative – Unfavourable variance $465k
The Directorate reported $110k of savings mainly from ACC and FTE review. There are timing factors and the Directorate has been progressing with the programme of work involving standardisation of care (production planning and productivity) and Pharmac pricing. In addition, the Directorate has also identified additional pipeline projects of approximately $1.6M to help mitigate any savings shortfall against the original programme.

Cancer and Blood – Unfavourable variance $89k
The Directorate has reported $227k savings mainly from offsets in personnel. Other savings initiatives are underway and savings expected to flow in coming months.

Mental Health – Unfavourable variance $102k
The Directorate has reported savings of $183k from the FTE review and vacancy management. The unfavourable result is attributed to phased-roll out of personnel related projects that have not commenced. The Directorate will manage its target to plan with a forecast to achieve the plan by year end through active management of recruitment and other personnel costs over the full year.

Corporate – Unfavourable variance $177k
Total year to date savings of $498k are reported from the ACC, vacancy management and FTE review. The unfavourable variance is attributed to initiatives being in start-up phase.

Provider wide – Unfavourable variance $1,225k
The provider wide savings target for 16/17 of $4.9M relates to further Personnel related costs for which initiatives are in start up phase.

Table 3: Savings by Programme/by Directorate – 3 Months to September 2016 ($000's)

	September YTD Variance by Directorate														September YTD		
Programme	**Med**	**C & LTC**	**Surgical**	**Women**	**Child**	**Cardio**	**ClinSupp**	**Non ClinSupp**	**Periop**	**C&B**	**MH**	**Corp**	**Provider Wide**	**YTD Var**	**16-17 Target Savings**	**Act**	**Bud**	**Var.**
Address Funding Shortfalls			-250	-13			-175							-438	1,750	0	438	-438
Using the Hospital Wisely	-63				-250	-63								-375	1,500	0	375	-375
Using the Hospital Wisely		-188	-134											-322	1,750	116	438	-322
Commercial Services								-116						-116	550	22	138	-116
Commercial Services								-50						-50	200	0	50	-50
Commercial opportunities												-50		-50	200	0	50	-50
Corporate Services												-240		-240	2,290	333	573	-240
Directorate Savings	-78	-67	-23	-99	-39	-43	-45	-2	-71	-139	-44	-27		-676	5,059	589	1,265	-676
Junior Doctors	-6	-2	-7	-2	-6	-3	-2	-50	-3	-2	-2			-84	335	0	84	-84
Outpatients	-16	-11	-39	-7	-35	-8				-54				-169	675	0	169	-169
Outpatients			12											12	220	67	55	12
Pay and Reward Strategy	-15	-6	-16	-5	-21	-10	-19		-19	-6	-10			-125	500	0	125	-125
Procurement / Logistics	-142	-77	-788	-16	-48				-4	-41				-1,115	4,500	10	1,125	-1,115
Commercial opportunities			-38	-63		-38	-50							-188	750	0	188	-188
Regional Collaboration	-145													-145	580	0	145	-145
Regional Infrastructure												-33		-33	130	0	33	-33
Standardised care&Benchmark			-125				-150							-275	1,100	0	275	-275
Standardised care&Benchmark	-4	-2	-33	1	-4	-45	-257		-250	-7				-601	4,090	422	1,023	-601
Balance - Other	-192	-98	-181	-78	-241	1	346	55	-118	-69	-46	172		-449	6,271	1,118	1,568	-449
Further FTE initiatives													-1,225	-1,225	4,900	0	1,225	-1,225
Offsets	659		202		256	134		138		227				1,616	0	1,616	0	1,616
Provider Total	**-$0**	**-$450**	**-$1,420**	**-$282**	**-$387**	**-$73**	**-$351**	**-$24**	**-$465**	**-$89**	**-$102**	**-$177**	**-$1,225**	**-$5,045**	**$37,350**	**$4,292**	**$9,337**	**-$5,045**

Volume Performance

1) Combined DRG and Non-DRG Activity (All DHBs)

		September 2016				YTD (3 months ending Sep-16)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	Ambulatory Services	1,063	904	(159)	85.1%	3,229	2,911	(319)	90.1%
	Community Services	2,259	1,488	(771)	65.9%	6,745	4,886	(1,859)	72.4%
	Diabetes	496	499	3	100.7%	1,487	1,464	(22)	98.5%
	Palliative Care	39	39	0	100.0%	117	117	0	100.0%
	Reablement Services	2,052	2,550	498	124.3%	6,019	7,370	1,351	122.4%
	Sexual Health	448	510	62	113.9%	1,344	1,478	134	110.0%
Adult Community & LTC Total		**6,355**	**5,990**	**(366)**	**94.2%**	**18,941**	**18,226**	**(715)**	**96.2%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,022	2,210	188	109.3%	6,114	6,428	313	105.1%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	11,976	11,345	(631)	94.7%	35,428	33,990	(1,438)	95.9%
Adult Medical Services Total		**13,998**	**13,555**	**(443)**	**96.8%**	**41,543**	**40,418**	**(1,125)**	**97.3%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	9,346	8,615	(731)	92.2%	25,913	25,390	(523)	98.0%
	N Surg, Oral, ORL, Transpl, Uro	10,056	8,770	(1,286)	87.2%	28,213	27,410	(803)	97.2%
	Orthopaedics Adult	3,571	3,997	426	111.9%	13,228	11,553	(1,675)	87.3%
Surgical Services Total		**22,972**	**21,381**	**(1,591)**	**93.1%**	**67,354**	**64,353**	**(3,001)**	**95.5%**
Cancer & Blood Services		**8,392**	**7,895**	**(497)**	**94.1%**	**25,324**	**23,260**	**(2,063)**	**91.9%**
Cardiovascular Services		**12,767**	**11,941**	**(825)**	**93.5%**	**35,019**	**34,611**	**(408)**	**98.8%**
Children's Health	Child Health & Disability	954	938	(16)	98.3%	2,863	2,821	(42)	98.6%
	Medical & Community	7,142	6,210	(932)	86.9%	21,416	19,683	(1,734)	91.9%
	Paediatric Cardiac & ICU	5,122	5,167	45	100.9%	14,385	14,423	39	100.3%
	Surgical & Community	5,746	4,280	(1,466)	74.5%	14,455	12,915	(1,540)	89.3%
Children's Health Total		**18,965**	**16,595**	**(2,369)**	**87.5%**	**53,119**	**49,842**	**(3,277)**	**93.8%**
Clinical Support Services		**3,365**	**3,229**	**(136)**	**96.0%**	**10,094**	**9,739**	**(355)**	**96.5%**
Non-Clinical Support		**23**	**23**	**0**	**100.0%**	**69**	**69**	**0**	**100.0%**
DHB Funds		**6,178**	**6,178**	**(0)**	**100.0%**	**18,535**	**18,535**	**(0)**	**100.0%**
Perioperative Services		**2**	**2**	**0**	**100.0%**	**7**	**7**	**0**	**100.0%**
Public Health Services		**130**	**130**	**0**	**100.0%**	**389**	**389**	**0**	**100.0%**
Support Services		**101**	**101**	**0**	**100.0%**	**304**	**304**	**0**	**100.0%**
Women's Health	Genetics	289	296	7	102.5%	867	889	22	102.5%
	Women's Health	7,727	7,119	(609)	92.1%	22,172	21,898	(274)	98.8%
Women's Health Total		**8,016**	**7,415**	**(601)**	**92.5%**	**23,040**	**22,787**	**(253)**	**98.9%**
Grand Total		**101,265**	**94,436**	**(6,829)**	**93.3%**	**293,737**	**282,541**	**(11,196)**	**96.2%**

2) Total Discharges for the YTD (3 Months to September 2016)

		Cases Subject to WIES Payment		All Discharges			Same Day discharges		Same Day as % of all discharges	
		Inpatient								
Directorate	**Service**	**2016**	**2017**	**Last YTD**	**This YTD**	**% Change**	**Last YTD**	**This YTD**	**Last YTD**	**This YTD**
Adult Community & LTC	A+ Links, HOP, Rehab	0	0	584	0	(100.0%)	0	0	0.0%	0.0%
	Ambulatory Services	388	449	491	508	3.5%	453	482	92.3%	94.9%
	Reablement Services	0	0	0	613	0.0%	0	14	0.0%	2.3%
Adult Community & LTC Total		388	449	1,075	1,121	4.3%	453	496	42.1%	44.2%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	3,076	3,452	3,079	3,458	12.3%	2,169	2,433	70.4%	70.4%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	5,359	5,153	5,400	5,223	(3.3%)	932	855	17.3%	16.4%
Adult Medical Services Total		8,435	8,605	8,479	8,681	2.4%	3,101	3,288	0.0%	0.0%
Cancer & Blood Total		1,300	1,267	1,397	1,425	2.0%	736	759	52.7%	53.3%
Cardiovascular Services Total		2,163	2,218	2,235	2,295	2.7%	576	556	25.8%	24.2%
Children's Health	Medical & Community	4,155	3,986	4,497	4,330	(3.7%)	2,453	2,414	54.5%	55.8%
	Paediatric Cardiac &	613	592	659	619	(6.1%)	153	134	23.2%	21.6%
	Surgical & Community	2,184	2,254	2,315	2,375	2.6%	1,154	1,124	49.8%	47.3%
Children's Health Total		6,952	6,832	7,471	7,324	(2.0%)	3,760	3,672	50.3%	50.1%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	4,455	4,496	5,175	5,041	(2.6%)	2,970	2,757	57.4%	54.7%
	N Surg, Oral, ORL, Transpl, Uro	2,822	2,982	2,977	3,178	6.8%	1,139	1,261	38.3%	39.7%
	Orthopaedics Adult	1,198	1,133	1,272	1,201	(5.6%)	219	190	17.2%	15.8%
Surgical Services Total		8,475	8,611	9,424	9,420	(0.0%)	4,328	4,208	45.9%	44.7%
Women's Health Total		5,187	5,670	5,422	5,889	8.6%	2,067	2,235	38.1%	38.0%
Grand Total		**32,900**	**33,652**	**35,503**	**36,155**	**1.8%**	**15,021**	**15,214**	**42.3%**	**42.1%**

3) Caseweight Activity for the YTD (3 Months to September 2016 (All DHBs))

		Acute							Elective							Total						
		Case Weighted Volume			$000s				Case Weighted Volume			$000s				Case Weighted Volume			$000s			
Directorate	Service	Con	Act	Var	Con	Act	Var	Prog %	Con	Act	Var	Con	Act	Var	Prog %	Con	Act	Var	Con	Act	Var	Prog %
Adult Community & LTC		**209**	**194**	**(15)**	**1,006**	**935**	**(71)**	**93.0%**	**30**	**21**	**(9)**	**146**	**102**	**(44)**	**70.1%**	**239**	**215**	**(24)**	**1,152**	**1,038**	**(114)**	**90.1%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	877	937	60	4,231	4,521	290	106.9%	0	0	0	0	0	0	0.0%	877	937	60	4,231	4,521	290	106.9%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	4,993	4,714	(280)	24,092	22,742	(1,350)	94.4%	2	0	(2)	9	0	(9)	0.0%	4,995	4,714	(282)	24,100	22,742	(1,359)	94.4%
Adult Medical Services Total		**5,870**	**5,651**	**(220)**	**28,322**	**27,263**	**(1,060)**	**96.3%**	**2**	**0**	**(2)**	**9**	**0**	**(9)**	**0.0%**	**5,872**	**5,651**	**(221)**	**28,331**	**27,263**	**(1,068)**	**96.2%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	2,175	2,241	66	10,495	10,813	318	103.0%	2,104	1,966	(139)	10,153	9,483	(670)	93.4%	4,280	4,207	(73)	20,648	20,296	(352)	98.3%
	N Surg, Oral, ORL, Transpl, Uro	2,170	2,191	21	10,468	10,571	104	101.0%	2,011	1,890	(121)	9,702	9,117	(585)	94.0%	4,181	4,081	(100)	20,170	19,689	(481)	97.6%
	Orthopaedics Adult	1,399	1,394	(5)	6,750	6,724	(26)	99.6%	1,107	681	(426)	5,342	3,286	(2,056)	61.5%	2,506	2,075	(431)	12,091	10,010	(2,082)	82.8%
Surgical Services Total		**5,744**	**5,826**	**82**	**27,712**	**28,108**	**396**	**101.4%**	**5,222**	**4,536**	**(686)**	**25,197**	**21,886**	**(3,311)**	**86.9%**	**10,966**	**10,362**	**(604)**	**52,909**	**49,994**	**(2,915)**	**94.5%**
Cancer & Blood Services		**1,545**	**1,355**	**(190)**	**7,456**	**6,537**	**(919)**	**87.7%**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**	**1,545**	**1,355**	**(190)**	**7,456**	**6,537**	**(919)**	**87.7%**
Cardiovascular Services		**3,671**	**4,302**	**630**	**17,714**	**20,755**	**3,041**	**117.2%**	**2,908**	**2,230**	**(678)**	**14,028**	**10,757**	**(3,271)**	**76.7%**	**6,579**	**6,531**	**(48)**	**31,742**	**31,512**	**(230)**	**99.3%**
Children's Health	Medical & Community	3,045	2,862	(183)	14,693	13,811	(883)	94.0%	0	1	1	0	3	3	0.0%	3,045	2,863	(182)	14,693	13,814	(880)	94.0%
	Paediatric Cardiac & ICU	1,529	1,468	(61)	7,379	7,084	(295)	96.0%	675	746	71	3,256	3,600	344	110.6%	2,204	2,214	10	10,634	10,683	49	100.5%
	Surgical & Community	1,308	1,188	(120)	6,311	5,732	(579)	90.8%	1,314	1,132	(182)	6,342	5,462	(880)	86.1%	2,623	2,320	(302)	12,653	11,194	(1,459)	88.5%
Children's Health Total		**5,883**	**5,519**	**(364)**	**28,383**	**26,626**	**(1,757)**	**93.8%**	**1,989**	**1,879**	**(110)**	**9,597**	**9,065**	**(533)**	**94.5%**	**7,872**	**7,398**	**(475)**	**37,980**	**35,691**	**(2,289)**	**94.0%**
Women's Health Services		**2,760**	**2,759**	**(1)**	**13,316**	**13,309**	**(7)**	**99.9%**	**559**	**532**	**(27)**	**2,698**	**2,566**	**(133)**	**95.1%**	**3,319**	**3,290**	**(29)**	**16,014**	**15,875**	**(140)**	**99.1%**
Grand Total		**25,682**	**25,604**	**(78)**	**123,909**	**123,533**	**(376)**	**99.7%**	**10,711**	**9,198**	**(1,513)**	**51,675**	**44,376**	**(7,299)**	**85.9%**	**36,393**	**34,802**	**(1,591)**	**175,584**	**167,909**	**(7,675)**	**95.6%**
Excludes caseweight Provision																						

Acute

Acute services are close to contract. Discharges are up 2.7% on the same period last year, continuing the previous months' trend.

Looking at the activity by event type:

- Acute medical discharges continue to stay flat. However, the average WIES has dropped 3% (equivalent to 388 WIES or $1.8M). This reflects the higher number of shorter stay cases (as evidenced by the shorter ALOS, which has dropped nearly 2%).
- Unlike acute medical, surgical cases are continuing to increase, being 4% up in discharges and 4% up in average WIES. However, ALOS continues to be lower than last year, although a slight rise on the previous two months.
- Obstetrics and Newborn services continue the trend of the last 9 months, with discharges being 6% higher than the same period last year. Average WIES is up 1.9% on last year, while ALOS continues to be lower than last year.

Elective

There has been an increase in the overall elective contract for all services of 9.8%. However, discharges have only increased by 3.8% and average WIES has decreased by 8%, leading to a shortfall against contract. Of note:

- Child Health – Paediatric Surgery and Paediatric Orthopaedics are under contract. Paediatric Orthopaedic discharges are up 18%, but the average WIES has dropped by 20%. This may be due to a lower number of high WIES spinal cases than usual (15 for the quarter compared with 21 for the previous 2 years). Paediatric Surgery discharges have decreased from the last quarter.
- Cardiothoracic – there continues to be an issue with admit type with activity being classified as arranged when it should be elective. After adjusting for that, the directorate is still around 400 WIES below contract. However, the directorate is above the acute contract and is meeting contract overall. Elective discharges have increased by 7.8% on the same quarter last year. The average WIES has dropped by 7% making it harder to reach the elective target for WIES.
- Women's Health – the contract has increased by 7%, while discharges are only up 1%. Fortunately average WIES is up for this service.
- Surgical Services – the contract has increased by 9.5%. While discharges have increased by 4%, average WIES has dropped by 9%. The main service under contract is Orthopaedics.

4) Non-DRG Activity (ALL DHBs)

		September 2016				YTD (3 months ending Sep-16)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	Ambulatory Services	693	573	(119)	82.8%	2,078	1,873	(204)	90.2%
	Community Services	2,259	1,488	(771)	65.9%	6,745	4,886	(1,859)	72.4%
	Diabetes	496	499	3	100.7%	1,487	1,464	(22)	98.5%
	Palliative Care	39	39	0	100.0%	117	117	0	100.0%
	Reablement Services	2,052	2,550	498	124.3%	6,019	7,370	1,351	122.4%
	Sexual Health	448	510	62	113.9%	1,344	1,478	134	110.0%
Adult Community & LTC Total		**5,985**	**5,659**	**(326)**	**94.6%**	**17,789**	**17,189**	**(600)**	**96.6%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	649	595	(54)	91.7%	1,884	1,907	23	101.2%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,788	3,645	(144)	96.2%	11,328	11,249	(79)	99.3%
Adult Medical Services Total		**4,437**	**4,240**	**(197)**	**95.6%**	**13,212**	**13,155**	**(56)**	**99.6%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	1,755	1,642	(113)	93.6%	5,265	5,094	(171)	96.8%
	N Surg, Oral, ORL, Transpl, Uro	2,681	2,490	(192)	92.9%	8,043	7,721	(322)	96.0%
	Orthopaedics Adult	379	466	87	122.9%	1,137	1,543	407	135.8%
Surgical Services Total		**4,815**	**4,597**	**(218)**	**95.5%**	**14,445**	**14,359**	**(86)**	**99.4%**
Cancer & Blood Services		**5,956**	**5,555**	**(401)**	**93.3%**	**17,868**	**16,723**	**(1,145)**	**93.6%**
Cardiovascular Services		**1,092**	**1,032**	**(60)**	**94.5%**	**3,277**	**3,099**	**(178)**	**94.6%**
Children's Health	Child Health & Disability	954	938	(16)	98.3%	2,863	2,821	(42)	98.6%
	Medical & Community	2,257	1,845	(412)	81.7%	6,723	5,869	(854)	87.3%
	Paediatric Cardiac & ICU	1,250	1,231	(19)	98.5%	3,750	3,740	(10)	99.7%
	Surgical & Community	601	560	(40)	93.3%	1,802	1,721	(81)	95.5%
Children's Health Total		**5,062**	**4,574**	**(488)**	**90.4%**	**15,138**	**14,151**	**(987)**	**93.5%**
Clinical Support Services		**3,365**	**3,229**	**(136)**	**96.0%**	**10,094**	**9,739**	**(355)**	**96.5%**
Non-Clinical Support		**23**	**23**	**0**	**100.0%**	**69**	**69**	**0**	**100.0%**
DHB Funds		**6,178**	**6,178**	**(0)**	**100.0%**	**18,535**	**18,535**	**(0)**	**100.0%**
Perioperative Services		**2**	**2**	**0**	**100.0%**	**7**	**7**	**0**	**100.0%**
Public Health Services		**130**	**130**	**0**	**100.0%**	**389**	**389**	**0**	**100.0%**
Support Services		**101**	**101**	**0**	**100.0%**	**304**	**304**	**0**	**100.0%**
Women's Health	Genetics	289	296	7	102.5%	867	889	22	102.5%
	Women's Health	2,053	1,920	(133)	93.5%	6,158	6,024	(135)	97.8%
Women's Health Total		**2,342**	**2,216**	**(125)**	**94.6%**	**7,025**	**6,912**	**(113)**	**98.4%**
Grand Total		**39,489**	**37,537**	**(1,952)**	**95.1%**	**118,153**	**114,632**	**(3,521)**	**97.0%**

The major variances are Cancer which is due to a higher contract set to cover any risks around the new melanoma protocols, and a change in the counting for community services. A review of the practices around community services is underway which will reduce some of this variance.

Clinical Support Directorate

Speaker: Ian Costello, Acting Director

Service Overview

The Clinical Support Directorate is comprised of the following service delivery group; Hospital Daily Operations (including transit, resource, nursing bureau and reception), Patient Services Centre (Administration, Contact Centre and Interpreter services), Allied Health Services (including Physiotherapy, Occupational Therapy, Speech Language Therapy, Social Work and Hospital Play Specialist Services), Radiology, Laboratory – including community Anatomical Pathology, Gynaecological Cytology, Clinical Engineering, Nutrition and Pharmacy.

The Clinical Support Services Directorate is led by:

Acting Director:	Ian Costello
General Manager:	Kelly Teague
Director of Nursing:	Joyce Forsyth
Director of Allied Health:	Moses Benjamin
Director of Primary Care:	Dr Barnett Bond

Directorate Priorities for 16/17

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Develop and implement a robust strategy for each service working in collaboration with other Directorates to deliver agreed priorities aligned to ADHB strategy.
2. Implement an appropriate leadership and organisational structure for each service to deliver on the agreed priorities.
3. Develop workforce, capacity and people plans for each of our services that support quality, efficiency and alignment with Auckland DHB values in delivering the organisational priorities.
4. Embed a discipline of quality driven activity, financial responsibility and sustainability in each service area and across the Directorate through further utilisation of MOS and other enablers. To enhance visibility of this through improved reporting and analysis against agreed priorities with key stakeholders.
5. To identify and implement collaborative opportunities with the University of Auckland, AUT and other potential partners to deliver improvement in quality, outcomes, research and joint ventures.
6. Achieve Directorate financial savings target for 2016/17.

Q1 Actions – 90 and 180 day plan

Priority	Action Plan
1	• Laboratory and Radiology strategy documents due for consultation in October 2016 • Pharmacy and Medicines strategy- Phase 2 consultation and implementation underway
2	• Leadership appointments, orientation and induction programme underway in Allied Health • MOS system established and functional at Directorate level and at departmental level in the following areas: Pharmacy, Daily Operations, Radiology, Laboratories and Clinical Engineering
3	• Workforce planning underway in Pathology. Model to be rolled out following pilot • Capacity planning underway in Radiology and Laboratories • Two Clinical Support Staff members attended the Improvement Practitioner (Green Belt) training • Two Clinical Support Staff members attending the Coaching Programme commencing in September 2016 • Four Senior Clinicians attending Leadership Development Course commenced in June 2016 • Three Senior Clinicians attending Leadership Development Course commenced in September 2016
4	• Introduce regular integrated Clinical Governance and quality meetings at service level – Draft TOR established for Radiology and Laboratory • Automation of Directorate Scorecard is underway • Radiology and Laboratory scorecards established • Financial objectives set for each Department, monitoring and reporting process centralised at Directorate level • Operational forecasting and planning - Production planning integrated with Daily Ops function – supports weekly Capacity and Demand forum and seasonal plan development
5	• MoU's with University of Auckland in discussion for Radiology and Laboratories • MoU agreed with University of Auckland for Pharmacy
6	• Savings plan developed and risk assessed • Interpreter services pilot agreed

Measures

Measures	Actual	Target (End 16/17)	Previous Period
Strategy and priorities agreed for each service	Consultations documents published	Labs and Radiology approved by Dec 16 Daily Ops Dec 16	Pharmacy implemented
Leadership structures implemented	Consultations documents published	Labs and Radiology implemented by Jan 17 Daily Ops Dec 16	Pharmacy implemented
Succession plans in place for key roles	Key roles identified	Key roles have leadership development plan within department by Dec 16	n/a
Workforce, capacity and quality outcome measures developed for all services	Workforce and capacity data collection underway	Workforce, capacity plans: Pharmacy Sept16 Pathology Nov16 Labs Nov 16 Radiology Dec 16	n/a
Strategic plans agreed for collaborations with the University of Auckland	MoU's in development	Steering groups established for Pharmacy Sept 16, Radiology Oct 16, Labs Oct 16	n/a
Breakeven to budget position and savings plan achieved	Savings plan developed. Suite of business management and quality reports in development.	Breakeven Detailed business management and quality reporting implemented	n/a

Scorecard

Auckland DHB - Clinical Support Services
HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
Better Quality Care	Number of complaints received	8	No Target	8
	% Outpatients and community referred MRI completed < 6 weeks	82.2%	>=85%	75.89%
	% Outpatients and community referred CT completed < 6 weeks	96.28%	>=95%	94.75%
	% Outpatients and community referred US completed < 6 weeks	85.6%	>=95%	83.9%
Engaged Workforce	Excess annual leave dollars ($M)	$0.66	0	$0.61
	% Staff with excess annual leave > 2 years	9%	0%	8.67%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	100%	0%	100%
	Number of Pre-employment Screenings (PES) cleared before the start date	0	0	1
	Sick leave hours taken as a percentage of total hours worked	3.8%	<=3.4%	3.93%
	% Voluntary turnover (annually)	8.9%	<=10%	8.63%
	% Voluntary turnover <1 year tenure	3.5%	<=6%	2.19%

Amber — Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.

Scorecard commentary
Radiology

Performance in the past 6 months against the MoH indicators across modalities has continued to improve. This has been achieved against a background of an increase in acute referrals as a result of higher than anticipated admissions requiring imaging diagnostics. In the short term recruitment and staff training combined with outsourcing and process improvement activity within the department will continue to have a positive impact on the waitlist over the coming months.

MRI

Performance against the MRI target of 85% of referrals completed within six weeks has improved in August 2016 (82.2%) compared to July 2016 (75.89%). A number of challenges still remain with specialist investigations which is preventing the organisation from achieving 85% compliance due to acute medical staffing issues. Directorates are working in collaboration to rectify this issue.

The number of adult patients waiting longer than 42 days has increased from 14 to 17.

The number of paediatric patients waiting longer than 42 days has decreased from 7 (04/09/16) to 3 (02/10/16). A recovery plan has been devised and additional lists are in place clear the back log for the paediatric waiting list with a robust plan in place to sustain the current volumes under 42 days.

Radiology will continue with efforts to accelerate progress toward achieving MoH indicators through a number of planned initiatives including outsourcing, realignment of staffing rosters, the

introduction of additional operating hours and service improvement projects. Outsourcing arrangements for adult referrals are assisting in managing demand and a total of 190 additional procedures have been completed by private providers for the period August 2016. The outsourcing of 'standard' scans has made a significant impact on the waiting list. We are re-evaluating our outsourcing strategy to ensure we are able to maintain and accelerate progress and meet the increasing requirements for more complex procedures e.g. general anaesthesia and sedation.

In an effort to decrease DNAs and improve the patient experience, our patient administration service is continuing its work on direct patient contact (booking). The department has introduced a dedicated scripted message for all Radiology-patient phone calls. The script provided to administrators aims to be as informative as possible about the specific procedure and help reduce patient anxiety. Increase in performance will be seen further when the radiology strategy has been agreed the new structure has been implemented.

Use of the new dashboard reporting tool is being implemented throughout the department for all SMOs, team leaders and clerical booking staff as a means of monitoring and managing outstanding referrals wait lists and validations.

CT

Performance against the MoH indicator of 95% of out-patients completed within six weeks has improved and is currently at 96.28 % for August 2016 compared to 94.75% in July 2016. A reliable service model is in place and there is a high degree of confidence that performance against this target will be maintained over the coming months.

Ultrasound

While this is an internal target (95%) we are mindful of the importance of patient access to service and safe waitlist management. Our performance has shown 85.6% of out-patients were scanned within 6 weeks in August 2016 compared with 83.9% in July 2016. We continue to work on long term solutions to manage demand, for example, through direct communication with all GP referrers and providing clinical advice and guidance where required.

Complaints

There were 3 complaints in August 2016 compared to 8 in July 16 and the themes were around waiting times and clinical advice. The Directorate is in the process of introducing a complaints action plan database to ensure that actions are complete and that a 'lessons learnt' approach is adopted which will be shared across all departments.

Health and Safety departmental inspections have taken place in Radiology (ACH & GLCC), Anatomical Pathology Services, Mt Wellington, Forensic Pathology, Allied Health, Patient Service Centre and Contact Centre and Pharmacy. The majority of recommendations have been actioned appropriately.

There were 3 falls incidents reported for September 2016. No harm was reported in all 3 events. The incidents were reviewed and corrective actions have been put in place.

Key achievements in the month

- Agreement has been obtained within a number of clinics within the Long Term Conditions Directorate.to introduce telephone interpreting consultations to replace face to face consultations when appropriate. The aim is to increase the capacity of the service through more efficient use of interpreter resources. If successful this will be rolled out further.
- An updated Text reminder service for patient appointments will go live in early October 2016 following a successful pilot.
- Internal audits against the quality framework ISO 15189 were undertaken in Laboratories in September 2016.
- 108 new beds have been rolled out across the organisation via Clinical Engineering.
- Each department has compiled a risk register which will feed into the Directorate Register. A gap analysis has been undertaken across the Directorate to determine the training requirements for Health and Safety Representatives.
- A monthly HR report has been developed for the Directorates Senior Leadership to review and take action with regards to improving excess annual leave, sick leave and voluntary turnover. Work will be undertaken to compile a mandatory training database for the Directorate.
- Auckland DHB values workshops have been undertaken in several departments.
- All non-clinical staff have been reminded to plan leave over the Christmas where appropriate.
- Transition lounge opened to admit Day Surgery patients
- Disposal of old assets has generated over $120k to date
- New model of care for orderlies in place
- Pharmacy clinical services consultation complete
- Extraction upgrade in dissection room to reduce formalin levels at Labplus approved
- Lamson tube refurbishment, contract and expansion review underway
- Recruitment of 3 x Physiotherapists to support falls prevention

Areas off track and remedial plans

Radiology

The focus remains on meeting MoH indicators for MRI and internal waitlist for Ultrasound. A detailed production plan is in place and weekly reporting on status. MRT vacancies significantly increased in August and September 2016 but the service has managed this well through additional hours, more flexible use of staff and senior staff working extra clinical hours. Recruitment is underway.

Lab; Anatomical Pathology Service (Mt Wellington)

- Challenges in meeting turnaround times for histology continue. A number of initiatives have been implemented including recruitment to additional Pathologist FTE x2 and use of locum staff. There are currently still 2 SMO vacancies. Engagement with key stakeholders in community services has begun to understand drivers behind a significant increase in referral volumes in certain areas.
- SLAs are being developed with community referrers to clearly define the services being provided and service expectations.
- Radiology and Laboratory strategies in development with a view to being out for consultation in October/November 2016.

Forensic Pathology

- Consultant workforce is reduced (from(4 FTE to 2 FTE) while recruitment to vacant positions takes place. The contingency plan has been implemented successfully which involves transportation of some work to Waikato region as well as restriction upon consultant workload so essential on-call service for upper North Island can be maintained.

Key issues and initiatives identified in coming months

- Patient Service Centre – Implement a steering and project group for this strategy in line with the agreed A3.
- Continue progress on implementation of an Integrated Daily Operations Centre
- Develop a workforce and capacity plan for laboratory staff
- Continue to improve the process for patients receiving their appointment letters
- Interpreter access improvement project
- Roll out of expanded patient appointment text reminder service
- Phased roll out of Physiotherapy led fall prevention programme planned from November 2016.
- Recruitment to Forensic Pathology and APS Mount Wellington SMO positions

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Clinical Support Services

Reporting Date Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,489	1,634	(145) U	4,569	4,974	(405) U
Funder to Provider Revenue	3,252	3,252	(0) U	9,755	9,755	0 F
Other Income	1,287	1,093	195 F	3,765	3,651	114 F
Total Revenue	**6,028**	**5,978**	**50 F**	**18,089**	**18,380**	**(291) U**
EXPENDITURE						
Personnel						
Personnel Costs	9,879	10,869	990 F	30,677	32,656	1,979 F
Outsourced Personnel	477	45	(432) U	1,225	135	(1,090) U
Outsourced Clinical Services	598	491	(107) U	1,895	1,543	(352) U
Clinical Supplies	3,966	3,964	(2) U	11,901	11,780	(121) U
Infrastructure & Non-Clinical Supplies	519	481	(38) U	1,606	1,468	(138) U
Total Expenditure	**15,438**	**15,851**	**412 F**	**47,304**	**47,582**	**277 F**
Contribution	**(9,410)**	**(9,873)**	**462 F**	**(29,215)**	**(29,202)**	**(14) U**
Allocations	(7,982)	(8,448)	(466) U	(24,285)	(24,951)	(665) U
NET RESULT	**(1,428)**	**(1,424)**	**(4) U**	**(4,930)**	**(4,251)**	**(679) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	132.9	143.0	10.2 F	138.0	143.0	5.0 F
Nursing	77.7	84.8	7.1 F	73.8	84.8	10.9 F
Allied Health	789.2	823.7	34.4 F	799.6	823.7	24.1 F
Support	71.2	70.6	(0.6) U	71.4	70.6	(0.8) U
Management/Administration	294.0	296.7	2.7 F	293.1	296.7	3.6 F
Total excluding outsourced FTEs	**1,365.0**	**1,418.7**	**53.8 F**	**1,375.9**	**1,418.7**	**42.8 F**
Total :Outsourced Services	20.1	1.1	(19.0) U	18.9	1.1	(17.8) U
Total including outsourced FTEs	**1,385.0**	**1,419.8**	**34.8 F**	**1,394.8**	**1,419.8**	**25.0 F**

Comments on major financial variances

YTD result is $679K U. The key drivers of this result are;

1. Revenue is below budget in Radiology due to planned additional revenue for Clot Retrieval not received $462K, offset by on call roster not implemented $185K. This is currently being worked through with the funder. External revenue is above budget in Laboratories due to price per test and volumes being above budget.
2. Personnel costs including outsourced are $889K F to budget due to phasing of recruitment.
3. The main contributor to Outsourced Clinical Supplies is MRI scans in Radiology to meet Ministry of Health targets.
4. Internal Allocations (Service Billing) $665K U due to volumes being below budget in Radiology and Laboratories, in line with overall provider arm volumes being below contract.

Women's Health Directorate

Speaker: Dr Sue Fleming, Director

Service Overview

The Women's Health portfolio includes all Obstetrics and Gynaecology services in addition to the Genetics Services provided via the Northern Genetics Hub. The services in the Directorate are divided into six service groups:

- Primary Maternity Services
- Secondary Maternity Services
- Regional Maternity Services
- Secondary Gynaecological Services (including Fertility Services)
- Regional Maternity Services
- Genetics Services

The Women's Health Directorate is led by:

Director: Dr Sue Fleming

General Manager and Nursing Professional lead: Karin Drummond

Director of Midwifery: Melissa Brown

Director of Allied Health: Linda Haultain

Director of Primary Care: Dr Diana Good

Directorate Priorities for 16/17

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Demonstrably safer care *(Deteriorating Patients, Afterhours Inpatient Safety, Faster Cancer Treatment)*
2. An engaged, empowered and productive workforce *(Leadership development, efficient rostering and scheduling, teaching and training, expanding scope of practice, living our values)*
3. Delivery of services in a manner that is sustainable, closest to home and maximises value *(Daily Hospital Functioning, Using the Hospital Wisely, Outpatients Model of Care)*
4. Progress opportunties for regional collaboration *(Auckland DHB-Waitemata DHB Maternity Collaboration)*
5. Ensure business models for services maximise funding and revenue opportunities. Achieve Directorate financial savings target for 2016/17 *(address funding shortfalls, public/private revenue opportunities).*

Note: Italics shows alignment to Provider Arm work programmes and/or productivity and savings priorities.

Q1 Actions – 90 day plan

1. Demonstrably safer care

Afterhours care

Following our workshop with SMOs to determine an agreed model for afterhours SMO cover we have socialised the outputs with the broader SMO workforce and completed a post workshop survey. The outputs from this will be used to develop a sustainable and safe SMO afterhours model.

As part of the Afterhours Inpatient Safety work programme, and "Get On Track" project, options to increase afterhours theatre capability for the whole hospital are being explored as a more viable alternative.

Pregnancy and Parenting Programme

The programme continues to mature and grow.

- The Panmure block (six hour Saturday courses) have been full for the past two months.
- Birthcare 'Natural' courses are full to December. We are referring the overflow to community classes.
- There has been a steady increase in Mt Roskill and Blockhouse Bay venues. Our Ngati Whatua Orakei courses/waananga are established. Childbirth educators are referring women from home visits into these.
- Home visits increasing and proving extremely successful in engaging with priority population groups and referring to Ngati Whatua Orakei in particular.
- ACH/GLCC working well to capture priority population groups on an opportunistic basis.
- The contract is now signed with service provider to provide education to teen young/teen parents.
- A formative and summative evaluation is being conducted by Synergia.

2. An engaged, empowered and productive workforce

Engagement survey

We are working with our workforce to ensure we get excellent participation. We see this as a valuable way of understanding the perspectives and needs of our workforce who we regard as our most valuable asset.

Efficient rostering of medical staff aligned with service delivering and training needs

We continue to work on an integrated rostering tool that will allow the service to match our resources to meet both service and training needs. We are hopeful that an integrated solution will be found that enable all medical staff scheduling to be integrated into Workforce Central.

Maternity workforce plan developed and implemented

The first of the planned quarterly Midwifery Forums at ADHB were held in September and were well attended, providing midwives an opportunity to understand what is happening within the Women's Health Directorate, to be involved in discussion and decision making around priorities, planned

changes and ideas, and to provide feedback. There was overwhelming support for additional FTE allocation in the ward inpatient areas, as well as midwifery leadership roles.

The midwifery workforce currently has 7.1 FTE vacancies with 2.7 FTE commencing between now and January 2017. Clinical midwifery leadership roles in 96/98 and WAU will commence within the next month, with a focus on improving the quality and safety of maternity care, managing service demand, access and flows, as well as staff support.

Diabetes framework and complex care midwifery pathway
Our diabetes team is working collaboratively with support from AUT to develop a formal framework to support and measure competency development for midwifery and medical staff providing care to women with diabetes in pregnancy.

Aspiring to Excellence Programme
Our service reorganisation to enable collaborative, multidisciplinary teaching on a Friday morning every four weeks is successfully established and well attended.

3. **Delivering of services in a manner that is sustainable, closest to home and maximises value**

Postnatal discharge project

This project is on track. Birthcare now has access to Healthware, our Maternity Electronic Record System and local training has been completed. Logistical difficulties with sharing of drug charts have been overcome. Design for new patient headboards has been agreed. Trial to commence shortly in ward 96.

Regarding the total transfer rate from NWH to Birthcare, we have reached or exceeded our target transfer rate of 50% since January this year. It may be time to review the 50% target rate.
There has been one snap audit of Tamaki and we await this becoming a daily, hospital wide audit. This will give us information on the reasons for delayed transfer and enable targeted follow-up. Our patient communication and booking letter to women is in redesign. We are developing length of stay metrics using ADHB and Birthcare data.

Reconfiguring our facilities

On 5 September 2016 we held a multidisciplinary workshop to explore options to reconfigure Auckland City Hospital level 9 and 10 facilities to best meet our changing service needs. There was strong support from those who attended the workshop to use our facilities differently and to explore ways in which our maternity patients could be brought together on a single floor. This was seen as a way of ensuring efficient service delivery, wise use of our nursing and midwifery resource and improving patient experience. We are seeking wider input from the service and exploring the capital costs that might be necessary to support a reconfiguration of facilities.

Pilot maternity community hub with Ngati Whatua

Our Maori maternity team project in collaboration with Ngati Whatua continues together with a Marae based model for our pregnancy and parenting session. We are working with the team to

develop outcome measures to objectively measure impact. Ngati Whatua are exploring opportunities to expand their facilities as part of the Tamaki Regeneration Project, which will potentially afford the opportunities to expand the services which at present are constrained by the physical facilities.

Pacific women's non-attendance (DNA) - Gynaecology Outpatient

In 2015, the DNA rate for Pacific women was consistently higher than the other ethnic groups across Women's Health. Within Women's Health's clinics, Gynaecology Outpatient clinic had the highest volume of DNA appointments by Pacific women (311 out of 1448 appointments) or 21.4%.

The high DNA rate has resulted in poor utilisation of appointments, delayed care for women, wasted resources, increased costs, and has been a contributing factor to service not meeting ESPI 2 target.

Progress on implementing solutions:

- Of the Pacific ethnic groups, Tongan women had the highest DNA rate. This project also identified that older Tongan born women were more likely to experience problems communicating in English so information provided in Tongan would be very helpful. Our Nursing Unit Manager (NUM) is focused on translating the main points of the Gynaecology appointment letter into the commonly spoken second languages by Auckland DHB patients – Mandarin, Tongan, Samoan, Korean and Hindi. The idea is to have the translated version of the appointment letter on the other side of the English version.
- Patient focused booking – it will be some time before this model is fully implemented. For now, women with High Suspicion of Cancer (HSC) are contacted directly to schedule their appointment at a specific day and time that suit them. Uncontactable Pacific women are immediately referred to the nursing team for follow up. The NUM speaks Tongan so she does the follow up of Tongan women for both HSC and general Gynae.
- The highest volume of DNA comes from our Tuesday clinics. Due to limited resources, we are specifically targeting reducing the DNA volume on Tuesday clinics for the time being. At least a day in advance, an EN goes through the Tuesday clinic lists, identifies and contacts all Pacific women to remind them of their appointments. Women who are unable to attend are rescheduled and their appointments are replaced prior to Tuesdays.
- To enhance engagement of Pacific women with WH and to increase our staff understanding of Pacific culture, we are collaborating with the Pacific Health team to run the Pacific Engagement Programme at Women's Health. The NUM and Nurse Educator recently attended the Pacific Engagement Programme themselves and the next step would be to work with the Pacific team to adapt some contents/examples to focus more on Women's Health before we run a pilot.

Review of acute care pathways

This work continues within our Women's Assessment Unit. The Model of Care changes, in part, are dependent upon what may be possible with our facilities reorganisation.

4. Progress opportunities for regional collaboration *(Auckland DHB – Waitema DHB Maternity Collaboration);*

We have agreed with Waitemata DHB and Regional Women's Health Forum (which includes Counties MDHB and Northland DHB) to agree on the broad priority areas for Women's Health. Given the differing local priorities for each DHB it has been agreed that each DHB will need to prioritise and individualise the local implementation. There is broad support for ensuring that the DHBs remain connected, openly share learning, and work collectively to improve the health and outcomes of our populations.

5. Ensure business models for services maximise funding and revenue opportunities

Develop sustainability model for gynaecology service

Our work to enhance efficiency of our outpatient care and theatre utilisation continues.

We have made good progress with the establishment of a Rapid Access Clinic for women with high suspicion of cancer. Our rapid access clinic to enable early diagnosis and treatment is now underway. Improvement in our processes is reflected in increasing compliance to the faster cancer treatment timeframes.

Progress on strengthening our Gynae-Oncology service to ensure it is in-line with the Ministry commitment to a three centre model has stalled until confirmation on IDF and funding and appropriate payment for multi-disciplinary meeting (MDM) activities.

Plan to increase private revenue generation by Fertility Plus

We have completed interviews for a Business Manager to enable us to increase efficiencies within Fertility Plus and increase private revenue generation. We have shortlisted and anticipate a strong appointment. Our new Fertility Nursing leader is now in post. We have been unsuccessful in attracting a new Medical Director for the service despite a third round of advertising. We will continue with the interim leadership plan which is working well.

Measures

Measures	Current	Target (End 16/17)
Average length of postnatal stay after elective CS	3.2	3
Fully meet RANZCOG training requirements	3 fully, 4 partially	7 fully
Elective surgical targets met	85% (as of 28/9/16)	100%
% of category 2 caesarean section patients meeting 60 min time target	80%	100%
Patients admitted to WAU from AED within 45 minutes of referral	66%	100%
DNA rate for women attending Glen Innes Maternity service	NA	<9%
Nursing and midwifery FTE variance from budget	4.6 F	0 FTE
Breakeven revenue and expenditure position	$275k U	Breakeven
FCT targets met	60%	85%

Scorecard

Auckland DHB - Women's Health

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	1
	Number of falls with major harm	1	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0%	<=6%	0.4%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	1
	Unviewed/unsigned Histology/Cytology results < 90 days	34	0	71
	Unviewed/unsigned Histology/Cytology results > 90 days	24	0	26
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.79	>=1	0.87
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0%	0%	0.29%
	% DNA rate for outpatient appointments - All Ethnicities	7.81%	<=9%	10.58%
	% DNA rate for outpatient appointments - Maori	21.39%	<=9%	29.88%
	% DNA rate for outpatient appointments - Pacific	15.77%	<=9%	19.43%
	Elective day of surgery admission (DOSA) rate	95.06%	>=68%	91.76%
	% Day Surgery Rate	32.47%	>=50%	36.18%
	Inhouse Elective WIES through theatre - per day	6.41	>=4.5	9.06
	Number of CBU Outliers - Adult	6	0	7
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	74.4%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	84.8%
	Number of complaints received	10	No Target	10
	Number of patient discharges to Birthcare	302	TBC	325
	Average Length of Stay for WIES funded discharges (days) - Acute	2.08	<=2.1	1.91
	Average Length of Stay for WIES funded discharges (days) - Elective	1.32	<=1.5	1.53
	Post Gynaecological Surgery 28 Day Acute Readmission Rate	R/U	No Target	8.43%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	93.68%	>=95%	91.89%
	Breastfeeding rate on discharge excluding NICU admissions	R/U	>=75%	74.8%
Engaged Workforce	Excess annual leave dollars ($M)	$0.31	0	$0.29
	% Staff with excess annual leave > 1 year	31.1%	0%	30.1%
	% Staff with excess annual leave > 2 years	14.2%	0%	14.68%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	93.1%	0%	94.92%
	Number of Employees who have taken greater than 80 hours sick leave in the past 12 months	112	60	118
	Number of Pre-employment Screenings (PES) cleared before the start date	0	0	0
	% Voluntary turnover (annually)	13%	<=10%	13.64%
	% Voluntary turnover <1 year tenure	6.1%	<=6%	7.8%

Amber Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience
% Very good and excellent ratings for overall outpatient experience
These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.

Post Gynaecological Surgery 28 Day Acute Readmission Rate
This measure has been developed specifically for Women's Health and should not be compared to the 28 Day Readmission Rate reported by other Directorates. This measure is reported a month in arrears in order to accurately report the readmissions arising from the previous months admissions.

Breastfeeding rate on discharge excluding NICU admissions
Result unavailable until after the 20th of the next month.

Scorecard Commentary

- We had one fall with major harm. This has been formally investigated and will be presented to the Falls Sub Committee.
- Although our August result shows unviewed and unsigned histology / cytology results greater than 90 days at 24, as a consequence of increased attention and a dedicated resource to check and validate all results that are over 90 days, our number has fallen to 1 as of the end of September.
- We remain behind on our Auckland DHB elective target numbers. This is due to a small number of GSU lists we have been unable to staff because of RMO vacancies/sick leave; the growing demand for our L9 resources by our more complex gynaecological oncology patients (116% of contract on WIES); and increased acute demand (112% of contract).
- We remain 100% ESPI 2 and ESPI 5 compliant.
- We continue to focus on improving our performance against smoking targets.
- We continue to be challenged with our engaged workforce measures, while we continue to carry significant vacancies.

Key achievements in the month

- Our junior medical staff performed well in recent professional exams. Seven registrars passed their written exams. Our MFM fellow passed her written MFM exam and our fertility CREI trainee her written exams. Two of our trainees were accepted into advanced training programs (CREI and MFM). This is an extraordinary achievement which we are justifiably proud of.
- We continue with our Te Reo Maori classes and our language skills are slowly improving.
- We held two workshops which were productive and well attended.
    - A facilities and service planning workshop to look at how best to use our facilities to enhance patient care.
    - A 5 year planning workshop with our Genetics Service.
- Our Research Clinical Governance group is now fully established.
- Our faster cancer clinic is established and our indices have improved.
- Our “Aspiring to Excellence” multidisciplinary teaching programme is proving very successful and well attended.
- Have established a structured report process for midwifery charges to ensure clear framework to support and measure performance and ensure accountability.

Areas off track and remedial plans

- We are not fully meeting our FCT targets. We have largely addressed capacity constraints related to the first 31 days. Our new Rapid Access Clinic is established. We are however, facing capacity constraint within the surgical pathway.
- We continue to remain concerned about our staff stress levels and the impact this has on their work and working relationships. We are progressing strategies to address these concerns. We look forward to the outcomes of the staff engagement survey to assist us in better understanding our staff.
- We continue to hold midwifery vacancies; however the numbers are steadily decreasing. Our length of stay project as it reduces length of day and increasing discharge efficiency will assist us in delivering safe care with reduced FTE.

Key issues and initiatives identified in coming months

- Development of processes to enable increased private revenue streams in Fertility and scope opportunities in Genetics.
- Work on funding for Gynae-Oncology work to enable completion of the business case which will support the three centre model.
- Progress consultation of Midwifery Workforce plan.
- Finalise the afterhours SMO model.
- Review of Clinical Governance programme
- Work underway to redesign the elective caesarean section process. This is focused on increasing efficiency and improving outcomes.
- Pilot to bring medication and observation and care planning charts back to the bedside to reduce clinical risk and improve outcomes.
- Development of a performance board standard for maternity is underway and will be fully developed over coming weeks.

Womens Health Directorate - Financial Results – September 2016

STATEMENT OF FINANCIAL PERFORMANCE
Womens Health Services

Reporting Date Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	205	198	7 F	603	594	9 F
Funder to Provider Revenue	7,655	7,655	0 F	22,678	22,678	0 F
Other Income	247	192	55 F	519	575	(56) U
Total Revenue	**8,107**	**8,045**	**62 F**	**23,801**	**23,848**	**(47) U**
EXPENDITURE						
Personnel						
Personnel Costs	3,281	3,260	(22) U	10,132	9,927	(204) U
Outsourced Personnel	13	77	64 F	128	232	103 F
Outsourced Clinical Services	60	38	(22) U	132	114	(19) U
Clinical Supplies	427	452	25 F	1,375	1,340	(35) U
Infrastructure & Non-Clinical Supplies	142	78	(64) U	222	234	13 F
Total Expenditure	**3,923**	**3,905**	**(18) U**	**11,989**	**11,847**	**(142) U**
Contribution	**4,184**	**4,140**	**44 F**	**11,812**	**12,001**	**(189) U**
Allocations	806	781	(26) U	2,393	2,308	(85) U
NET RESULT	**3,378**	**3,360**	**18 F**	**9,419**	**9,694**	**(275) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	72.1	66.3	(5.8) U	72.8	66.3	(6.5) U
Midwives , Nursing	249.2	253.6	4.4 F	253.1	253.6	0.5 F
Allied Health	16.2	21.3	5.1 F	16.7	21.3	4.6 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	40.6	35.6	(5.1) U	40.4	35.6	(4.8) U
Other	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Total excluding outsourced FTEs	**378.1**	**376.8**	**(1.3) U**	**383.0**	**376.8**	**(6.2) U**
Total :Outsourced Services	1.7	2.6	0.8 F	2.4	2.6	0.2 F
Total including outsourced FTEs	**379.8**	**379.4**	**(0.5) U**	**385.4**	**379.4**	**(6.0) U**

Comments on major financial variances (September YTD)

The Directorate's result for the first quarter shows a budget variance of $275k U, mostly from lower private patient revenue, along with high personnel costs, but offset by a favourable reduction to Provision for Doubtful Debts. The September month saw a turnaround from the losses of the first two months.

Overall YTD CWD volumes sit at 99% of contract and Specialist Neonates lifted to 84% (FY16 70%) for the year.

The Gynaecology acute WIES levelled off from prior highs of first two months to now sit at 109 %YTD of contract and performance of their electives contract remains on 95% (by WIES value but not discharge target).

The combined DRG and Non-DRG volumes equated to $893k U (last month $433k U) of revenue below contract (not recognised in the Directorate result), the larger variances being low Neonate volume, and we are seeing reduced 1st trimester terminations of pregnancies volumes.

September 2016: Year-to-date- financial analysis:

1 Revenue $49k U YTD.

a. **Non-Resident and Private patient** billing slipped behind budget at $35k U. These revenues are unpredictable, and while we saw a drop in Fertility Plus bookings for July and August, the September revenues have improved.

b. **Other income** is $21k U and consists of donations of $38k F from Starship Foundation to fund the purchase of Pepipods (see below), which offsets a Genetics budgetted income variance of $45k U arising from a change in accounting policy for income received in advance.

2 Expenses

Expenditure variance is now $227k U YTD; this variance is mostly the net result of:

a. **Personnel** $204k U. All due to Medical payroll $227k U:
   i. Arising from 1FTE Senior Medical Officer (SMO) to handle the increase in IDF Gynaecology Oncology volumes, and 1.0 FTE SMO for an unfunded fellow position.
   ii. House Officers FTEs 2.08 FTE U

   Pleasingly, efforts in the Midwifery and Nursing workforce across a range of HR and operational strategies and initiatives, is leading to a drop in Bureau cost, which were down 45% YTD compared to September YTD of the prior year.

b. **Outsourced personnel** $103k F; as a result of a continued University vacancy.

c. **Clinical supplies** are $35k U consisting of Pepipod purchases $38k U; this is in regards to funding received in the other income, above.

d. **Infrastructure and Non-Clinical** total of $13k F arising mostly from reduction in the provision for doubtful debts/ bad debts written off of $104k F.

Child Health Directorate

Speakers: Dr John Beca, Surgical Child Health Director and Dr Michael Shepherd, Medical Child Health Director.

Service Overview

The Child Health Directorate is a dedicated paediatric healthcare service provider and major teaching centre. This Directorate provides family centred care to children and young people throughout New Zealand and the South Pacific. Care is provided for children up to their 15th birthday, with certain specialised services beyond this age range.

A comprehensive range of services is provided within the two Directorate portfolios:

Surgical Child Health

- Paediatric and Congenital Cardiac Services, Paediatric Surgery, Paediatric ORL, Paediatric Orthopaedics, Paediatric Intensive Care, Neonatal Intensive Care, Neurosurgery.

Medical Child Health

- General Paediatrics, Te Puaruruhau, Paediatric Haematology/Oncology, Paediatric Medical Specialties (Dermatology, Developmental, Endocrinology, Gastroenterology, Immunology, Infectious Diseases, Metabolic, Neurology, Chronic Pain, Palliative Care, Renal, Respiratory, Rheumatology), Children's ED, Consult Liaison, Safekids and Community Paediatric Services (including Child Health and Disability, Family Information Service, Family Options, Audiology, Paediatric Homecare and Rheumatic Fever Prevention).

The Child Health Directorate is led by
Director Surgical: Dr John Beca
Director Medical: Dr Mike Shepherd
General Manager: Emma Maddren
Director of Nursing: Sarah Little
Director of Allied Health: Linda Haultain
Director of Primary Care: Dr Barnett Bond

Directorate Priorities for 16/17

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Further embedding Clinical Excellence programme
2. Financial sustainability and achieve Directorate financial savings target for 2016/17
3. Community services redesign
4. Aligning services to patient pathways
5. Hospital operations/inpatient safety
6. Meaningful involvement from our workforce in achieving our aim
7. Tertiary service / National role sustainability

Q1 Actions – 90 day plan

Priority area	Action plan	Commentary
1.	Robust system of safety event reporting and review	▪ Safe care committee established and reviewing all events
1.	Excellence programme development within all services	▪ Directorate wide measures/dashboard developed – version 1 attached ▪ Stocktake of databases and current measures completed ▪ Service based measures/dashboards in development
2.	Ongoing effective financial management	▪ Financial strategy generated for 2016/17 including specific savings targets. ▪ Dual emphasis on revenue (ACC, donations, tertiary services) and cost containment. ▪ Further financial mitigations will be developed during September. ▪ An extensive leave management programme is in place across Child Health. ▪ Emphasis on financial strategy across multiple years to ensure enduring change.
3.	Community service re-design	▪ Model of service concept finalised with emphasis on whanau-centred care, equity of access and outcomes and knowing and working closely within the community. ▪ Maori and Pacific strategic and workforce engagement with hui/talanoa planned for September and October ▪ Staff and stakeholder engagement in model of service concept testing. ▪ Proposed new model of service for consultation in November 2016.
4.	Establish hospital allied health leadership and integration	▪ Inpatient allied health roles transferred to Child Health on 1 July 2016. ▪ SCD role allied health has been appointed to and immediate priorities agreed.
4.	Rehabilitation service and TBI pathway development	▪ A closed tender for rehabilitation services will be issued by ACC in September 2016. ▪ Pricing for the provision of rehabilitation services has been determined. ▪ A rehabilitation NS role (ACC funded) commenced in August to develop the single point of access, rehab pathway, in-reach, NS function and other process development. ▪ Collaboration with Waitemata DHB around the delivery of the full continuum of rehabilitation services continues.
5.	Implementation of deteriorating patients model implementation of afterhours inpatient safety model	▪ Overall structure and escalation process finalised ▪ Draft assessment and data forms completed ▪ Job descriptions being developed
5.	Surgical performance	▪ The core requirements from a surgical dashboard have been agreed. ▪ The immediate priority is to provide sub-specialty production planning data for paediatric spinal surgery, this will be complete in October.

5.	Acute flow	▪ Direct General Paediatric admissions has gone live
		▪ Discharge planning focus – (UHW)
		  ▪ Project group identified
		  ▪ Initial data analysis completed
		  ▪ Priority wards agreed

6.	Leadership development programme	▪ All Child Health service-level leadership staff have now participated in or are scheduled to participate in the leadership programme.
6.	Improved programme of funding for research and training for all Starship Child Health staff	▪ The Starship Foundation research, training and education programme was launched in July with $500k available for the initial round of proposals due in Sept.
7.	Tertiary services stakeholder engagement	▪ The draft report has been completed and is awaiting ELT sign off. ▪ Further work is in progress refining the tertiary services summaries.

Measures

Measures	Current	Target (End 2016/17)	2017/18
1. Quality and Safety metrics established across services	All services are developing metrics	Well defined metrics	Reporting and improving
1. Quality and safety culture (AHRQ)	Measured, priority areas identified	Improved	Improved
2. Meet budget	Not met, contingencies in place	Budget met	Budget met
2. Achieve planned savings target	Nearly achieved	Achieved	Achieved
3. Community redesign programme	Concept design complete	Consultation completed, implementation commenced	Sustainable funding model aligned to service design
4. Operational structure that follows patient pathways	Includes Allied Health	Includes all	Includes all
4. Rehabilitation service model	Model Developed, pathways in development	Implemented	Pathway operational
5. Acute Flow metric	94.05%	95%	95%
5. Surgical performance and pathways	Required metrics identified	Balanced safety, performance, efficiency	Improving performance
5. Defined safety metrics – Code Pink, urgent PICU transfer from ward	Developing	Defined and improving	Improved
6. Leaders completed leadership training	2/25	20/25	All
6. Staff satisfaction	Unmeasured	Measured	Improved
7. Tertiary services	Report complete	Consultation complete and outcome agreed	Implementation of agreed national approach

Starship Clinical Excellence Programme

The following scorecard is the first iteration of the directorate wide Clinical Excellence programme measures. This relates to Priority area “1” above.

We are developing these measures and the corresponding targets and internationally relevant benchmarks. Over the next few months we will refine these measures and we are using these measures to either monitor clinical quality or to assist with improvement. It represents a balanced view of quality for the directorate.

We plan to highlight different services’ clinical outcomes each month, in this months example the key clinical effectiveness indicators for the Neonatal Intensive Care Unit (NICU) are presented.

Child Health – Auckland DHB

Clinical Excellence Scorecard for August 2016

Safety	Frequency	Actual	Target	Benchmark	Previous
Confirmed central line associated bacteraemia rate per 1,000 central line days	Monthly	0	<=1		0
Probable central line associated bacteraemia rate per 1,000 central line days	Monthly	R/U	lower		R/U
% Hand hygiene compliance	Monthly	89.4%	>=80%		87.2%
Medication and Fluid Errors reported rate per 1,000 bed days	Monthly	4.0	higher	6.6	6.3
Medication and Fluid Errors requiring intervention	Monthly	R/U	lower		R/U
Ward Code Blue Calls	Monthly	3	lower		0
Unexpected PICU admissions	Monthly	R/U	lower		R/U
% PEWS compliance	Monthly	88.8%	95%		97.5%
Nosocomial pressure injury point prevalence – 12 month average (% of in-patients)	Monthly	3.8%	<=6%		3.7%
Good Catches reported	Monthly	4	higher		5
	NICU		SCH Best	Starship Average	
Safety Culture	59		72	58	

Timeliness	Frequency	Actual	Target	Benchmark	Previous
(ESPI-2) Patients waiting longer than 4 months for their FSA	Monthly	0.15%	0%		0.37%
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	Monthly	3	0		8
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Maori	Monthly	0	0		2
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific	Monthly	2	0		1
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Asian	Monthly	0	0		0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5	Monthly	2	0		2
(ESPI-5) Patients given a commitment to treatment bit not treated within 4 months	Monthly	2.3%	0%		1.3%
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Total	Monthly	15	0		9
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Maori	Monthly	2	0		1
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Pacific	Monthly	0	0		1
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Asian	Monthly	2	0		0
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Deprivation Scale Q5	Monthly	4	0		4
(MOH-01) % CED patients with ED stay < 6 hours	Monthly	94%	>=95%		97%
Median time on acute theatre list (hours)	Monthly	4.1	lower		3.9

Efficiency	Frequency	Actual	Target	Benchmark	Previous
% Adjusted Theatre Utilisation	Monthly	76.4%	>=80%	77%	75.8%
Occupancy	Monthly	95%	>=95%		R/U
Pathway Use	Monthly	R/U	higher		R/U
Laboratory cost per bed day	Monthly	R/U	lower		R/U
Radiology cost per bed day	Monthly	R/U	lower		R/U
% of patients discharged on a date other than their estimated discharge date	Monthly	28.72%	lower		31.12%
% Day Surgery Rate	Monthly	61%	>=55%	47%	58%
Antibiotic cost per bed day	Monthly	R/U	lower		R/U
PICU Exit Blocks	Monthly	9	0		5

Child Health – Auckland DHB

Clinical Excellence Scorecard for August 2016

Effectiveness	Frequency	Actual	Target	Benchmark	Previous
28 Day Readmission Rate – Total	Monthly	8.8%	<=6%		9.8%
28 Day Readmission Rate – Maori	Monthly	9.0%	<=6%		8.0%
28 Day Readmission Rate – Pacific	Monthly	8.9%	<=6%		9.0%
28 Day Readmission Rate – Asian	Monthly	9.8%	<=6%		10.3%
28 Day Readmission Rate – Deprivation Scale Q5	Monthly	8.8%	<=6%		11.7%
Service Outcome and Benchmarking Measures - NICU	**Frequency**	**NICU**	**Target**	**Benchmark ANZNN**	
Vision on follow up at 2-3 years of < 28/40 gestational age patients - % of blindness	Annual	0%		0.5%	
Hearing on follow up at 2-3 years of < 28/40 gestational age patients - % of patients with hearing device	Annual	2%		1%	
Chronic lung disease at 36 weeks corrected gestational age in < 32/40 gestational age	Annual	18%		26%	
Necrotising enterocolitis in patients <28/40 gestational age	Annual	2%		approx 7%	
Survival at 24-25 weeks gestation	Annual	80%		76%	
	Frequency	**Actual**	**Target**	**Benchmark**	**Previous**
Primary vaccination on time	Annual	96%	higher		
Any breast milk patients < 28/40 gestational age	Annual	90%	higher		
Number of days since confirmed central line associated bacteraemia	Monthly	43	higher		12
Patient Centred	**Frequency**	**Actual**	**Target**	**Benchmark**	**Previous**
% Very good and excellent ratings for overall inpatient experience	Monthly	90%	>=90%		87%
% Very good and excellent ratings for overall outpatient experience	Monthly	79%	>=90%		83.%
Nursing Family Feedback	Monthly	95%	>=90%		93%
% Was Not Brought (WNB) rate for outpatient appointments – All Ethnicities	Monthly	10%	<=9%	10.5%	12%
% Was Not Brought (WNB) rate for outpatient appointments – Maori	Monthly	19%	<=9%	10.5%	20%
% Was Not Brought (WNB) rate for outpatient appointments – Pacific	Monthly	18%	<=9%	10.5%	22%
% Was Not Brought (WNB) rate for outpatient appointments – Asian	Monthly	5%	<=9%	10.5%	9%
% Was Not Brought (WNB) rate for outpatient appointments – Deprivation Scale Q5	Monthly	16%	<=9%	10.5%	17%
Number of compliments received	Monthly	40	higher		19
Number of complaints received	Monthly	12	lower		9

Scorecard

Auckland DHB - Child Health

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	3.4%	<=6%	8%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3.8%	<=6%	3.7%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	0
	Unviewed/unsigned Histology/Cytology results < 90 days	15	0	21
	Unviewed/unsigned Histology/Cytology results > 90 days	16	0	33
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.71	>=1	0.99
	(MOH-01) % CED patients with ED stay < 6 hours	94.05%	>=95%	97.1%
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.15%	0%	0.37%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	2.32%	0%	1.3%
	% DNA rate for outpatient appointments - All Ethnicities	9.92%	<=9%	11.98%
	% DNA rate for outpatient appointments - Maori	19.37%	<=9%	20.04%
	% DNA rate for outpatient appointments - Pacific	18.49%	<=9%	22.37%
	Elective day of surgery admission (DOSA) rate	59.35%	TBC	71.83%
	% Day Surgery Rate	60.53%	>=52%	58.01%
	Inhouse Elective WIES through theatre - per day	26.06	TBC	26.93
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	87.1%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	83%
	Number of complaints received	12	No Target	9
	28 Day Readmission Rate - Total	R/U	<=10%	9.79%
	% Adjusted Session Theatre Utilisation	76.39%	>=85%	75.82%
	Average Length of Stay for WIES funded discharges (days) - Acute	4.48	<=4.2	4.1
	Average Length of Stay for WIES funded discharges (days) - Elective	1.31	<=1.5	0.99
Improved Health Status	Immunisation at 8 months	94%	>=95%	93%
Engaged Workforce	Excess annual leave dollars ($M)	$0.49	0	$0.45
	% Staff with excess annual leave > 1 year	31.5%	0%	30.09%
	% Staff with excess annual leave > 2 years	9.7%	0%	9.65%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	100%	0%	99.08%
	Number of Pre-employment Screenings (PES) cleared before the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.6%	<=3.4%	5.05%
	% Voluntary turnover (annually)	11.2%	<=10%	11.28%
	% Voluntary turnover <1 year tenure	14.4%	<=6%	14.41%

Amber Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience
% Very good and excellent ratings for overall outpatient experience
These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.

28 Day Readmission Rate - Total
A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).

Scorecard Commentary

Elective discharges

The Child Health Directorate is at 73% of the target for Auckland DHB discharges. This level of performance has largely resulted from unanticipated SMO sick leave and the retirement of a paediatric surgeon. A recovery plan for the balance of Q1 and for Q2 has been developed.

Elective performance

Elective surgery performance continues to be actively managed to maintain 120 day compliance and elective discharges.

- ESPI -1 (acknowledgement of referral) - 1 % non-compliant (fourteen cases breached).
- ESPI-2 (time to FSA) – 0.25% moderately non-compliant, eight cases breached in total (1 Paed Ortho, 2 Paed ORL, 2 Paed Surg).
- ESPI-5 – (time to Surgery) 2.7% non-compliant, twenty cases breached (11 Paed Ortho, 9 Paed Surgery) contributing factors include spinal surgery capacity constraints, acute demand and reduced surgical capacity. Mitigations include re-allocated theatre sessions, employment of a paediatric surgeon (commencing September) and increased planning around sub-specialties.

DNA rates

The Child Health Directorate has prioritised work on DNAs (also referred to as was not brought, WNB) for the past 12 months. Recent data demonstrates a reduction in DNA/WND overall.

- Child Health was consulted in the development of the Auckland and Waitemata DHB joint DNA strategy, this provided an opportunity to inform the paper and provide a specific child health focus.
- Child Health DNA/WNB activity is informed by the Auckland and Waitemata DHB Joint DNA strategy and 'roadmap' of actions which includes working through the quick wins in partnership with other stakeholders.
- A flow chart has been drafted which will allow all Child Health services to engage in a reflective process which will allow them to develop a fit for purpose response to children who were not brought to clinic.
- A Child Health policy has been drafted which will support a consistent but flexible approach to WNB across child health.
- Both the flow chart and the draft policy will be presented at the Directorate meeting in August with implementation planned thereafter.
- The policy and flowchart are currently being tested and revised with additional input from clinical services.
- It is anticipated that this policy will be implemented iteratively across child health from November 2016 onwards.

Excess annual leave usage

Excess annual leave management is continuing and the financial benefits of this work are expected to increase in coming months. In summary the key activity is:

- Enhanced and more granular reporting at directorate, service, team and individual level, both annual leave and time in lieu.
- Dual emphasis on reducing excess leave and annual consumption of the leave entitlement of each employee.
- Monthly review of each service's leave performance with the Director, General Manager and Finance Manager.
- Targeted leave reduction plans with all employees whose leave exceeds two years.

Staff turnover (annual)

Staff turnover remains at just above the organisational target, 11.2% in August, and fluctuates minimally month on month. Service-level analysis of the turnover data has revealed a small number of wards / services where turnover is of concern. This is being addressed within services / wards and will be strengthened through information gained in the upcoming staff survey and in the leadership development of all Child Health service-level leadership staff.

Key achievements in the month

- Testing of the Community Services Re-design Concept Model of Care which emphasises virtual localities, outcomes, particularly equity of outcomes and whanau-centred care.
- Initial improvements in the patient experience, revenue capture and timeliness of care resulting from the Fracture Clinic Improvement Project.

Areas off track and remedial plans

- Appointment to the Lead Clinician Clinical Excellence role – a suitable candidate has been identified who is likely to commence in early 2017.
- Financial performance – unfavourable result YTD, continued focus on optimising revenue and cost containment.
- The Starship patient lifts are at the point of failure and frequent faults have risked safe transfer of patients between wards, PICU, radiology and theatres. Contingency plans are in place to mitigate this and the lift replacement programme is expected to commence in October 2016.

Key issues and initiatives identified in coming months

- Starship level 5 refurbishment commencing in November 2016.
- Starship outpatients refurbishment commencing in December 2016.
- Community Redesign Project – a consultation document on the proposed new model of service will be completed by November 2016.
- Continued development of the service-level clinical excellence groups and finalisation of the service-level outcome measures.
- Completion of the stakeholder engagement phase of the tertiary services review.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Child Health Services

Reporting Date Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	735	805	(70) U	2,209	2,415	(206) U
Funder to Provider Revenue	19,503	19,503	0 F	56,793	56,793	0 F
Other Income	1,079	1,165	(86) U	3,004	3,495	(491) U
Total Revenue	**21,317**	**21,473**	**(156) U**	**62,007**	**62,703**	**(696) U**
EXPENDITURE						
Personnel						
Personnel Costs	10,439	10,319	(120) U	31,418	31,351	(66) U
Outsourced Personnel	162	122	(40) U	428	367	(61) U
Outsourced Clinical Services	241	238	(3) U	619	715	96 F
Clinical Supplies	1,948	1,948	0 F	6,254	5,789	(465) U
Infrastructure & Non-Clinical Supplies	368	251	(117) U	917	752	(165) U
Total Expenditure	**13,158**	**12,879**	**(279) U**	**39,636**	**38,975**	**(661) U**
Contribution	**8,159**	**8,594**	**(436) U**	**22,370**	**23,728**	**(1,357) U**
Allocations	936	1,029	93 F	2,888	3,033	145 F
NET RESULT	**7,223**	**7,566**	**(343) U**	**19,483**	**20,695**	**(1,212) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	235.4	225.3	(10.1) U	231.3	225.3	(6.1) U
Nursing	644.9	642.5	(2.4) U	637.1	642.5	5.4 F
Allied Health	171.7	174.8	3.2 F	169.8	174.8	5.1 F
Support	0.7	0.3	(0.3) U	0.2	0.3	0.1 F
Management/Administration	82.0	64.2	(17.8) U	82.2	64.2	(18.0) U
Total excluding outsourced FTEs	**1,134.7**	**1,107.2**	**(27.5) U**	**1,120.6**	**1,107.2**	**(13.5) U**
Total :Outsourced Services	11.8	3.9	(7.9) U	8.5	3.9	(4.6) U
Total including outsourced FTEs	**1,146.4**	**1,111.1**	**(35.4) U**	**1,129.1**	**1,111.1**	**(18.1) U**

Comments on major financial variances

The Child Health Directorate was $ 343k U for the month of September and is now $1,212k U Year to Date.

Year to Date revenue is $696k unfavourable and driven primarily by unfavourable cash flow from donation revenue ($874k) and ACC revenue ($310k). Whilst year to date total expenditure including allocations is at $516k U (101% of budget levels) this was compared to inpatient activity at 94% of budget volumes.

Total inpatient WIES for the month was 1% below 15/16 and 13.5 % below contracted volume. Year to date WIES is 1 % below last year and 6% below budget.

Factors impacting on the September year to date performance are as follows:

1. Revenue $696k U:
    a. Donation revenue is $874k U. Donation receipts will be skewed toward the second half

of the year due to the phasing of major projects through summer. A robust cashflow inclusive of key major projects will be available mid-November.

b. ACC is $310k U and requires on-going focus – Orthopaedics revenue continues to reduce each month and the investigation is underway.

2. Expenditure $661k U:
    a. Overall year to date expenditure is 102% of budget, compared to inpatient volumes at 94% of contract (as per current coding). Clinical supply costs were high in both July and August but at budget in September (although on volumes 13% below budget wies). Orthopaedics Spinal Implant costs are much higher than last year ($164k U to budget year to date, which is 33% higher than the same time last year); blood and cancer pharmacy costs $184k U for the year to date; and high treatment disposable costs ($152k year to date). Some of these costs are quite variable from month to month, with the impact of high-cost patients, however the orthopaedic spend is potentially an on-going budget risk and being monitored. There were $40k of unexpected unbudgeted loss on disposal costs in September and we are investigating this further.
    b. Employee costs are $66k U from the budget for the year to date. The primary driver to this increased expenditure is additional RMO positions to budget (11 FTE, $250k year to date). Other year to date employee costs overall are reasonable, in spite of FTE not being at the budget level inclusive of target savings. In general, employee savings targets were not met for August/September but have been largely achieved year to date. We are implementing directorate savings initiatives and will monitor expenditure closely. Leave management remains a focus.
3. FTE 18.05 FTE U:

    The year to date result of 18.1 FTE U includes 2.34 FTE that was coded to Child Health in error. The corrected result of 15.7 FTE U is a result of almost achieving the budgeted FTE level, (inclusive of savings target of 21.7 FTE), for year to date September. RMO staff are 11 FTE U which is the major reason the directorate is not closer to the target FTE level.

    In general, vacancies held in medicine (with the exception of RMO's), nursing and allied health almost offset the savings targets year to date.

Key strategies currently employed to deliver to the 16/17 budget include the following:

1. On-going focus on revenue streams – ACC, donations and non-residents.
2. Leave management project to progressively reduce excess leave balances. This is reviewed regularly at monthly meetings and we have seen a drop of approximately $550k during the month of July although that has levelled out in August/September.
3. Monitoring of clinical activity to ensure bed closures that are consistent with both clinical requirements and budgeted expenditure across the full financial year.
4. Implementation of Directorate savings initiatives in addition to participation in Provider level projects.
5. Tight management of vacancy and recruitment processes.

Perioperative Directorate

Speaker: Dr Vanessa Beavis, Director

Service Overview

The Perioperative Directorate provides services for all patients who need anaesthesia care and operating room facilities. All surgical specialties in Auckland DHB use our services. Patients needing anaesthesia in non-operating room environments are also cared for by our teams. There are five suites of operating rooms on two campuses, and includes five (or more) all day preadmission clinics every weekday. We provide the (24/7) acute pain services for the whole hospital. We also assist other services with line placement and other interventions when high level technical skills are needed.

The Perioperative Directorate is led by

Director: Dr Vanessa Beavis

General Manager: Duncan Bliss

Nurse Director: Anna MacGregor

Director of Allied Health: Kristine Nicol

Directorate Priorities for 16/17

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Single Instrument tracking implementation.
2. Financial position tracking to budget.
3. Oracle consignment module utilised and ready to upgrade to enable tunnel project.
4. All day operating lists fully resourced and utilised.
5. Support the delivery of the PVS and ESPI compliance.
6. A workforce that is fully engaged, recruited to establishment in line with demand and fully trained.

Q1 Actions – 90 day plan

1. Single Instrument tracking implementation.

Activity	Progress
Implementation of NEXUS	Completion date for the NEXUS project has been extended – timeline yet to be confirmed due to IT and significant operational impacts. Further work continues regarding the suitability of the system.

2. Financial position tracking to budget.

Activity	Progress
Review of material management stock levels	This will be the next phase of the Oracle consignment stock implementation.
Ordering and usage of loan equipment	This will form part of the end to end stock management project commencing in October 2016.
Late notice cancellations – work with specialities to understand the financial impact	Develop a report that demonstrates the financial impact of lost sessions with regard to resources, any equipment that has been specially ordered and explore the potential of "charging the service"

3. Oracle consignment module utilised and ready to upgrade to enable tunnel project.

Activity	Progress
NOS – National Oracle Project	Project plan being developed, data cleansing in progress
	Auckland DHB roll out currently scheduled for tranche 2

4. All day operating lists fully resourced and utilised.

Activity	Progress
Convert half day operating lists to full day	Phase 1 completed. There is now focus on the GSU OR sessions to increase full day operating.

5. Support the delivery of the PVS and ESPI compliance.

Pre- admission capacity and pathway review	Patients booked for elective surgery require an anaesthetic assessment (as well as other possible interventions) prior to surgery being confirmed. The current model has variable work flows that limit the ability to offer economies of scale, and causes frustration for services and staff through the layout and management of this stage of the elective pathway. In addition, the current model will not cope with elective volume demand for the 16/17 financial year. At this time, we do not have a clear picture or to the causes of issues in the process and frustrations. **Aims of the project moving forward:** • Establish guiding principles for on-going improvement in preadmission clinics • Document current processes and roles • Identify current issues in process • Confirm current volumes and capacity • Identify opportunities to support surgical throughput for 16/17

	• Align with other organisation initiatives e.g. Outpatients Model of care and pathways
SCRUM process	Continue to reallocate sessions through the SCRUM process to reduce the number of sessions unfilled by service/late notice.

6. A workforce that is fully engaged, recruited to establishment in line with demand and fully trained.

Review of current Models of Care across ORs	Nurse Director working with all OR managers to identify the current state and ensure that the skill mix is correct to deliver a safe service.
Transfer of Ophthalmology ORs to Perioperative from the service	Review of staffing model and support underway

Measures

Measures	Actual August	Current	Target (End of 16/17)
Single instrument tracking in place		TDoc	Nexus
Increase in access/capacity to ORs – reduce the number of half day lists and flex sessions.		Recruiting to the identified reallocation of sessions to accommodate full day lists	All level 4/8/9 to be full day lists
Reduction in waiting times for anaesthesia assessment clinic, including Paediatrics		Project manager recruited - Feedback from a number of Anaesthetists and Preassessment Clinic Staff on what the guiding principles should be	Establish guiding principles for on-going improvement in preadmission clinics
Reduction in the number of preventable session losses	36.7%	36.7%	65%

Scorecard

Auckland DHB - Perioperative Services

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	% Acute index operation within acuity guidelines	82%	>=90%	87%
	Wrong site surgery	0	0	0
	% Elective prophylactic anitbiotic administered <= 60 mins from procedure start	79.4%	>=90%	80%
Better Quality Care	% Unplanned overnight admission	4.71%	<=3%	4.46%
	% Cases with unintended ICU / DCCM stay	0.17%	<=3%	0.05%
	% 30 day mortality rate for surgical events	2.81%	<=2%	2.83%
	% CSSD incidents	2.97%	<=2%	2.55%
Improved Health Status	% Elective sessions planned vs actual	94%	>=97%	95%
	% Adjusted theatre utilisation - All suites (except CIU)	84.78%	>=85%	84.72%
	% Late starting sessions	6.8%	<=5%	6.9%
Engaged Workforce	Excess annual leave dollars ($M)	$0.33	0	$0.34
	% of Staff with excess annual leave > 1 year < 2 years	30.6%	<=30%	27.58%
	% Staff with excess annual leave > 2 years	9.8%	0%	10.2%
	Sick leave hours taken as a percentage of total hours worked	5.1%	<=3.9%	5.1%
	% Voluntary turnover (annually)	10.5%	<=10%	10.56%
	% Voluntary turnover <1 year tenure	1.2%	<=6%	1.2%

Amber Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.

Scorecard Commentary

- There was one complaint received for Perioperative services for August.
- No SAC 1 and one SAC 2 incidents have been reported in the three months from 1 June 2016 to 31 August 2016.
- All recommendations from previous RCAs have been implemented.
- Formal auditing of the surgical safety check list is due to begin again in this quarter.
- There were four medication incidents reported for August 2016, without harm. Each department holds a monthly quality meeting where all incidents are reviewed and investigated. This is monitored by a Directorate quality meeting where any recurring trends are reviewed and action plans agreed as necessary.

- Unplanned overnight admissions in August were 4.71% against a target of 3%, which is attributed to the acute load and case mix.
- There has been an improvement in the index case acuity targets. This is attributed to reduced elective orthopaedic sessions, which has meant reallocation of that time to acutes.
- CSSD Incidents in August were 132 and are predominantly linked to wrap damage. As a result of the trial we have agreed on an alternative product this will be introduced from the 23 November. We will also be supplied with larger transit trays to prevent further damage from large instrument sets. The vaccum pack trial will be introduced in Feb 2017; this will allow data to be collected from the introduction of the new wrap.
- PACU clinical indicators now published on the intranet (by suite)
- Several projects are currently on hold due to resource availability, the Service Improvement team are undertaking a feasibility study to see how these can be progressed.
- **Elective sessions planned vs actual -** August planned vs actual elective session usage was 94%, this is attributed to the improved attendance of the SCRUM meeting and the release and reallocation of sessions across departments. This is set against the on-going increased acute demand. Weekend insourcing lists have commenced as part of the ADHB recovery plan, but are being managed in conjunction with staff and bed availability.
- **Acute Stroke Service -** Potential options are developed to formalise the clot retrieval service following the successful pilot. This is in conjunction with the Regional Stroke Network.
- **Greenlane -** Approx. 1300 patients avoided a Preoperative visit to the hospital in 2015/16 as a result of phone triaging/assessment at Greenlane. Work on enhancing this area continues.
- **Late Starts -** Late start information is being provided to the relevant department managers to investigate and identify any trends that can be addressed. There is ongoing attention to this issue, the causes of which are multifactorial.

- Ongoing training of Occ Health team
- Strike planning underway.
- Leadership development with Jump Shift continues.
- Ophthalmology OR nursing team moved to be part of GSU and Perioperative.

Key achievements in the month

- Multidepartment Code Crimson (trauma resulting in major haemorrhage and unstable patients) simulation event was very successful.
- Getting great feedback from the patients and their experience at GSU.
- Implementation of all day sessions going well for all services on Level 8. Some of the flex sessions still are not covered – review in SCRUM process.
- The transition lounge is now being used for ORDA patients which will improve the patient experience, and increase the DOSA rate as more surgical specialities use this facility.

Areas off track and remedial plans

- The single instrument tracking project is under review. Background testing of scenarios is occurring in the test environment. Stabilisation of the TDoc platform is required urgently to mitigate the critical clinical risk of an unstable system.
- An agreed sequence of OR allocation changes has been ratified by the Surgical Board. Business cases have been signed off for to enable some of the additional work and recruiting is underway.

Key issues and initiatives identified in coming months

- Financial concerns, especially with regards to the impact of transplants (a cost review is underway around the cost of transplant consumables linked to transplants to ensure that are costs are accurately accounted for).
- On-going work on identifying the road blocks to implementing single instrument tracking.
- Simulation team training session planning underway.

With the appointment of the former General Manager to a new role in transformation, the Oracle project will have some resource applied to it and progress made in controlling clinical supply costs.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Perioperative Services

Reporting Date Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	188	191	(2) U	565	572	(7) U
Funder to Provider Revenue	3	3	0 F	8	8	0 F
Other Income	28	16	12 F	59	49	10 F
Total Revenue	**219**	**209**	**10 F**	**631**	**628**	**3 F**
EXPENDITURE						
Personnel						
Personnel Costs	7,572	7,483	(89) U	23,221	22,728	(493) U
Outsourced Personnel	97	43	(54) U	172	129	(43) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	4,009	3,718	(290) U	12,181	11,020	(1,160) U
Infrastructure & Non-Clinical Supplies	176	156	(20) U	527	469	(58) U
Total Expenditure	**11,853**	**11,400**	**(453) U**	**36,101**	**34,346**	**(1,755) U**
Contribution	**(11,634)**	**(11,191)**	**(443) U**	**(35,469)**	**(33,718)**	**(1,751) U**
Allocations	12	30	18 F	88	87	(1) U
NET RESULT	**(11,646)**	**(11,221)**	**(426) U**	**(35,558)**	**(33,806)**	**(1,752) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	164.6	168.8	4.3 F	165.2	168.8	3.6 F
Nursing	433.3	448.6	15.3 F	428.9	448.6	19.7 F
Allied Health	99.8	110.1	10.3 F	99.9	110.1	10.2 F
Support	108.9	115.3	6.4 F	109.5	115.3	5.8 F
Management/Administration	23.1	14.1	(9.0) U	23.2	14.1	(9.0) U
Total excluding outsourced FTEs	**829.6**	**857.0**	**27.3 F**	**826.8**	**857.0**	**30.2 F**
Total :Outsourced Services	2.8	0.0	(2.8) U	2.2	0.0	(2.2) U
Total including outsourced FTEs	**832.4**	**857.0**	**24.6 F**	**829.0**	**857.0**	**28.1 F**

Comments on major financial variances

Month

The net result for September is an unfavourable variance of $426k U.

Within the Clinical supplies $290k U variance, Asset losses on disposal totaled $163k U, the majority being Anaesthetic monitors replaced (with some useful life remaining) as part of the ADHB monitor replacement project. A further $52k U is due to higher depreciation charges than originally forecast. CSSD costs relating specifically to sterilizing consumables and chemicals were $61k U for the month also.

Personnel costs are impacted primarily by savings targets of $164k that have not yet resulted in lower costs, as reduced FTEs have been offset by a higher average cost per FTE (e.g. Nursing has

reduced FTE of 15.3k for September but has a higher cost per FTE than budgeted of $4.2k, $77.7k actual salary vs $73.5k budgeted).

Year

Personnel costs Ytd follow the month's pattern, where lower FTEs than budgeted of 28.1 are being offset by a higher annual average cost per FTE (of $6.2k over all employee classes) and therefore Perioperative is not able to demonstrate progress on the $491k YTD personnel savings target.

The clinical supplies variance of $1,160k is due to

- Asset disposal and depreciation costs $314k U.
- CSSD costs
    - Treatment disposables of $151k U (tight budget set for 2016, the Sept Ytd spend of $955k is very similar to the Sept 2015 Ytd spend of $953k).
    - Disposable instruments and minor instrument purchases $114k U (impacted by delays in the SIT Nexus project).
    - Diagnostic supplies $89k U (sterilizing consumables and chemicals).
    - Equipment repairs (reflecting repair levels double this time last year) $79k U.
- Surgical theatres (level 8) instrument costs and treatment disposables of $240k U, these were impacted last month by high transplant volumes.
- Cardiac theatres (level 4) instrument costs and treatment disposables of $148k U, also impacted by high transplant volumes last month.

Business Improvement Savings

Total savings to date amount to $93k.

Cancer and Blood Directorate

Speaker: Dr Richard Sullivan, Director

Service Overview

Cancer is a major health issue for New Zealanders. One in three New Zealanders will have some experience of cancer, either personally or through a relative or friend. Cancer is the country's leading cause of death (29.8%) and a major cause of hospitalisation.

The Auckland DHB Cancer and Blood Service provide active and supportive cancer care to the 1.5 million population of the greater Auckland region. This is currently achieved by seeing approximately 5,000 new patients a year and 46,000 patients in follow-up or on treatment assessment appointments.

The Cancer and Blood Directorate is led by:

Director: Richard Sullivan

General Manager: Deirdre Maxwell

Director of Nursing: Brenda Clune

Finance Manager: Dheven Covenden

Human Resource Manager: Andrew Arnold

Director of Allied Health: Carolyn Simmons Carlsson

Directorate Priorities for 16/17

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Tumour stream service delivery
2. Faster Cancer Treatment (FCT)
3. Haematology Service Model of Care
4. Supportive Care Service initiative
5. Northern Region Integrated Cancer Service (NRICS) development
6. Staff engagement in support of achieving these priorities
7. Achieve Directorate financial savings target for 2016/17

Q1 Actions – 90 day plan

1. Developing and implementing a tumour stream approach within Cancer and Blood Directorate.

We are working across our Directorate to make tumour-streaming a 'business as usual' activity. This is easier for some streams than others. As an example, we are using the decant process of moving staff from Building 7 to Building 8 to site the medical and radiation SMO desk spaces together within the gynaecology tumour stream. We continue to co-locate clinics by tumour stream to allow patients to see both radiation and medication oncology SMOs where this is clinically indicated.

2. Meeting the 62 day Faster Cancer Treatment (FCT) Target within Cancer and Blood.

Our FCT Lead Tumour Stream Coordinator continues to work closely with our Service Clinical Directors, their teams and the scheduling lead to improve Cancer and Blood response times. The use of the production planning methodology has been rolled out to radiation oncology, with this showing good results on waiting list management processes. We will shortly work with the haematology service to implement the same process. The FCT lead is engaged with stakeholder DHBs to understand the small number of instances where patients from stakeholder DHBs breach FCT timelines, and whether any process issues can be rectified.

3. Development and implementation of Haematology Model of Care

Again, consistent with our wider review processes, we will commence work within haematology daystay to determine how this can be integrated with chemotherapy daystay provision. This is timely in that a change in nursing staffing has presented this opportunity. We have organisational sanction to increase our Bone Marrow Transplant bed capacity to ensure that we meet Ministry of Health guidelines re waiting times for transplant. This is reported weekly to ensure visibility.

4. Supportive Care Services

The service is continuing to educate referrers about the referral processes and the benefits of input of the service for patients. The quality and number of referrals has increased as a result of this. Monthly reporting to the Regional Oncology Operations Group (ROOG) has commenced and has assisted to prioritise further relationship building. For example, continuing to work with front of pathway providers to ensure they offer the service to patients and whanau. Shortly we will be surveying ADHB staff working across the cancer pathway regarding supportive care information and training needs to then develop and roll out an education programme in 2017.

5. Northern Region Integrated Cancer Service development, including local delivery of chemotherapy

- Governance: The first meeting of the region's new cancer group is scheduled in October – this group comprises the Northern Region DHBs, the University of Auckland and the Cancer Society and will oversee the formation of the Integrated Cancer Service for the region.
- Pilot Adjuvant Herceptin delivery at Counties Manukau DHB: A paper is being prepared by the NRA, to be presented to the region's CEO/CMO forum in October. If sanctioned this work will likely commence in the New Year. The Regional Cancer and Blood service is preparing an options paper looking more broadly at the local delivery of chemotherapy scenarios.

6. Employee Engagement Initiatives

The employee survey will provide us with fresh information on which to act to support and improve employee engagement. Effort is being made to ensure that the Cancer and Blood Directorate has an excellent response rate and that action is taken to achieve improvements in all services as an outcome of the survey

7. Breakeven revenue and expenditure position

We are working with our Service Clinical Directors and wider teams to ensure savings plans are produced and delivered, to meet with $1.3M savings target required. Please refer to the Financial Results section.

Measures

Measures	Current	Target (End 2016/17)	2017/18
3 additional tumour streams implemented within Cancer and Blood (Gastro-intestinal, Breast, Genito-urinary)	0	3	n/a
62 day FCT target	78.8%	July 2016 85%	June 2017 90%
Development /implementation of Haematology Model of Care	10% (baseline work)	July 50% implementation	100% implementation year end 2017/18
Supportive Care Services - % urgent referrals contacted within 48hrs from across all DHB cancer services	100%	July 100%	July 100%
Northern Region Integrated Cancer Service - Local delivery of chemotherapy (CMDHB) - ADHB meets regional project timeframes	100%	July 2017/18 commencement	100%
Employee engagement initiatives underway	1	3	tba
Breakeven revenue and expenditure position		Breakeven	

Scorecard

Auckland DHB - Cancer & Blood Services

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	8.3%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3%	<=6%	3.7%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results < 90 days	4	0	1
	Unviewed/unsigned Histology/Cytology results > 90 days	3	0	3
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	100%	100%	100%
	% DNA rate for outpatient appointments - All Ethnicities	5.48%	<=9%	6.77%
	% DNA rate for outpatient appointments - Maori	10.71%	<=9%	10.99%
	% DNA rate for outpatient appointments - Pacific	9.65%	<=9%	16.13%
	Number of CBU Outliers - Adult	15	0	14
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	100%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	97.5%
	Number of complaints received	3	No Target	2
	28 Day Readmission Rate - Total	R/U	TBC	21.85%
	Average Length of Stay for WIES funded discharges (days) - Acute	3.28	TBC	3.38
	% Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT	99.71%	100%	100%
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 4 weeks of referral	100%	100%	100%
	% Radiation oncology patients attending FSA within 4 weeks of referral	95.85%	100%	100%
	% Patients from Referral to FSA within 7 days	30.03%	TBC	21.79%
	31/62 day target – % of non-surgical patients seen within the 62 day target	R/U	>=85%	95.24%
	31/62 day target – % of surgical patients seen within the 62 day target	R/U	>=85%	64.71%
	62 day target - % of patients treated within the 62 day target	R/U	>=85%	81.58%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	89.19%	>=95%	91.3%
	BMT Autologous Waitlist - Patients currently waiting > 6 weeks	0	0	0
Engaged Workforce	Excess annual leave dollars ($M)	$0.16	0	$0.13
	% Staff with excess annual leave > 1 year	28.9%	0%	28.2%
	% Staff with excess annual leave > 2 years	9.9%	0%	9.22%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	88.2%	0%	90.63%
	% Staff with leave planned for the current 12 months	10.2%	100%	8.93%
	% Leave taken to date for the current 12 months	61.2%	100%	65.9%
	Number of Pre-employment Screenings (PES) cleared before the start date	1	0	0
	Sick leave hours taken as a percentage of total hours worked	3.8%	<=3.4%	3.93%
	% Voluntary turnover (annually)	13%	<=10%	12.5%
	% Voluntary turnover <1 year tenure	4.8%	<=6%	5%

Amber	Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.
R/U	Result unavailable

% Very good and excellent ratings for overall inpatient experience
% Very good and excellent ratings for overall outpatient experience
These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.

28 Day Readmission Rate - Total
A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).

31/62 day target – % of non-surgical patients seen within the 62 day target
31/62 day target – % of surgical patients seen within the 62 day target
62 day target - % of patients treated within the 62 day target
Results unavailable from NRA until after the 20th day of the next month.

Scorecard Commentary

- Our service experienced no significant patient safety issues this period.
- Our radiation therapy service experienced one breach. This was fully investigated and determined to be related to a booking error. This will be rectified going forward.
- Nursing staff continue to work consistently with smokefree policy; with an ongoing focus in chemotherapy daystay.
- Our SCDs continue to work with our staff to better manage annual leave, and to understand and respond to workforce issues as they present. A current focus is Christmas leave planning.

Key achievements in the month

- **Cancer and Blood Realignment Project** – Our service has engaged a fixed term project resource to assist us. Terms of reference have been signed off, with a steering group comprising our executive team and Service Clinical Directors. We will commence work on our daystays (haematology and medical oncology), acutes and then clinics.
- **Welcome Video –** Through a procurement process, we have commenced work with a production company to produce a welcome video to our service. We will upload this onto the Auckland DHB Healthpoint site, so that patients/whanau can access it prior to engagement with us. We will cover aspects such as 'who we are, how can we help you, what services do we provide, where do you find us etc'. We are especially keen to include Te Reo Maori, and to respectfully reflect the range of ethnicities and age groups. We will be framing the video around the patient experience.

Areas off track and remedial plans

- **Achieving Financial Savings** – We have developed financial savings plans, and although these are in place they are proving challenging to deliver against.
- **Northern Region Integrated Cancer Service Development** – While governance arrangements have now been established through the CEO/CMO forum, progress remains complex and slow.

Key issues and initiatives identified in coming months

- **Linear Accelerator Replacement** - Our Radiation Oncology Service continues to prepare for the planned replacement of one of our six linear accelerators in the coming months, on completion of a healthAlliance-led procurement process. This replacement will require careful patient scheduling and staffing to match, to ensure that we retain the required capacity to deliver timely service. As part of this, we will be preparing a paper for the Board's consideration around potential options as part of a longer term procurement process.
- **Building 7 decant into Building 8** – We are working with our staff and facilities staff to shift approximately 38 staff from Building 7 into the main Cancer and Blood building in October. Staff are being very accommodating, and offices are being readied for this move.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Cancer & Blood Services

Reporting Date **Sep-16**

($000s)	**MONTH**			**YEAR TO DATE (3 months ending Sep-16)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
REVENUE						
Government and Crown Agency	704	1,200	(497) U	3,104	3,601	(497) U
Funder to Provider Revenue	7,450	8,392	(943) U	24,381	25,324	(943) U
Other Income	94	28	66 F	169	84	84 F
Total Revenue	**8,247**	**9,621**	**(1,373) U**	**27,653**	**29,009**	**(1,356) U**
EXPENDITURE						
Personnel						
Personnel Costs	2,946	2,929	(17) U	8,970	8,854	(116) U
Outsourced Personnel	41	76	35 F	131	229	98 F
Outsourced Clinical Services	183	236	53 F	592	707	115 F
Clinical Supplies	3,396	3,708	313 F	10,798	11,015	217 F
Infrastructure & Non-Clinical Supplies	126	74	(53) U	326	222	(104) U
Total Expenditure	**6,692**	**7,023**	**331 F**	**20,817**	**21,027**	**211 F**
Contribution	**1,555**	**2,597**	**(1,042) U**	**6,837**	**7,982**	**(1,145) U**
Allocations	596	640	45 F	1,822	1,897	75 F
NET RESULT	**959**	**1,957**	**(997) U**	**5,014**	**6,085**	**(1,070) U**

Paid FTE

	MONTH (FTE)			**YEAR TO DATE (FTE) (3 months ending Sep-16)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medical	63.4	63.5	0.1 F	63.7	63.5	(0.2) U
Nursing	150.6	145.2	(5.4) U	147.5	145.2	(2.2) U
Allied Health	82.0	95.0	13.0 F	84.8	95.0	10.1 F
Support	1.2	1.0	(0.2) U	1.0	1.0	(0.0) U
Management/Administration	24.8	18.6	(6.2) U	24.7	18.6	(6.2) U
Total excluding outsourced FTEs	**322.0**	**323.3**	**1.2 F**	**321.7**	**323.3**	**1.6 F**
Total Outsourced Services	1.9	1.3	(0.6) U	2.2	1.3	(0.9) U
Total including outsourced FTEs	**324.0**	**324.6**	**0.6 F**	**323.9**	**324.6**	**0.7 F**

Financial Commentary

The result for the year to date September is an unfavourable variance of $ 1,070k.

Volumes: Overall volumes are 91.9 % of contract. This equates to $ 2,063k below contract.

We have provided for an IDF revenue wash up liability of $943k in the Cancer and Blood Provider result.

Total Revenue $ 1,356k - unfavourable mainly due to

- Funder to Provider revenue $943k U – due to the provision for the IDF revenue wash up risk.
- Haemophilia blood product reimbursement $349k U - demand driven and offset by lower blood product costs.

Total Expenditure- $ 286k favourable mainly due to

- **Personnel Including Outsourced Personnel $116k U** – mainly unachieved savings target .
- **Outsourced Clinical Services $ 115k F –** due to the timing BMT Donor search fees.
- **Clinical Supplies $ 217k F -** primarily due to treatment disposables and blood product $ 211 k F – mainly Haemophilia Blood product costs (offset by decreased revenue) combined with increased Haematology blood products costs (demand driven).

Mental Health & Addictions Directorate

Speaker: Anna Schofield, Acting Director

Service Overview

This Directorate provides specialist community and inpatient mental health services to Auckland residents. The Directorate also provides sub-regional (adult inpatient rehabilitation and community psychotherapy), regional (youth forensics and mother and baby inpatient services) and supra-regional (child and youth acute inpatient and eating disorders) services.

The Mental Health & Addictions Directorate is led by

Acting Director: Anna Schofield
Acting Medical Director: Greg Finucane
Director of Nursing: Anna Schofield
Director of Allied Health: Mike Butcher
Director of Primary Care: Kristin Good
General Manager: Alison Hudgell

Directorate Priorities for 16/17

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. An Integrated Approach to Care: An implementation plan to align services with the 5 locality boundaries. Tamaki 'integrated care' recommendations implemented. The physical move of the Community Mental Health team from St Lukes in September 2017 will be part of this plan
2. Right Facilities in the Right Place: A Facilities Plan will be developed to ensure facilities (leased or DHB owned) are fit for purpose, align with integrated models of care and locality approach and are informed by the CSP. New facilities will be identified to replace the existing facilities with leases expiring
3. Safe Acute Environment (Te Whetu co-design): Systematic approach to implementing an assault reduction / increased safety programme. TWT / CMHS integration in care planning, MDT and staff development to manage acute flow / transitions.
4. Right Interventions at the Right Time: Stepped Care key work training provided to staff involved in the first step of the care pyramid. Credentialing framework confirmed for Steps 2 and 3.
5. Supporting Parents Healthy Children (SPHC): Implementation Plan in place that encompasses the Essential Elements of the SPHC framework. Regional dataset for SPHC data collection confirmed.
6. Equally Well: Strengthened governance and relationships across mental health, NGO and PHO services for integrated care planning to improve the physical health of people with SMI. Develop template GP discharge summaries for service users highlighting physical health risks.
7. Achieve Directorate financial savings target for 2016/17.

Q1 Actions

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Develop Integrated Approach to Care implementation plan to align services with 5 locality boundaries	AS/AH				
2	Facilities Plan developed, aligned with the CSP & priority services moved as leases expire	AH				
3a	Complete and evaluate the TWT/CMHS escalation plan and collaborative MDT implementation	AS				
3b	Adoption and implementation of best evidence assault reduction activities	MB				
4a	Specialist Stepped Care keyworker training & credentialing implemented with web resources	MB				
4b	Shared care plan implementation	AS				
5	SPHC implementation plan and regional data set developed	MB				
6a	Cross primary, secondary, NGO governance group established, TOR & implementation plan developed	KG				
6b	Template for GP discharge summaries for service users highlighting physical risks	KG				
7	Balance clinical need, risk and safety with fiscal responsibility	AS/AH				

1 Implementation Plan to Align Services with Locality Boundaries

The Mental Health Directorate is an integral part of the Localities Programme Board and continues to engage in working on options for aligning mental health service provision and support across the 5 geographical locality areas.

2 Facilities Plan

A Mental Health Directorate wide Facilities Plan is in development that will incorporate a health and safety assessment for each of our facilities. There is a constant focus on alignment with the clinical services plan (including future need and potential co-location of services) and on prioritising priority services, including an alternative to the St Lukes Community Mental Health Team facility.

Appendix 1 provides more detailed information on the current situation as it relates to Mental Health service facilities. Of note is:

- the potential to relocate St Lukes Community Mental Health Team, along with other mental health services, to a leased building in Dominion Road is again being pursued as an option following a period of abeyance due to the sale of the building

- centralisation of the Early Intervention service (first episode pyschosis for 15 - 30 year olds) requires a suitable facility to be sourced. There is potential to co-locate with the St Lukes Community Mental Health team
- an opportunity to utilise an existing ADHB facility for the ACOS team near the current high and complex needs residential rehabilitation service is being explored
- the extension of the lease for the Eating Disorders Residential Service and day programme for a further year until February 2018.

3(a) TWT /CMHS Escalation Plan & Collaborative MDT Plan

The Te Whetu Tawera Occupancy Escalation Plan was fully implemented in May 2016. It covers TWT, six adult Community Mental Health services and the Assertive Community Outreach Service. It has been reviewed twice since implementation, with amendments made as needed to improve the utility of it. The next review will be in 1 months' time. Utilisation of the plan reinforces the need for ongoing, timely communication between the acute inpatient and community teams in order to effectively manage acute flow.

The TWT/CMHS collaborative multi-disciplinary planning process is supported by Real Presence technology to enable secure video conferencing. This is now available in each of the Community Mental Health Teams and in TWT. Three Community Mental Health Teams are now using Real Presence to conduct collaborative MDTs on a weekly basis. Real Presence technology is also being used effectively in discharge planning meetings involving inpatient and community staff, together with the patient and their family.

Feedback from inpatient and community teams is that, while this process takes considerable organisation at both ends, it is resulting in effective clinical communication and saving considerable clinical time and travel.

There is an intention to install this technology in the Waiheke base to enable remote clinical consultations.

3 (b) Adoption and Implementation of Best Evidence Assault Reduction Activities

The reducing assault work has been incorporated into a wider change programme at TWT, Project Haumaru, in order to engage and involve all staff. ICU, where there is greatest risk of assault, is the initial focus and pilot for the assault reduction aspect of this work. Components of the South London and Maudsley Trust (SLaM) model of assault reduction have been introduced. The Dynamic Appraisal of Situational Aggression (DASA) has been re-implemented within the ICU with training and support from leadership. This is now well embedded. Intentional Rounding is also well established during the working week. The nursing handover tool ISoBAR is also well established in ICU. Results of these interventions appear to be flowing through with reduced levels of assault in ICU. We are now rolling out the first elements of this programme into one of the open wards, and training on the DASA has been completed.

4 (a) Specialist Stepped Care

Additional resources continue to be developed and made available on the Stepped Care page of the Intranet. The credentialing process for specialised interventions has been further refined with agreement at DLT level. A Nurse Educator/Stepped Care has been appointed to support Stepped

Care workforce development and will play a pivotal role in implementing a range of clinical programmes related to Stepped Care.

4 (b) Shared Care Plan

The implementation of collaborative shared care plans across adult Community Mental Health Services commenced at the beginning of August. All Adult Community Services have now received training and have begun to use the tool, as has Fraser McDonald Unit and MHSOP Community Team. The adult acute inpatient unit (TWT) is planning to commence using the tool in 2017. There will be monthly reporting on uptake.

5 Supporting Parents Healthy Children

Regional data collection of which service users are parents/caregivers and who their children are will begin on 31 October 2016. Regionally consistent business rules and communications to support this are being developed.

6(a) Cross Primary, Secondary, NGO Governance Group

Equally Well focuses on the NGO/PHO relationship and our relationship with PHOs. The intention that the Primary/Secondary Integration workstream in the Tamaki Mental Health and Wellbeing Initiative would focus on an Equally Well initiative has not been realised to date. There is still an opportunity for it to be included in the project, potentially within the Whole Person workstream. Exploring the options will be one of the first tasks of the Equally Well Governance Group which has been formed with wide representation across the primary and secondary sectors. The inaugural Equally Well Governance Group meeting was unable to proceed. The Mental Health Director of Primary Care is maintaining contact with group representatives and a meeting is scheduled for this month.

The Tamaki Project identified a number of different opportunities to improve integration. They include:

- new ways of enabling primary and secondary care to reduce the physical health disparities between people who experience mental health and addiction problems
- developing roles and pathways to support stepped and episodic care across primary and secondary care
- Building capacity in primary care to support people with mental health and wellbeing needs

In the Primary NGO support workstream, there are now an additional 10 practices piloting the service resulting in a twelve practice pilot. Practices are across the PHOs with six of twelve being Tāmaki practices. The number of NGO providers has expanded from three to seven.

The next step is to identify how these projects fit with the wider Auckland DHB integration approach. This will require engagement with mental health specialist services and general practice. Wider integration will include a need to determine how collaboration across services and with community occurs to develop mental health and wellbeing support groups that are connected and relevant to Tāmaki.

6(b) Template for GP Discharge Summaries for Service Users

A discharge summary template that includes information on service users' physical health risks have been developed so this information is provided in a consistent format for General Practitioners.

A key service improvement goal from the National Mental Health KPI programme is to improve the completion rate of these templates by Community Mental Health Services, with a goal of discharge summaries being sent electronically to GPs for 90% of discharges by 2018.

7 Balance Clinical Need, Risk and Safety with Fiscal Responsibility

With significant Mental Health funding being FTE based, we continue to address skill mix including clinical and non-clinical staff, with staff working to the top of their scope. We are working with our clinical and management teams to ensure these staff are working to their strengths, and collaboratively, in managing and leading clinical and operational components of mental health services.

Measures	Current	Target (End 2016/17)	2017/18
Integrated Approach to Care Plan, aligned with localities approach signed off	N/A	Plan signed off	Staged implementation
Facilities Plan, aligned with CSP signed off	Scoping of EDS residential facility options to begin	St Lukes relocated by Q4 Residential EDS options confirmed & implementation plan	Work through facilities by priority
Escalation Plan implemented in 2 services and evaluated	Development stage	Evaluation completed, plan refined & roll out underway	Roll out to other services
Collaborative MDT plan implemented, MDT plans in place	Development stage	80% of TWT/CMHS users have an MDT plan	90% target
Assault reduction best practice plan developed and rolled out	Development stage	Reduction in assaults for staff and patients	Maintenance of assault reduction
Stepped Care keyworkers trained in all modules Credentialing completed for relevant staff doing Step 2 & 3 Training resources on-line	Development stage	80% keyworkers in CMHS trained in all modules 80% of staff credentialed for Steps 2 & 3 100% of training resources available online	95% of keyworkers trained in all modules
SPHC implementation plan developed & regional data set agreed	Development stage	Plan signed off >80% of new service users screened for parental/care giving status	90% of all service users screened
Equally Well governance group established & plan developed	Development stage	Implementation Plan signed off 80% of GPs have discharge summaries that include physical risks for service users	Staged implementation
Breakeven revenue and expenditure position		Breakeven	

Scorecard

Auckland DHB - Mental Health

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	2
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0%	<=6%	0%
	Number of reported adverse events causing harm (SAC 1&2) - excludes suicides	1	0	5
	Seclusion. All inpatient services - episodes of seclusion	1	<=7	3
	Restraint. All services - incidents of restraint	42	<=86	65
	Mental Health Provider Arm Services: SAC1&2 (Inpatient & Non-Inpatient Suicides)	4		0
Better Quality Care	7 day Follow Up post discharge	98%	>=95%	100%
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	R/U	<=10%	2.22%
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	36.1	<=21	29.2
	Mental Health Average LOS (All Discharges) - Child & Family Unit	16.5	<=15	9.2
	Mental Health Average LOS (All Discharges) - Fraser McDonald Unit	33	<=35	25
	Waiting Times. Provider arm only: 0-19Y - 3W Target	74.9%	>=80%	73.08%
	Waiting Times. Provider arm only: 0-19Y - 8W Target	88.8%	>=95%	88.18%
	Waiting Times. Provider arm only: 20-64Y - 3W Target	84.7%	>=80%	83.8%
	Waiting Times. Provider arm only: 20-64Y - 8W Target	91.6%	>=95%	91.24%
	Waiting Times. Provider arm only: 65Y+ - 3W Target	63.6%	>=80%	62.48%
	Waiting Times. Provider arm only: 65Y+ - 8W Target	83.6%	>=95%	82.72%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	96%	>=95%	93.02%
	Mental Health access rate - Maori 0-19Y	5.97%	>=5.5%	5.81%
	Mental Health access rate - Maori 20-64Y	10.17%	>=12%	10%
	Mental Health access rate - Maori 65Y+	3.69%	>=4.3%	3.81%
	Mental Health access rate - Total 0-19Y	3.18%	>=3%	3.08%
	Mental Health access rate - Total 20-64Y	3.75%	>=4%	3.72%
	Mental Health access rate - Total 65Y+	3.12%	>=4%	3.07%
Engaged Workforce	Excess annual leave dollars ($M)	$0.11	0	$0.1
	% Staff with excess annual leave > 1 year	26.9%	0%	27.98%
	% Staff with excess annual leave > 2 years	5.1%	0%	4.91%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	100%	0%	97.3%
	Number of Pre-employment Screenings (PES) cleared before the start date	0	0	1
	Sick leave hours taken as a percentage of total hours worked	4.3%	<=3.4%	4.37%
	% Voluntary turnover (annually)	13.3%	<=10%	12.98%
	% Voluntary turnover <1 year tenure	7.2%	<=6%	10.5%

Amber Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.

R/U Result unavailable

Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera
A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).

Scorecard commentary

Average LOS: Te Whetu Tawera

The very high average LOS for August (36.1 days) was driven by one discharge with a LOS of 539 days and two further discharges with LOS in excess of 130 days. Without these, average LOS for the month was just over the target of 21 days. Median LOS was 19 days.

Ongoing issues around availability of appropriate discharge options, along with slow responses from Taikura Trust regarding placement of patients with ID and autistic spectrum disorders, continues to contribute to TWT's high average LOS.

Average LOS: Child and Family Unit

The CFU average LOS is just above the target.

Waiting Times

Three data/reporting factors affect the rolling 12 month results and these continue to impact. They are the introduction of a new CAMHS team into MoH reporting, the transfer of existing clients to a new regional Huntington's service, and the management of memory clinic clients within MHSOP. New Memory Clinic clients continue to impact on waiting times.

The measures put in place to improve waiting times for MHSOP are proving effective. However, given that the data is for the previous 12 months, this will take several more months to demonstrate significant improvement. Appointments for first non-urgent appointments are being offered more quickly, often within two weeks of referral at times.

With exception of the Huntington's service and Starship data over the last 12 months, we are on target in both the 0-19Y and 20-64Y age groups for both 3 week and 8 week wait-time targets.

Access Rate (DHB-wide)

Access rates for the Maori 20-64 year group remains a challenge. It has recently been confirmed that this is the highest access target for this group in the country. However it should be noted that, in the adult continuum the Provider Arm delivers only about 36% of the access for this group, with NGO, CADS and other DHB services delivering the balance. It is challenging to understand the relative performance of different parts of this continuum from this broad access data (which is provided by the MoH).

% of staff with excess Annual Leave

Mental Health and Addictions is tracking down significantly for staff with excess annual leave greater than 2 years currently at $0.10M compared to the same time last year of $0.17M. All 30 staff with excess annual leave have plans to reduce this.

Staff turnover for Quarter 1 is 4.0%.

Recruitment activity continues to be high with difficulty attracting mental health nurses into roles. A recruitment drive in the USA and UK is currently underway via the Careers Centre.

Directorate staff are being actively encouraged to complete the staff survey launched this week.

Key achievements in the month

TWT

Over the past months the Te Whetu Tawera leadership team has been working on a project (Project Haumaru) with the aims of improving patient safety, staff well-being and safety and improving patient follow. Project Haumaru builds on and incorporates co-design work that has been underway in Te Whetu Tawera for some time. This focused activity is led by the SCD (who is now on the unit full time for a further 6 months) and NUM, and supported by a project manager with input from the Performance Improvement team as appropriate. This activity is regularly reviewed.

With all service development and improvement work in Te Whetu Tawera now sitting under the 'umbrella' of Project Haumaru, staff across all disciplines, as well as consumer representatives, are becoming actively engaged in this Project. They are represented on the Steering Group and a range of sub committees e.g. assault reduction, co-design, discharge planning, co-morbidities, staff wellbeing, outcomes and data, along with development of a Compact. The intention of this is to increase ownership and buy-in by staff.

The environmental upgrade and improvements are mostly complete and will include a welcoming space for Maori and Pacific whanau/families in ICU identified as a desired initiative from co-design work. The furniture, curtains, activity items for service users have all been delivered and are in use. The additional physical activity equipment has been greatly appreciated by service users. Painting in the Intensive Care area is complete. Finishing touches are underway in the High Dependency Area.

Areas off track and remedial plans

Supra- Regional Eating Disorder Service

The Midland DHBs have given notice of their intention to withdraw from all but the adult residential components of the supra-regional eating disorder programme. Alternative options and financial and clinical impacts are currently being modelled and reviewed by the Provider, Funder and NRA.

Work has been initiated to identify a suitable location for the EDS residential service to be co-located with the Regional Eating Disorder Service. It was previously thought the service lease for the residential and day programme facility would expire in March 2017, however the Saint Stephens and Queen Victoria Trust Board have extended the lease term until February 2018. This should provide sufficient time to identify and develop a new facility to house these services. A feasibility project is underway to scope options including a purpose build or re-purposing of existing facilities to provide the co-located service.

Youth Transition Project

There is ongoing work to identify a suitable alternative location for the Youth Transition Programme (YTP) with several options already reviewed. In the main, the challenges with these buildings have been either the need for significant capital investment to make fit for purpose or prohibitive lease costs. The lease for the current facility expires in May 2017.

Ligature Risk at Te Whetu Tawera

Ligature risks have been identified and Facilities have indicated several of these risks can be mitigated in the currently allocated funding. However due to the structure of the building, more detailed work revealed that costs associated with addressing windows and some en-suite fixture (namely basins and fittings) would be significantly greater than budgeted for. Currently we are looking at a less costly option for basins and taps that does not require the walls to be opened. A prototype has been viewed and this will be available in 6 month time. Whilst this is a longer wait than anticipated, it does reduce the need for Te Whetu Tawera wards needing to be decamped to address these issues. In terms of the windows, the structure of the current facility does not allow for windows to be replaced. The other option, of sealing windows and installing an HVAC system, requires further seed funding to understand the associated investment.

St Lukes CMHC Facility

An alternative facility for the St Lukes CMHC is now able to be progressed following the sale of the building and the new owners recently confirming the availability of space for lease. Seed funding is currently being utilised to progress the viability of this option, which would enable the co-location of other mental health and addiction services and clinic space for PHOs.

Key issues and initiatives identified in coming months

Localities

Mental Health is represented on the Primary & Community Programme Board which is progressing the work of localities across Auckland DHB.

CFU

Implementation of recommendations from the review of the CFU model of care with supra-regional DHBs continues.

Occupancy remains high compared to previous years and stakeholders are engaged in the process of prioritising admissions when beds are at capacity. Planned, non-acute admissions are being managed via negotiation with referring DHBs.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Mental Health & Addictions

Reporting Date Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	81	65	15 F	233	196	37 F
Funder to Provider Revenue	8,882	8,882	0 F	26,647	26,647	0 F
Other Income	22	54	(31) U	174	161	13 F
Total Revenue	**8,985**	**9,001**	**(16) U**	**27,054**	**27,004**	**50 F**
EXPENDITURE						
Personnel						
Personnel Costs	6,083	6,370	287 F	18,487	19,218	731 F
Outsourced Personnel	164	56	(108) U	498	167	(331) U
Outsourced Clinical Services	96	134	38 F	227	402	176 F
Clinical Supplies	87	81	(6) U	282	240	(42) U
Infrastructure & Non-Clinical Supplies	405	352	(53) U	1,154	1,056	(98) U
Total Expenditure	**6,835**	**6,993**	**158 F**	**20,648**	**21,084**	**436 F**
Contribution	**2,151**	**2,008**	**142 F**	**6,406**	**5,920**	**486 F**
Allocations	1,783	1,805	23 F	5,307	5,420	113 F
NET RESULT	**368**	**203**	**165 F**	**1,099**	**500**	**599 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	89.6	97.3	7.7 F	91.1	97.3	6.2 F
Nursing	303.3	323.4	20.1 F	300.6	323.4	22.8 F
Allied Health	269.9	273.0	3.2 F	266.9	273.0	6.1 F
Support	7.1	8.0	0.9 F	7.0	8.0	1.0 F
Management/Administration	59.8	49.4	(10.4) U	58.0	48.2	(9.9) U
Total excluding outsourced FTEs	**729.7**	**751.1**	**21.5 F**	**723.7**	**749.9**	**26.2 F**
Total :Outsourced Services	17.3	6.0	(11.3) U	18.5	6.0	(12.5) U
Total including outsourced FTEs	**746.9**	**757.1**	**10.2 F**	**742.2**	**755.9**	**13.7 F**

Comments on Major Financial Variances

The result for the month is a surplus of $368k against a budgeted surplus of $203k, leaving a favourable variance of $165k. We are $599k favourable against budget for the year to date at September 2016.

The revenue is $16k unfavourable for the month mainly due to delayed invoicing of the Youth Court Report service revenue generated by the Regional Youth Forensic Team.

There is a $179k favourable variance in Personnel Costs including outsourcing in September, $400k F year to date. The key issues are difficulties and delays in recruitment for some services resulting in high number of vacancies and under-spending on Personnel but high Outsourced Employee costs.

The unfavourable expenditure in Infrastructure and Non-Clinical Supplies has a number of drivers. This includes one off and unbudgeted costs for the newly acquired Eating Disorder service including vehicle leases and facilities charges, rental increases above budget assumptions and increased security costs due to the latest Health and Safety regulations.

Actions:

- The service leadership group have commenced the review of current utilisation of increased observations. This is reducing the need for extra staffing for some service user groups.
- There is also wider focused work commencing on reducing sick leave and excessive annual leave across the Directorate, part of which is responsible for the favourable personnel variance.
- There is on-going review of relevant HR expenditure including Authority to Recruits (ATR), and overtime. This year we are planning to phase the increase in FTE through vacancy management in order to meet Funder expectations by the end of the financial year and to be clinically safe.
- The on-going strategy to recruit new graduate nurses and interns will contribute in the long term to a lower skill mix and reduction in the premium paid on backfill.
- The service is actively monitoring and reviewing non-clinical spending, e.g. Facilities costs, Taxi and Radiology charges.

Savings:

Overall we are $102k U against the savings target for the year to date to September. The unfavourable result is mainly due to phased rolling out of projects. We will manage our savings targets through on-going active management of recruitment and other personnel costs over the full year.

Forecast:

The directorate is currently forecasting to achieve budget.

Appendix 1

AUCKLAND DHB MENTAL HEALTH FACILITIES
OVERVIEW OCTOBER 2016

1. EXECUTIVE SUMMARY

This paper provided a detailed overview of the current situation for Mental Health Facilities.

Auckland DHB Mental Health and Addictions comprises of 25 services including three acute inpatient services, 2 planned admission residential services and 20 community based services.

Of these services, 17 are located in Auckland DHB owned facilities on Auckland City Hospital, Greenlane and Point Chevalier sites. See Appendix A.
A further eight services are located in seven leased facilities across the Auckland DHB area. See Appendix B.
Of importance is:

- the number of leases ending in the next 18 months for facilities housing mental health services thereby requiring alternative facilities to be sourced;
- the Mental Health Directorate is an integral part of the localities programme and it is intended to align, where possible, the type and location of alternative facilities with the localities approach;
- new leases in the current Auckland market are likely to require a significantly higher investment than existing leases
- a number of the Auckland DHB buildings currently housing mental health facilities are on the Greenlane site.

2. LEASED FACILITIES

Of the seven leased facilities, four have leases ending in the next 18 months with no right of renewal. Two of these four facilities, housing the St Lukes and ACOS team and the Youth Transition programme, are deemed not to be fit for purpose. The other two properties housing Manaaki House and Taylor Centre Community Mental Health services will have up to date health and safety / risk assessments completed in Q4.
A consideration when sourcing new facilities is that many of the existing leases are below current market rates. Thus new leases in the Auckland area will undoubtedly incur greater costs and investment.
The following provides an update on work underway to identify options for services that with leases expiring in the next 18 months.

2.1 St Lukes Community Mental Health Team

It has been challenging to find a building that meets the requirements of this large team and in an appropriate catchment area accessible to the target population. A building identified in Dominion Road had progress halted due to its recent sale. However, it is again up for lease, and a commercial negotiator and architect are involved in determining whether re-locating the St Lukes CMHC and co-locating other mental health services in the building is a feasible option.

2.2 Assertive Community Outreach Service

This service needs to be standalone and with a separate entrance due to its clientele. A number of privately owned options have been investigated, however a consistent message is a reluctance to lease a facility for this client group. The current preferred option is to locate the ACOS service in a DHB owned facility on the Point Chevalier site. This would enable co-location with Buchanan Rehabilitation Centre, Manawanui and the community support work service as well as being in close proximity to CADS Alcohol and Drug Services and the Regional Forensic Services. This option is being explored with the Long Term Conditions Directorate who currently utilise this space.

2.3 Youth Transition Programme

This facility needs to be within a 5 km radius of Greenlane Clinical Centre due to the service's close liaison and connection with the Kari Centre. The new facility will house seven staff and up to 14 young people Monday to Friday. While several facilities have been viewed, none as yet have been found that fit the YTP requirements and are affordable.

2.4 Tupu Ora Residential Service and Day Programme

The lease for this facility has been renewed for another year enabling the DHB to explore options for the delivery of this service from February 2018 without requiring an interim move. The current options being explored and costed, to allow co-location with the day programme and community regional eating disorder services, are i) a purpose build residential unit on Greenlane, and ii) refurbishment of the currently vacant Pounamu Ward in the Rehabilitation Plus building.

2.5 Manaaki House Community Mental Health Team

The lease on the Manaaki House CMHT facility ends in March 2018. The existing facility requires significant investment to bring it up to standard and the lessor has indicated this will not occur and that the lease is unlikely to be renewed. A health and safety assessment of the current building will be completed in Q4. It will be important to align, in so far as possible, the Auckland DHB localities approach with the identification of a new facility for this CMHT from 2018.

3. ADHB OWNED FACILITIES

It is understood the Mental Health services located in Greenlane will be included in an Auckland DHB review focusing on existing infrastructural issues to determine next steps for buildings on the Greenlane site.

3.1 Te Whetu Tawera

This purpose build is now approximately 15 years old. A recent environmental upgrade, informed by a co-design process, is now complete. A recent key focus in TWT has been on anti-ligature work. This has resulted in a number of changes, many of which are complete. It has not been possible to fully address the ligature risk associated with windows, although changes to handles have reduced this risk. Work has revealed that the cost of disturbing the TWT cladding to remove, refurbish or replace windows is significant and outside the existing budget. Further seed funding will be sought to explore alternatives including replacing windows or sealing windows and installing an HVAC system.

3.2 Child and Family Unit and Mother and Baby Unit

The Mother Baby Unit and CFU High Dependency Unit have been refurbished, and the open unit in CFU is 2/3rds completed. Recent feedback from Pharmacy and Releasing Time to Care has indicated that, for clinical reasons, the medication and treatment area in CFU should be separated into two rooms. A request will be made to utilise existing unallocated funding from the CFU upgrade project to separate these rooms.

3.3 Fraser McDonald Unit

An upgrade is currently in process to assist the unit to operate at capacity and improve the care experience of a complex group of older patients with mental health issues now and in future. The upgrade will begin in October 2016 with work planned to minimise disruption.

3.4 Buchanan High and Complex Needs Residential Service

This is an aging facility with a 40 bed capacity. There has been a recent upgrade to the main building including residential rooms providing 14 beds, and clinical and other spaces. A further 36 beds are located in 12 domestic style houses that are almost two decades old. Due to the nature of the client group, these houses are subject to greater than usual wear and tear. Approximately five years ago, a facilities led upgrade of the houses led to two houses being refurbished. The remaining 10 houses comply with health and safety but require an upgrade.

3.5 Manawanui

Manawanui has two buildings that house interview rooms, clinic space and staff. A further three buildings are the Marae, Whare Kai and ablution block. Clinical space is limited and shared, and it is likely these buildings will require renovation in the next five years.

3.6 Early Intervention Service

The Early Intervention Service (EI) has been split across the four Community Mental Health Teams and the Youth Early Intervention Service at Kari Centre. It focuses on young people with first episode psychosis from 15 - 30 years. Research indicates that intervening early and intensively in first episode has a significant impact on future wellness outcomes.

A recent review recommended that the centralisation of the Early Intervention Psychosis service will provide benefits in terms of outcomes for young people patients to:

- enable a smooth transition for young people moving from a child and youth CAMHS service into adult services. The ability to provide a seamless service for young people with first incidence psychosis is very important for longer term outcomes and at a time when many are get lost transitioning from paediatric to adult services

- enable capacity and a critical mass of expertise – currently each EI service is small and therefore vulnerable in terms of delivery e.g. if there is staff illness, vacancies etc. Co-location will support this specialist capability and delivery of this service

A facility will need to be sourced for this service. One option is to co-locate with the St Lukes CMHT.

Appendix A

Mental Health Services in DHB Facilities

Services	Building
Cornwall House Community Mental Health Team Lotofale Pacific Community Mental Health Team	Building 16 GCC
Kari Centre -CAMHS -Regional Youth Forensic Service	Building 13 GCC
Maternal Mental Health	Building 14 GCC
Regional Eating Disorder Service	Building 14 GCC
Mental Health Service Older People	Building 14 GCC
Regional Registrar Training Centre	Building 16 GCC
Te Whetu Tawera Adult Acute Inpatient	Building ACH
Fraser McDonald Older People Acute Inpatient	Building 15 ACH
Child and Family Unit Mother and Baby Unit	Level 1, Starship
Psychiatric Liaison Service Huntingdon Service	Level 4, Support Building, ACH
Buchanan High and Complex Needs residential service HCN Community Support Work Service	Pt Chevalier
Manawanui Maori Community Mental Health Service	Pt Chevalier

Appendix B

Mental Health Services Located in Leased Facilities

Services	End of Lease Term	Fit for Purpose	Future Service Delivery
St Lukes Community Mental Health Team Assertive Community Outreach Services (ACOS)	September 2017 Not likely or desirable to renew lease	The Board have determined that these premises are not fit for purpose due to the age, maintenance and size of the building. This impacts on patient and staff well being	St Lukes - Potential of Dominion Road facility being explored with an opportunity to co-locate with other MH and PHO services ACOS – exploring option of locating at Rehab Plus, Pt Chevalier with other HCN services
Youth Transitional Day Programme	February 2017 No ROR	Does not have a warrant of fitness from Health and Safety	Continued search for alternatives
Tupu Ora Residential Service Tupu Ora Day Programme	March 2018 No ROR	Health and Safety assessment planned for Quarter 4 3 2016	Option for the residential unit and colocation with the day programme and community Regional Eating Disorder service being explored
Manaaki House Community Mental Health Team	March 2018 No ROR	Health and Safety assessment planned for Quarter 4 2016	Localities programme will assist determine options for CMHCs including colocation
Segar House psychotherapeutic service	September 2017 3 + 3 ROR	This is a good quality building	Currently reviewing opportunity to relocate to Greenlane and utilise lease investment for Early Intervention service
Taylor Centre Community Mental Health Team Waiheke satellite	November 2018 3 +3 year ROR June 2017, 2 year ROR	Partially fit for purpose, challenges with parking for clients and staff, difficulties in balancing staff and client space requirements	Localities programme will assist determine options for CMHCs including colocation

Adult Medical Directorate

Speaker: Dr Barry Snow, Director

Service Overview

The Adult Medical Service is responsible for the provision of emergency care, medical services and sub specialties for the adult population. Services comprise: Adult Emergency Department (AED), Assessment and Planning Unit (APU), Department of Critical Care Medicine (DCCM), General Medicine, Infectious Diseases, Gastroenterology, Respiratory, Neurology and Renal.

The Adult Medical Directorate is led by:
Director: Dr Barry Snow
General Manager: Dee Hackett
Director of Nursing: Brenda Clune
Director of Allied Health: Carolyn Simmons Carlsson
Director of Primary Care: Position vacant

Directorate Priorities for 16/17

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Developing the service/speciality leadership team to support the delivery of service transformation, performance management, living the values and financial management.
2. Meeting the organisational targets across all specialities.
3. Investing and developing our facilities and infrastructure to ensure they are fit for purpose and meet health and safety requirements.
4. Planning and implementation of service developments. Focus on at least one service development per speciality that improves the patient experience.
5. Overall reduction in the number of falls with serious harm, Grade 3 and 4 Pressure Injuries (PIs) and full compliance of 80% for hand hygiene across the Directorate.
6. Identify areas of waste that can be eliminated to save costs and improve quality and efficiency of care. Achieve Directorate financial savings target for 2016/17.

Q1 Actions – 90 day plan

- Weekly team and monthly Directorate meetings are working well. MOS meetings are undertaken weekly with the Senior Leadership Team. Each service developing and delivering MOS. Have moved timings of Directorate MOS to accommodate Service Clinical Directors availability.
- Monthly meetings being undertaken and reviewing priority plans, finance information, HR information and newly developed service scorecards with each service.
- Continuing to develop capacity and demand work for colonoscopy. Colonoscopy targets met for each KPI. Planning capacity requirements for the Christmas period. Capacity and demand work started for neurology to assess growth and capacity to deliver services differently.
- Steady progress with Renal Indicative Business Case (IBC). Completed tender process for recruitment of architects for preliminary design of spoke in Glen Innes. Design group formed. Continuing with monthly steering group to progress business case. Strategic discussion for future spoke delivery started with Tamaki regeneration project.
- Preliminary design for CDU completed and presented to CAMP on 19 September. Submitted to The Auckland DHB Audit and Finance Committee for submission to Board on 26 October with full cost.
- Quality forum delivered. New scorecards for all services developed that include quality items. Scorecards reviewed with services on a monthly basis.
- Meeting with NUMs and Operations Managers identifying cost effectiveness projects and managing budget efficiently.

Measures

Measures	Current	Target (End 2016/17)	2017/18
ED target, ESPI, FCT and FSA and FUs	Fully met	Fully met	
Business case submissions	Level 2	Renal BCs	
L2 CDU build completed		Completion	
Reduction in number of falls with serious harm	50% reduction from current	75% reduction from current	
Reduction in the number of PIs grade 3 and 4 hospital acquired	50% reduction from current	100% reduction from current	
Hand hygiene	80%	95%	
Breakeven revenue and expenditure position		Breakeven	

Scorecard

Auckland DHB - Adult Medical Services

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	1
	Medication Errors with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	8.9%	<=6%	9.1%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	6.1%	<=6%	6.1%
	Number of falls with major harm	0	0	2
	Number of reported adverse events causing harm (SAC 1&2)	1	0	4
	Unviewed/unsigned Histology/Cytology results < 90 days	35	0	22
	Unviewed/unsigned Histology/Cytology results > 90 days	0	0	0
Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours	95.16%	>=95%	94.81%
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0.05%
	% DNA rate for outpatient appointments - All Ethnicities	12.04%	<=9%	12.32%
	% DNA rate for outpatient appointments - Maori	27.23%	<=9%	28.02%
	% DNA rate for outpatient appointments - Pacific	22.4%	<=9%	24.68%
	Number of CBU Outliers - Adult	193	0	184
	% Patients cared for in a mixed gender room at midday - Adult (excluding APU and Ward 62)	9.99%	TBC	10.27%
	% Patients cared for in a mixed gender room at midday - Adult (APU and Ward 62)	20.42%	TBC	19.42%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	75.6%
	Number of complaints received	17	No Target	17
	28 Day Readmission Rate - Total	R/U	<=10%	13.58%
	% Urgent diagnostic colonoscopy compliance	100%	>=85%	97.78%
	% Non-urgent diagnostic colonoscopy compliance	86.06%	>=70%	85.79%
	% Surveillance diagnostic colonoscopy compliance	91%	>=70%	93%
	Average Length of Stay for WIES funded discharges (days) - Acute	3.7	TBC	3.7
Improved Health Status	% Hospitalised smokers offered advice and support to quit	95.19%	>=95%	96.36%
Engaged Workforce	Excess annual leave dollars ($M)	$0.63	0	$0.62
	% Staff with excess annual leave > 1 year	33.8%	0%	32.89%
	% Staff with excess annual leave > 2 years	11.9%	0%	12.47%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	98%	0%	99%
	% Staff with leave planned for the current 12 months	7.4%	100%	3.55%
	% Leave taken to date for the current 12 months	54.7%	100%	54.5%
	Number of Pre-employment Screenings (PES) cleared before the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.3%	<=3.4%	4.31%
	% Voluntary turnover (annually)	11.5%	<=10%	11.17%
	% Voluntary turnover <1 year tenure	5.5%	<=6%	4.55%

Amber Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience
This measure is based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.

28 Day Readmission Rate - Total
A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).

Scorecard Commentary

- Adult Medical Directorate SSED target – 95.16% for August 2016. It has been extremely busy during August with very high AED attendance. The greatest impact has been from the introduction of the new model of care and a speedier transfer of patients to an inpatient speciality.
- DNA rates have maintained at the current levels. There have been organisational wide issues which may have contributed. With new scheduling processes in place we may see a reduction in DNAs.
- Continuing good performance within colonoscopy meeting all targets.
- Pressure Injuries - there have been four Grade 1 and one Grade 2 Hospital Acquired Pressure Injuries. There was one Grade 4 Hospital Acquired pressure injuries which is currently under investigation.
- Falls - there were 0 falls with harm during August
- Adverse Events – One of the Grade 1 Hospital Acquired Pressure Injuries is a SAC 1 event. This is being fully investigated by the appropriate teams.

Engaged Workforce

- Regular meetings continue with Service Clinical Directors related to the "Engaged Workforce" targets. The key focus in recent meetings has been to reduce the annual leave in excess of two years and a focus on staff sickness. The level at which sickness is monitored in each service has been reduced from a Bradford Factor of 490 to 343, following a suggestion at the most recent quarterly review meeting.
- A stringent approval process continues for recruitment to ensure that savings may be achieved wherever possible without compromising patient safety.
- A significant piece of work has been undertaken in the consultation on the amalgamation of nursing staff in ICU and HDU within DCCM. The decision document has been delivered this week.
- Looking forward we will be:
    - Publicising the forthcoming Employee Survey
    - Supporting the implementation of the 'Speak Up' campaign and intend to undertake further work on Living Our Shared Values in support of this programme
    - Planning for and implementing the HR Consultation process decisions and the HR strategy

Key achievements in the month

- Good performance in AED during quarter one in spite of a steady increase in attendance.
- Colonoscopy target still being maintained.
- CDU preliminary business case signed off by CAMP and submitted to the Auckland DHB Audit and Finance Committee and will be presented to Board in October 2016.
- Tender document for the Renal spoke concept design complete and design group established in preparation for concept design.

- 91% achievement of savings target. Directorate meeting with Service Clinical Directors to monitor saving progress with excellent SMO engagement.
- Continued improvement in hand hygiene across Directorate.
- Good progress with IT database development projects across Directorate.

Areas off track and remedial plans

- Excess annual leave being discussed at service review meetings. Growth in DCCM and Gastroenterology but overall a decrease of 4.9% from last year. Specific actions being taken to reduce growth areas and plans being developed.
- Development of a sub group of the stroke steering group to work through the provision of the hyper acute element of the stroke pathway.

Key issues and initiatives identified in coming months

- Capacity and demand training developed by Performance Improvement for managers and Nurse Unit Managers to be delivered in October 2016.
- Progressing concept design of renal spoke through a renal design group.
- Monthly priority plan and service performance meetings continuing with good engagement.
- Continuing with Neurology and Endoscopy capacity and demand planning.
- Preliminary planning for a full service review of the respiratory sleep services.
- Investigation and development of increasing use of CTC in gastroenterology.
- Greater focus on mental health attendance to AED. A nursing education programme is being developed and a strategy meeting is booked for 13 October to talk through strategy and developing an on-going support and improvement programme.
- FCT tracker resigned; gap before new appointment to the role may impact FCT KPI.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Adult Medical Services

Reporting Date Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	264	269	(5) U	1,000	843	157 F
Funder to Provider Revenue	13,998	13,998	0 F	41,543	41,543	0 F
Other Income	460	406	54 F	1,174	1,220	(46) U
Total Revenue	**14,723**	**14,673**	**50 F**	**43,716**	**43,605**	**111 F**
EXPENDITURE						
Personnel						
Personnel Costs	7,939	8,079	140 F	24,143	24,576	433 F
Outsourced Personnel	90	94	4 F	272	303	32 F
Outsourced Clinical Services	36	50	14 F	138	145	7 F
Clinical Supplies	1,736	1,779	43 F	5,578	5,280	(298) U
Infrastructure & Non-Clinical Supplies	60	84	24 F	368	415	47 F
Total Expenditure	**9,861**	**10,086**	**225 F**	**30,499**	**30,719**	**220 F**
Contribution	**4,862**	**4,588**	**274 F**	**13,217**	**12,886**	**331 F**
Allocations	2,162	2,148	(15) U	6,513	6,358	(155) U
NET RESULT	**2,699**	**2,440**	**259 F**	**6,704**	**6,527**	**177 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	200.1	192.3	(7.8) U	202.8	192.3	(10.4) U
Nursing	548.6	535.7	(12.9) U	545.2	535.7	(9.6) U
Allied Health	46.1	51.8	5.7 F	45.9	51.8	5.9 F
Support	6.4	6.0	(0.4) U	6.1	6.0	(0.1) U
Management/Administration	53.5	42.0	(11.5) U	54.0	42.0	(11.9) U
Total excluding outsourced FTEs	**854.6**	**827.8**	**(26.8) U**	**853.9**	**827.8**	**(26.1) U**
Total :Outsourced Services	3.8	5.0	1.2 F	3.8	5.0	1.2 F
Total including outsourced FTEs	**858.4**	**832.8**	**(25.6) U**	**857.7**	**832.8**	**(24.9) U**

Financial Commentary

The result for the year to date September is a favourable variance of $ 177k.

Volumes: Overall volumes are 97.3 % of contract. This equates to $ 1,125k under contract (Variance not recognised in the Adult Medical Provider result).

Total Revenue -$ 111k favourable

- primarily due to additional colonoscopy revenue for achieving the 15/16 target $233k received in July offset by non- resident income $130k U (timing).

Total Expenditure - $ 65k favourable due to:

Personnel Costs including outsourced personnel- $ 465k favourable
This is mainly due to favourable variances in Medical $368k F, Nursing $131k F and Allied Health $186k F being the achievement of personnel cost target saving of $270k held centrally (made up of allowances, sick leave management, staff mix and annual leave management) .

Clinical Supplies - $ 298k Unfavourable
Driven by treatment disposables $202k U - mainly blood product costs unfavourable $151k U (ED and DCCM due to high cost patients in July) and Respiratory Services patient consumables $54k U (Bipap masks & Cpap masks).

Internal Allocation - $ 155k U
This is primarily due to Radiology $97k U (mainly Neurology $93k U – increase in clot retrieval) and Nutrition $ 83k U (under investigation).

FTE unfavourable variance is partially in relation to the RMO annual leave transfer combined with partial unachieved FTE savings target. The underlying FTE is close to budget.

Community and Long Term Conditions Directorate

Speaker: Judith Catherwood, Director

Service Overview

The Community and Long Term Conditions Directorate is responsible for the provision of care of Older People's Health Services, Adult Rehabilitation Services, Palliative Care Services, Community Based Nursing, Community Rehabilitation, Community Allied Health Services, and Long Term Condition and Ambulatory Services for the adult population. The services in the Directorate have been restructured under the clinician leadership model into six service groups:

- Reablement (in patient adult assessment, treatment and rehabilitation services)
- Sexual Health Services
- Community Services (Chronic Pain, Home Health Services and Mobility Solutions)
- Diabetes Services
- Ambulatory Services (Endocrinology, Dermatology, Immunology and Rheumatology)
- Palliative Care Services

The Community and Long Term Conditions Directorate is led by

Director: Judith Catherwood
General Manager: Alex Pimm
Director of Nursing: Jane Lees
Director of Allied Health: Anna McRae
Director of Primary Care: Jim Kriechbaum
Medical Director: Lalit Kalra (commencing January 2017)

Directorate Priorities for 2016/17

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Embedding clinical governance culture across the Directorate to support all decision making.
2. Leadership and workforce development programme.
3. Outpatient improvement programme.
4. Improvement in health outcomes through new models of care.
5. Achieve Directorate financial savings target for 2016/17.

Q1 Actions – 90 day plan

1. Extend and develop clinician leaders and managers through leadership and management programmes

A programme of facilitated team development based on Board mandatories, values and strategic direction has commenced. Service Leadership Team events to support this process are in progress across the Directorate. Current areas of work include events within community services teams. A community services plan will be developed by the team leaders from this process which will be jointly owned by the teams. Two members of our new clinician leadership team have completed their leadership development programme. A further two members of staff have commenced in wave two and a further group of staff will commence later this year. Leadership and management support and training for our new leaders and level four team members has been identified as a priority for this year and will be supported.

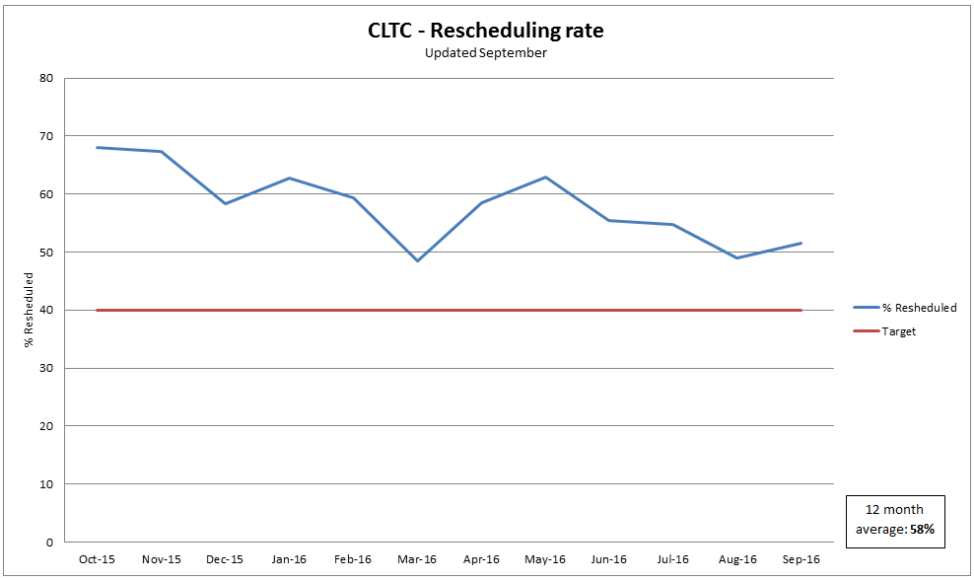
2. Implement plan for advancement in roles for nurses, allied health and support staff

Workforce planning for nursing and allied health role development is in progress. A career pathway for Needs Assessment and Service Coordination (NASC) workforce has been implemented. New therapy, NASC and social work assistant roles are in development to support our clinical teams. The new service developments in progress, including rapid response, step home, early supported discharge and stroke services provide opportunities to enhance nursing and allied health roles. Nursing roles in Diabetes, Dermatology and Rheumatology services are also currently being reviewed to support service requirements.

3. Complete the implementation of the Directorate outpatient improvement programme

DNA action plan continues to be implemented with our initial focus on Diabetes Services. Our DNA rates have declined over the last six months. We are pleased to report a clear overall reduction in rates, but there is still significant progress to be made, with plans in place. Our Directorate are concerned to see an increase in DNA rates in the latter part of 2015/16 which is in part due to inadequate communication about booked appointments with patients. We are working with the Patient Administration Team (PAS) to address these issues. Cancellation rates are also being monitored as late cancellations will have an impact on service delivery and outcomes.

Our new process to reduce rescheduling rates by applying a six week booking rule is in place in a number of outpatient clinics. Our rescheduling rates continue to reduce and the trajectory is on target to meet our goal. This change mirrors the six week booking rule for leave and ensures we only reschedule a patient's appointment if it is patient initiated or urgent due to specific patient care requirements.



Baseline assessment to ensure accurate measurement of virtual contacts is progressing in all services.

Implementation of business rules into Older People's Health outpatient services and Community Services has commenced to ensure accurate activity and waiting times reporting. Reporting processes are being progressed with Business Intelligence.

4. Implement the stroke plan and work towards a comprehensive adult stroke unit

The integrated all age stroke rehabilitation unit opened in July 2016. Early Supported Discharge Services (ESD) also commenced simultaneously. We are pleased to report ESD services have been well received and currently have 10-12 active patients at any one time, contributing to reduced LOS and improved rehabilitation outcomes. Plans for stroke service development include work in the hyper acute pathway which is developing through a regional process and within the rehabilitation pathway which is locally delivered in each DHB. The quarterly data on admissions to a rehabilitation service within 7 days of acute stroke presentation is improving. Our own internal measure for ADHB patients indicates we are now achieving 61% of transfers within this timeframe (up from 51%) and we expect our regional quarterly data (which includes Waitemata DHB patients <65 years) transferring to Rehab Plus to reflect an improvement in the next quarter. We are monitoring both measures carefully and aim to meet the 80% target before the end of 2016.

Plans to create the comprehensive adult stroke unit are progressing and will continue through 2016/17 as it will require a full business case to be developed.

5. Extend the locality model of care to other services

The locality model continues to develop with Home Health Services. A plan to achieve this in full by end of 2016/17 is in place. Diabetes Services have completed their plan to extend their services into the locality model and will now progress implementation. Geriatric Medicine is holding a second

workshop to finalise their plan and work is now in progress to ensure gerontology support is in place in all localities.

A programme of work to support integration of the locality model across the four main Directorates engaged in community service delivery is in progress across the Provider Arm.

An Adult Palliative Care Strategy has been approved and is in the process of being implemented. Plans for integrating the specialist service across ADHB are ongoing. The new SCD role to support integrated palliative care clinical leadership has been advertised. A plan to progress a rapid improvement event to improve care for those at end of life across providers is in development to be held in November 2016.

6. Implement the frailty pathway

The first stage of the frailty pathway was implemented successfully on 29 August 2016. Further work is progressing to refine the pathway and extend this to older adults living in their own homes and in aged care facilities over time. The work delivered in 2015/16 on Dementia care is being implemented as part of the Frailty Pathway. The aim of the pathway is to standardise the care bundle provided to all frail patients presenting to the ED and ensure rapid access to the most appropriate services during admission, with the aim of reducing the LOS for frail patients in hospital or supporting care in patient's own homes to reduce any unnecessary admissions. Rapid Response services and end of life care are also very important parts of this pathway in community settings.

7. Implement step up/step down intermediate care models

Rapid Response Services continue to be delivered and are now accessible from ED, hospital services, general practice, aged care facilities, St John and Homecare Medical referral sources. We continue to promote services and are working with others in the Provider Arm to maximise use of our available capacity. At present we support between 5 and 10 patients at any one time in the rapid response service. We have capacity to accommodate more patients. Our Palliative Care services are also increasingly using the service to support discharge from hospital or support care in the community.

Early Support Discharge Services have been established and are in the process of developing their care profile for stroke rehabilitation patients and for fractured neck of femur. Currently there are on average 10-12 patients on the programme at any one time and uptake has been high. Patients move to community rehabilitation services over time as their rehabilitation intensity needs reduce in a seamless fashion as both services are offered by the same team. This supports a continuous journey of care for patients.

Supported Early Discharge supports patients who have home care needs in the community, to return home and receive their care whilst long term assessment for home care is delivered in the home. This ensures improved patient flow, faster discharge, and will ensure reablement is fully progressed prior to a long term care package being finalised. On average there are around five patients on this service package at any one time.

Intermediate care beds, building on the success of the Step Home pilot, using the resources of aged care facilities engaged in the Interim Care Scheme are being planned. These beds are an essential part of the future care delivery model for Reablement Services. To enable our team to implement

the new pathway for fractured neck of femur patients, frail older adults and stroke services within the existing footprint of Reablement Services on level 13 and 14 of the support building, we will need improved intermediate care capacity. We aim to deliver this within existing resources by improving the pathway in interim care, and deliver improved outcomes for all older patients alongside improvements in flow. Work is progressing with pace to ensure this can be provided within business as usual before the end of 2016.

8. Develop long term conditions strategy across the organisation

This strategy will be developed later in 2016/17 as per business planning cycle.

Measures

Measures	Current	Target (end 16/17)	Previous Period
Did not attend (DNA) rate	12.5%	<9.0%	15.5%
Rescheduling rate	51.5%	<40.0%	58.0%
Proportion of activity undertaken as virtual or non-face-to-face activity	1%	5%	1%
Patient waiting times – outpatients, community and inpatients	Outpatients – max. 4 months Inpatients – 94% within 2 days Community – max. 8 weeks	Outpatients – max 3 months; Inpatients – max 2 days; Community – max. 6 weeks	Outpatients – max. 4 month Inpatients – max. 2 days Community – max. 8 weeks
Admissions to age-related residential care	Latest data (May 2016): 88 Working with BI to receive data more regularly	5% reduction per quarter (Q1 target xx)	Average 108/month
Proportion of HCAs and TAs as percentage of total clinical workforce	Developing data set with HR team	Nurse Director and AH Director continuing to define target	8.4%
Percentage of stroke patients transferred to rehabilitation services within seven days of admission (MOH definition, quarterly reporting)	31%	80%	
Percentage of patients transferred to hospice within 24 hours of being clinically ready to transfer	Developing reporting with BI team	85%	
Breakeven revenue and expenditure position	Favourable	Breakeven	Favourable

Scorecard

Auckland DHB - Adult Community & Long Term Conditions

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	1	0	3
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	3.7%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.6%	<=6%	4.9%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	3
	Unviewed/unsigned Histology/Cytology results < 90 days	0	0	1
	Unviewed/unsigned Histology/Cytology results > 90 days	0	0	0
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0.38%
	% DNA rate for outpatient appointments - All Ethnicities	12.53%	<=9%	16.11%
	% DNA rate for outpatient appointments - Maori	23.61%	<=9%	37.59%
	% DNA rate for outpatient appointments - Pacific	26.81%	<=9%	31.68%
	% Patients cared for in a mixed gender room at midday - Adult	6.14%	<=2%	0.44%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	73.3%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	92.2%
	Number of complaints received	5	No Target	4
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less	89.34%	>=80%	76.82%
	% Inpatients on Rehab Plus waiting list for 2 business days or less	88.89%	>=80%	93.75%
	% Discharges with Length of Stay less than 21 days (midnights) for OPH and Rehab Plus combined	72.73%	>=80%	64.74%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	94.12%	>=95%	100%
Engaged Workforce	Excess annual leave dollars ($M)	$0.04	0	$0.04
	% Staff with excess annual leave > 1 year	36.8%	0%	37.66%
	% Staff with excess annual leave > 2 years	4.5%	0%	4%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	70.8%	0%	66.67%
	Number of Pre-employment Screenings (PES) cleared before the start date	0	0	1
	Sick leave hours taken as a percentage of total hours worked	4.1%	<=3.4%	3.71%
	% Voluntary turnover (annually)	14.7%	<=10%	15.56%
	% Voluntary turnover <1 year tenure	6.6%	<=6%	6.25%

Amber Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience
% Very good and excellent ratings for overall outpatient experience
These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.

Scorecard Commentary

There were no SAC 1 or 2 events in August 2016. Overall there has been a clear downward trend in actual falls in Reablement Services over 2015/16 and the ward staff are being congratulated for their achievements in creating a safer rehabilitation environment for our patients.

Point prevalence data on pressure injuries indicates a stable picture, and the 12 month rolling average continues within target. There is a daily focus on pressure injury management in all our wards.

We are currently compliant with ESPI 1 and ESPI 2 across all services. Our performance with FCT targets is now improving and we will meet all targets by end of 2016 with the new capacity in place.

We continue to work with services to support improvement in waiting times and remain confident we can achieve a three month maximum waiting time within the Directorate. We are working with services on demand and capacity planning, virtual capacity and follow up practice, which all influence the ESPI 2 waiting time. We are also working to ensure all services, even if not covered by ESPI 2, have appropriate waiting times and effective monitoring systems in place.

Our DNA rates continue to be monitored and our DNA action plan continues in all services. We remain committed to reducing these rates.

The Directorate remains committed to minimising the number of patients in mixed gender rooms but were slightly above target in August 2016. This was due to an increased short term use of acute observation units in Reablement Services which are routinely excluded from reports but cannot be when the use is only short term. Plans are in progress to change the current way we support patients with behaviours of concern so that acute observation units become single sex.

Patient flow targets have been met in August. Improved flow remains one of our goals and this has been sustained despite lower bed occupancy and is a reflection of improvements in practice and community service offerings. We continue to work to reduce LOS and minimise the number of patients who have an extended LOS which could be avoided through improved discharge planning with stakeholders and other providers.

Complaints are being actively managed within our Directorate and action plans to address any learning points have been created and are being monitored. There were five complaints received in the month of August and all were responded to within the agreed target time.

The Directorate has achieved a significant reduction in excess leave in the last year. We have plans to reduce this further with a focus over the upcoming summer period. Sick leave is monitored monthly and currently just above target and is being actively managed applying the Auckland DHB Wellness Guide. We have established the Directorate Wellness Group to support staff health. Turnover has increased and is being actively monitored including regrettable turnover levels by service. As a Directorate with a significant change agenda, some turnover is to be expected. We have also completed a plan with Recruitment Services to work more strategically on hard to fill posts and recruitment at all levels as we have some significant recruitment challenges in leadership roles and in some specific clinical posts at this time.

Key achievements in the month

- A plan to progress integration of service in Specialist Palliative Care across Hospice and Hospital services continue to progress. The new clinical leadership role is currently being advertised.
- An improved NASC pathway for a range of services supporting patients transitioning from hospital to community care is being progressed. This has included improved NASC case allocation processes, and improvements to the pathway for palliative care patients. Both processes should improve flow and reduce delays for families, patients and for other service users and ward staff. Improvements in NASC response have been noted by acute services which is very positive.
- An improvement to the pathway and support process for staff in the management of the Protection of Personal and Property Rights Act for patients without capacity is being progressed. This complex legislation is challenging for staff to navigate and a new process and support framework is being implemented to reduce delays in the pathway for families and patients.
- The Diabetes Services have finalised a plan to deliver extra support to community and primary care services in the delivery of diabetes care across the care continuum. This will be rolled out over the course of 2017. An evaluation of the Auckland PHO/Specialist Service diabetes project has commenced. Both activities will support the wider work on diabetes care within the Auckland DHB/Waitemata DHB Diabetes Service Level Alliance (DSLA).
- Rapid response services have opened access to primary care, aged care and St John. Referrals are beginning to be made from the rest of the sector although the majority of referrals continue to be from ED or Hospital Services. The Early Supported Discharge service (ESD) has commenced. This service will support intensive rehabilitation in the home for appropriate patients. Both these services will improve flow and support care closer to home. Current take up of the ESD service is high with 10-12 patients using the services at any one time.
- A new programme of work has commenced with ACC to resign the care pathways within non-acute rehabilitation services for older adults and implement a new case mix funding model. This has the potential to further improve the LOS and clinical outcomes and integration of care for the frail older adult. New funding jointly approved by the Board and ACC will see enhanced falls prevention services and fracture liaison services in place across Auckland in the coming months. Recruitment to these new services has commenced.
- The rehabilitation phase of the fractured neck of femur pathway is completed and is due to be implemented on 3 October. This ensures rapid access to rehabilitation and reduces the potential of handover of care delays. With the support of ESD, we hope to see a reduction in length of stay in this patient group. Evaluation will take place to ensure this change results in an improvement in our outcomes, which is evidence based and expected.
- The Directorate have agreed a set of clinical outcome measures, which complement the Directorate business plan measures, within each of the six services which will be monitored and reviewed regularly. This work will be part of the implementation of clinical governance and quality service frameworks in each service group.

- A consultation process has commenced on a new Sexual Health Service Size. The consultation opened on 12 October 2016 and continues until 4 November 2016. The sizing exercise will complete the change programme relating to the introduction of the new model of care for the Regional Sexual Health Service which commenced in July 2015. It proposes changes in the number of SMOs in the service and the introduction of a Nurse Practitioner which reflects the current and future needs of the service based on the new model of care. A final decision document will be released in November 2016.

Areas off track and remedial plans

- DNA action plan for the Directorate has been developed and is being implemented across all services. A patient focussed direct booking approach and reminder service has commenced in Diabetes Services. Other options, including drop - in clinics and shared care clinics, are also being progressed as part of the plan to improve accessibility for patients. The direct booking approach is also being used in Rheumatology Services and will be used in other areas in due course. Sustainability of these new approaches is being explored with the PAS team.
- A number of our services use HCC to record activity. There have been no clear business rules in place to ensure the services record activity and volumes accurately, which has an impact on revenue, funding, demand and capacity planning, and understanding patient flow. The plan developed with Business Intelligence to address this issue is progressing well. The new business rules have been implemented in Sexual Health and Community Services. Improved reporting on activity is progressing and will be completed by December 2016 for Sexual Health and Community Services. Other areas in the Directorate that use HCC will take longer to complete regular reporting due to BI constraints.
- The Directorate has experienced challenges in the discharge planning of patients who require disability funding support in the community. This has a particular impact on Rehab Plus given the case mix. We are working with Taikura Trust to reduce these delays as quality of care outcome is now being hindered when patients are ready to be cared for in home but cannot receive the required care due to delays in eligibility and assessment processes.
- TAS have taken over the provision of Inter-rai support services at national level and previous local support and contracts ceased at end of September 2016. There are concerns that the northern region will not have sufficient Inter-rai trainers in place to support the transition in responsibilities which may impact on our performance in Inter-rai assessment rates and patient flow out of the hospital. We are working to address this issue with the new national provider at regional level and local level.
- The Community Nursing Service has concluded the formal investigations into the two clinical incidents concerning retained products. The learning from both these incidents has been introduced into daily clinical practice and are being monitored. The process to ensure rheumatic fever patients receive treatment is now embedded and monitored compliance with treatment is 85%. Active follow up and escalation for patients who do not attend is occurring. Recruitment to clinical leadership roles in the Community Nursing Service is progressing well. We have recruited to four of the six roles and are actively recruiting to the remaining positions.

Key issues and initiatives identified in coming months

- Complete recruitment to the Directorate Leadership team. Recruitment to three key leadership posts in the Directorate is in progress currently.
- Implementation, orientation and development of the revised Directorate structure, which introduces the Clinician Leadership model. A key priority for our Directorate is the development of Clinician Leadership skills and capability. Senior staff have commenced the new Clinician Leadership Programme. A management training programme has also been identified as a priority for all new Clinician Managers and Operations Managers to support effective service leadership.
- Embed Management Operating System and improved clinical governance and decision making systems across the Directorate at service level.
- Implementation and further development of the locality model within Home Health Services, integrating Diabetes Services, Palliative Care and Geriatric Medical Services into the model during 2016/17. This will reduce duplication of effort and enhance community responsiveness.
- Implement the new Clinician Leadership model in the Adult Palliative Care Services across the district and integrate specialist palliative care.
- Implement the outpatient improvement programme in all relevant areas of our Directorate.
- Implement the "see and treat" clinic in Dermatology to improve performance for faster cancer treatment. New service capacity will be in place in the near future to ensure this can be delivered and sustained.
- Implement the Specialist Diabetes Plan across ADHB and continue to support the DSLA in their work to redesign the care pathway for people with diabetes in Waitemata DHB/Auckland DHB.
- Continue the development of work streams to improve the quality and outcome of the patient's journey including intermediate care, dementia care, frailty pathway and the stroke pathway.
- Development of a capital planning programme for the Directorate and the facilities our services utilise. A number of our buildings are in need of refurbishment and redevelopment. Plans for refurbishment are progressing for OPH, Rehab Plus and Ambulatory and Community services based at Greenlane. Our future requirements need to be informed by our clinical Services plans and support a whole of Auckland DHB approach.
- Continue work to improve our skill mix and use of support staff in all aspects of our service provision, in particular nursing and allied health workforce in Community and Reablement Services. This will enable us to continue to deliver high quality responsive services within resource and budgetary constraints.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Adult Community and LTC

Reporting Date Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	994	1,084	(91) U	3,101	3,253	(152) U
Funder to Provider Revenue	6,355	6,355	0 F	18,941	18,941	0 F
Other Income	32	28	3 F	134	85	49 F
Total Revenue	**7,381**	**7,468**	**(87) U**	**22,176**	**22,279**	**(103) U**
EXPENDITURE						
Personnel						
Personnel Costs	3,789	4,019	231 F	11,588	12,227	639 F
Outsourced Personnel	136	70	(66) U	321	209	(112) U
Outsourced Clinical Services	135	143	7 F	408	428	20 F
Clinical Supplies	769	678	(91) U	2,143	2,014	(129) U
Infrastructure & Non-Clinical Supplies	154	116	(38) U	461	347	(114) U
Total Expenditure	**4,983**	**5,026**	**43 F**	**14,921**	**15,225**	**304 F**
Contribution	**2,398**	**2,442**	**(45) U**	**7,254**	**7,054**	**200 F**
Allocations	438	462	23 F	1,282	1,370	88 F
NET RESULT	**1,960**	**1,981**	**(21) U**	**5,972**	**5,684**	**288 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	70.8	73.3	2.5 F	69.8	73.3	3.5 F
Nursing	267.2	293.1	25.9 F	270.2	293.1	22.9 F
Allied Health	125.1	137.0	11.9 F	124.8	137.0	12.1 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	35.6	28.7	(7.0) U	37.9	28.7	(9.2) U
Total excluding outsourced FTEs	**498.7**	**532.0**	**33.3 F**	**502.7**	**532.0**	**29.3 F**
Total :Outsourced Services	12.7	4.2	(8.5) U	9.3	4.2	(5.2) U
Total including outsourced FTEs	**511.4**	**536.2**	**24.8 F**	**512.1**	**536.2**	**24.1 F**

Comments on major financial variances
The current month result for September is $21k U, and the year to date result is $288k F.

Current month

The significant drivers in the Directorate's result are:

Income:

- ACC revenue received was 6% lower than budget ($50k U) due to underlying low volumes particularly in Community Services and Chronic Pain Service;
- Lower Mobility Solutions contract income ($42k U) due to revenue being dependent upon FTE numbers, where the service has been unable to fully recruit to.

Expenditure:

- Personnel costs overall $231k F due to vacancies (24.8 FTE including outsourced). The directorate has significant vacancies across a number of areas. All vacancies are being managed and actively recruited to, although the directorate has recruitment challenges around some positions. This is noted on the directorate's risk register.
- Clinical supplies were $91k U due to a greater number of high-cost drug treatments required.

YTD result

Price volume schedule (PVS) volumes are below base contract at 96.2%. This equates to $715k under contract. Inter-district flows (IDF) are slightly over-delivered by $75k, whilst for the ADHB population the result was an under-delivery of $790k, predominantly in community services. Work is on-going to address data quality and productivity in the service as well as discussions with the Planning and Funding Team regarding contract volumes.

The net under delivery of volumes is not recognised in the Directorate result.

Total net result YTD is $288k F. Significant drivers of this are:

- ACC revenue $185k U, reflecting lower volumes;
- Personnel and outsourced costs combined $546k F, due to a high number of vacancies within Reablement and Community Services still being recruited to.

Savings

Against the identified savings plan, the directorate is $450k U for the YTD. This is due to the phased rollout of savings projects. Mitigating strategies have been established and the directorate forecasts to meet total savings targets by year end.

Forecast

The directorate is currently forecasting to achieve a slight surplus of approximately $45k F to budget by June 2017.

Surgical Directorate

Speaker: Wayne Jones, Director

Service Overview

The Surgical Services Directorate is responsible for the provision of secondary and tertiary Surgical Services for the adult Auckland District Health Board population, but also provides national and regional services in several specialities.

The services in the Directorate are now structured into the following four portfolios:

- Orthopaedics, Urology
- General Surgery, Trauma, Transplant,
- Ophthalmology
- ORL, Neurosurgery, Oral Health

The Surgical Directorate is led by:

Director	Wayne Jones
General Manager	Duncan Bliss
Nurse Director	Anna MacGregor
Director of Allied Health	Kristine Nicol
Director of Primary Care	Kathy McDonald

Supported by Les Lohrentz **(HR),** and Jack Wolken **(Finance).**

Directorate Priorities for 16/17

In 2016/17 our Directorate will contribute to the delivery of the key Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Throughput of cases at the Greenlane Surgical Unit
2. Achieve all health targets including discharges and ESPI targets within financial constraints and efficiency expectations
3. Surgical OR list/Clinic templates need to be designed to accommodate the FCT demand
4. The standardisation of surgical pathways within ADHB, across the region and nationally
5. Establish multidisciplinary pathways in all departments to optimise and streamline the patient journey

Q1 Actions

1. Throughput of cases at the Greenlane Surgical Unit

Activity	Progress
Urology phase 1	Additional capacity allocated and cases moved to GSU from level 8
Urology phase 2	The business case for more instrumentation is being worked up, although some kit has been purchased via the $ 100k CAPEX process to ensure that there are no blocks in the expansion of utilisation of Greenlane

2. Achieve all health targets including discharges and ESPI targets within financial constraints and efficiency expectations

Activity	Progress
Manage discretionary spend	Directorate level review on-going with additional controls put in place. Orthopaedic additional session budget (cost pressure) identified to deliver PVS /discharge target
Review of all activity being undertaken in non-Clinic/OR settings to ensure all activity is captured and funded	Review of Nursing MOC and activity underway including: • Additional nursing activity not being captured, with potential revenue generation • Use of patient attenders for patients on the behaviour of concern pathway (BOC) requiring support – capturing data and ensuring we have up to date info of where these patients are. An audit of activity at patient level is being commenced in September to be able to give specific examples.
End to End Stock Management	Consignment / implant workgroup - end to end process project group being established at an organisational level. Surgery to nominate work stream representatives and leads

3. Surgical OR list/Clinic templates need to be designed to accommodate the FCT demand

Activity	Progress
Managing capacity and demand	FCT – Priority code is now visible on the WT05 report / waiting list. PAS team leaders now need to ensure that all bookers are trained to enter the field to show the FCT status of the patient. This will improve our reporting and scheduling of patients from a surgical perspective.
Waitlist management and SCRUM	This continues to be effective in the OR setting and is now being rolled out in surgical outpatients to ensure that clinic capacity matches the demand for FCT FSA slots
Preadmission project	• Feedback from a number of Anaesthetists and Pre assessment Clinic Staff on what the guiding principles should be

	• Develop matrix of procedures and patient ASA score to determine standard pre-admit requirements. • Neurosurgery to explore benefit of pre-admit service at ADHB. • GSU Ophthalmology staff have been moved into Perioperative Services to ensure consistent approach to quality and safety throughout the OR's at Auckland DHB. • Met with the NUM and Charge Nurse for clinics at Greenlane to begin to understand processes and issues they have identified • Have reviewed data provided by BI but need further information to progress. .

4. The standardisation of surgical pathways within ADHB, across the region and nationally

Activity	**Progress**
National Bowel Screening	Representatives from Surgery are working as part of a regional group to deliver the service specification for the National Bowel Screening programme
National Intestinal Failure Service	Meeting with the MoH Governance Board to review progress of NIFS to date. Successful Education Day held. Advances with the database and the national network.

5. Establish multidisciplinary pathways in all departments to optimise and streamline the patient journey

Increase ERAS with orthopaedic unit	Awaiting Orthopaedic productivity model agreement
Preadmission project	Pilot underway with Urology
>40 BMI pathway	Orthopaedics and Dietetic services are working together to manage the patients already on the waiting list. GP liaison working with GP forums to ensure that the new pathway is communicated and managed effectively to prevent inappropriate referrals.
EQ-QD questionnaire	GP liaison to work with SMOs to evaluate the feasibility of implementing this process with GPs prior to referring a patient

Measures

Measure		August	Target	July
ESPI compliance	ESPI 2	0.29%	0.41%	0.14%
	ESPI 5	1.71%		1.48%
	ESPI 8	94.6%	Being collected from August	Being collected from August
DNA rates for all ethnicities (%)		8.99%	9%	9.33%
Elective day of surgery admission rate (DOSA) %		78.95%	≥68%	79.50%
Day surgery rate (%)		58.8%	≥70%	59.38%
FCT delivery		R/U	85%	R/U

Scorecard

Auckland DHB - Surgical Services

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	4.9%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.9%	<=6%	4.9%
	Number of reported adverse events causing harm (SAC 1&2)	2	0	2
	Unviewed/unsigned Histology/Cytology results < 90 days	111	0	108
	Unviewed/unsigned Histology/Cytology results > 90 days	166	0	181
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.96	>=1	1.03
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.29%	0%	0.41%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	1.71%	0%	1.4%
	(ESPI-8) Proportion of patients treated prioritised using nationally recognised processes or tools	94.6%	100%	95.4%
	% DNA rate for outpatient appointments - All Ethnicities	8.99%	<=9%	10.58%
	% DNA rate for outpatient appointments - Maori	19.88%	<=9%	20.06%
	% DNA rate for outpatient appointments - Pacific	16.91%	<=9%	19.03%
	Elective day of surgery admission (DOSA) rate	78.5%	>=68%	79.45%
	% Day Surgery Rate	58.7%	>=70%	57.54%
	Inhouse Elective WIES through theatre - per day	59.86	TBC	70.36
	Number of CBU Outliers - Adult	91	0	104
	% Patients cared for in a mixed gender room at midday - Adult	7.82%	TBC	7.91%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	85.3%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	83.4%
	Number of complaints received	18	No Target	23
	28 Day Readmission Rate - Total	R/U	<=10%	8.44%
	Average Length of Stay for WIES funded discharges (days) - Acute	3.29	TBC	3.1
	Average Length of Stay for WIES funded discharges (days) - Elective	1.12	TBC	1.22
	31/62 day target – % of non-surgical patients seen within the 62 day target	R/U	>=85%	95.24%
	31/62 day target – % of surgical patients seen within the 62 day target	R/U	>=85%	64.71%
	62 day target - % of patients treated within the 62 day target	R/U	>=85%	81.58%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	96.94%	>=95%	98%
Engaged Workforce	Excess annual leave dollars ($M)	$1.24	0	$1.16
	% Staff with excess annual leave > 1 year	30.6%	0%	30.96%
	% Staff with excess annual leave > 2 years	17.7%	0%	17.49%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	100%	0%	100%
	Number of Pre-employment Screenings (PES) cleared before the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.3%	<=3.4%	4.42%
	% Voluntary turnover (annually)	10.4%	<=10%	10.39%
	% Voluntary turnover <1 year tenure	2.5%	<=6%	2.56%

Amber Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience
% Very good and excellent ratings for overall outpatient experience
These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.

28 Day Readmission Rate - Total
A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).

31/62 day target – % of non-surgical patients seen within the 62 day target
31/62 day target – % of surgical patients seen within the 62 day target
62 day target - % of patients treated within the 62 day target
Results unavailable from NRA until after the 20th day of the next month.

Scorecard Commentary

- In August, the cumulative achievement across Surgery was 96% of the discharge target. The biggest area of over delivery against the plan is in General Surgery and Urology who have been utilising some of the lists released by Orthopaedics. Despite this, the net effect remains a shortfall against the target. The negative revenue impact of this is noted in the financial report.
- At the end of August the Adult ESPI 2 position is moderately fully-compliant for ADHB at 0.29%, this is an improved position from 0.41% in July.
- The organisational position for ESPI 5 is reported as non-compliant for patients not receiving a date for surgery within 4 months at 1.71% (the target is <1.0%). This is predominantly due to the continuing Orthopaedic under-delivery of 38 cases by the end of August. There is now agreement reached to deliver insourced activity and the service is working through options to recover the discharge volumes.
- Ophthalmology Services have delivered against plan throughout August. To achieve discharge volumes there is agreement to outsource 100 cataract cases which is profiled into the discharge target in September.
- There were 2 SAC 2 events reported in the month of August. The Nurse Consultant is working with the relevant teams to review the events.
- There were 13 medication errors reported for the month of August, without harm. The Directorate continues to work towards undertaking audits on medication administration compliance.
- There were 16 falls reported for the month of August (none with major harm). These will be thoroughly reviewed at the Directorate Falls meeting and the weekly Quality meeting.
- There were 16 pressure injuries reported for August, categories for which are as follows:
  - 9 x Category 1 (Non-blanchable erythema)
  - 7 x Category 2 (Partial thickness skin loss)
  - 0 x Category 3 (Full thickness skin loss) – This was noted on admission.
  - 0 x Category 4 (Full thickness tissue loss)
- The DNA rate for appointments for all ethnicities in August is 8.99%. This has taken the Directorate out of red for this measure on the scorecard.
- The number of outliers has continued to reduce in August to 91. Where possible teams have been working to align the capacity, cohorting and repatriating patients to reduce the outliers across the surgical bed base, to support the rest of the hospital and the patient flow.
- Smoking Cessation - Performance has improved in August to 96.94%. This is as a result of the on-going work undertaken by the Charge Nurses to ensure that the information is being captured correctly.

Key achievements in the month

- Commenced the Preadmission project
- All Charge Nurses are actively working with their teams to redeploy staff across the hospital to support flow.
- Values session with Ophthalmology nursing staff.
- Patient Experience Feedback comments circulated to wards weekly.
- Internal Directorate process for management of falls with harm and Grade 3/4 pressure injuries agreed.
- Hospital Hero award to – Lee Fogarty. Lee was nominated by a colleague who said:
  "Lee impresses me with the high values she sets for herself, her team and everyone involved in patient care. Lee goes the extra mile to ensure patients receive quality care, that clinical documents contain accurate information and fulfil requirements for scanning, so that money can be spent were needed. Lee, thank you for being a walking example of our values: Respect, Welcome, Together and Aim High. You see the entire picture and know the value of each staff member."
  Lee was also recognised at the Long Service Awards as having completed 40 years of employment at ADHB.

Key issues and initiatives identified in coming months

- Continuation of preadmission project in Urology to be rolled out across other specialities.
- New General Manager commences 5 September.
- Working with Clinical Support Services to ensure that clinic letters are being produced and reaching patients in a timely fashion (via email or hard copy) to reduce the current increase in DNAs seen across the organisation.
- Orthopaedic productivity model agreement – deliver the PVS/discharge targets.
- Orthopaedic external review to be commenced.
- Ophthalmology Service Improvement programme to commence November.

Financial Result

STATEMENT OF FINANCIAL PERFORMANCE
Surgical Services

Reporting Date Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	603	773	(170) U	1,945	2,319	(374) U
Funder to Provider Revenue	21,801	21,801	0 F	64,831	66,031	(1,200) U
Other Income	539	376	163 F	1,159	1,128	31 F
Total Revenue	**22,942**	**22,950**	**(7) U**	**67,935**	**69,478**	**(1,543) U**
EXPENDITURE						
Personnel						
Personnel Costs	7,785	7,598	(187) U	22,946	23,086	140 F
Outsourced Personnel	427	265	(162) U	1,039	795	(244) U
Outsourced Clinical Services	299	75	(225) U	555	1,550	995 F
Clinical Supplies	2,512	2,237	(275) U	7,004	6,658	(346) U
Infrastructure & Non-Clinical Supplies	296	120	(176) U	671	361	(310) U
Total Expenditure	**11,319**	**10,295**	**(1,024) U**	**32,215**	**32,449**	**235 F**
Contribution	**11,623**	**12,654**	**(1,031) U**	**35,720**	**37,029**	**(1,308) U**
Allocations	2,330	2,564	234 F	7,115	7,604	489 F
NET RESULT	**9,293**	**10,090**	**(797) U**	**28,605**	**29,425**	**(819) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	204.3	204.3	0.0 F	205.4	204.3	(1.1) U
Nursing	487.2	469.6	(17.6) U	479.5	469.6	(9.9) U
Allied Health	37.3	37.4	0.1 F	37.9	37.4	(0.5) U
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	67.7	47.5	(20.2) U	68.0	47.5	(20.5) U
Total excluding outsourced FTEs	**796.5**	**758.7**	**(37.7) U**	**790.8**	**758.7**	**(32.1) U**
Total :Outsourced Services	20.7	12.5	(8.2) U	20.1	12.5	(7.5) U
Total including outsourced FTEs	**817.2**	**771.3**	**(45.9) U**	**810.9**	**771.3**	**(39.6) U**

Comments on major financial variances

Month

Patient activity levels were 93.1% of contract - Inpatient acutes over delivered at 105% of contract, while electives were under delivered at 85% of contract, non DRG activity being within 0.5% of contract.

The net financial result for the month of September was an unfavourable variance of $797k. This was predominantly due to a one off year to date budget reduction of $435k in Orthopaedics to reflect the lower final elective contract volumes agreed with the Funder.

Personnel costs of $187k U reflect the unfavourable FTE position – the key variance is Nursing,

reflecting higher bed numbers than budget assumption. Clinical supplies, primarily Implants are unfavourable due to budget savings of $252k for the month not yet achieved.

Year to Date

Overall volumes are 95.5% of year to date contract. This equates to $3.0M below contract, with $1.2M of this reflected in the result, being provision for washup liability.

The year to date result is $819k U.

- While revenue is unfavourable due to the provision for washup liability of $1.2M this is substantially offset by favourable expenditure on outsoucing ($1.0M).
- The underlying year to date result reflects the financial savings plan phased evenly over the year, whereas the initiatives are phased progressively during the year. This has resulted in a year to date unfavourable variance of $1.4M ($1.9M budgeted for the quarter with $0.5M achieved).

Business Improvement Savings

There are savings to date of $0.5M achieved, mainly through reduced Radiology, Laboratories, MRI and Nutrition services spending.

Cardiovascular Directorate

Speaker: Dr Mark Edwards, Director

Service Overview

The Cardiovascular Directorate comprises Cardiothoracic Surgery, Cardiology, Vascular Surgery and the Cardiothoracic and Vascular Intensive Care Unit delivering services to both our local population and the greater Northern Region. Our team also delivers the National Heart and Lung Transplant service on behalf of the New Zealand population. Our other national service is Organ Donation New Zealand.

The Cardiovascular Team is led by

Director:	Dr Mark Edwards
Nurse Director:	Anna MacGregor
Allied Health Director:	Kristine Nicol
Primary Care Director:	Dr Jim Kriechbaum
General Manager:	Joy Farley

Directorate Priorities for 16/17

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Develop Clinical Governance and quality frameworks supported by our Clinician Leadership model
2. Reconfigure service delivery for patient pathway(s)
3. Plan for future service delivery
4. Continued focus on communication and development of partnerships across our Directorate staff
5. Financial sustainability

Q1 Actions – 90 day plan

1. **Develop Clinical Governance and quality frameworks supported by our Clinician Leadership model**

   Regular clinical leadership meetings are in place; engagement is ongoing in development of a Metric Dashboard encompassing clinical outcome measures for each service in conjunction with Business Intelligence over this quarter.

   A significant area needing improvement identified in our business plan is reporting of clinical outcomes data in a meaningful way. Progressing the business case to move from the CPR product to the Dendrite product as the Cardiac Surgery database to align us with the other four cardiac surgery centres is proving difficult. The Dendrite database adds the ability to risk adjust patients. Risk adjustment is a core requirement of reporting clinical outcomes data, particularly in light of the recent Ombudsman decision around surgical outcomes data. Currently we can't benchmark performance against the other centres, which exposes reputational risk for ADHB. One of the key issues with progressing the database seems to be the HealthAlliance costs which are roughly twice the cost of the actual database itself.

2. **Reconfigure service delivery for patient pathway(s)**

   The green belt project to develop a shared Cardiothoracic Surgery/Cardiology care area supporting equity of access for preoperative Cardiothoracic Surgery patients continues with the collection of additional data required almost complete.

   A proposal to reconfigure the Nursing Model of Care in the Cardiothoracic inpatient ward to support patient pathways and improved discharge planning will ask for feedback from staff over the next month. This will support improved flow and discharge planning for Cardiothoracic Surgery patients.

   Improved discharge planning is also supported by a consultation process with House Officers which has been successfully completed – this will place more medical support at weekends in both cardiology and cardiothoracic surgery.

   The recruitment process for an advanced Nurse role to develop and implement co-ordinated care pathways for diabetic foot ulceration is completed; new patient pathways will be rolled out across the region over the next quarter.

3. **Plan for future service delivery**

   Planning for implementation of a regional roster for cardiology electrophysiology is nearer completion; this development to support a more defined and collaborative way of working across the region, making the best use of the new resources in terms of staff, and the existing physical facilities has been a long term planning exercise under the governance of the Northern Regional Cardiac network.

We have signalled a piece of work with Northland DHB to develop a shared plan for delivery of pacemaker clinics by local staff. With increasing volumes it is becoming impractical for this service to be undertaken as a visiting clinic; it also provides a workforce development opportunity in Northland. A similar process was undertaken with Hawkes Bay DHB in 2012.

The continued development of an in house model to assist in modelling of impacts of service change and production planning has been enhanced by recruitment to the Measurement & Production Co-ordinator role.

Work has been initiated with services in identifying and planning to address vulnerable workforces, starting with Clinical Perfusionists; workshops are planned to look at the workforce issues and challenges for this service into the future.

A Governance Committee group meeting adopted a final set of recommendations from the Hybrid Operating Room (OR) project. This has now fully transitioned to business as usual governed by a clinically led standing committee.

Work completed by the Northern Regional Clinical Practice Committee to assist in development of a sustainable delivery plan for managing delivery of the Transcatheter Aortic Valve Implantation (TAVI) programme was presented at the last Regional Cardiac network meeting. There is no easy solution to addressing increased demand for TAVIs and the impact this has on financial sustainability; we are engaging across services with clinicians and suppliers to develop a plan.

The current contractual arrangements for non-DHB patient services for patients from Tahiti require renegotiation; we are taking this this is an opportunity to look at refreshing the service in terms of delivery and clinical leadership.

4. Continued focus on communication and development of partnerships across our Directorate staff

As we develop the roll out of all the above work we are mindful of the need to ensure clear accurate communication with our staff. Each workstream has a communication plan however how we bring these into a whole is something we are still working on. The development of our Clinical leadership meetings has provided a platform to consider how best to achieve this.

5. Financial sustainability

Refer financial report

Measures

Measures	Current	Target (end 16/17)
2. Adverse events: number of outstanding recommendations by due date	TBA	<10
2. Adverse events: number of days from Reportable Events Brief-A submission to report ready for Adverse Events Review Committee (working days)	>100 days	<70 days
2. % of patients with email address submitted at admission	28%	85%
2. Inpatient experience very good or excellent	91%	>90%
3. Number of Service redesign projects timeframes off track	0	0
3. % P1 patients waiting outside priority wait times	>10%	5
4 Staff feedback from development and implementation of comms plan	NYC	Favourable
6. Directorate remains within budget (within 5% variance) & Savings plan projects favorable to budget	Off plan	On budget

Scorecard

Auckland DHB - Cardiovascular Services

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	3.7%	<=6%	15.8%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.3%	<=6%	4.3%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	0
	Unviewed/unsigned Histology/Cytology results < 90 days	3	0	3
	Unviewed/unsigned Histology/Cytology results > 90 days	5	0	43
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.75	>=1	0.66
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0%	0%	0.3%
	% DNA rate for outpatient appointments - All Ethnicities	12.02%	TBC	12%
	% DNA rate for outpatient appointments - Maori	22.61%	TBC	21.36%
	% DNA rate for outpatient appointments - Pacific	20.1%	TBC	22.63%
	Elective day of surgery admission (DOSA) rate	17.33%	TBC	13.27%
	% Day Surgery Rate	0%	TBC	2.54%
	Inhouse Elective WIES through theatre - per day	18.32	TBC	29.13
	Number of CBU Outliers - Adult	76	0	54
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	96.8%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	76.9%
	Number of complaints received	4	No Target	2
	28 Day Readmission Rate - Total	R/U	TBC	14.53%
	% Adjusted Session Theatre Utilisation	80.8%	>=85%	85.07%
	% Theatre Cancellations	16.5%	TBC	10.53%
	Cardiac bypass surgery waiting list	101	52-108	87
	% Accepted referrals for elective coronary angiography treated within 3 months	100%	>=90%	98.86%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	95.7%	>=95%	94.74%
	Vascular surgical waitlist - longest waiting patient (days)	133	<=150	127
	Outpatient wait time for chest pain clinic patients (% compliant against 42 day target)	100%	>=70%	94.87%
Engaged Workforce	Excess annual leave dollars ($M)	$0.64	0	$0.51
	% Staff with excess annual leave > 1 year	33.2%	0%	33.64%
	% Staff with excess annual leave > 2 years	12.7%	0%	12.9%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	100%	0%	98.55%
	Number of Pre-employment Screenings (PES) cleared before the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.1%	<=3.4%	4.4%
	% Voluntary turnover (annually)	13.2%	<=10%	13.69%
	% Voluntary turnover <1 year tenure	2.9%	<=6%	4.17%

Amber — Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.

R/U — Result unavailable

% Very good and excellent ratings for overall inpatient experience
% Very good and excellent ratings for overall outpatient experience
These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.

28 Day Readmission Rate - Total
A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).

Scorecard Commentary

Increased Patient Safety

There were no SAC events reported for the month of August for the Cardiovascular Directorate.

There were a number of complaints recorded for the month of August relating to communications and service expectations. These patients have been contacted and the issues either clarified or an agreed plan in place.

Medication errors, pressure injuries and falls are in line with previous trends - none resulted in serious harm.

Better Quality Care

The Cardiovascular Service is meeting the 4 month target in elective service delivery targets, ESPI 2 and ESPI 5 although some challenges have presented this month that will impact on next quarter.

ESPI 2 in Cardiology has worsened in recent weeks due to higher inflows, cancelled appointments and DNAs. We are planning how to address this over the next month. Both Cardiology Electrophysiology and ESPI 5 Cardiology Interventional waitlists have stabilised and we are introducing a change to procedural Lab scheduling to improve resource utilisation from December. Recruitment to Electrophysiology and Interventional Consultant positions will help ease higher work demands. The continued high inflow of acute patients from our regional service, in particular from Northland, is placing pressure on bed management and cardiac catheter lab resources. Both services have plans in place to ensure productivity during this time but combined with winter flows resources have been stretched.

In August the cardiac surgery eligible bypass waitlist increased from 87 to 101; the increase is attributed to higher inflows, 106 against a plan of 96, a high volume of transplants for the month – seven in total – and continued high numbers of extracorporeal membrane oxygenation (ECMO) patients. The challenge for the cardiac surgery in next few weeks is to manage down the waitlist whilst meeting the challenge of increased inflows.

The impact of high acute demand continues to impact on Vascular elective surgery production; Vascular surgery is 74% of elective discharge targets but well over in acutes (115%); we are developing a recovery plan to address this for Q2.

Improved Health Status

The Cardiovascular Directorate continues to work on improving performance in the three targeted areas.

Engaged Workforce

- Excess annual leave has risen through winter; our current focus is on ensuring staff have leave booked in over Christmas period.
- Voluntary turnover is reducing however still higher than Auckland DHB average.
- Sick leave through winter has not been as high as last year.

Key achievements in the month

- Management of high number of inflows to our Cardiothoracic Surgery and delivery of high number of transplant and ECMO work.
- Successful recruitment to Measurement and Production Co-ordinator role and advanced Nurse role to develop and implement co-ordinated care pathways for diabetic foot ulceration.
- Completion of consultation process with House Officers across cardiology and cardiothoracic surgery pathway.
- Adoption of final set of recommendations from the Hybrid Operating Room (OR) project
- Deliverables for 2016/17 Directorate plan on track

Areas off track and remedial plans

- The number of patients waiting for surgery remains higher than we would like for this time of year, placing our maintenance of clinically appropriate wait times under pressure. We continue to monitor this closely.

- This month's financial result is very concerning, particularly the impact of clinical supplies. We are actively working on implementation of Directorate savings initiatives, and participating in provider level projects with a number of key actions outlined in our finance section.

Key issues and initiatives identified in coming months

- Monitoring progress against the savings plan and making budget in the context of our waitlist challenges.
- Managing the costs of clinical supplies against service delivery.
- Meeting clinical treatment targets for Surgery and Cardiology Interventions along with maintaining focus on our Quarterly objectives.
- Planning for the scheduled Cath Lab Room refit to take place over the Christmas period is underway to minimise impact to EP and Intervention waitlists and ensure the project is successful.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Cardiovascular Services

Reporting Date: Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	78	116	(38) U	265	349	(85) U
Funder to Provider Revenue	11,490	11,490	0 F	33,742	33,742	0 F
Other Income	609	586	23 F	1,461	1,758	(297) U
Total Revenue	**12,178**	**12,193**	**(15) U**	**35,468**	**35,850**	**(381) U**
EXPENDITURE						
Personnel						
Personnel Costs	5,714	5,288	(426) U	16,743	16,078	(665) U
Outsourced Personnel	48	48	(0) U	127	144	16 F
Outsourced Clinical Services	48	57	9 F	239	171	(68) U
Clinical Supplies	2,980	2,772	(209) U	9,154	8,233	(921) U
Infrastructure & Non-Clinical Supplies	181	124	(57) U	456	372	(84) U
Total Expenditure	**8,972**	**8,288**	**(683) U**	**26,719**	**24,997**	**(1,722) U**
Contribution	**3,206**	**3,904**	**(699) U**	**8,749**	**10,852**	**(2,103) U**
Allocations	1,032	1,062	31 F	3,109	3,149	40 F
NET RESULT	**2,174**	**2,842**	**(668) U**	**5,640**	**7,703**	**(2,063) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	94.9	94.5	(0.4) U	94.6	94.5	(0.1) U
Nursing	318.2	329.0	10.8 F	315.7	329.0	13.3 F
Allied Health	67.1	66.6	(0.5) U	65.6	66.6	1.0 F
Support	2.3	2.7	0.3 F	2.8	2.7	(0.1) U
Management/Administration	30.6	23.0	(7.7) U	31.0	23.0	(8.0) U
Total excluding outsourced FTEs	**513.2**	**515.7**	**2.5 F**	**509.6**	**515.7**	**6.1 F**
Total Outsourced Services	3.0	1.7	(1.2) U	2.2	1.7	(0.5) U
Total including outsourced FTEs	**516.1**	**517.4**	**1.3 F**	**511.8**	**517.4**	**5.6 F**

Comments on Major Financial Variances

The year to date result is $2,063k U – driven by lower non-Funder to Provider revenue, higher than budgeted SMO costs and higher clinical supply costs.

Total year to date inpatient wies are 8% higher than 2015-16 and 99% of budget, with a very light month for transplants (no transplants) being offset by a very busy month for cardiology activity (113% of wies for the September month).

Overall year to date wies activity now has cardiology at 104% of budget. Whilst cardio-thoracic and vascular surgery are slightly below budget at 98% and 94% respectively, the activity for cardio-

thoracic and vascular surgery is skewed towards acute services. The overall total wies position is 99% of year to date budget.

YTD FTE Employed/Contracted are 5.6 FTE Favourable.

1. Revenue

Overall revenue variance year to date is $381k U due to:

- Unfavourable variance from Non-Resident Tahiti patients, with a volume lower than budget – however this is in line with trends over previous winters. At this point we expect to achieve budget revenue for the year.
- ACC revenue is also behind budget, an organisational project is underway to look at this trend.

2. Expenditure

Total Expenditure (including Allocations) Year to date is $1,682k U, this is mainly due to:

- Personnel and Outsourced personnel costs being net $649k U; mostly from high SMO allowance costs due to transplants (7 in August) and a high volume of acute complex cases. However, there is also a contribution from changed skill mix in the service.
- Outsourced Clinical is $68k U year to date and will return to budget over the coming months.
- Clinical Supplies is $921k U. There are three drivers:
    - Cardiology clinical supply costs at $375k U are impacted by both volume and price drivers. In Cardiac Electrophysiology Catheters are 130% of budget; a review of usage and price was undertaken in early September. While we have subsequently seen a significant reduction in average catheter cost/case in September patient volume growth continues to trend upwards.
    - Cardiothoracic costs reflect the higher activity for the first quarter (which is 111% of prior year) with $343k U on clinical supply costs (excluding depreciation)
    - Blood costs are $218k U which relates to 5 high cost NHIs.
    - Clinical equipment depreciation is $73k U although much of this cost relates to 15 16.
- Infrastructure & Non-Clinical Supplies is $84k U Internal Allocations are 40k F.

Our position remains challenging in the context of ongoing clinical demand – particularly in cardiology - and ESPI compliance. What is also noticeable from our Q1 result in Cardiothoracic surgery particularly, is that while we had circa 5% contract volume increase from last year's actuals, we are delivering ahead of that budget figure.

We are actively working on implementation of Directorate savings initiatives, and participating in provider level projects. Other key actions to date include:

- Looking to introduce a different skill mix into cardiac surgery for the next calendar year
- Review of pricing and products with regard to catheters and TAVIs in cardiology
- Ongoing vacancy management

Commercial and Non Clinical Support Directorate

Speaker: Clare Thompson, General Manager

Service Overview

The Commercial and Non Clinical Support Directorate is responsible for service delivery and management of Cleaning and Waste arrangement, Security, Food & Nutrition, Linen and Laundry, Car-parking, Motor Vehicle Fleet, Property leases, Retail, Dock management, Commercial Contracts, Clinical Education Centre, Sustainability, Volunteers, Mailroom, Health Alliance Procurement and Supply Chain relationship (including NZ Health Partnerships Ltd, Pharmac and Ministry of Business Innovation and Employment).

The Directorate has undergone a review of its services which has resulted in four core service groups with a single point of accountability for each function;

1. Commercial Services Business Improvement
2. Commercial Contracts Management
3. Operations – Non Clinical Support
4. Procurement and Supply Chain

The leadership team of Commercial and Non Clinical Support Directorate is led by;

- General Manager
- Operations Manager Business Improvement
- Operations Manager Non Clinical Support
- Operations Manager Procurement & Supply Chain Manager
- Finance Manager
- Commercial Contracts Manager

Directorate Priorities for 16/17

In 2015/16 the Commercial and Non Clinical Support Directorate developed a work programme to align with the delivery of both the Provider Arm and Corporate Services key priorities including regional and national initiatives. This programme of work will continue throughout 2016/17 and include;

1. Enhancing the Directorate's 'readiness to serve' framework to align with the Provider Arm and Corporate Services planning protocols.
2. Developing an enhanced leadership model for a single point of accountability for key service teams to improve quality of stakeholder engagement and decision making.
3. Provision of values training to align with enhanced patient safety and better quality care.
4. Improving culture and team engagement to develop the workforce to improve performance and deliver on agreed plans.
5. Engagement in integrated service planning and monitoring of service delivery against key performance targets.
6. Development of systems at local, regional or national level as enablers for improved accountability and transparency within all services.
7. Identification of commercial revenue generation and other value for money opportunities.

8. Development of a sustainabile framework.

Q3 and Q 4 Actions – 90 day plan (16/17)

The following actions are currently being progressed to ensure delivery of Strategic Initiatives for Commercial and Non Clinical Support.

Service Group	Deliverable/Action	Q1	Q2	Q3	Q4	17/18
Contracts	Contracts Database		√	√	√	
Contracts	Contracts Management framework		√	√	√	
Contracts	Transforming Food Service Delivery		√	√	√	
Business Improvement	Motor Vehicle – Service Review			√	√	√
Business Improvement	Motor Vehicle Fleet Strategy			√	√	√
Business Improvement	Sustainability - CEMARS Certification		√			
Business Improvement	Sustainability Strategy		√			
Business Improvement	Sustainable Transport					
Operations NCS	Security Access Control & CCTV System	√	√	√	√	√
Operations NCS	Security-for-Safety work programme	√	√	√	√	√
Operations NCS	Security Strategy	√	√	√	√	√
Operations NCS	Waste Transformation Project		√	√	√	√
Procurement & Supply Chain	healthAlliance/Procurement Framework	√	√	√	√	
Procurement & Supply Chain	Supply Chain Framework	√	√	√	√	
Procurement & Supply Chain	Auckland Regional Supply Chain Review	√	√	√	√	
Procurement & Supply Chain	Gap analysis for National Oracle system	√	√	√	√	

Scorecard

HAC Scorecard for August 2016

	Measure	Actual	Target	Prev Period
Engaged Workforce	Excess annual leave dollars ($M)	$0.02	0	$0.02
	% Staff with excess annual leave > 1 year	34.1%	0%	33.62%
	% Staff with excess annual leave > 2 years	8%	0%	6.55%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	83.3%	0%	86.67%
	Number of Pre-employment Screenings (PES) cleared before the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	7.3%	<=3.4%	6.68%
	% Voluntary turnover (annually)	11.7%	<=10%	11.8%
	% Voluntary turnover <1 year tenure	16%	<=6%	28%

Key achievements in the month

Cleaning Services

- The combined average audit score at Auckland Hospital and Greenlane Clinical Centre is 91.5% for the month of July 2016. The break-down by site; 88% Grafton & 95% GCC. There is a slight decline in results this month but there has been no significant change in cleaning standards delivered to clinical areas within Auckland City Hospital.
- The Cleaning Service continues to work with hospital operations and ward staff to ensure effective resource deployment by raising awareness, improving communication and monitoring activity.
- The Isolation cleaning request system is fully operational which together with data collection, has improved the monitoring in and around critical locations across ACH. This data together with the audit information will form the basis of an operational dashboard for Cleaning Services.
- Cleaning at Auckland DHB community sites is being audited on a quarterly basis. This service is contracted out to a third party provider with a key focus on cleaning audits and quality assurance. The audits are to be undertaken in conjunction with Auckland DHB staff to enhance standards through improved engagement.
- Cleaning of outside areas at ACH including the carparks is continuing and being monitored.

Compliments

- Cleaning staff continue to maintain high standards with 3 written compliments received in August 2016. Patient experience data confirms that the standard of cleaning appears to be consistent.
- The GLCC Workplace Literacy Course commenced on 6th July for 12 staff for up to 12 weeks. Feedback from the tutor has been positive with staff continuing to be engaged. A review of course will be undertaken mid-September to assess any outstanding work, including preparation for graduation.
- NZQA Level 3 Certification: Training sessions continue to be well received at GLCC and ACH and are now nearing completion. In coming months the focus will be on completion and review of outstanding assessments for submission to the workplace assessor.
- A recruitment programme is underway to build an in-house casual pool for the Cleaning Service. The appointment of a Resource Specialist has improved the efficiency of the recruitment process. The in-house pool resource reduces reliance on temporary agency staff and supports the cost savings programme.
- The Greenlane cleaning team has been identified as the pilot group for trial of Kronos In-Touch clocks. Kronos In-Touch terminals will work in conjunction with Workforce Central to provide a biometric clocking-in system for staff. If successful, this will help to eradicate paper-based timesheets and assist Supervisors with monitoring attendance/time management.
- The Patient Experience Portal in August continues to show high levels of satisfaction with the level of cleaning. The rating scores ranged between 10 and 9.

Staff Residences

- At the end of August the occupancy was 73%. The occupancy levels are; 3rd floor 69%, 5th floor 71%, 6th floor 72% and 7th floor 78%.
- The August occupancy rate represents a slight decline from the previous month. However, a broader communications plan is being developed to better promote the use of the facility.
- Eftpos is currently being implemented to support shorter stays and improve service convenience.
- New replacement ovens have been installed in the kitchen areas. There are limitations to the electrical loads which has caused some restrictions on use.
- Daily cleaning duties are being carried out to a good standard with positive feedback from residents.
- A walk-through of premises is underway to fast-track the building upgrades identified as having no constraints.

Supply Chain and Procurement

Savings programme

- A detailed review on supplier contracts continues to identify further savings as a result of pricing discrepancies, over-charges and other rebates. Savings of approximately $137k have been identified as credit/rebates in August.

Category reviews

- As part of the strategy to improve inventory management, a detailed product and service category review is underway starting with the largest-spend services e.g. Labs, Maternity Charge Nurses and Radiology. The review includes historical spend, stock holdings and contracted/non contracted spend and targets a 3% - 5% reduction over the year.
- The product/category review has resulted in a number of exciting breakthroughs which will support more accurate reporting. The enhanced reporting will be put into production and shared with the Northern Region DHBs as part of the business intelligence (BI) application. The reports cover essential information such as minimum/maximum, days of stock cover, stock on hand and purchasing history. This level of detail will help service managers to more closely manage stock levels and help identify items bought off-contract.
- Data analytics and reporting have been a key objective in developing standardised datasets at both a DHB and Regional level. The services will have access to;
  - Detailed analysis of procurement data at Service and RC level that is easily understood,
  - Automated information delivery by passing on intelligent reports and Intellectual Property (to Master data),
  - Analytical investigations to support customer service optimisation and initial recommendations, and
  - Data mining, developing predictive models and data experiments to verify assumptions and hypotheses.

Process improvement

A progress update on process improvement activities is set out in the table below;

Work-stream	Commentary

1. Auckland Metro regional review	• The work on the 90-day plan Supply Chain review has commenced. This project has a savings target for Auckland DHB of $500,000 for the 2016/17 financial year.
	• Key themes include simplification and rationalisation of processes, and alignment of services to clinical service's needs.
	• Work done during this project will assist in preparation for the National Oracle System (NOS) implementation.
	• This project covers 8 work-streams. ADHB will lead two streams;
	  ○ Reduced intervention and effort with focus on the Procure-to-Pay process, and
	  ○ Customer engagement and a stratified customer service approach.

2. Credit and returns	• The year-end stock-take and obsolescence of expired stock has highlighted that staff lack an understanding in processing credits and returns for over-deliveries. • This will be addressed as part of the self-receipting project and supply chain review. • A training programme is underway for all staff utilising the existing manual to action credits and verify that the supplier has processed these credits. • The benefits that will flow from this initiative are estimated to be between $0.5m-$1m.
3. Wastage	• The Supply Chain review also raised the issue of waste from damaged and/or expired stock which has in the past been written off to usage. • The DHB and healthAlliance are working on a system to give better visibility and tighter stock management control to reduce levels of damaged and/or expired stock being written off to usage.

National Procurement Strategy

The Procurement Operations Advisory Group (POAG) is waiting on confirmation of the spend categories to be picked up from healthAlliance by Pharmac, and which work healthAlliance can continue to do on DHBs' behalf. This has led to a certain degree of inertia. The Northern regional DHB and hA are now considering what regional and local procurement looks like going forward. The three Metro DHBs continue to build strong working relationships and readily share any procurement ideas which may lead to savings and system improvement**.**

Security – Operations

- The appointment of the ID officer position being brought 'In house' has been completed.
- The Security department is monitoring and regulating the number of non-security patient watches in line with the 'spring reset' initiative.

- The business case for stab-resistant body armour will now be included as part of the security for safety program.
- Security for safety program is on-going with Security Manager's main focus on the access control and CCTV upgrade
- New security control room fully functioning. Visit performed by Senior Management and Board Members.
- Code Orange requests: 63 Code Orange responses were attended in August compared to 95 in July
- Patient Security Watches: There were 174 requests for the month of August compared to 143 in July.

Security – Parking

- Non-compliant parking during nights and weekends continues to be a challenge. Security are focussing on the ambulance bays, cars parking on yellow lines, disabled car parking areas and LabPlus parking areas.
- Security personnel actively enforce parking restrictions throughout both sites where possible.
- Towing of non-compliant vehicles remains in force. A zero tolerance approach to parking in the drop off area has eased parking issues on Level 4.

Waste Services and Sustainability

- Waste segregation at source is being more widely understood and this will help change culture to divert waste to landfill for increased recycling (e.g. plastic, paper, glass, PVC, bottle recycling, eco tri-bins).
- Due to high levels of contamination from Steamplicity packaging, Compass Group and ADHB have been conducting a joint daily audit to ensure waste streams are not compromised. As a result, the contamination levels at Ward level has dropped significantly. In addition, Compass has taken over the collection of the Steamplicity Food Packaging.
- A review of waste runs was undertaken in August to identify improvements and service efficiencies.
- To ensure the health and safety of all relevant staff, education on Sharps Waste has been planned and increased communication undertaken. In a joint effort with IP&C, contact with wards and departments in ACH has commenced Posters within sluice rooms have been placed to describe the correct process to lock sharps bins.
- Lift breakdowns have impacted on daily operations and creating delays to the waste collection schedules. The options being considered include a tug machine for pulling waste bins to reduce the requirement for manual handling. A trial is being considered with a suitable supplier.

Property Leases

- Procare House lease agreement - a rent review was undertaken for Procare Health and which resulted in an increase in revenue for the DHB of $32,195 per annum.
- At the request of Auckland DHB, the landlord has extended the lease for the Thrive service located in Parnell to February 2018.
- The lease for the Lab Services located in Carbine Road, Mt Wellington expires in September 2017. Auckland DHB has requested an extension of one year (as per the agreement) and a further request for the lease to be extended to 2020.

- The Youth Transition Program team located at 218 Great South Road - a number of options are being considered including Greenlane site, Carrington site plus other commercial properties around Greenlane. The current site lease expires in February 2017. A contingency plan (possibly at GLCC) is being considered should the landlord not extend beyond February 2017.
- St Luke's Community Mental Health lease expires in October 2017 and alternative sites are being sought. Other options considered were Carrington site and GCC site.
- The following rent reviews or lease extensions were completed in September 2016.
    - Community Mental Health Services, 126 Khyber Pass Road
    - Starship Multi Agency Centre, 99 Grafton Road
    - West Sexual health Clinic, 362 New North Road
    - Lab Services, 46 Taharoto Road
- JLL has started the preparing property inspection & health and safety report for leased premises
- Health Alliance who occupied 928 sqm on lower ground level of Building 16 GCC has relocated to the Connect Building, Penrose which is leased by HA. The Mental Health Services are viewing this site for potential MH service.

Retail Outlet Tender

- Tenders for retail outlets on levels 3 and 5 at Grafton and the GLCC site have concluded.
- Foodco will commence its refurbishment on level 5 Muffin Break on 7 October 2016 and reopen on 1 November 2016. Extra seating is being provided on level 5.
- Foodco are planning to refurbish Greenlane Muffin Break during the Christmas / New Year holidays (dates to be confirmed).
- Planet Espresso level 5 refurbishments plans are near complete with work expected to start November/December (TBC).
- Lease negotiation with the current bookshop licence holder for the provision of Postal/Bookshop/Lotto services is on-going.
- Negotiations with the Florists to provide a florist cart /station service in the area currently occupied by Planet Espresso is on-going. A temporary florist cart for 2-3 months is planned for level 5 whilst Planet Espresso is refurbished.

Parking

- The number of days where there are traffic queues on Park Road has reduced significantly and queues have become more sporadic. This trend has continued during August and September 2016 and is partly attributed to the additional 69 car parks in Car Park A, a warmer winter than usual and Wilsons opening a public car park on the Grafton Oaks site (Grafton Road).
- Changes to Car Park B opening with the barrier arms coming down at 5.30am each day (as opposed to 8.30am) and has been implemented without any significant issues
- The number of free Oncology patient carparks has been increased by 16 by relocating the Board pool cars.
- The increase in public demand for car parks at Greenlane continues. This is attributed to the partial closure of public parking by the Auckland Trotting Club with its construction activity. The focus is on removing staff parking from the Pay and Display public carpark outside the Costley Block.

- Beca Traffic Engineers confirmed the ADHB is providing the correct number of compliant mobility carparks on both sites and identified a number of opportunities on increasing compliant carparks by remarking. The Beca report is being considered by Facilities Development.
- Lighting in main thoroughfare and 5km speeds signs have been installed in Carpark B.

Contract Management

Linen

- Impress review undertaken in September has improved linen utilisation rates at Grafton from 70% to between 76-78%. The GLCC linen utilisation rates remained on target at 80%.
- Progress has been made with Auckland metro DHB initiatives and savings related to standardisation and agreement of catalogue items. Pricing has been provided by Taylors regarding provision of the new adult universal patient gown, blanket and scrubs resulting in a small saving of 0.6% across the 3 items.
- Taylors have introduced orange stickers to identify overweight and overstuffed linen bags at Auckland DHB. This follows feedback from Taylors that staff had suffered back-strains and sprains as a result of lifting the overweight and overstuffed bags. The Auckland DHB clinical have been ensuring bags are not overweight. Since the orange stickers were introduced, Taylors have experienced a reduction in reported injuries by its staff.

Food & Nutrition Services

- A new on-site Food Services Manager has been appointed by Compass Group for Auckland DHB.
- A review of standing orders for perishable ward supplies is nearing its conclusion with estimated savings of $180k per annum.
- Compass Group will be leading the engagement and implementation for the new food service for L5 SSH and have committed to ensuring this is managed proactively with SSH senior leadership.

Printers/Print Room

- An audit and rationalisation of printer fleet will begin next month to better improve printer utilisation and efficiency.

Key issues and initiatives identified in coming months

Area	Timeframe
Cleaning Services • Staff development and training programme • Implement staff PDRs • Cleaning staff recruitment	 On-going Ongoing Ongoing
Sustainability – Waste Reduction Programme	Oct 16
Security for Safety Programme	Jun 17
Security CCTV & Access Control upgrade	Jun 17
Motor Vehicle Fleet Strategy	Dec 16
HealthAlliance Regional Supply Chain Review	Dec 16
Oracle V12 Upgrade	Ongoing
Oracle V12 Upgrade - data Integrity audits and recovery of moneys due	Ongoing
DHB/HealthAlliance review of OneLink contract	Dec 16
Taylor's Linen Contract – sterile linen expiry extension	March 17
Food Services – review of Standing Orders	Sept 16
Mail Services – Investigation of Mail House Service	Oct 16 On-going
Sustainable Transport Programme	Jul 17

Financial Results – Non Clinical Support

STATEMENT OF FINANCIAL PERFORMANCE

Non-Clinical Support Services

Reporting Date Sep-16

($000s)	MONTH			YEAR TO DATE (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	0	0	0 F	0	0	0 F
Funder to Provider Revenue	23	23	0 F	69	69	0 F
Other Income	997	847	150 F	2,758	2,540	218 F
Total Revenue	**1,020**	**870**	**150 F**	**2,827**	**2,609**	**218 F**
EXPENDITURE						
Personnel						
Personnel Costs	847	1,014	166 F	2,515	3,039	523 F
Outsourced Personnel	142	0	(142) U	469	0	(469) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	11	19	8 F	32	57	25 F
Infrastructure & Non-Clinical Supplies	2,515	2,409	(106) U	7,708	7,227	(481) U
Total Expenditure	**3,515**	**3,442**	**(73) U**	**10,725**	**10,323**	**(403) U**
Contribution	**(2,495)**	**(2,572)**	**77 F**	**(7,898)**	**(7,714)**	**(185) U**
Allocations	(1,052)	(995)	57 F	(3,211)	(3,048)	163 F
NET RESULT	**(1,443)**	**(1,578)**	**134 F**	**(4,688)**	**(4,666)**	**(22) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Nursing	0.2	0.2	0.0 F	0.2	0.2	0.0 F
Allied Health	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Support	180.6	224.5	43.8 F	180.9	224.5	43.6 F
Management/Administration	27.5	26.9	(0.6) U	27.7	26.9	(0.8) U
Total excluding outsourced FTEs	**208.3**	**251.6**	**43.2 F**	**208.8**	**251.6**	**42.8 F**
Total :Outsourced Services	40.1	0.0	(40.1) U	45.4	0.0	(45.4) U
Total including outsourced FTEs	**248.4**	**251.6**	**3.2 F**	**254.2**	**251.6**	**(2.6) U**

Comments on major financial variances

YTD result is very close to budget $22K U. The offsetting drivers of this result are;

1. Revenue was above budget due to the sale of kitchen assets $134K. Combined with car parking and sub tenancy revenue being above budget $67K.
2. Personnel costs are $523K F due to vacancies. The majority of these are in the cleaning service and offset by outsourced personnel costs.
3. Infrastructure and Non–Clinical Supplies were $481K U. This was largely due to food and linen costs being higher than budget for the first quarter but is expected to smooth out during the year.

Report on InPatient Experience

Auckland District Health Board

7.1

TOP THREE

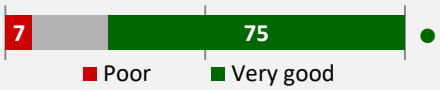
Our inpatients are asked to choose the three things that matter most to their care and treatment.

1. Communication (51%)

Communication is the aspect of our care most patients (51%) say makes a difference to the quality of their care and treatment.

"I found people were regularly available and were always keeping me abreast of all developments during my stay." (Rated excellent)

How are we doing on communication?

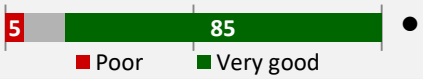


2. Confidence (43%)

Two in every five patients (43%), say that feeling confident about their care and treatment is one of the top three things that matter to the quality of their care and treatment.

"My condition was treated with urgency and I was informed at every stage. All staff were professional and respectful. I felt all staff performed well under extremely busy circumstances." (Rated very good)

How are we doing with patients feeling confident about their care and treatment?

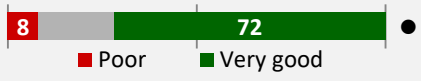


3. Consistency (40%)

Four out of every 10 patients (40%) rate getting consistent and coordinated care while in hospital as one of the things that make the most difference.

"Everything proceeded like a well-oiled machine from the time I arrived at reception to the time following surgery..." (Rated very good)

How are we doing with consistent and coordinated care?



● = + change, ● = no change ● = - change

Coordination of Care

Service integration, and the experience of seamless integrated services, is a key strategic theme for Auckland DHB. In our survey we assess coordination both before and after an inpatient event. Coordination leading up to hospitalisation is consistently viewed more positively than coordination after discharge which is a helpful pointer to where we need to focus our efforts.

Two directorates stand out in this report. Child Health for a six percentage point improvement in pre-hospital coordination compared to 2014 and Women's Health for a twelve percentage point drop in coordination of care after discharge. While the Women's Health result seems a big drop, it's important to note the relatively small sample (322 women) spread over a wide variety of different services including maternity, gynaecology, oncology, abortion and fertility services. Nevertheless, it is important to understand what has changed and we are further investigating this finding. Of note, coordination of care has increased for Women's Health in the outpatient settings (see Outpatients Report).

Another interesting feature of this report is that more patients commented on negative experiences or suggested improvements (44.6%) than provided positive comments (41%). This is unusual as for other aspects of patient experience we tend to receive more positive than negative feedback

There is clear room for improvement in this domain with sixty-one percent of patients tell us we are doing a good job of follow up care (good coordination between services, having plans in place before leaving hospital, home visiting by district nurses and other staff, and communication with GPs), and nineteen percent rating us as poor or fair. This is an area we can't fix alone as after-care involves how well we integrate with other providers, especially primary care, and is a key focus of our Strategy.

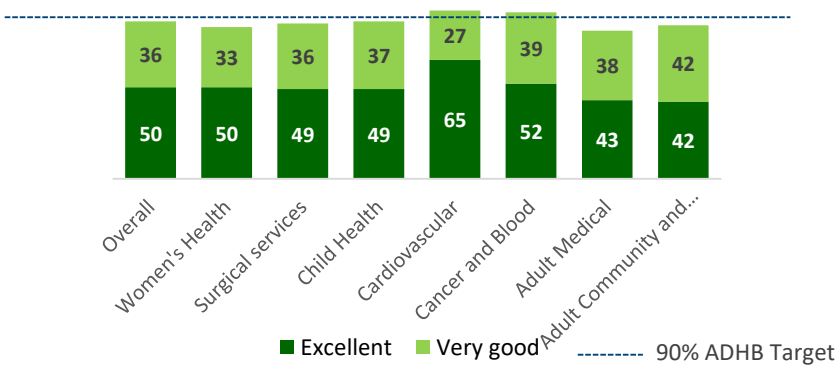
Finally, it's great to see Cardiovascular Services and Cancer and Blood exceeding the Auckland DHB target of 90% very good or excellent – well done.

Dr. Andrew Old
Chief of Strategy, Participation & Improvement

VERY GOOD AND EXCELLENT RATINGS

"Very good" and "excellent" ratings are reasonably high across all directorates, with Cardiovascular Services and Cancer & Blood meeting or exceeding the ADHB target of 90 percent of patients rating our care as very good or excellent. The differences are significant (p<0.01).

INPATIENT OVERALL EXPERIENCE OF CARE RATING, JUNE 2015 TO MAY 2016 (n=3807)



Adult CLT n=138; Adult Medical n=421; Cancer & Blood n=130; Cardiovascular n=397; Child Health n=930; Surgical n=1303; Women's Health n=496. The differences are significant p <0.01

FOCUS ON SERVICE COORDINATION

Just over one in every 10 patients tell us that the coordination of care between the hospital, home and other services is one of the three things that makes the most difference to their care and treatment.

12 percent of our inpatients say that the coordination of care is one of the three things that makes the most difference to the quality of their care and treatment

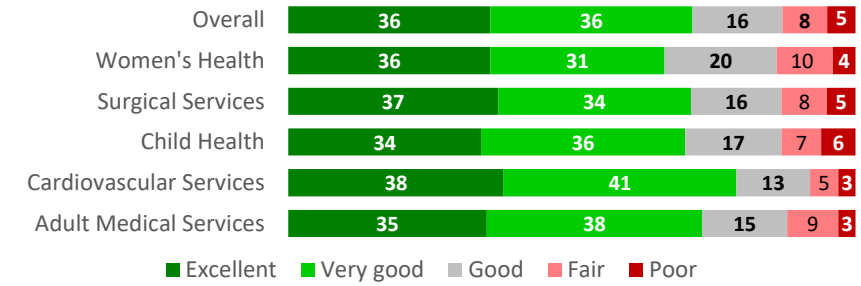
HOW ARE WE DOING?

The following data are from June 1, 2015 to May 31, 2016. The comparative data is taken from the previous report on coordination of care, in July 2014.

Co-ordination of care before hospital

Just over 70 percent of patients rate the coordination of care between hospital, home and other services before they arrive in hospital as excellent or very good. Child Health is the only directorate to have had a statistically significant improvement of six percentage points (p<.05) in their very good and excellent ratings since July 2014.

Patient ratings of coordination of care between hospital, home and other services before coming to hospital



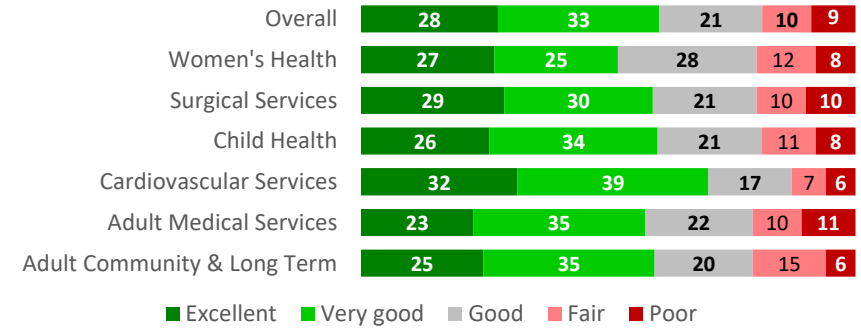
Adult medical services n=268; Cardiovascular services n=265; Child health n=670; Surgical services n=945; Women's health n=348 Overall n=2671. Note that directorates with <100 respondents have been excluded. Note that NA answers have been excluded and the data recalculated.

There has been no significant change in overall ratings since the last report in July 2014.

Coordination of care after discharge

There has been no overall change in patient ratings of coordination of care after discharge since the last report in July 2014. Of concern, however, is the statistically significant drop in very good and excellent ratings for Women's Health, which decreased by 12 percentage points (from 64 percent to 52 percent).

Patient ratings of coordination of care between hospital, home and other services after discharge.



Adult community & long term conditions n=101; Adult medical services n=272; Cardiovascular services n=288; Child health n=650; Surgical services n=909; Women's health n=322 Overall n=2635. Note that directorates with <100 respondents have been excluded. Note that NA answers have been excluded and the data recalculated.

There has been no significant change in overall ratings since the last report in July 2014.

AVERAGE RATINGS ON COORDINATION OF CARE, BY DEMOGRAPHIC & DIRECTORATE

(JUNE 2015 TO MAY 2016, n=429)

AVERAGE RATING

Overall:	**6.9**

AVERAGE RATING BY GENDER

Female:	**7.0**
Male:	**6.8**

AVERAGE RATING BY ETHNICITY

NZ European:	**6.7**
Māori:	**7.2**
Pasifika:	**7.0**
Asian:	**7.7**
Other:	**6.8**

AVERAGE RATING BY AGE

17 and under:	**6.9**
45-64:	**6.9**
65+:	**7.4**

AVERAGE RATING BY DIRECTORATE

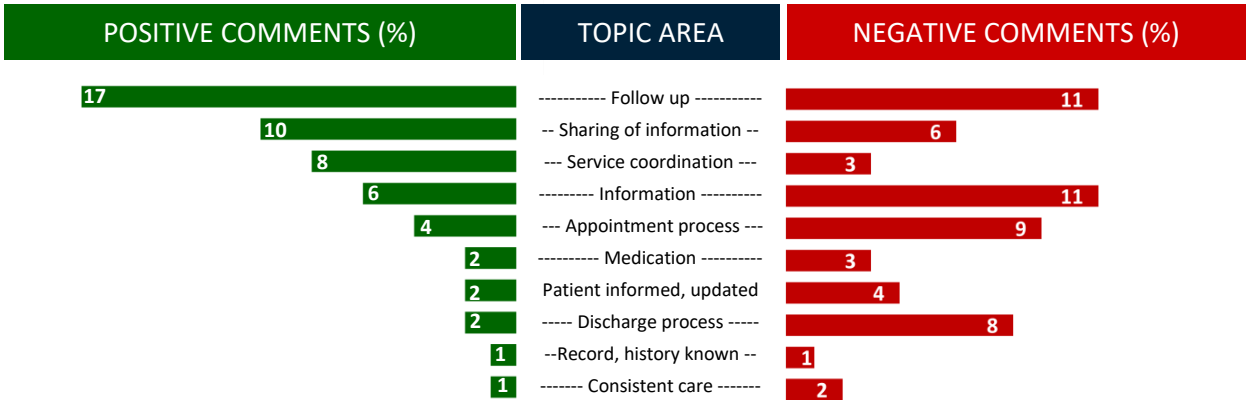
Child Health:	**6.8**
Surgical Services:	**7.1**

Note that directorate and age data with less than 100 respondents have been excluded.

A CLOSER LOOK AT PATIENT COMMENTS

A total of 426 patients commented on the coordination of their care.

Of the patients who responded, slightly more commented on negative experiences or suggested improvements (44.6%) than positive comments (41%). This is unusual as for other aspects of patient experience we tend to receive more positive than negative feedback.



7.1

PATIENT COMMENTS

GOOD FOLLOW-UP (17%)

Patients who commented about good follow up care mentioned good coordination between services, having plans in place before leaving hospital, home visiting by district nurses and other staff, and communication with GPs.

The work done between particularly the palliative team, and the referrals with the community services were second to none!

Registrar was very efficient in talking to my GP and getting my situation looked at quickly I was very grateful.

Good care from physio and OT services were mentioned a number of times, particularly around preparation for leaving hospital.

Loved the help the physio and OT provided to me in the few days leading up to me leaving, they gave me great information and we're helpful in getting me ready to know what to do after I left the hospital.

INFORMATION PROVIDED (6%)

Getting good information was important and helped people know what to do at home. This included knowing what to expect, and that they could contact someone if they had any questions.

Information was forwarded to our GP, and information sheets were given to us regarding what to do after discharge from hospital, including when to organise follow up checks.

[Someone was] available and answered questions over the phone once home.

Patients appreciated knowing what to expect and follow-up calls helped them know what to do.

Clear advice and integrated discussion about what to expect when I went home and what to look out for.

POOR FOLLOW UP (11%)

Patients who had negative experiences commented about care plans that didn't meet their needs, not receiving any follow-up, equipment not organised in time for discharge, and having no details of someone who they could contact with issues or questions.

No medical follow-up framework was offered, even though symptoms are still going on.

My baby has a stoma and we were given no contact information for any community nurse/stoma nurse. We were just told that someone would contact us. I had to google to find a contact number.

Some patients noted that not having home care organised in time for discharge was problematic. This included ensuring equipment was delivered before getting home. Others said that the lack of follow-up left them feeling that staff did not care about them.

Info not sent, follow-up at Starship was so poor. Dr didn't really care and info not sent.

LITTLE / NO INFORMATION PROVIDED (11%)

One of the most common gaps in information was about knowing what to do and what not to do once people returned home. This meant that patients were unsure what to expect, and some said they felt unsupported because of the lack of information and contact information.

I left not knowing what things to look for and not knowing if there was any follow up.

I did not receive any contact on arrival home, I wasn't given any contact names or numbers before leaving hospital from OT. I effectively had to manage on my own.

I was told they will print out and give me something to read about the treatment procedure. Nothing was given.

PATIENT COMMENTS (cont...)

INFORMATION SHARED BETWEEN SERVICES AND SERVICES COORDINATED (18%)

Patients appreciated when communication was shared between services and when they felt they were being kept in the loop. Some said this took a lot of stress out of their situation and helped them feel confident.

Everything was managed efficiently and when I went in for my second surgery all documentation had been forwarded, this meant that he was able to plan for my surgery in advance. I felt everything was always under control.

I require a lot of follow-up with a range of specialists and I have been kept informed every step of the way. I also have to have treatment in [another DHB] Hospital and I really can't fault how well-informed I've been around what is happening and when, including travel arrangements.

GOOD APPOINTMENT PROCESS (4%)

Our patients tell us they appreciate efficient and responsive appointment scheduling.

I received clinic follow-up appointments promptly and the second appointment is at the time indicated and requested by me.

When I needed to be seen urgently, the booking staff and the Doctor were very understanding of my condition and made me an appointment.

Within 3 hours of being discharged, follow-up appointments had been made at Greenlane Clinic.

Appointment scheduling that is coordinated between GPS and other DHBs is particularly valued.

[My appointment] involved contacting Manukau Super Clinic Middlemore, and Auckland hospitals. The assistance I received from all was excellent.

GOOD DISCHARGE PROCESS (2%)

Only a small number of people made positive comments about their discharge. A good discharge was marked by good communication, information and coordination.

The Nurse Specialist has done an amazing job coordinating discharge planning meetings which assured a smooth transition home.

Everyone that came to see my son explained every detail and there wasn't anyone that didn't give us conflicting information. Nurses were very thorough with the discharge information.

My Discharge information was very clear and also with the aid of the Going Home Physiotherapy class, questions were answered as they came up.

Co-ordination of care upon discharge was excellent.

NO INFORMATION SHARED BETWEEN SERVICES, SERVICES UNCOORDINATED (9%)

Some patients were concerned when there appeared to be little or no communication between services such as other DHBs or their GP.

Several times communication did not filter through and it meant I had to be fully aware of what was going on so I could say if things were right or not!

No one knew what was happening and there was confusion all round.

Others wanted more communication with other agencies, such as LMCs and ACC.

It would be helpful if there was direct coordination with ACC with the hospital. It's a real hassle and very stressful.

POOR APPOINTMENT PROCESS (9%)

Nearly one in ten of those who commented negatively did so about inefficient appointment processes. Many of these patients were especially impacted by miscommunications about bookings or changes of appointment times.

My appointment was changed last minute without anyone calling me to inform me. Instead I received a letter the day the appointment. This same day I also received a txt confirming the date for the previous appointment which was very confusing for me.

A letter dated Friday for a meeting on Monday, only to receive said letter [on] the Tuesday.

Not considering the needs of patients and especially children around appointment scheduling was mentioned by some people.

It was tricky to coordinate care for my other children at that time of the morning.

POOR DISCHARGE PROCESS (8%)

A poor discharge was marked by no or incomplete information, long waits, and not being able to plan their discharge.

No-one coordinated a time, they panicked me by wanting to send me to the transition lounge when I was not showered, not dressed, no-one available to pick me up until 3 hours later.

Would have liked more information on discharge, about where to get the prescription and what time was the next dose due.

I nagged the nurse to find out when the doctor was coming after 12 hours waiting when they said, oh you can go home.

Some patients said that they felt they were discharged too soon, or with too little information and could not cope at home.

No after care once you were home was given. I was not able to function safely post op and ended up back in hospital twice after discharge.

Report on **OutPatient Experience**

Auckland District Health Board

Coordination of care

Service integration, and the experience of seamless integrated services, is a key strategic theme for Auckland DHB. We perform well in this domain in an outpatient setting with one in every two outpatients rating our care as 'excellent' with a consistent trend upwards.

We can see statistically significant improvements in nearly every area we measure around coordination of care (coordination prior to coming to clinic, explaining plan of care, discussing what patients should and should not do, discussing what to look out for and who to contact). The only exception to this is discussing medication, which has stayed stable.

Women's Health shows particularly strong improvement with an eight-point gain (27 – 35%) of patients rating their 'prior to clinic' coordination as excellent. A testament to the effort going into supporting women in the community through improvements in our community based lactation services and more integrated Maori multidisciplinary team.

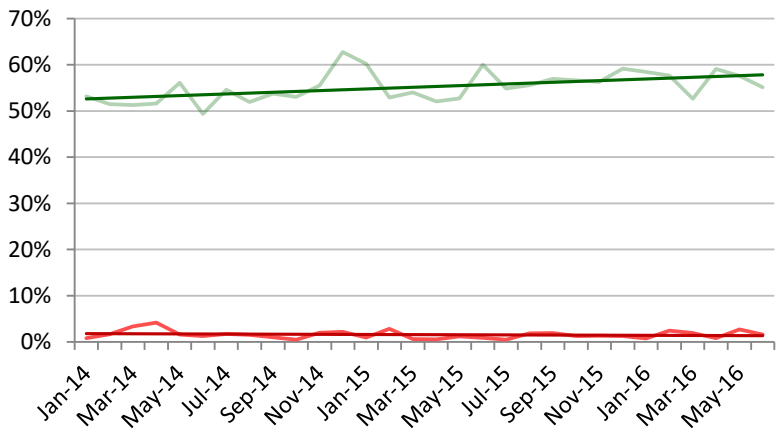
Interestingly, it seems to be a case of – when coordination goes well, it goes very well – there is good information sharing, service coordination and the appointment process is a breeze. However, because there are so many different moving parts involved in coordination of care, it just takes one part of the system to fail - when information isn't shared, services are not coordinated, appointments are delayed or referrals lost - to cause annoyance and frustration, particularly when patients then have to spend time sorting out issues themselves or following up on things that they had been promised would happen or that they had an expectation would happen.

Dr. Andrew Old
Chief of Strategy, Participation & Improvement

OVERALL RATINGS

Our "excellent" ratings continue to trend upwards from an average of 53 percent in 2014, to an average of 55 percent to May 2016.

OUTPATIENT OVERALL EXPERIENCE OF CARE RATING, JAN 2014 TO MAY 2016 (n=12401)



TOP THREE

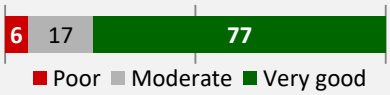
Our outpatients are asked to choose the three things that matter most.

1. Information (67%)

Getting good information is the aspect of our care most patients (67%) say makes a difference to the quality of their care and treatment.

"Dr could slow down when explaining as it is new territory for patient so quite a bit to process in a short space of time."

How are we doing on information?

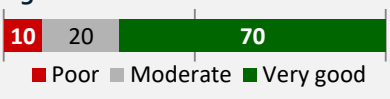


2. Organisation (54%)

For more than half of all our patients (54%), organisation, appointments and correspondence matter to the quality of their care and treatment.

"The people in clinic made me feel important when I had come up to the reception. They communicated well to follow up if there is anything else they could do for me while waiting."

How are we doing with organisation?

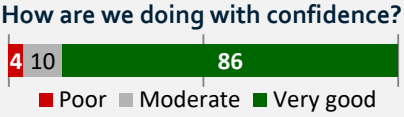


3. Confidence (51%)

Half our patients (51%) rated having confidence in their care and treatment as one of the things that make the most difference.

"The specialist was well read on my case. I felt I had complete freedom to ask anything and was given open answers."

How are we doing with confidence?



A focus on coordination

Those who take part in the Outpatient Experience survey are asked to rate the coordination of care between the clinic, GP and other services prior to clinic. They are also asked to rate the quality of the information and explanations around their plan of care, medication, who to contact, and what to look out for.

20 percent of our outpatients say that coordination of care between the clinic, GP and other services is one of the three things that makes the most difference to the quality of their care & treatment

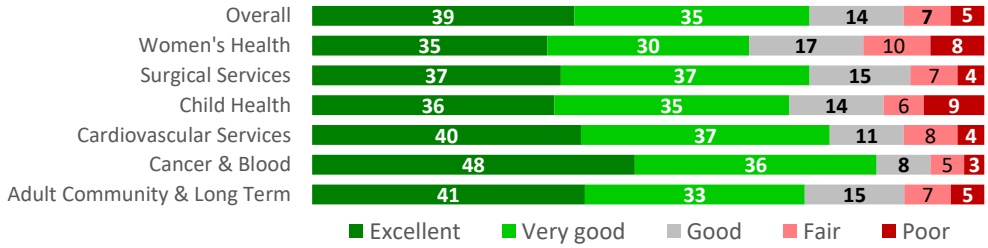
HOW ARE WE DOING?

The following data from the period June 1, 2015 to May 31, 2016 have been compared with data from the previous outpatient coordination report, in September 2014, in order to establish whether there have been any significant changes. Please note that 'not applicable' answers have been removed from these data and the data recalculated.

Prior to Clinic

Three-quarters of patients rated the coordination of care between the clinic, GP and other services before they came to the clinic as very good or excellent, an improvement of 4 percentage points since the last report in September 2015. Both Cancer & Blood and Women's Health also experienced statistically significant improvements in their excellent ratings, from 44% to 48% and 27% to 35% respectively.

Patient ratings of coordination of care between the person who referred them, the clinic and other services before they came to the clinic (%).



4%

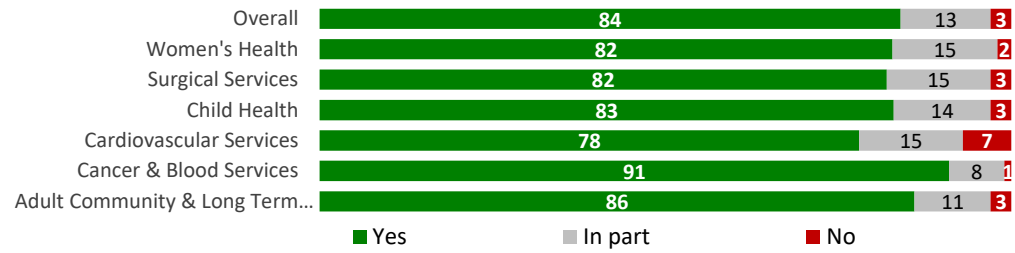
improvement in overall 'excellent' ratings prior to clinic since September 2014. The difference is significant (p<0.05).

Adult community and long term conditions n=579; Cancer & Blood services n=972; Cardiovascular services n=182; Child Health n=550; Surgical services n=2075; Women's Health n=657, Overall n=5015

Plan of care

The percentage of patients who say staff discussed their plan of care in a way they could understand has increased by two percentage points since the previous report on coordination. Surgical services were the only directorate to have a statistically significant improvement; up three percentage points from 79 to 82 percent.

Percentage of patients who say staff discussed plans of care in ways they could understand



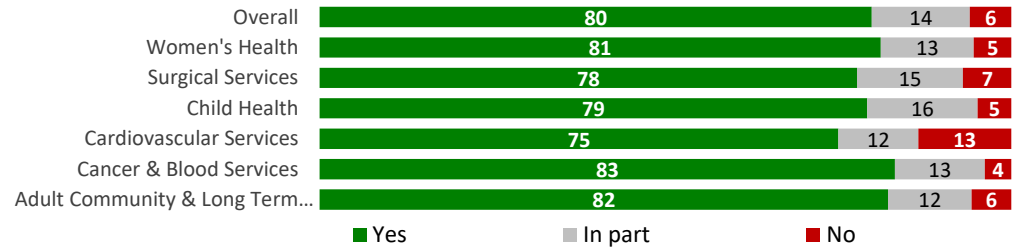
2%

improvement in discussion of plan of care since September 2014. The difference is significant (p<0.05).

Adult community and long term conditions n=570; Cancer & Blood services n=985; Cardiovascular services n=171; Child Health n=593; Surgical services n=2031; Women's Health n=635, Overall n=4985

What to do

Percentage of patients who say staff discussed what they should and should not do in ways they could understand



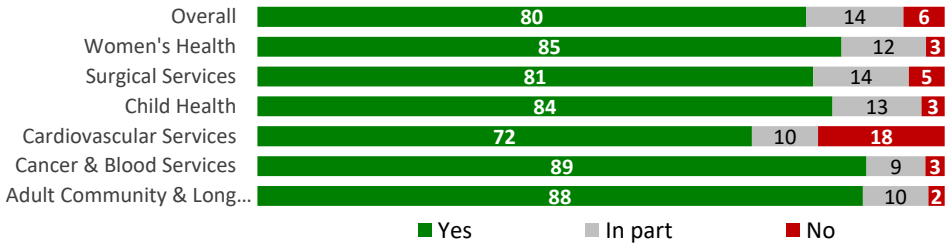
3%

improvement in discussion of what to do since September 2014. The difference is significant (p<0.05).

Adult community and long term conditions n=539; Cancer % Blood services n=910; Cardiovascular services n=156; Child Health n=552; Surgical services n=1847; Women's Health n=588, Overall n=4592

Medication

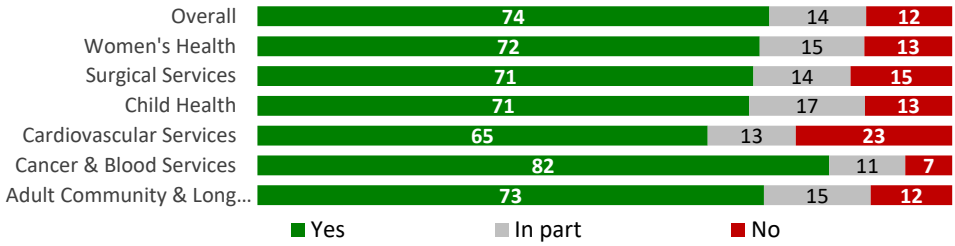
Percentage of patients who say staff discussed medication in ways they could understand



There is no statistically significant improvement in the percentage of patients who say staff discussed medication in ways they could understand.

Adult community and long term conditions n=461; Cancer & Blood services n=783; Cardiovascular services n=114; Child Health n=325; Surgical services n=1384; Women's Health n=366, Overall n=4592

Percentage of patients who say staff discussed what to look out for and who to contact in ways they could understand

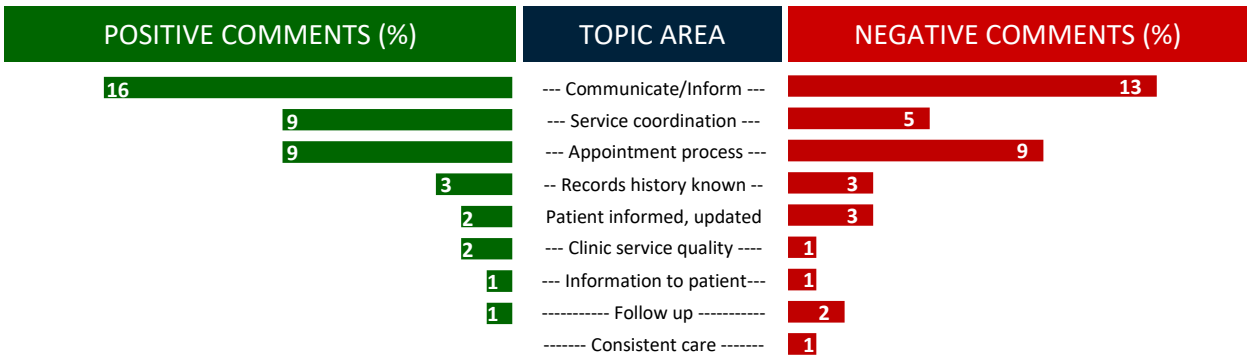


3% improvement in discussion of what to look out for since September 2014. The difference is significant ($p<0.05$).

Adult community and long term conditions n=502; Cancer & Blood services n=920; Cardiovascular services n=142; Child Health n=541; Surgical services n=1744; Women's Health n=545, Overall n=4394

A closer look at patient comments

A total of 871 outpatients commented on coordination of care. Just over half (54%) of the comments were positive, whilst the remaining 46 percent of the comments were negative.



PATIENT COMMENTS

GOOD APPOINTMENT PROCESS (9%)

Nearly one in ten patients commented on how well the appointment process went, particularly the speed between referral and appointment, or between consultation and onward referral.

With my referrals to ADHB I was given an approximate time that I would be seen which was great for planning work/family commitments. And all the appointments ended up being within the approximated time frames.

Many respondents found the appointment process seamless and efficient. Those from out of Auckland particularly appreciated how their needs were taken into account.

My appointment was at Greenlane and my follow-up appointment for a pre-surgery was in [another city] to save me waiting in Auckland for most of the day. All very convenient and efficient and appreciated.

POOR APPOINTMENT PROCESS (9%)

A poor appointment process for patients is when they have to follow up things they were told would be taken care of, when there is an unanticipated delay between referral and appointment, when referrals are lost, or when appointments are postponed or changed at the last minute which makes it difficult to make arrangements or upsets existing arrangements (i.e. work, travel and childcare).

I was told by Dr he would refer me to the hospice services but I waited maybe two weeks to hear from them and didn't and finally made that contact myself thru' the local phone book. They had not had any contact about me.

The setting up of the appointment and the arrangements seemed very haphazard. Presumably you have a system but it is hard to work out what it is.

Please do not postpone appointments. It's difficult to arrange day off.

PATIENT COMMENTS (cont…)

GOOD INFORMATION SHARING BETWEEN SERVICES (16%)

The largest percentage of positive comments were from patients who were impressed with the information flow and sharing between their GP, the ADHB and other services. Many commented on how this helped them feel confident about their ongoing treatment and that everyone understood their medication and history.

Throughout this whole process and with all the people concerned (booking staff, administrators included) I have experienced a cohesive well informed body of professionals, who all know about my particular health condition, and share the information with each other in a manner that has provided me with easy access to finding out what next, but more often than not - being informed of my where to next.

A number of patients liked that they could see their records and history on the computer

The doctor in front of me seems to have full electronic access to clinical reports prepared previously or by other departments

The Specialist was always happy to show me my files on the computer and I could see that there was good communication between my GP and hospital services…

GOOD COORDINATION BETWEEN SERVICES (9%)

Nearly one in every 10 patients commented positively on the good coordination between services. For many this meant that their time at the outpatient clinic was spent efficiently. For others, it meant that follow-up was seamless and well organized.

Good coordinated approach between district nurses, clinical nurse specialist and specialist team.

The co-ordination between [a number of different services] has been superb. We feel like we're on a conveyor belt into good health.

The Nurse Specialist ensured that two clinics happened together - this is brilliant as it gives a holistic approach to my son's care. Also saved in extra clinic times and travel/school leave for my son - definitely a win-win for my sons health and time…

OTHER

Patients also appreciated it when:

- **All services and staff they dealt with appeared to be well informed about their clinical records/patient history (3%)**
- **They were kept informed and updated about what was happening, and when (2%)**
- **They received efficient and timely service at the clinic (2%)**
- **They were given information and guidance around how to manage their condition (1%)**

LITTLE OR NO INFORMATION SHARING BETWEEN SERVICES (13%)

Poor or non-existent sharing of information was a source of ongoing frustration for at least one in every 10 respondents. Many of these have to explain their treatment to their GPs, and many worried that they were not able to communicate this properly. A number of patients talked about spending large amounts of time between services following up information and ensuring that each service has a copy.

ADHB and [another DHB] should communicate with each other about my eligibility to avoid my having to run about getting documentation that has already been provided several times.

A small number of patients spoke about how neither they or their GP had been given information on potentially serious conditions.

[My outpatient clinic doctor] asked me "how is your diabetes going?" I was shocked and told her I didn't have diabetes. She told me I did as per my last blood test. I had had a blood test about 3 months earlier to check for diabetes and no one had passed on my test results to my GP. I went to see my GP to clear it all up and she was gobsmacked as to why she was not informed.

POOR OR LIMITED SERVICE COORDINATION (5%)

A number of patients spoke of their frustration over the lack of coordination between services, often resulting in them attending multiple appointments across a number of days, not receiving test results, not receiving appointments they were told would happen, or having to follow up with multiple teams and services.

In one appointment a staff member saw something but told me this would have go back to my GP as it was 'another departments job' and they wouldn't be able to cross refer me. Stressful.

I took it upon myself to write an email connecting all the teams together who are working with me in the ADHB and including my Cancer Society Team, Hospice Team, Rehab and my GP. That was a rather effective exercise and brought the teams together quite rapidly [although there have been] many issues along the way.

OTHER

Patients ask that we also:

- **Ensure that all those involved in their care and informed and updated on their care, clinical notes and medical history (3%)**
- **Make sure follow-up to different services occurs, particularly when this is promised (2%)**
- **Keep them informed and updated as to any delays or if awaited test results turn up (1%)**

Resolution to exclude the public from the meeting

Recommendation

That in accordance with the provisions of Clauses 34 and 35, Schedule 4, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
3. Confirmation of Confidential Minutes 7 September 2016	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points 7 September 2016	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.0 Discussion Papers - Nil	Not applicable	Not applicable
6.1 Faster Cancer Treatment	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 Acute Flow	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of

	which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.3 Food Services	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.4 Security for Safety Programme Report	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7. Risk Register Report	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Prevent Improper Gain** The disclosure of information would not be in the public interest because of the greater need to prevent the disclosure or use of official information for improper gain or advantage [Official Information Act 1982 s9(2)(k)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Complaints	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of

	1982 s9(2)(ba)] **Privacy of Persons** To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]	sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Compliments	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Privacy of Persons** To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.3 Incident Management	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.4 Policies and Procedures	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9. RMO Industrial Action Update	**Privacy of Persons** To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]