Hospital Advisory Committee Meeting

Wednesday, 22 June 2016

2.00pm

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

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Published 16 June 2016

Agenda
Hospital Advisory Committee
22 June 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	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 (Chair)	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 of People and Capability
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
	Dr Clive Bensemann	Director Mental Health
	Jo Brown	Funding and Development Manager Hospitals
	Judith Catherwood	Director Long Term Conditions
	Ian Costello	General Manager and Acting Director Clinical Support Services
	Dr Mark Edwards	Director Cardiac Services
	Dr Sue Fleming	Director Women's Health
	Mr Wayne Jones	Director Surgical Services
	Auxilia Nyangoni	Deputy Chief Financial Officer
	Tony O'Connor	Director Participation and Experience
	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
	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: Judith Bassett

Apologies Staff: Linda Wakeling, Chief of Intelligence and Informatics, Margaret Wilsher, Chief Medical Officer, Vanessa Beavis, Director Perioperative Services,

Judith Catherwood, Director Long Term Conditions, Mark Edwards, Director Cardiac Services, Barry Snow, Director Adult Medical

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 11 May 2016**
2.10pm	**4.**	**Action Points**
2.15pm	**5.**	**Provider Arm Performance Report – Executive Summary**
	5.1	Provider Arm Scorecard
2.20pm	**6.**	**Provider Arm Financial Performance Report**
	6.1	Financial Performance
2.25pm	**7.**	**Patient Experience Report**
	7.1	Inpatient Experience
	7.2	Outpatient Experience
	7.3	Overall Rating of Patient Experience
2.30pm	**8.**	**Directorate Updates – For Information Only**
	8.1	Clinical Support Services
	8.2	Women's Health Directorate
	8.3	Child Health Directorate
	8.4	Perioperative Services Directorate
	8.5	Cancer and Blood Directorate
	8.6	Mental Health Directorate
	8.7	Adult Medical Directorate
	8.8	Community and Long Term Conditions Directorate
	8.9	Surgical Services Directorate
	8.10	Cardiovascular Directorate
	8.11	Non-Clinical Support Services
	8.12	Overall Provider Performance including Health Target Updates
2.45pm	**9.**	**Resolution to exclude the public**

Next Meeting:	Wednesday, 03 August 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	18 Feb. 15	01 Apr. 15	13 May. 15	24 Jun 15	5 Aug 15	16 Sep 15	28 Oct 15	9 Dec 15	17 Feb 16	30 Mar. 16	11 May. 16	22 Jun. 15
Judith Bassett (Chair)	1	1	1	1	1	1	1	1	1	1	1	
Joanne Agnew	1	x	1	1	1	1	1	1	1	1	1	
Peter Aitken	1	1	1	1	1	1	1	1	1	1	1	
Doug Armstrong	1	1	1	1	1	1	1	1	1	1	1	
Chris Chambers	1	1	1	1	1	1	1	1	1	1	1	
Anne Kolbe	1	1	1	X	1	x	1	1	1	1	1	
Lester Levy	1	1	x	1	1	1	x	1	1	1	1	
Lee Mathias	1	1	1	1	1	x	1	1	x	1	1	
Robyn Northey	1	1	1	1	1	1	1	1	1	1	1	
Morris Pita	x	1	1	1	x	1	1	x	x	1	1	
Gwen Tepania-Palmer	1	1	x	1	1	1	1	1	1	1	1	
Ian Ward	1	1	1	1	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 beneficial interest held)	14.07.2015
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. Husband:	26.05.2016

	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 Husband – Chair, Auckland District Council of Social Service	17.02.2016
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	Board Member - NZ Blood Service Director and Shareholder – C4 Consulting Ltd CEO – Auckland Energy Consumer Trust Shareholder – Vector Group Son – Oceania Healthcare	12.07.2015

Minutes
Hospital Advisory Committee Meeting
11 May 2016

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 11 May 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		
Dr Lester Levy (Left during confidential item 9.1)	Rosalie Percival	Chief Financial Officer
Dr Lee Mathias (Left during confidential item 9.1)	Sue Waters	Chief Health Professions Officer
Robyn Northey	Dr Margaret Wilsher	Chief Medical Officer
Morris Pita	**Auckland DHB Senior Staff Present**	
Gwen Tepania-Palmer (Left during confidential item 9.1)	Directors	
Ian Ward	Dr Vanessa Beavis	Director Perioperative Services
	Dr John Beca	Director Surgical Child Health
	Dr Clive Bensemann	Director Mental Health
	Judith Catherwood	Director Community and Long Term Conditions
	Ian Costello	General Manager and Acting Director Clinical Support Services
	Dr Mark Edwards	Director Cardiac Services
	Dr Sue Fleming	Director Women's Health
	Dr Wayne Jones	Director Surgical Services
	Dr Michael Shepherd	Director Medical Child Health
	Dr Barry Snow	Director Adult Medical
	Dr Richard Sullivan	Director Cancer and Blood
	Other Senior Staff	
	Jo Brown	Funding and Development Manager Hospitals
	Sally Bruce	Senior Communications Advisor
	Brigita Krismayanti	Corporate Business Services Administrator
	Marlene Skelton	Corporate Business Manager
	Clare Thompson	General Manager Non-Clinical Support Services
	(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 Gwen Tepania-Palmer for early departure be received.

That the apologies of Executive Leadership Team member Linda Wakeling, Chief of Intelligence and Informatics and of Tony O'Connor, Director Participation and Experience be received.

Resolution: Moved Gwen Tepania-Palmer / Seconded Peter Aitken

That the apologies be received.

Carried

2. REGISTER AND CONFLICTS OF INTEREST

There were no declarations of conflicts of interest for any items on the open agenda.

The following changes to the Interests Register were noted:

Doug Armstrong advised that while he was a shareholder in Orion Healthcare he had no beneficial interest as it was held through a Trust.

Lee Mathias wished it recorded that she was currently Acting Chair of the Health Innovation Hub.

Anne Kolbe advised that:

- The transition of the NHC business functions into the New Zealand Ministry of Health was completed on 9th May 2016
- Emma Kolbe, daughter, will take up a position at ESR (Institute of Environmental Science and Research), Auckland, as a forensic scientist
- Anne was a Member, Board of Directors, EXCITE International
  Anne was Chair, Advisory Council, EXCITE International.

3. CONFIRMATION OF MINUTES 30 March 2016 (Pages 9 - 21)

Resolution: Moved Lee Mathias / Seconded Jo Agnew

That the minutes of the Hospital Advisory Committee meeting held on 30 March 2016 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS 30 MARCH 2016 (Pages 22 - 23)

The actions points were in action or complete.

5. PROVIDER ARM PERFORMANCE REPORT (Pages 24 – 28)

Joanne Gibbs, Director Provider Services spoke to the report highlighting the following:

- The National target for Emergency Department (ED) patients with an ED stay of less than 6 hours has been achieved for quarter 3 with 95.2% ED patients with an ED stay of less than 6hours. It was noted however, that there is continued growth in this area

that will need to be carefully monitored and managed.

- Elective discharges are back on track and will meet year-end target as planned recovery measures, agreed with each service, start to take effect.
- The development of the Clinical Services Plan for Auckland DHB continues to make good progress towards the end of June completion date. Section 9.1 of the Confidential HAC agenda provides a detailed update.
- The HAC Annual Work Plan 2015/16 for June will concentrate on finalising the end of year review and the 2016/2017 business plan for the Provider.

Resolution: Moved Robyn Northey / Seconded Jo Agnew

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

Carried

5.1 Provider Arm Scorecard (Pages 29 - 31)

[Secretarial Note: This item was considered in conjunction with item 5.]

6. DIRECTORATE UPDATES

6.1 Mental Health Directorate (Pages 32 - 40)

Dr Clive Bensemann, Director Mental Health and Addictions asked that the report be taken as read, highlighting that work has started to review processes and improve performance of the inpatient service at Te Whetu Tawera (TWT) in three broad areas; acute flow, patient safety, and staff wellbeing. A project manager has been appointed to support the TWT leadership in the co-design work. The TWT Occupancy Escalation Plan is complete and will go live from 3 May.

Matters covered in discussion of the report and in response to questions included:

- Judith Bassett commented that as there had been consistently high occupancy over a number of months that it was entirely sensible to bring in additional resource.
- Lee Mathias asked what plans had been made for the relocation of the service from Morningside which she believed was due to occur in August. Clive Bensemann replied that a report was due to the Committee in September. There was a need to adjust how services would be organised to best cover the five new localities. Alternative sites and facilities were currently being reviewed.

6.2 Cancer and Blood Directorate (Pages 41 - 48)

Dr Richard Sullivan, Director Cancer and Blood asked that the report be taken as read, highlighting as follows:

- The haematology service experienced a reduction in SMO clinician time

approximately three months ago due to a staff member leaving, and a cumulative reduction in hours for a range of other reasons. National and international recruitment processes were commenced immediately; however there is a shortage of haematologist availability nationwide. A locum SMO has been secured from England to commence work in September 2016. To date, other avenues have not provided the required outcomes.

- Pharmac has gained an extra $39 million in the next financial year (216/2017) to enable it to fund the new immunotherapy drug Opdivo for some 350 patients with advanced melanoma, along with several other new drug treatments. This new drug is administered intravenously every two weeks. Around 40% of patients will respond to it. It should be noted that around 15% of patients will remain on the drug for some years. There is the potential for this to be expensive in operational delivery terms over time, however exact costs are not yet known. This drug also has potential application for 38 other cancers.
- Anne Kolbe commented that this provided an opportunity to learn from the experience of Avastin rollout as the cost for this lies within the delivery of the service. The current model will not be sustainable in the medium to long term. Richard Sullivan replied that he hoped that science would find other ways to improve the efficacy and cost of administering these drugs.

6.3 Clinical Support Services (Pages 49 - 56)

Ian Costello, General Manager and Acting Director Clinical Support Services asked that the report be taken as read.

Matters covered in discussion of the report and in response to questions included:

- Chris Chambers asked whether additional time was allowed for when a patient presents and requires an interpreter. Margaret Wilsher replied that this choice rested with the clinician at the time of seeing the patient.
- Lee Mathias noted the continued challenges in meeting turnaround times for histology at the Anatomical Pathology Service in Mt Wellington. Lee was advised that a number of initiatives had been implemented, including recruitment of additional Pathologist FTE and use of locum staff. Staff had been very accommodating in regard to weekend work. The patients themselves have preferred the weekend sessions and this will be taken into account when reviewing the service. It must be noted that this will incur additional cost due to weekend penalty rates.
- Robyn Northey questioned the increase in dermatology referrals of 20%. Ian Costello advised that the increase was community based. There were now many moving toward private treatment where the patient pays.

6.4 Surgical Services Directorate (Pages 57 - 67)

Dr Wayne Jones, Director Surgical Services asked that the report be taken as read, highlighting as follows:

- There had been better use of the operating list in the directorate with theatre usage sitting at 98%.
- That elective volumes were being achieved
- There is a high acute load and this had cost an additional $1.8M.
- A three day Rapid Improvement event was held in March for the Genitourinary (GU) Faster Cancer Treatment (FCT); this was well attended by a multidisciplinary team from Urology. This event had highlighted some practical changes that could be implemented.

6.5 Community and Long Term Conditions Directorate (Pages 68 - 78)

Judith Catherwood, Director Adult Community and Long Term Conditions asked that the report be taken as read highlighting that plans were well advanced to introduce rapid response services to primary care, aged care and St John's. An early supported discharge service was being developed to commence for winter 2016.

A consultation document is out for comment regarding a plan to progress integration of service in Specialist Palliative Care across Hospice and Hospital services.

Matters covered in discussion of the report and in response to questions included:

- Judith Bassett asked what would happen if patients all suddenly turned up for appointments. Judith Catherwood replied that the DNA rate had fallen again in the last month but that it was unlikely to go to zero. It was true that operationally some services were overbooked but this could be readjusted in the short term if required. It should be noted too that a drop in DNA rates would signal a more engaged and prepared population less likely to turn up and present acutely and a drop in drug and test demand. A change in the model of care would allow the patient to take more control of their own care.
- Judith Catherwood also advised that progressive communication was occurring with GPs in relation to an extension of service with ED. There is now a nurse available from 7am until 9pm year round. This allows better access to care and a link with the required services. This service existed only within ED presently and would take a longer and more incremental approach to embed it within primary care. GPs need to know the service exists and trust in it before a positive change would be seen.

6.6 Perioperative Services Directorate (Pages 79 - 85)

Dr Vanessa Beavis, Director Perioperative Services asked that the report be taken as read highlighting that there had been some slippage in the completion date for the Single Instrument Tracking (S.I.T.) project but that 51 out of 58 actions that need to be completed prior to the recommencement have been closed; all outstanding actions are IT based and are on track for completion.

6.7 Cardiovascular Directorate (Pages 86 - 93)

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

- A leadership orientation and induction session has been presented by Gil Sewell to support the Vascular, Cardiothoracic Surgery and Cardiology patient management groups.
- A safety culture survey has been undertaken to seek ideas from staff for further improvement work to incorporate into the directorate framework and business plan. Staff believed there were improvements that could be made around handovers and transitions of care. A non-punitive approach to reporting would assist.

Matters covered in discussion of the report and in response to questions included:

- Morris Pita commenting that the very good and insightful presentation made by Margaret Wilsher at the Board meeting identified handover as a critical activity and that he assumed that this was incorporated into the safety culture survey work. He was assured that this was the case. Mark Edwards pointed out that the fundamental element was around "culture" and this incorporated other elements over and above just medical staff.

6.8 Non-Clinical Support Services (Pages 94 - 104)

Clare Thompson, General Manager Non-Clinical Support Services asked that the report be taken as read, highlighting as follows:

- The DHB Community Dietitians are part of a national working group set up by the Ministry of Health to agree a consistent approach to the "Food & Beverage Environments Policy" for all DHBs across NZ. A national policy has been developed which has been released for wider consultation; this will be brought back to the Board. This represents a significant organisation-wide change and will require extensive engagement and consultation with all stakeholders to ensure positive outcomes are achieved.
- Drawing attention to the Procurement Supply Chain work that is being undertaken as detailed on pages 97 and 98 of the agenda.

6.9 Adult Medical Directorate (Pages 105 - 112)

Dr Barry Snow, Director Adult Medical asked that the report be taken as read, highlighting that acute flow had grown another 7% but with better structure and governance in place, the directorate was managing and was on track to deliver the quarterly target.

6.10 Women's Health Directorate (Pages 113 - 122)

Dr Sue Fleming, Director Women's Health asked that the report be taken as read, correcting a factual error and advising that ESPI5 compliance which had been reported as red, was in fact green.
Melissa Brown the Midwifery Director was introduced and welcomed. Melissa is working on

a sustainable maternity workforce strategy. It was advised that midwifery staffing vacancies were still being carried. Graduates started on 28 April and were undergoing orientation. They would not be able to assume a full case load for some time.

Matters covered in discussion of the report and in response to questions included:

- Lee Mathias asked Melissa Brown for her initial impressions of the service and was advised by Melissa that she was still getting to know the people and systems. While being aware of opportunities she could also see how the service has had to cope with recent challenges.
- Robyn Northey was advised that pregnant women have an increasing risk profile due to variety of complexities and vulnerable women, in particular, require intensive support from a multidisciplinary team.
- Lee Mathias referred to page 116 of the agenda asking for an explanation regarding the mention of contracts with Ngati Whatua. Lee was advised that the Maori midwifery team undertook regular clinics at Glen Innes. This service had been slowly built to the point where it now also provides a physician on the team. Antenatal education for Maori women traditionally has not been accessed. This particular service has been creative and flexible in what was provided increasing access for these women. Sue Fleming indicated that she was happy to talk to Lee Mathias about the service provided.

6.11 Child Health Directorate (Pages 123 - 131)

Dr John Beca, Director Surgical Child Health asked that the report be taken as read highlighting the ongoing rollout of the excellence programme and the safety culture survey. He acknowledged that handovers and particularly handovers between teams is a problem. The stocktake in the services is helping those services consolidate and redesign processes to improve this.

He signalled that a key initiative for the coming months was the completion of the tertiary services review.

Resolution: Moved Peter Aitken / Seconded Gwen Tepania-Palmer

That the Directorate reports for May 2016 be received.

Carried

7. PROVIDER ARM FINANCIAL PERFORMANCE REPORT

7.1 Financial and Operational Performance (Pages 132 – 147)

Rosalie Percival, Chief Financial Officer asked that the report be taken as read highlighting that the April financial trend is a continuation of that which was seen in March in terms of the overspend in the Provider Arm. The real areas of pressure are seen in Cardiac, Child health and Surgical Services. Indicative April volumes show that the services have had a very

busy period.

Matters covered in discussion of the report and in response to questions included:

- Lee Mathias asked whether the continued overrun of clinical supplies relates just to volumes. Rosalie Percival replied that it incorporated a price variable too. Rosalie still believed that there was opportunity within clinical supplies to make savings. This area had been impacted too by some national instability.

Resolution: Moved Jo Agnew / Seconded Lee Mathias

That the Financial and Operational Performance Report for March 2016 be received.

Carried

8. PATIENT EXPERIENCE REPORT

8.1 Participation Experience Week Review (Pages 148 - 154)

Dr Andrew Old, Chief of Strategy, Participation and Experience asked that the report be taken as read.

Judith Bassett commented that a very good range of activities had been undertaken.

Resolution: Moved Jo Agnew / Seconded Robyn Northey

That the Hospital Advisory Committee:

1. **Receives Participation Experience Week Review report**
2. **Recommends that Participation Experience Week be held again in 2017**

Carried

8.2 Patient Experience Survey Net Promoter Score (Pages 155 - 158)

Dr Andrew Old, Chief of Strategy, Participation and Experience asked that the report be taken as read.

Matters covered in discussion of the report and in response to questions included:

- Lester Levy commenting that if Auckland DHB were to compare itself to other industries that do not have our constraints then Auckland DHB performed very well. Ailsa Claire commented that a restriction was that the Patient Experience Survey Net Promoter Score was performed across the organisation rather than allowing a dive down within sections of the organisation.
  Fiona Michel commented that removing choice also affects the response gained. This type of information was included in MOS boards and reports so staff do have access to it.
- Lester Levy commented that he had been very impressed with the MOS Board

system and a presentation was required to the Board on MOS and how it operated.

Action

That a presentation be made to the Board on the MOS Board system and how it operated.

That the Hospital Advisory Committee receives the Patient Experience Survey Net Promoter Score report.

Carried

9. INFORMATION PAPERS

9.1 Briefing Paper – Antimicrobial Stewardship (Pages 159 - 161)

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

Matters covered in discussion of the report and in response to questions included:

- Chris Chambers queried section four on page 161 of the agenda and was advised that there was no easy way to monitor antimicrobial prescribing in primary care. Discussions were being held with primary care providers so that some academic rigour could be applied to the issue and to adopt a best practice model for this particular situation.

Resolution: Moved Ian Ward / Seconded Robyn Northey

That the Hospital Advisory Committee receives the briefing paper on Antimicrobial Stewardship run on which outlines the ongoing quality improvement work and future strategy

Carried

10. FOR INFORMATION ONLY

10.1 ADHB MOH Health Target Performance Control Charts (Pages 162 - 171)

Resolution: Moved Robyn Northey / Seconded Lee Mathias

That the Auckland DHB Ministry of Health target performance control charts be received.

Carried

11. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 172 - 175)

Resolution: Moved Ian Ward / 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 30 March 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	**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]
5.1 Quality and Safety Issues and Priorities for Auckland DHB	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **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]
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,	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]

	without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	
6.2 Cardiothoracic Surgery	**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 External Reviews 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]
6.4 Acute Flow Performance 7 April 2016	**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]
6.5 External Review of DCCM & Subsequent Actions	**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	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]

	and industrial negotiations) [Official Information Act 1982 s9(2)(j)]	
7.1 Complaints 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)] **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]
7.2 Compliments 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)] **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]
7.3 Incident Management 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)] **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]
7.4 Policies and Procedures Report	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982	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]

	s9(2)(j)]	
8.1 Seasonal Variation Plan – Winter 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]
9.1 Clinical Services Planning for Auckland DHB 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]

The meeting closed at 4.50pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 11 May 2016

Chair: _____ Date: _____

Judith Bassett

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 11 May 2016

Meeting and Item	Detail of Action	Designated to	Action by
30 Mar 2016 Item 9.1	**Reducing Inequalities in Maori and Pacific DNA – Strategic Update** That an update report on reducing inequalities in Maori and Pacific DNA be provided to the September Hospital Advisory Committee meeting.	M Wilsher	19 Aug 16
17 Feb 2016 Item 6.10	**Child Health Directorate** That an update on the patient focussed booking initiative, with specific detail on Maori and Pacific DNA's work, be included in the May 2016 Child Health Directorate report.	M Shepherd, J Beca	7 Sep 16
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*.]	T O'Connor	3 August 2016

Provider Arm Performance Report

Recommendation

That the Hospital Advisory Committee receives the Provider Arm Performance report for June 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 June 2016 Hospital Advisory Committee:

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

- Performance against the national target for quarter 4 is currently on track for AED and CED, recording 95.3% and 95.16% respectively.
- A new Model of Care is being gradually introduced through the acute surgical and medical teams which is contributing to compliant performance.
- Presentation volumes for both EDs continue to be high (AED is experiencing 7% growth in attendances from 14/15) and this is expected to increase as we move into winter. Our seasonal variation plan to manage this anticipated growth was approved at the May HAC meeting and is now being implemented.

Elective discharge cumulative variance from target

- Elective discharges are back on track as planned recovery measures agreed with each service start to take effect. Elective discharge cumulative variance from target currently sitting at 1, increasing from 0.98 for the previous period.
- Current projection to recover to 100% during quarter 4.
- The progress against plan continues to be closely managed through the Provider Directors, and is reported to Board through the weekly 'Status at a Glance' report and formal HAC processes.

Provider Services 2015/16 Business Plan

An end of year review presentation and in depth discussion regarding the refreshed Business Plan for 16/17 is included in section 5.1 of the confidential HAC agenda. The presentation reviews key progress made against the 15/16 plan before presenting an early draft of our refreshed plan for 16/17 for discussion.

As part of the refresh of the Business Plan we have revisited our Provider Arm work programmes, proposing those that will be carried forward into 2016/17, those that will be absorbed as business as usual and shortlisted two new programmes.

The final Business Plan for 16/17 will be presented to HAC in August.

We have shortened the report on each work programme for this month as the presentation in section 5.1 will review progress made for each.

Daily Hospital Functioning, Deteriorating Patients and Afterhours Inpatient Safety

- A joint meeting was held for the members of the Daily Hospital Functioning, Afterhours Inpatient Safety and Deteriorating Patients steering groups during this reporting period. As outlined in the Business Plan, these work programmes are closely linked and this meeting provided an opportunity to share progress made to date and agree an aligned approach moving forward. While we have deliberately ensured that we have cross-over between the groups in terms of membership, this was the first time that the three Steering Groups had come together as a whole. The objectives of this meeting were to:
    a. To gain a shared understanding of the three work programmes
    b. To establish work programme requirements and alignment across all Directorates
        i. To identify areas of overlap and develop a description of reliance and alignment between the three work programmes
        ii. To design (and agree) the function / system based on the needs of each work programme, including resourcing
    c. To agree further work required / key things we need to understand
    d. To confirm on-going communications between the work programmes
- As part of the discussion regarding further work required, it was agreed that a smaller group needed to meet to discuss and design the model of care we would like to provide. To ensure that the needs of each work programme are met, the smaller group will be comprised of two to three representatives from each work programme. The model of care options will be presented back to all of the Steering Group members for feedback prior to wider consultation. Representatives from each steering group have been agreed and a meeting date has been confirmed.

Delivering the Surgical PVS to Budget

- The Terms of Reference for the OR Allocation Committee have been approved by the Surgical Board and the Committee has been established. As outlined previously, the OR Allocation Committee will administer the collation of OR allocation request forms and supporting information from Surgical Services. It will also present service change proposals to the Surgical Board for ratification or decision. During this reporting period the Surgical Board ratified the proposal for the allocation change of 27 existing half day sessions and seven new half day sessions to be converted to 34 full day sessions (subject to resource allocation), which is expected to deliver an improvement on productivity for those lists.
- Terms of Reference for the Capital Planning Committee have been drafted and are pending approval by the Surgical Board. As previously outlined, the establishment of this Committee was deferred until the Clinical Services Plan had been developed so the group could align with and act on the recommendations made in the plan.

- Weekly monitoring of operating rooms (OR) utilisation continues. This is done on a departmental basis and includes the weekly target, the current "run rate" and progress to date with contingency plans added.
- Enforcement of the 6 week leave policy continues to be monitored by SCDs.
- Moving forward, it has been proposed that delivering the PVS to budget is absorbed as business as usual rather than being carried forward into the Provider Services Business Plan for 16/17. The Surgical Board will continue to lead the delivery of this programme of work.

Faster Cancer Treatment

- A detailed briefing on progress is included at section 6.1 of the Confidential HAC agenda.

Clinical Services Plan

- The focus for this reporting period has been on completion of the Clinical Services Plan for endorsement by the Board. Please refer to section 7.1 of the confidential Board agenda for the final Clinical Services Plan being presented for approval.
- Our key actions following Board approval will be to:
    - Ensure that the Provider Services Business Plan is aligned to the overall direction outlined in the approved Clinical Services Plan and implementation of the recommendations.
    - Undergo wider stakeholder engagement. This includes circulating and sharing key findings, recommendations and actions with key stakeholders.
    - Commence planning for the next phase of the process whereby we develop two Directorate level plans on a yearly basis and update our Provider Clinical Services Plan annually.

Auckland DHB Provider Scorecard

for April 2016

	Measure			Actual	Target	Prev Period	Commentary
Patient Safety	% AED patients seen within triage time - triage category 2 (10 minutes)		PR006	79.74%	>=80%	81.66%	
	% CED patients seen within triage time - triage category 2 (10 minutes)		PR008	85.27%	>=80%	85.23%	
	Number of reported adverse events causing harm (SAC 1&2)		PR084	9	<=12	11	
	Central line associated bacteraemia rate per 1,000 central line days		PR087	0	<=1	0	
	Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days		PR088	0.2	<=0.25	0.08	
	Healthcare-associated bloodstream infections per 1,000 bed days - Adult		PR089	1.56	<=1.6	1.36	
	Healthcare-associated bloodstream infections per 1,000 bed days - Child		PR090	1.64	<=2.4	1.36	
	Falls with major harm per 1,000 bed days		PR095	0.09	<=0.09	0.09	
	Nosocomial pressure injury point prevalence (% of in-patients)		PR097	5.26%	<=6%	2.99%	
	Healthcare-associated Clostridium difficile infection rate per 10,000 bed days (Quarterly)	*	PR143	1.68	<=4	2.72	
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)		PR185	3.86%	<=6%	3.73%	
	% Hand Hygiene Compliance		PR195	83.54%	>=80%	84.6%	
	(MOH-01) % AED patients with ED stay < 6 hours		PR013	95.3%	>=95%	94.75%	
	(MOH-01) % CED patients with ED stay < 6 hours		PR016	95.16%	>=95%	94.52%	
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less		PR023	91.67%	>=80%	93.41%	
	HT2 Elective discharges cumulative variance from target		PR035	1	>=1	0.98	
	(ESPI-2) Patients waiting longer than 4 months for their FSA		PR038	0.05%	0%	0.01%	
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months		PR039	0.94%	0%	0.7%	
	Cardiac Bypass Surgery Waiting List		PR042	99	<=104	82	
	% Accepted referrals for elective coronary angiography treated within 3 months		PR043	100%	>=90%	100%	
	% Urgent diagnostic colonoscopy compliance		PR044	94%	>=75%	100%	
	% Non-urgent diagnostic colonoscopy compliance		PR045	63.27%	>=65%	56.41%	Improved performance and still working proactively with scheduling to ensure compliance to target. Met the target week ending 8th May 2016.
	% Outpatients & community referred MRI completed < 6 weeks		PR046	58.11%	>=85%	57.03%	Improved performance from previous month - waitlist voume reducing month on month (565 at end of April compared with 684).

Better Quality Care	% Outpatients & community referred CT completed < 6 weeks	PR047	91.19%	>=95%	93.54%	Reduced compliance compared with month end March - no increase in waitlist and still only approximately 2 patients per week waiting longer than 6 weeks on WL - needs further review.
	Elective day of surgery admission (DOSA) rate	PR048	73.59%	>=68%	69.22%	
	% Day Surgery Rate	PR052	60.26%	>=70%	58.05%	We have seen another increase in month and with the additional activity being planned for GSU we expect an upward trend over the next few months.
	Inhouse Elective WIES through theatre - per day	PR053	134.36	>=99	133.1	
	% DNA rate for outpatient appointments - All Ethnicities	PR056	9.35%	<=9%	9.17%	
	% DNA rate for outpatient appointments - Maori	PR057	18.81%	<=9%	17.27%	The phone callbacks continue to focus on Cardiac and diabetes patients.
	% DNA rate for outpatient appointments - Pacific	PR058	17.2%	<=9%	17.29%	The afterhours 5-7 pm phone callbacks focussed on diabetes continue.
	% 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	85%	100%	82.35%	The service is focussed on ensuring pressure points within specific tumour streams is adequately managed with SMO availability.
	% Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT	PR070	100%	100%	100%	
	Average LOS for WIES funded discharges (days)	PR074	2.75	<=3	2.85	
	28 Day Readmission Rate - Total	PR078	R/U	<=6%	8.55%	
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	PR119	R/U	<=10%	8.16%	
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	PR120	28.4	<=21	28.4	Discharge of 2 long-stayers plus ongoing acuity, casemix and alternative placement issues continue to affect LoS.
	% Very good and excellent ratings for overall inpatient experience	PR154	R/U	>=90%	84.8%	
	Number of CBU Outliers - Adult	PR173	317	0	394	Outliers continue specifically in the General Medical , General Surgery and Orthopeadic services .
	% Patients cared for in a mixed gender room at midday - Adult	PR175	12.51%	0%	12.31%	Continuesd oversight by Nurse Unit Managers.
	31/62 day target – % of non-surgical patients seen within the 62 day target	PR181	R/U	>=85%	66.67%	
	31/62 day target – % of surgical patients seen within the 62 day target	PR182	R/U	>=85%	90%	
	62 day target - % of patients treated within the 62 day target	PR184	R/U	>=85%	81.25%	

Improved Health Status	Breastfeeding rate on discharge excluding NICU admissions		PR099	R/U	>=75%	77.82%	
	% 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	95.24%	>=95%	94.75%	

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 March 2016. Previous period result is for period ending December 2015.

6 Provider Arm Financial Performance Report

Recommendation

That the Provider Arm Financial Performance Report be received.

Endorsed by: Joanne Gibbs, (Director Provider Services)

Financial Performance

Consolidated Statement of Financial Performance - May 2016

Provider	Month (May-16)			YTD (11 months ending May-16)		
$000s	Actual	Budget	Variance	Actual	Budget	Variance
Income						
Government and Crown Agency sourced	7,695	7,728	(33) U	84,520	83,941	579 F
Non-Government & Crown Agency Sourced	7,197	6,491	707 F	76,120	71,726	4,394 F
Inter-DHB & Internal Revenue	1,037	1,297	(259) U	13,489	13,877	(388) U
Internal Allocation DHB Provider	98,681	98,589	92 F	1,087,749	1,084,478	3,271 F
	114,610	**114,104**	**506 F**	**1,261,879**	**1,254,023**	**7,856 F**
Expenditure						
Personnel	74,757	71,776	(2,980) U	785,823	782,808	(3,015) U
Outsourced Personnel	2,414	1,490	(923) U	24,916	16,386	(8,530) U
Outsourced Clinical Services	2,373	1,897	(476) U	21,640	20,633	(1,007) U
Outsourced Other	3,895	3,799	(96) U	42,384	41,790	(594) U
Clinical Supplies	22,051	20,615	(1,436) U	225,347	218,902	(6,445) U
Infrastructure & Non-Clinical Supplies	14,867	15,166	299 F	170,735	166,940	(3,795) U
Internal Allocations	561	558	(3) U	5,066	6,133	1,067 F
Total Expenditure	**120,917**	**115,302**	**(5,616) U**	**1,275,911**	**1,253,591**	**(22,319) U**
Net Surplus / (Deficit)	**(6,307)**	**(1,197)**	**(5,110) U**	**(14,032)**	**431**	**(14,463) U**

Consolidated Statement of Financial Performance – May 2016

Performance Summary by Directorate

By Directorate $000s	Month (May-16)			YTD (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Adult Medical Services	705	911	(207) U	6,151	8,640	(2,489) U
Adult Community and LTC	1,955	1,963	(8) U	18,258	17,406	852 F
Surgical Services	8,114	10,323	(2,209) U	87,140	99,449	(12,309) U
Women's Health & Genetics	2,701	2,981	(280) U	30,413	31,612	(1,199) U
Child Health	5,554	6,634	(1,081) U	64,532	67,953	(3,421) U
Cardiac Services	1,964	2,525	(562) U	26,261	27,565	(1,304) U
Clinical Support Services	(2,321)	(2,293)	(27) U	(26,063)	(27,989)	1,926 F
Non-Clinical Support Services	(1,624)	(1,659)	35 F	(17,386)	(17,508)	121 F
Perioperative Services	(11,844)	(10,804)	(1,040) U	(120,880)	(118,149)	(2,731) U
Cancer & Blood Services	2,017	2,180	(164) U	18,951	21,527	(2,577) U
Operational - Other	4,055	4,751	(696) U	56,316	53,059	3,258 F
Mental Health & Addictions	245	222	23 F	3,913	2,964	948 F
Ancillary Services	(17,827)	(18,933)	1,106 F	(161,637)	(166,099)	4,462 F
Net Surplus / (Deficit)	**(6,307)**	**(1,197)**	**(5,110) U**	**(14,032)**	**431**	**(14,463) U**

Consolidated Statement of Personnel by Professional Group – May 2016

Employee Group $000s	Month (May-16)			YTD (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical Personnel	28,400	26,860	(1,540) U	295,868	293,684	(2,183) U
Nursing Personnel	25,311	23,404	(1,907) U	263,171	253,989	(9,182) U
Allied Health Personnel	12,525	12,223	(302) U	128,771	133,424	4,653 F
Support Personnel	1,615	1,618	3 F	16,130	17,707	1,577 F
Management/ Admin Personnel	6,906	7,672	766 F	81,883	84,004	2,121 F
Total (before Outsourced Personnel)	**74,757**	**71,776**	**(2,980) U**	**785,823**	**782,808**	**(3,015) U**
Outsourced Medical	907	764	(143) U	9,669	8,393	(1,275) U
Outsourced Nursing	305	254	(51) U	3,952	2,792	(1,160) U
Outsourced Allied Health	96	99	3 F	1,206	1,087	(119) U
Outsourced Support	189	5	(184) U	2,114	53	(2,061) U
Outsourced Management/Admin	917	369	(548) U	7,976	4,061	(3,914) U
Total Outsourced Personnel	**2,414**	**1,490**	**(923) U**	**24,916**	**16,386**	**(8,530) U**
Total Personnel	**77,170**	**73,266**	**(3,904) U**	**810,739**	**799,194**	**(11,545) U**

Consolidated Statement of FTE by Professional Group – May 2016

FTE by Employee Group	Month (May-16)			YTD (11 months ending May-16)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Medical Personnel	1,362	1,335	(27) U	1,329	1,334	5 F
Nursing Personnel	3,544	3,488	(56) U	3,510	3,486	(24) U
Allied Health Personnel	1,838	1,893	55 F	1,826	1,896	70 F
Support Personnel	378	422	44 F	373	422	49 F
Management/ Admin Personnel	1,237	1,276	39 F	1,227	1,276	49 F
Total (before Outsourced Personnel)	**8,359**	**8,415**	**56 F**	**8,265**	**8,414**	**149 F**
Outsourced Medical	31	32	1 F	31	32	1 F
Outsourced Nursing	16	7	(9) U	12	7	(6) U
Outsourced Allied Health	7	3	(5) U	7	3	(4) U
Outsourced Support	54	0	(54) U	53	0	(53) U
Outsourced Management/Admin	119	5	(114) U	97	5	(92) U
Total Outsourced Personnel	**227**	**47**	**(181) U**	**200**	**47**	**(154) U**
Total Personnel	**8,586**	**8,461**	**(125) U**	**8,465**	**8,460**	**(5) U**

Consolidated Statement of FTE by Directorate – May 2016

Employee FTE by Directorate Group (including Outsourced FTE)	Month (May-16)			YTD (11 months ending May-16)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Adult Medical Services	843	826	(17) U	830	826	(4) U
Adult Community and LTC	518	525	7 F	520	525	6 F
Surgical Services	842	790	(52) U	824	790	(34) U
Women's Health & Genetics	382	372	(10) U	379	370	(8) U
Child Health	1,090	1,080	(10) U	1,053	1,086	33 F
Cardiac Services	507	512	6 F	501	512	11 F
Clinical Support Services	1,448	1,454	6 F	1,450	1,454	4 F
Non-Clinical Support Services	263	244	(19) U	252	244	(8) U
Perioperative Services	816	832	16 F	811	831	21 F
Cancer & Blood Services	335	315	(20) U	323	315	(8) U
Operational - Others	0	(3)	(3) U	0	(3)	(3) U
Mental Health & Addictions	730	746	16 F	732	741	10 F
Ancillary Services	812	769	(44) U	792	768	(24) U
Total Personnel	**8,586**	**8,461**	**(125) U**	**8,465**	**8,460**	**(5) U**

Month Result

The Provider Arm result for the month is $5.1M unfavourable.

Overall volumes are on contract at 97.9% of base contract for the month, equating to $2.0M below contract (not recognised in the month Provider result).

Total revenue for the month is $0.5M (0.4%) favourable, with the key variances as follows:

- Research Income $0.3M favourable, offset by equivalent expenditure
- Capital Charge Income $0.2M favourable, offset by additional expenditure
- Donation Income $0.3M unfavourable – revenue fluctuates depending on timing of projects - with no major projects in the current year, this variance will continue for the year
- Interest/Financial income $0.2M unfavourable due to the downward trend in interest rates
- Miscellaneous other revenue streams $0.4M favourable

Total expenditure is $5.6M (4.9%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs $3.9M (5.3%) unfavourable. FTE were 125 above budget, equating to $1.0M of the unfavourable variance with the balance of the variance due to cost per FTE targets not met and a one off impact for phasing of medical allowances and one off payments.
    - The key unfavourable variance is Nursing which is $1.9M (56 FTE) above budget. Additional beds with unbudgeted FTE account for 15 of this variance - the Orthopaedics Elective Unit in Ward 62 (11 FTE - unbudgeted but funded via reduced outsourcing) along with an additional three Bone Marrow Transplant beds to reduce wait times (4 FTE).
      Mitigation strategies include:
        - Nurse Directors have implemented daily staffing oversight forums with a focus on the efficient use of staff resource across the directorates while maintaining a quality, safe service. This includes a refinement of the set of principles for staff replacement with the accountability aligned to the Nurse Unit Manager
        - Focus on reviewing our systems, processes and models of care in regards to vulnerable patients who require a patient attender. An oversight group has been established to provide governance for identified work streams that improves the safety and quality of care to adult vulnerable patients. Workstreams include Enhanced Support Rooms (ESR), Management of AWOL, Post-operative/Post-arrest Delirium and Behaviours of Concern
        - Work continues on recruiting to target skill mixes – this is improving month to month
        - Use of flex beds only as needed, flexing down as soon as possible
    - The other key variance is Medical which is $1.5M unfavourable - $1.0M of this is a one off unfavourable variance due to the phasing of allowances and one off payments and is not expected to recur. House Officer FTE are 24 above budget ($0.2M unfavourable), reflecting a peak following rotations – this number is expected to decrease in the coming months.

- Clinical Supplies $1.4M (7.0%) unfavourable, with the key variances:
    - Surgical/Perioperative $0.6M unfavourable, reflecting the ongoing high surgical volumes – 3.7% over contract YTD
    - Cardiovascular - $0.5M unfavourable due to greater than budget volumes of TAVI and AICD implants for the month

- Infrastructure and Non Clinical Supplies $0.2M (1.3%) unfavourable, reflecting increased capital charge, and offset by additional revenue.

Year to Date Result

The Provider Arm result for the year to date is $14.5M unfavourable. This result is driven by net unfavourable expenditure – primarily Personnel (including Outsourced), Clinical Supplies and Infrastructure and Non Clinical Supplies costs.

Overall volumes are reported at 99.6% of base contract, equating to $3.6M below contract (not recognised in the year to date Provider result).

Total revenue for the year to date is $7.9M (0.6%) favourable.

- Key favourable revenue variances:
    - Haemophilia funding $1.7M favourable for abnormally high blood product usage, bottom line neutral as offset by additional expenditure
    - Capital Charge Income $2.3M favourable, offset by additional expenditure
    - Research Income $4.2M favourable, offset by equivalent expenditure
    - Pharmacy Retail sales $0.8M favourable, offset by additional cost of sales expenditure
    - One off revenue for settlement of commercial contracts $0.9M favourable
    - Inter DHB Revenue - IDF washup for 2014/15 $1.5M favourable – one off revenue
    - Unbudgeted revenue for Maternal Mental Health Acute Continuum $0.8M favourable
    - Safekids revenue $0.6M favourable – offset by additional promotional expenditure, bottom line neutral
    - Funder to Provider internal contracts $1.0M favourable

- Key unfavourable revenue variances:
    - LabPlus revenue $0.3M unfavourable - Inter DHB Revenue $1.1M unfavourable for the loss of the LabPlus MidCentral DHB contract, offset by an increase in other external Labplus revenue streams $0.8M favourable
    - Financial income $1.9M unfavourable due to a combination of lower interest rates, lower cash balances and valuation losses for Trust investments
    - ACC Income $1.7M unfavourable – primarily in elective surgery, reflecting the focus on achieving elective MOH discharge targets
    - Donation Income $1.8M unfavourable – revenue fluctuates depending on timing of projects- with no major projects in the current year, this variance will continue for the year.
    - MOH Public Health $1.1M unfavourable – in line with costs lower than budget for the year to date

Total expenditure is $22.3M (1.8%) unfavourable, with the key variances as follows:

- Net combined Personnel and Outsourced Personnel Costs $11.5M (1.4%) unfavourable. Year to date FTE for total Personnel/Outsourced are very close to budget at 5 above budget. The unfavourable expenditure variance is due to MECA costs above budget ($1.1M unfavourable) and cost per FTE targets not met.
    - Personnel Costs are $3.0M unfavourable - payroll FTE are 149 below budget but the favourable variance this creates is offset by MECA costs above budget ($1.1M unfavourable) and cost per FTE targets not met.

    - Outsourced Personnel costs are $8.5M (52.1%) unfavourable (154 FTE above budget), primarily for contract Support (Cleaners) and Administration staff covering vacancies

- Clinical Supplies $6.4M (2.9%) unfavourable with the key variances as follows:
    - The key unfavourable variance is in Cancer & Blood Services - abnormally high haemophilia blood product costs ($1.6M unfavourable) which are fully funded and pharmaceutical costs in Oncology/Haematology ($1.9M unfavourable) due to additional costs for treatment previously funded under a research trial and high cost drugs in Haematology.
    - High volume of TAVI implants in Cardiology (60 for current YTD versus 37 for last YTD) - $0.7M unfavourable
    - Radiology $0.8M unfavourable due to higher than budgeted volumes of Interventional Radiology procedures.
    - Pharmacy clinical supplies $0.4M unfavourable due to increased clinical trials – offset by additional trial revenue
    - Surgical Services/Perioperative Services are $1.5M unfavourable reflecting volumes at 103.7% of contract ($8.3M above contract) for year to date.

- Infrastructure and Non Clinical Supplies $4.3M (2.6%) unfavourable, comprising the following key variances – higher food costs during transition phase for new food services contract $1.7M unfavourable, costs of goods sold for retail pharmacy $0.5M unfavourable (offset by additional revenue), Capital Charge $1.9M unfavourable (offset by additional revenue), abnormally high cost of bad/doubtful debts $0.7M (these costs are variable from month to month), offset by favourable facilities and transport costs for depreciation and utilities $0.6M favourable.

FTE

Total FTE (including outsourced) for the month of May were 8,586 which is 125 FTE above budget.
The key unfavourable FTE variances are Nursing, House Officers and contract administration staff.

- The Nursing FTE includes 15 unbudgeted positions for additional beds - the Orthopaedics Elective Unit in Ward 62 (11 FTE - unbudgeted but funded via reduced outsourcing) along with an additional three Bone Marrow Transplant beds to reduce wait times (4 FTE). Strategies for managing Nursing FTE are summarised in the month expenditure commentary.
- The House Officers unfavourable position reflects a peak following rotations and is expected to decrease in the next rotation
- The contract administration unfavourable position primarily reflects additional resource in transcription and patient administration services.

2015/16 Savings Programme

The savings report is not available due to the timeframe to report May results. A full report will be provided with June results.

Volume Performance

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

		May 2016				YTD (11 months ending May-16)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	A+ Links, HOP, Rehab	4,191	4,158	(33)	99.2%	43,528	42,691	(837)	98.1%
	Ambulatory Services	2,054	2,030	(24)	98.8%	20,757	21,647	890	104.3%
Adult Community & LTC Total		**6,245**	**6,188**	**(57)**	**99.1%**	**64,285**	**64,338**	**53**	**100.1%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	1,922	2,054	131	106.8%	21,725	23,130	1,405	106.5%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	10,413	10,556	143	101.4%	110,673	116,091	5,418	104.9%
Adult Medical Services Total		**12,336**	**12,610**	**274**	**102.2%**	**132,398**	**139,221**	**6,823**	**105.2%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	8,590	8,491	(99)	98.8%	86,328	92,058	5,729	106.6%
	N Surg, Oral, ORL, Transpl, Uro	9,066	8,864	(202)	97.8%	94,127	96,387	2,260	102.4%
	Orthopaedics Adult	4,532	4,653	121	102.7%	46,068	46,410	343	100.7%
Surgical Services Total		**22,188**	**22,008**	**(180)**	**99.2%**	**226,523**	**234,855**	**8,332**	**103.7%**
Cancer & Blood Services		**8,165**	**7,763**	**(402)**	**95.1%**	**85,480**	**83,089**	**(2,391)**	**97.2%**
Cardiovascular Services		**10,925**	**11,019**	**93**	**100.9%**	**118,858**	**113,335**	**(5,523)**	**95.4%**
Children's Health	Child Health & Disability	897	897	1	100.1%	9,723	9,614	(109)	98.9%
	Medical & Community	6,458	5,726	(732)	88.7%	69,982	67,776	(2,206)	96.8%
	Paediatric Cardiac & ICU	4,078	3,454	(624)	84.7%	41,314	37,507	(3,808)	90.8%
	Surgical & Community	4,948	4,645	(302)	93.9%	52,053	47,947	(4,106)	92.1%
Children's Health Total		**16,380**	**14,722**	**(1,658)**	**89.9%**	**173,073**	**162,844**	**(10,229)**	**94.1%**
Clinical Support Services		**3,247**	**3,254**	**7**	**100.2%**	**33,633**	**35,142**	**1,509**	**104.5%**
DHB Funds		**6,794**	**6,794**	**0**	**100.0%**	**74,736**	**74,736**	**0**	**100.0%**
Public Health Services		**128**	**128**	**0**	**100.0%**	**1,409**	**1,409**	**0**	**100.0%**
Support Services		**101**	**101**	**0**	**100.0%**	**1,115**	**1,115**	**0**	**100.0%**
Women's Health	Genetics	277	255	(22)	92.1%	2,819	3,049	230	108.2%
	Women's Health	6,909	6,855	(53)	99.2%	74,411	71,971	(2,440)	96.7%
Women's Health Total		**7,186**	**7,111**	**(75)**	**99.0%**	**77,230**	**75,020**	**(2,209)**	**97.1%**
Grand Total		**93,695**	**91,699**	**(1,996)**	**97.9%**	**988,739**	**985,104**	**(3,634)**	**99.6%**

2) Total Discharges for the YTD (11 Months to May 2016)

		Cases Subject to WIES Payment		All Discharges			Same Day discharges		Same Day as % of all discharges	
		Inpatient								
Directorate	**Service**	**2015**	**2016**	**Last YTD**	**This YTD**	**% Change**	**Last YTD**	**This YTD**	**Last YTD**	**This YTD**
Adult Community & LTC	A+ Links, HOP, Rehab	0	0	2,011	1,945	(3.3%)	13	9	0.6%	0.5%
	Ambulatory Services	1,452	1,553	1,770	1,876	6.0%	1,604	1,749	90.6%	93.2%
Adult Community & LTC Total		1,452	1,553	3,781	3,821	1.1%	1,617	1,758	42.8%	46.0%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	10,122	11,445	10,136	11,450	13.0%	7,362	8,272	72.6%	72.2%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	17,098	17,711	17,342	17,892	3.2%	2,835	3,009	16.3%	16.8%
Adult Medical Services Total		27,220	29,157	27,478	29,342	6.8%	10,197	11,281	37.1%	38.4%
Cancer & Blood Total		4,326	4,556	4,803	4,922	2.5%	2,208	2,457	46.0%	49.9%
Cardiovascular Services Total		7,255	7,630	7,473	7,886	5.5%	1,797	1,917	24.0%	24.3%
Children's Health	Medical & Community	13,585	13,566	14,975	14,756	(1.5%)	8,622	8,490	57.6%	57.5%
	Paediatric Cardiac &	2,088	2,044	2,311	2,186	(5.4%)	444	462	19.2%	21.1%
	Surgical & Community	8,862	8,380	9,404	8,827	(6.1%)	4,487	4,104	47.7%	46.5%
Children's Health Total		24,535	23,989	26,690	25,769	(3.5%)	13,553	13,056	50.8%	50.7%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	15,147	16,372	17,051	18,841	10.5%	9,153	10,555	53.7%	56.0%
	N Surg, Oral, ORL, Transpl, Uro	9,829	10,349	10,530	10,991	4.4%	4,232	4,277	40.2%	38.9%
	Orthopaedics Adult	4,589	4,584	4,900	4,845	(1.1%)	829	873	16.9%	18.0%
Surgical Services Total		29,565	31,305	32,481	34,677	6.8%	14,214	15,705	43.8%	45.3%
Women's Health Total		19,905	19,246	20,561	19,948	(3.0%)	7,960	7,470	38.7%	37.4%
Grand Total		**114,258**	**117,435**	**123,267**	**126,365**	**2.5%**	**51,546**	**53,644**	**41.8%**	**42.5%**

3) Caseweight Activity for the YTD (11 Months to May 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		**780**	**763**	**(17)**	**3,707**	**3,627**	**(80)**	**97.8%**	**98**	**72**	**(26)**	**465**	**342**	**(124)**	**73.4%**	**878**	**835**	**(43)**	**4,173**	**3,969**	**(204)**	**95.1%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,978	3,255	277	14,151	15,467	1,316	109.3%	0	0	0	0	0	0	0.0%	2,978	3,255	277	14,151	15,467	1,316	109.3%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	15,214	16,130	916	72,289	76,641	4,352	106.0%	0	0	0	0	0	0	0.0%	15,214	16,130	916	72,289	76,641	4,352	106.0%
Adult Medical Services Total		**18,192**	**19,385**	**1,193**	**86,440**	**92,108**	**5,668**	**106.6%**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**	**18,192**	**19,385**	**1,193**	**86,440**	**92,108**	**5,668**	**106.6%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	7,870	8,792	922	37,395	41,778	4,383	111.7%	6,710	6,560	(150)	31,882	31,170	(712)	97.8%	14,580	15,352	773	69,277	72,948	3,671	105.3%
	N Surg, Oral, ORL, Transpl, Uro	7,390	8,270	880	35,115	39,297	4,183	111.9%	6,666	6,245	(420)	31,672	29,674	(1,998)	93.7%	14,056	14,515	460	66,787	68,971	2,185	103.3%
	Orthopaedics Adult	5,198	5,242	44	24,698	24,908	210	100.8%	3,484	3,479	(5)	16,553	16,531	(22)	99.9%	8,681	8,721	40	41,251	41,439	188	100.5%
Surgical Services Total		**20,458**	**22,305**	**1,847**	**97,208**	**105,983**	**8,775**	**109.0%**	**16,859**	**16,284**	**(575)**	**80,106**	**77,375**	**(2,731)**	**96.6%**	**37,317**	**38,589**	**1,272**	**177,314**	**183,358**	**6,044**	**103.4%**
Cancer & Blood Services		**5,698**	**5,384**	**(314)**	**27,075**	**25,582**	**(1,493)**	**94.5%**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**	**5,698**	**5,384**	**(314)**	**27,075**	**25,582**	**(1,493)**	**94.5%**
Cardiovascular Services		**14,068**	**12,795**	**(1,274)**	**66,847**	**60,794**	**(6,053)**	**90.9%**	**8,916**	**8,978**	**62**	**42,367**	**42,660**	**293**	**100.7%**	**22,985**	**21,773**	**(1,212)**	**109,214**	**103,455**	**(5,760)**	**94.7%**
Children's Health	Medical & Community	9,690	9,561	(129)	46,043	45,431	(612)	98.7%	0	0	0	0	0	0	0.0%	9,690	9,561	(129)	46,043	45,431	(612)	98.7%
	Paediatric Cardiac & ICU	5,316	5,035	(281)	25,261	23,926	(1,335)	94.7%	2,198	2,320	122	10,442	11,021	579	105.5%	7,514	7,355	(159)	35,703	34,947	(756)	97.9%
	Surgical & Community	5,341	4,847	(495)	25,380	23,029	(2,351)	90.7%	4,321	3,910	(410)	20,531	18,581	(1,950)	90.5%	9,662	8,757	(905)	45,911	41,610	(4,300)	90.6%
Children's Health Total		**20,348**	**19,443**	**(904)**	**96,683**	**92,386**	**(4,298)**	**95.6%**	**6,518**	**6,230**	**(288)**	**30,973**	**29,602**	**(1,370)**	**95.6%**	**26,866**	**25,673**	**(1,193)**	**127,656**	**121,988**	**(5,668)**	**95.6%**
Women's Health Services		**9,533**	**8,980**	**(553)**	**45,298**	**42,670**	**(2,627)**	**94.2%**	**1,717**	**1,806**	**89**	**8,160**	**8,581**	**421**	**105.2%**	**11,251**	**10,786**	**(464)**	**53,458**	**51,251**	**(2,207)**	**95.9%**
Grand Total		**89,077**	**89,055**	**(23)**	**423,258**	**423,151**	**(107)**	**100.0%**	**34,109**	**33,370**	**(739)**	**162,071**	**158,560**	**(3,511)**	**97.8%**	**123,186**	**122,425**	**(762)**	**585,329**	**581,711**	**(3,618)**	**99.4%**
Excludes caseweight Provision																						

Acute

May continues the trend seen all this year, with higher discharges (7% more than May last year). However, May saw a very small drop in average WIES which was due to the average WIES profile for the month being 10% lower than the previous year.

- Medical discharges continue to increase each month, with May being 7% up on the same month last year. Overall medical discharges are nearly 5% higher than last year. Average WIES has dropped significantly in the last two months which may be a function of the increase in discharges. Average WIES is now 96% of last year's WIES.
- Acute surgical cases have also increased again this month, with surgical cases being nearly 6% higher than the same period last year. These was a slight drop in average WIES this month and ALOS continues to be lower than last year.
- The number of births has dropped significantly this year leading to an overall reduction of activity compared to last financial year. This area is unlikely to be exceed 95% of last year's throughput.

Elective

Elective services are still more than last year's activity for the same period but it dropped slightly in May. Average WIES has dropped again.

4) Non-DRG Activity (ALL DHBs)

		May 2016				YTD (11 months ending May-16)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	A+ Links, HOP, Rehab	4,191	4,158	(33)	99.2%	43,528	42,691	(837)	98.1%
	Ambulatory Services	1,641	1,626	(15)	99.1%	16,584	17,678	1,094	106.6%
Adult Community & LTC Total		**5,832**	**5,784**	**(48)**	**99.2%**	**60,112**	**60,369**	**257**	**100.4%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	680	695	14	102.1%	7,574	7,663	89	101.2%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,573	3,717	144	104.0%	38,384	39,450	1,066	102.8%
Adult Medical Services Total		**4,253**	**4,411**	**158**	**103.7%**	**45,958**	**47,113**	**1,155**	**102.5%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	1,712	1,778	66	103.8%	17,052	19,110	2,058	112.1%
	N Surg, Oral, ORL, Transpl, Uro	2,592	2,533	(59)	97.7%	27,340	27,416	75	100.3%
	Orthopaedics Adult	473	617	144	130.4%	4,817	4,972	155	103.2%
Surgical Services Total		**4,777**	**4,928**	**151**	**103.2%**	**49,209**	**51,497**	**2,288**	**104.7%**
Cancer & Blood Services		**5,710**	**5,359**	**(351)**	**93.8%**	**58,406**	**57,507**	**(898)**	**98.5%**
Cardiovascular Services		**934**	**938**	**4**	**100.5%**	**9,644**	**9,880**	**237**	**102.5%**
Children's Health	Child Health & Disability	897	897	1	100.1%	9,723	9,614	(109)	98.9%
	Medical & Community	2,311	1,957	(354)	84.7%	23,939	22,345	(1,594)	93.3%
	Paediatric Cardiac & ICU	541	168	(374)	31.0%	5,611	2,560	(3,052)	45.6%
	Surgical & Community	615	637	22	103.6%	6,143	6,337	194	103.2%
Children's Health Total		**4,363**	**3,658**	**(705)**	**83.8%**	**45,417**	**40,856**	**(4,561)**	**90.0%**
Clinical Support Services		**3,247**	**3,254**	**7**	**100.2%**	**33,633**	**35,142**	**1,509**	**104.5%**
DHB Funds		**6,794**	**6,794**	**0**	**100.0%**	**74,736**	**74,736**	**0**	**100.0%**
Public Health Services		**128**	**128**	**0**	**100.0%**	**1,409**	**1,409**	**0**	**100.0%**
Support Services		**101**	**101**	**0**	**100.0%**	**1,115**	**1,115**	**0**	**100.0%**
Women's Health	Genetics	277	255	(22)	92.1%	2,819	3,049	230	108.2%
	Women's Health	2,078	1,892	(186)	91.0%	20,953	20,720	(233)	98.9%
Women's Health Total		**2,355**	**2,147**	**(208)**	**91.2%**	**23,772**	**23,769**	**(3)**	**100.0%**
Grand Total		**38,495**	**37,504**	**(991)**	**97.4%**	**403,409**	**403,393**	**(16)**	**100.0%**

There has been a continuation of the outpatient trend with performance to contract reducing again across most services. Unfortunately this is in the Cancer & Blood directorate and we are now looking at a significant wash up in this service due to lower than budgeted radiotherapy attendances.

7 Patient Experience Report

Recommendation

That the Hospital Advisory Committee receives the Patient Experience report.

Prepared by:	Tony O'Connor (Director of Participation & Experience)
Endorsed by:	Dr Andrew Old (Chief of Strategy, Participation and Improvement)

Report 5 May 2016

Report on InPatient Experience

Auckland District Health Board

7.1

TOP THREE

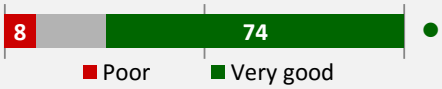
Our inpatients are asked to choose the three things that matter most to their care and treatment.

1. Communication (50%)

Communication is the aspect of our care most patients (50%) say makes a difference to the quality of their care and treatment.

"We knew exactly what was happening, when it was happening and we were always asked if we had questions or didn't understand something..." (Rated excellent)

How are we doing on communication?

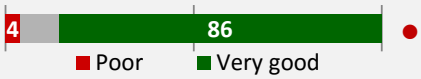


2. Confidence (44%)

For nearly half of all our patients (44%), feeling confident about the quality of their care and treatment is one of the top three things that matter to the quality of their care and treatment.

"My confidence came from the professional approach by all staff. At times they were extremely busy but always made me feel they were giving me 100% of their time and they cared..." (Rated excellent)

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

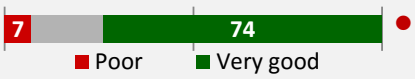


3. Consistency (41%)

Four out of every 10 patients (41%) rate getting consistent and coordinated care while in hospital as one of the things that make the most difference.

"Co-ordination of care upon discharge was excellent. Unfortunately, co-ordination of care before surgery was confusing and stressful as I had received conflicting information…" (Rated excellent)

How are we doing with consistent and coordinated care?



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

Consistent and Coordinated Care

Four out of 10 respondents to our Inpatient Experience Survey tell us that getting consistent and coordinated care is one of the three things that matter most about their care and treatment. On the whole, these patients rate us well on consistency and coordination, with nearly three-quarters (74%) rating our performance as "very good" or "excellent".

Nearly one-third of the respondents to our survey, however, tell us that staff are not always on the same page with the information and advice we communicate to them, and two out of ten do not believe that our staff and teams always work together in ways that are consistent and coordinated.

Our respondents tell us that they think care is consistent and coordinated when staff are knowledgeable about the patient's situation. This is supported by good clinical records, comprehensive shift changes and handovers and good communication between patients, staff and teams.

Conversely, patients believe that inconsistent and uncoordinated care is more likely to occur when staff are rude, unhelpful or disorganised. A number of patients also noted inefficiencies or delays due to what they saw as a lack of coordination between staff and teams.

Reading this report, it's clear that consistency and coordination is not only about staff working together with other staff, but staff working together with patients. Not *for*, but *with*.

This report has a lot of feedback about the positive difference working together makes to the consistency and coordination of care and what that looks like from the patient's perspective.

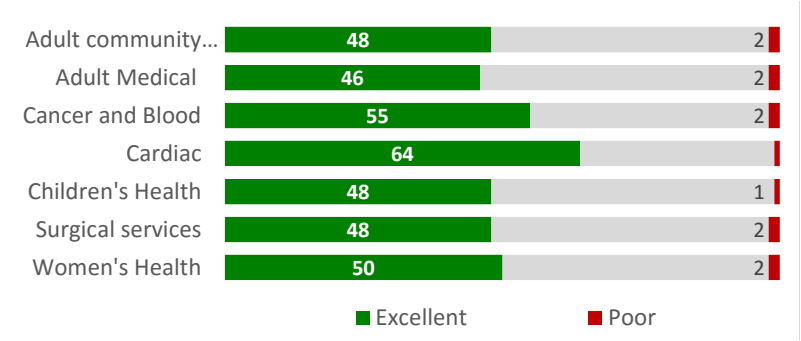
It's an important reason to put our value of Together I Tūhono into practice.

Tony O'Connor, PhD
Director of Participation and Experience

OVERALL RATINGS (BY DIRECTORATE)

Each month patients are asked to rate their overall care and treatment. Almost two-thirds of patients in the Cardiac service rated their care as excellent, along with over half of Cancer and Blood patients.

Patient excellent and poor ratings by directorate. 1 March 2015 to 29 February 2016 (%)



Adult CLT n=135; Adult Medical n=426; Cancer and Blood n=128; Cardiac n=408; Children's Health n=1010; Surgical n=1280; Women's Health n=562 The differences are significant p <0.05

Consistent and Coordinated Care in Hospital

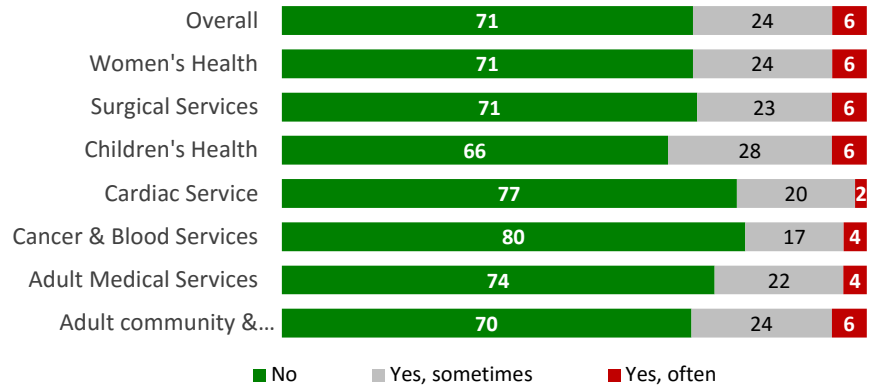
Over 40% of our respondents to the inpatient experience survey are telling us that getting consistent and co-ordinated care is one of the dimensions of care that matters most to them.

The following data are from March 1, 2015 to February 29, 2016.

Conflicting comments

In the 12 months to 29 February 2016, nearly one-third of our patients say they have been given conflicting information.

One staff member said one thing and another said something quite different (%)



"Every health care professional knew what was the treatment plan for me and all the information was consistent from everyone."

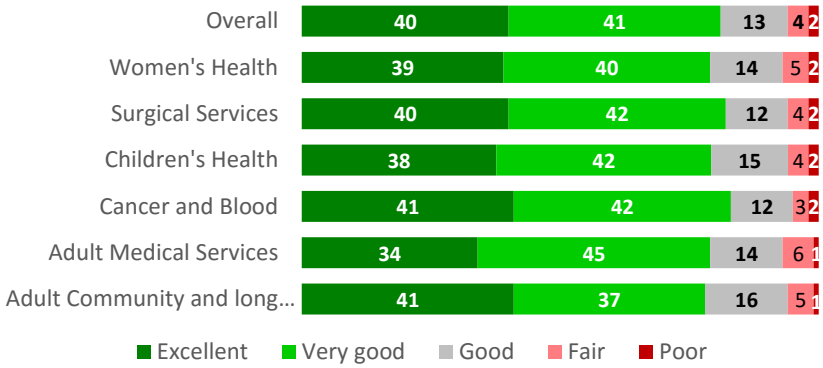
"We got different views from different doctors which was confusing."

Adult community & long term conditions n=136; Adult medical services n=425; Cancer & blood services n=132; Cardiac service n=403; Children's health n=1005; Surgical services n=1280; Women's health n=559 Overall n=3940

Staff working together

Four out of five patients say that our staff work well together.

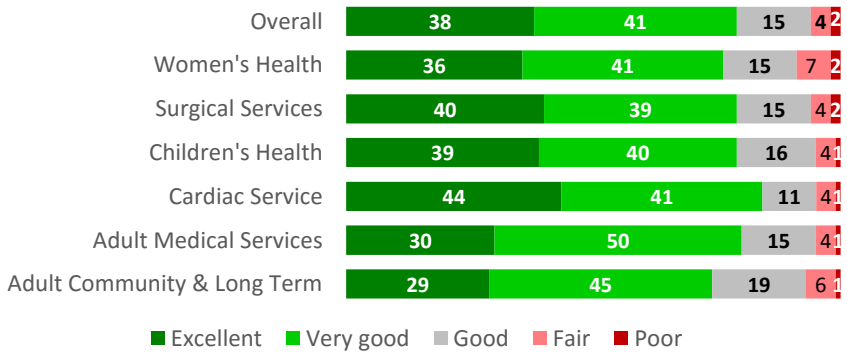
Patient ratings on how well doctors and nurses/midwives worked together (%)



"It was a little confusing when slightly varied treatment options were proposed by different staff members, but once I understood that the clinical situation wasn't clear cut, I was able to cope with this situation."

Adult community & long term conditions n=133; Adult medical services n=427; Cancer & blood services n=130; Cardiac service n=404; Children's health n=1006; Surgical services n=1282; Women's health n=560; Overall n=3942

Patient ratings on how well Allied Health worked with other members of healthcare team (%)



"Everybody gave the same care and consideration whether it was the physiotherapist, doctors nurses or chef. Everyone was consistent and co-ordinated beautifully together."

Adult community & long term conditions n=106; Adult medical services n=250; Cardiac service n=273; Children's health n=549; Surgical services n=730; Women's health n=275 Overall n=2799. Note that directorates with >100 respondents have been excluded. Also note that N/A answers have been removed and the data recalculated.

A CLOSER LOOK AT PATIENT COMMENTS

What we want to see

KNOWLEDGABLE STAFF AND GOOD HANDOVERS 17%

Respondents who commented favourably on the consistency and co-ordination of care said staff were knowledgeable about their situation (9%), shift changes and handovers were comprehensive (7%), and staff were flexible and on hand when needed (1%)

The hand-overs from pre-operative assessment, operative and post-operative recovery were seamless.

Everything was well organised, everyone knew their role and I always felt there was someone available to speak to not far away if I needed to.

STAFF CARING, HELPFUL, ORGANISED AND PROFESSIONAL 29%

Respondents commented on the characteristics of staff, namely that they were friendly, caring, helpful, respectful, understanding and attentive (16%). They felt that staff who appeared to genuinely care about them were consistent in their care.

Each clinical staff member that I came into contact with were kind and considerate and appeared to be highly skilled in their clinical work. There was consultation with me at every step of the procedure before the operation and afterwards. Every member of staff that I encountered were kind and helpful.

Some respondents commented that consistent and coordinated care was due to staff who were efficient, organised and professional (12%).

Excellent communication on all matters. Very professional and respectful. Prompt attention when required.

All staff at every stage of care (pre-admission, admission and after theatre care) were extremely efficient, pleasant and courteous, and worked as a coordinated team of health professionals.

GOOD ADMINISTRATIVE PROCESSES 3%

Some respondents noted that efficient administrative processes helped to support the coordination of their care. Others noted that comprehensive clinical records enabled staff on different shifts and on different wards to provide consistent care as it enabled all staff to understand the history, the plan, and next steps (3%).

Appointment scheduled quickly and easy to change to suit my needs. Outpatients follow up appointment was notified quickly. Good use of text reminders about appointment times.

The medical records were up to date and therefore easy for Staff to follow - that gives good consistency. The only reason I didn't give a 10 was that I did not receive a confirmation letter of my rescheduled surgery. Otherwise co-ordination was excellent.

What we don't want to see

STAFF RUDE, UNHELPFUL, DISORGANISED AND NO ONE APPEARED TO BE IN CHARGE 23%

When respondents felt that staff were rude, unhelpful, unprofessional (3%), or forgetful and disorganised (4%), they rated the consistency of their care poorly.

Everyone involved was good but the time to wait and see the staff individually was boring and unnecessary. It's a long time for a child to have to wait for a 15 min procedure. We felt the time efficiency was poor. Why can't one see the nurse, anaesthetist and surgeon together or at least 5 mins apart rather than over a 2-hour period?

Respondents commented when they felt no one was managing their overall care (7%).

It is important to feel that someone is managing your care and making correct decisions. I was told I could go home (by the doc) then a nurse told me no I couldn't (and wouldn't contact the doctor!) then a nurse on another shift said I could go home and come back in the morning! It was too late by then so I opted to stay overnight. The reason why it was important for me to go home as I had a [young] baby with me in hospital!

CLINICAL RECORDS ARE UNCLEAR OR ARE NOT UPDATED 11%

Respondents are concerned when clinical records are unclear and they are not receiving the treatment planned or medication prescribed (8%).

I think the patient notes were really messy and unclear. The administering of antibiotics and paracetamol was not consistent. I wasn't sure that all the nurses knew when my next dose was due. A couple of times I had to remind them.

Similarly, respondents expressed concern when clinical records were not updated with important information. This included information about medication, tests undertaken, test results and information about treatment undertaken or planned (3%)

There seemed to be some query about why I was on various medications. As I have had quite a few medical issues and lots of meds proscribed it is sometimes difficult to remember why one prescribed and another stopped other than it was the decision of the medical person at that time. This info should be in a personal file rather than left to the patient to remember.

Bit of confusion over whether blood tests had been done (they had) also some delays in communicating what was happening next e.g. I was told I was probably going home before blood test result was in, also not able to eat then told no procedure happening that day

What we want to see

GOOD COMMUNICATION BETWEEN STAFF, WARDS AND HOSPITALS 27%

Respondents commented positively when there was good communication between patients and staff (9%), and between staff (8%).

Teams liaised with each other so they were both clear on my health - it felt like a coordinated approach.

No- one in the staff chain gave us reason to doubt the upcoming surgery or treatment, communication was clear and easy to understand, friendly which did not make you feel uncomfortable at any time, English kept easy at our level to understand without medical terminologies.

Respondents appreciated it when they receive consistent messages, information and advice from staff (9%).

Everyone involved in my case were consistently in sync and fully co-ordinated with each other.

Being told different things can be scary as you quickly lose confidence in what is actually correct, but I found that everyone seemed to all be on the same page and I was consistently told the same information.

Several patients mentioned that having staff give them the same information, or build on information provided by other staff helped them to process it.

[I was] very pleased with all information provided when visited by all staff - surgeon, registrar, doctors, nurses or any of the other staff. Very professional & helpfully explained my condition & treatment moving forward.

It was calming and helped me to mentally prepare when I knew what would be happening when and why …

Respondents also appreciated good communication between different departments and hospitals (2%).

The medical team, nurses, doctors, and different depts- x-ray/pharmacy/kitchen/cleaning teams all played a role in keeping my stay in hospital a great experience. All of them were on the same page!

Everyone in different departments seemed to all communicate with one another. It seemed all tests were done when needed and no extra stress was put on my daughter.

TREATMENT 3%

Respondents appreciated on-going and regular monitoring (3%).

It was good to know that the nursing staff were checking on a regular schedule and then to know that was co-ordinated with the doctors and surgeons monitoring my situation and advising them on the appropriate care gave me good confidence that I was being well cared for.

Each nurse carried out the same procedures roughly at the same times and recorded the information for the next nurse to access.

What we don't want to see

POOR COMMUNICATION BETWEEN STAFF 9%

Respondents commented staff did not communicate or share information with each other (5%).

Sometimes the doctors would tell me what was going on but it wouldn't get back to the nurses.

Communication primarily through notes, x3 different specialties involved and I was the main link letting each team know what the other teams were thinking …

None of the staff seemed to liaise with each other. I was told by one nurse not to drink any water before my ultrasound, then ridiculed harshly by the [ultrasound staff] for having an empty bladder.

Similarly, they expressed concern when staff did not communicate between departments or specialties. They were also concerned when they had multiple conditions requiring different treatments (2%).

There did not seem to be any co-ordination for dealing with patient needs between the different departments.

Appointment dates do not seem to be in any hurry, no one seems to know what the other is doing, each department is only interested in treating the one thing, seems to me no one sees the whole picture.

Patients rate the coordination of care poorly when they are repeatedly asked the same questions by different staff members (2%)

I had to answer the same question over 4 times to different people in the understanding that information around my case was being filed and communicated effectively.

ADMIN AND APPOINTMENT PROBLEMS 2%

Respondents rated the coordination of care poorly when there were problems with appointment times, or administrative problems such as confusions between patients.

There were two or three "misunderstandings" about when to take stitches out and also about appointment dates which resulted in me visiting once for nothing and once where my appointment had not been recorded on the system but [just] needed some phone calls to sort out.

Confusion about my name, due to the fact that two patients with similar surnames and a first name in common were being discharged at similar times led to a longer wait than was reasonable in the departure lounge.

Report on **OutPatient Experience**

Auckland District Health Board

Confidence in Care

Over half (52%) of the respondents to our Outpatients patient experience survey say that feeling confident is one of the three things that makes the most difference to their experience of care. Patient confidence is greatly affected by what we do as health care providers and administrators.

In this report, patients tell us what makes them feel confident. Staff knowing the patient's medical history, condition and treatment, staff showing they are competent, efficient and thorough, and staff giving patients good information about their condition, results and treatment options. This makes patients feel fully informed and that they can make informed decisions. They also have confidence in their care and treatment when staff show patients that they are important to them. When staff are friendly, helpful, positive, kind and proactive, patients feel as if staff care about them and that they can trust them.

This report also shows that patients do not have confidence when the consultation process is interrupted or it seems that staff are not focused on them. They also lack confidence when they feel they are not seeing progress, either in their clinical situation or feel they are left waiting for the next stage of treatment. They do not feel confident when they have insufficient information, incomplete explanations, when options are not fully discussed, and when they do not feel listened to. Neither do they feel confident when staff come seemingly unprepared with little or no knowledge of their case history.

Overall, Auckland DHB rates highly on confidence and trust with most patients having confidence in their care and treatment. In fact, over half rate their confidence in our care and treatment as 'Excellent'.

Please take a moment to read about what patients have told us that staff did to make them feel that way.

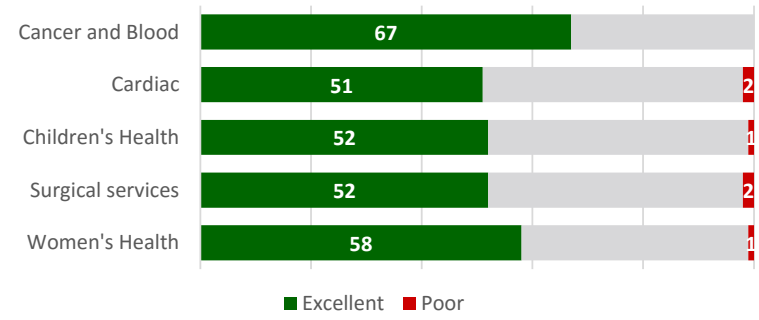
Tony O'Connor, PhD
Director of Participation and Experience

OVERALL RATINGS (BY DIRECTORATE)

Each month outpatients are asked to rate their overall care and treatment.

Excellent ratings are reasonably high across all directorates. The differences are significant ($p<0.05$).

Patient excellent and poor ratings by directorate. March 1 2015 to Feb 29, 2016 (%)



Cancer and Blood n=1070; Cardiac n=193; Children's Health n=666; Surgical n=2286; Women's Health n=685. Directorates with <100 responses have been excluded.

TOP THREE

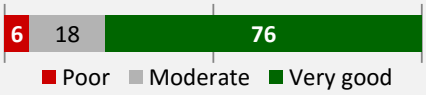
Our outpatients are asked to choose the three things that matter most.

7.2

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

"I was informed all the time about how I was going and what to expect in the future, and if I needed to, contact them and they would be happy to help."

How are we doing on information?

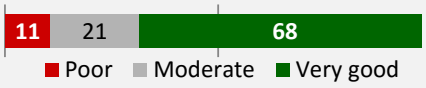


2. Organisation (53%)

For more than half of all our patients (53%), organisation, appointments and correspondence matter to the quality of their care and treatment.

"Greeted with a smile at reception when first arriving…. a good amount of entertainment, in magazine and TV, to pass the time away in the waiting room. Not waiting long and seeing the doctor on the time booked for my appointment".

How are we doing with organisation?

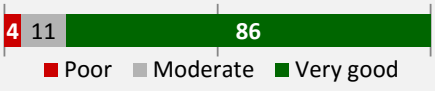


3. Confidence (52%)

Half our patients (52%) rated having confidence in their care and treatment as one of the things that make the most difference.

"The manner and tone of the doctor I saw gave me reassurance that I could trust him, even though it was my first time meeting him. The part that confirmed the quality of care I received was when he consulted with his senior to answer one of my many questions."

How are we doing with confidence?



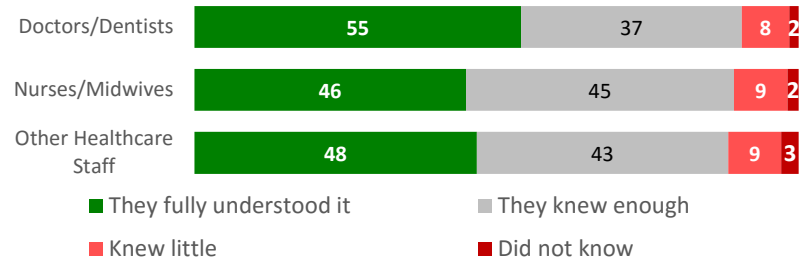
A focus on Confidence in Care

The following data are from the period March 1, 2015 to February 29, 2016.

Medical History

Around half of our patients believe that staff fully understood their medical history. Around one in ten patients, however, felt that staff knew little of their history or did not know it.

Did you feel that staff seemed aware of your medical history? (%)



Doctors/Dentists n=4105; Nurses/Midwives n=1006; Other Healthcare Staff n=1045. Note that N/A data have been removed and the data recalculated.

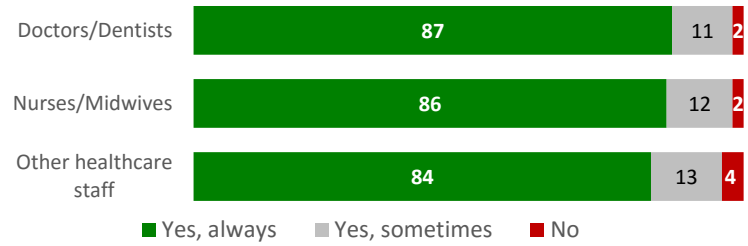
"A hygienic environment and doctor who fully understood my medical history in regards to this treatment made me feel confident that I was getting a high quality of care."

"The staff member we saw had read up on her medical history and we felt at ease and had confidence in her knowledge and experience."

Confidence and Trust

Most outpatients have confidence and trust in the staff who are treating them. Around one in six outpatients, however, do not always have confidence in trust in our staff.

Outpatient's confidence and trust in staff treating them (%)

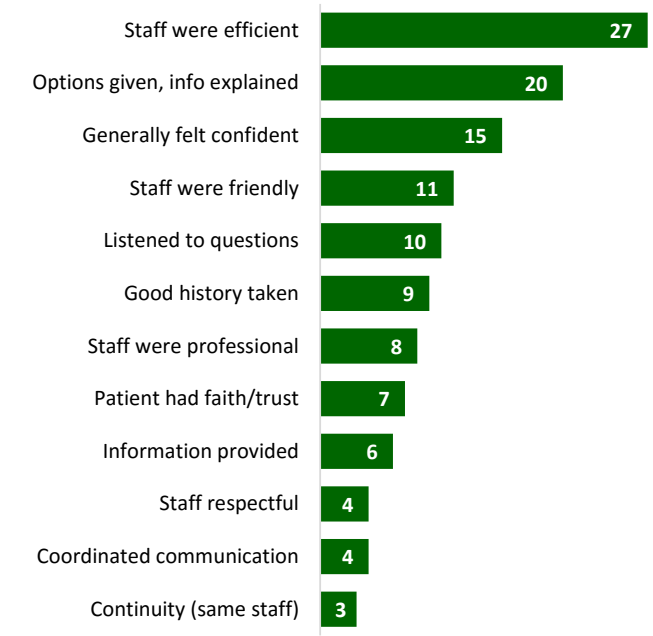


Doctors/Dentists n=4232; Nurses/Midwives n=1136; Other staff n=1150

"The doctor explained everything in a manner that meant I understood what could possibly be wrong with me and, depending on results, how best to proceed. This gave me confidence that I completely understood what was being said, and felt confident to re-ask questions that I did not quite understand."

What we want to see (%)

Our patients commented positively when they felt:



What we don't want to see (%)

Patients commented negatively about:

A CLOSER LOOK AT PATIENT COMMENTS

What we want to see

Staff are competent and thorough 27%

Patients feel confident in their care and treatment when staff are competent, efficient and thorough. Staff demonstrate this by showing they are qualified, experienced, and knowledgeable about the condition and treatment.

I know that my doctor is very knowledgeable and she has been working on my case for the past two years, so she is aware of all of my history. That means I know she makes informed decisions that are specific to my condition. Her manner also gives the impression that she is confident in her diagnoses.

Everyone we spoke to were highly qualified and [I] trusted my son was in good hands … I must say my son doesn't like hospitals but the doctors and nurses made him feel comfortable.

Good explanations and options given 20%

Patients appreciate clear, easy to understand information and explanations. They like to have options explained clearly and precisely. They want to be fully involved in the decisions.

I felt very comfortable and the staff were wonderful and very committed to my care … they always explained what they were doing, I felt quite confident and would not feel scared or nervous if I had to stay another night at the hospital. I know I will be safe and treated with utmost care and trust the staff to make me feel safe as well.

The examinations I had and the biopsy were fully explained - I was part of the scenario, not just a patient that had to be treated or examined.

Staff are friendly and helpful 15%

Patients feel confident in their care when the staff who are treating them are friendly, helpful, positive and kind. If staff are reassuring, caring and make patients feel comfortable, they feel confident that staff are interested and genuinely care about their welfare and wellbeing. They do not feel like a number to staff.

The staff that I meant from the receptionist and the people who administered all the tests were polite, friendly, quick and efficient and at the same time concerned about my welfare.

Doctor and nurses were wonderful at my last surgery. They were very nice, kind and I found them quite calming and made me feel more confident prior to surgery and while I was having surgery.

What we don't want to see

Lack of information or explanation 4%

Respondents lose confidence in their care when they are not provided with enough information regarding their care or if procedures, tests and results are not explained. They would like the information and explanations to be full and shared so they can make informed decisions about their care and treatment. When options are not given, patients have doubts as to whether they are receiving the best care, advice, or whether the best course of action is being undertaken.

It hurt when she inserted a camera through my nose. She didn't explain enough how this may feel and what the spray beforehand would do. Take the time to fully explain what you are doing before you do it and why!

I had confidence and trust in my care however I would have liked more information to help me understand why decisions were made and perhaps a little more choice if there were options and a little more information after I left [the] clinic. There was no one I could phone. I was very concerned about [my daughter's] reaction.

I had confidence in the surgeon and that the procedure had gone well but would have liked time to discuss what I should be doing after surgery in more detail and the chance to see a physical therapist.

Not knowing patient history 3%

Patients do not appear to have confidence in their care when staff are unaware of their medical history.

It seemed that I had to explain my recent medical history to the doctor and answer many of the same questions that I had been asked previously. Surely my medical records already contained that information. It made me question the completeness of my medical records. The appointment just seemed to go over old ground and not really advance things in any meaningful way.

Over three years I have met with a wide group of people all/most of whom had my best interests at heart, one or two have lacked attention or been unprepared to meet with me not having brought my medical history onto the screen but this is the minority.

Some patients are particularly concerned when allergies which have been noted in their clinical records are overlooked, or when the information is not conveyed at handover. They appear to feel unsafe when this happens.

Drs outstanding, nurses needed to highlight allergies at handover, some change overs great with inductions to new nurse. Some nurses overlooked allergies to drugs.

I felt an adverse reaction and consequent problem to one of the medications should perhaps have been foreseen because of my medical history.

What we want to see

Patients are listened to, questions are answered and discussions are open 10%

Patients appreciate good communication and open discussions.

When respondents' concerns and comments are listened to by staff, and they feel heard, they report feeling more confident in their care. They also appreciate it when their questions are answered and when staff encourage them to ask any questions they may have.

I want to be able to ask questions if I have any concerns regarding my condition, and I have always been able to do that, and have had them answered.

He listened, he cared, he respected. He validated my concerns and took my opinion seriously. He explained everything very well and did tests to be certain nothing was missed …

Patients want open discussion with staff about their treatment. This involves taking time to discuss things with patients, and staff treating them with respect.

The open nature of the discussion and the fact that I was not talked to in a condescending manner, it was assumed that I had the intelligence to understand the minutiae of the procedure.

Understand patient history 9%

Respondents feel confident in their care when staff are aware of their medical history and when staff remember and acknowledge the patients that they have seen before.

I saw a doctor who knows my situation and my family situation at present so it was reassuring to me. I trust this doctor and the decisions she makes regarding my condition(s).

Staff aware of all info in the file and had already familiarised themselves with that info.

Respondents also feel confident when patient details are double checked and when staff strive to get to the bottom of symptoms experienced.

Professional staff 8%

Patients appreciate it when staff are polite, professional in their demeanour, focused on the patient, work well with others and know their role.

The teamwork, professionalism and apparent coordination of care - everyone knew what their role was and appreciated their own and others part in the process.

What we don't want to see

Unhappy with consultation process and outcomes 5%

Some were unhappy with the consultation process, for example when staff appeared to be unfocused, were interrupted during consultations by phone calls or other staff. Others were dissatisfied with the outcomes and did not feel confident that the treatments were working.

Dr. was interrupted twice by phone calls about other patients. He appeared to lose track of my consultation.

Some of the treatment weren't working as I did not see and feel any changes which left me with doubts whether it was working or not. I also informed the doctor some of my symptoms had started again which seemed to be ignored.

Waiting 3%

A small minority of outpatients lose confidence in their care when they are left waiting for staff, appointments, procedures, results and tests.

I do have confidence and trust in the care I will receive when I do eventually get into hospital for my operation, but in the meantime I feel as though I am in limbo and getting very much worse almost every day.

They are efficient, know what they talking about but it's the time going from or waiting for appointments to get MRI scans , then wait again to see doctor, wait again to see physio, then wait again to go back to doctor which is about a year!!!

Poor communication 3%

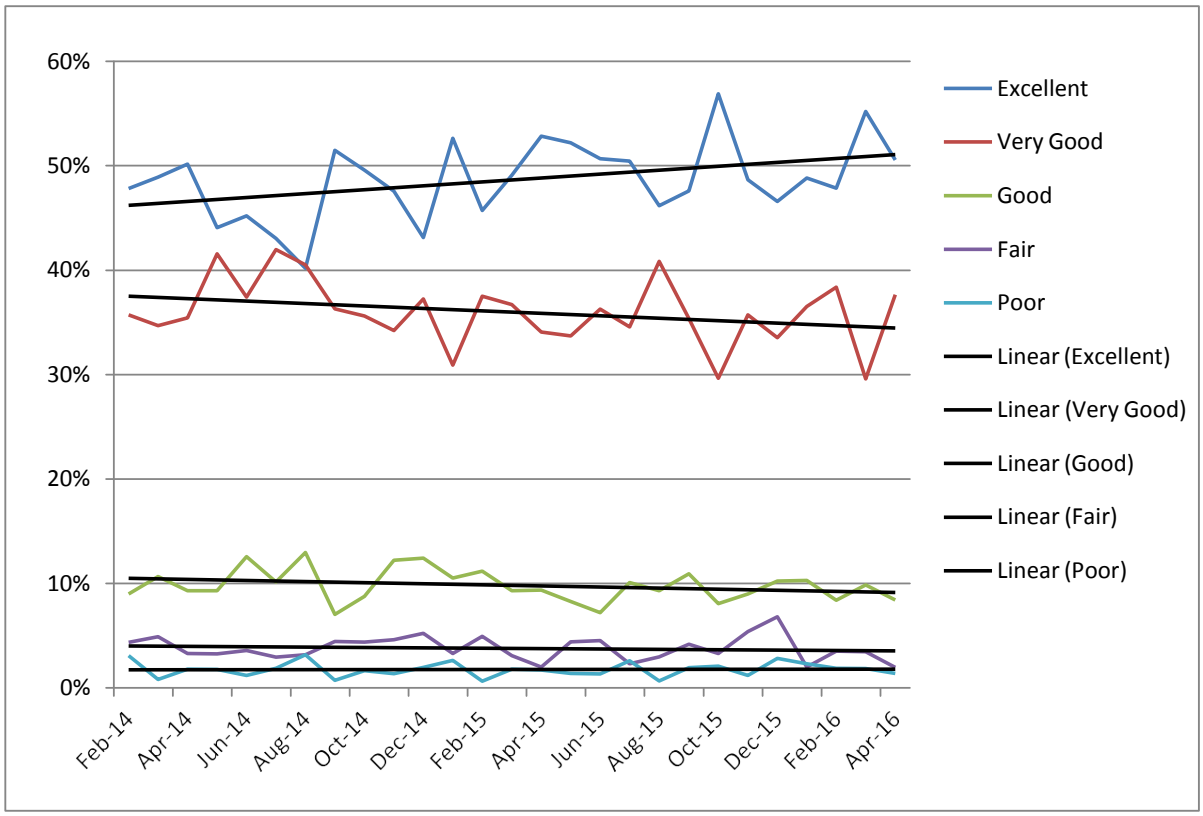
Respondents lose confidence if they feel as though they are not listened to or their comments and concerns are ignored. They also lose confidence if the staff do not communicate well with the patient (2%)

To have confidence in the quality of care I need to feel that when I ask questions that I am listened to and not talked down to. This is 2015 not 1970, I appreciate you get different people from different cultures however please don't treat everyone as if they can just be talked at.

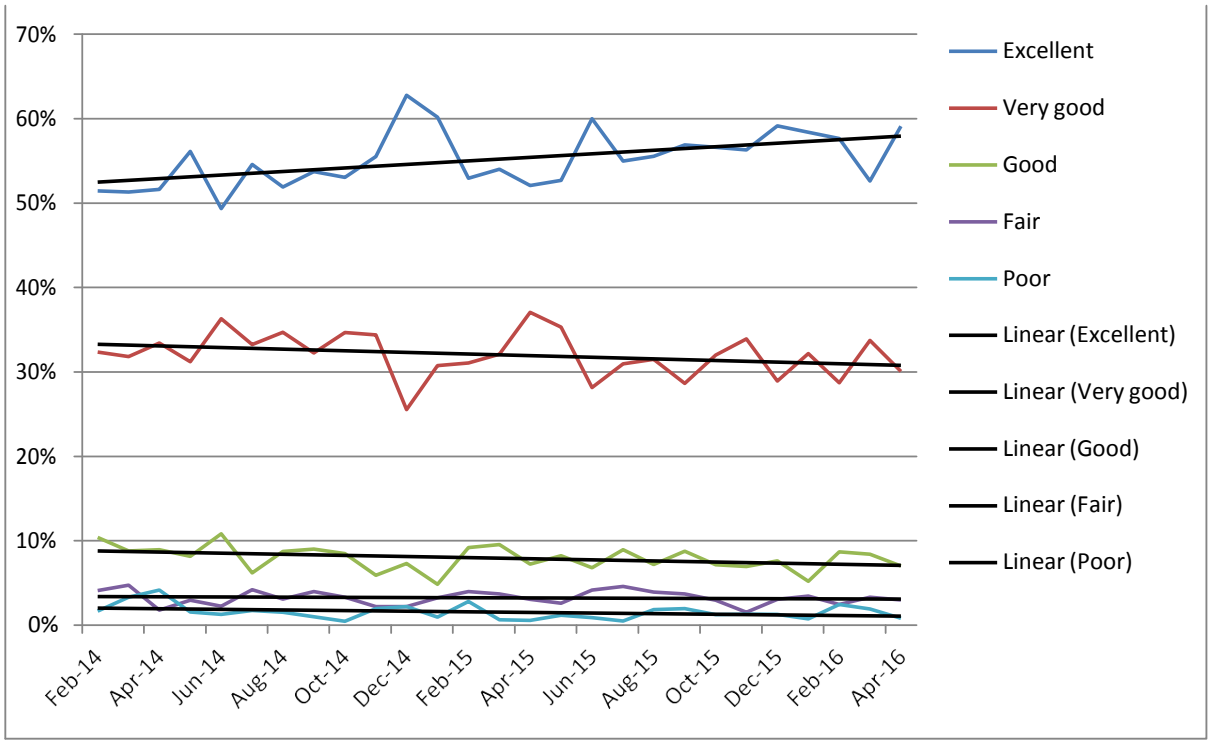
I felt as though I was not listened to when describing one of my conditions. This condition negatively affects my life but did not really feel that this was given much urgency.

Respondents were also concerned about poor communication between staff members, within wards, departments and other hospitals (1%)

There were contradictions between doctors on the best treatments.



Overall rating of Inpatient experience, Feb 14 – Apr 16



Overall rating of Outpatient experience, Feb 14 – Apr 16

8 Directorate Updates – For Information Only

Recommendation

That the Directorate update reports, which comprise the following sections, be received:

8.1 Clinical Support Services

8.2 Women's Health Directorate

8.3 Child Health Directorate

8.4 Perioperative Services Directorate

8.5 Cancer and Blood Directorate

8.6 Mental Health Directorate

8.7 Adult Medical Directorate

8.8 Community and Long Term Conditions Directorate

8.9 Surgical Services Directorate

8.10 Cardiovascular Directorate

8.11 Non-Clinical Support Services

8.12 Overall Provider Performance including Health Target Updates

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Endorsed by: Joanne Gibbs, (Director Provider Services)

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 Barnet Bond

Directorate Priorities for 15/16

1. Embed the Clinician Leadership model across the Directorate and support and develop our workforce to deliver on expectations.
2. Engage in service planning and integrated delivery with other Directorates/services to strengthen service planning, service delivery, patient pathways and achievement of organisational goals.
3. Integrated Daily Hospital Operations (24/7 – 365) that are patient safety focused
4. Improve and enhance patient booking, administration and contact processes
5. Using MOS and other enablers embed a discipline of quality driven activity, financial responsibility and sustainability in each service area

Q3 and Q4 Actions – 90 and 180 day plan

Priority	Action Plan
1	• Laboratory and Radiology strategy consultation documents due for consultation in June 2016
	• MOS system established and functional at Directorate level and at departmental level in the following areas: Daily Operations, Radiology, Laboratories and Clinical Engineering, Pharmacy
	• Leadership appointments, orientation and induction programme to be implemented for Allied Health - July 2016
2	• Operational forecasting and planning - Production planning integrated with Daily Ops function – supports weekly Capacity and Demand forum and seasonal plan development • Phase 1 of Transit Lounge redesign completed – concept plan developed – linked to Integrated Daily Operations to be presented to ELT as a core part of the provider arm strategic priorities • Medicines pathways under development and led by Pharmacy – additional FTE released from internal management restructure • Introduce regular integrated Clinical Governance and quality meetings at service

	level – Draft TOR established for Radiology and Laboratory • Services Labs and Radiology engaged in diagnostic pathway development for Faster Cancer Treatment • Radiology MRTs moved from 35 to 40 hour week • The booking process improvement initiative in Radiology has been implemented and is showing favourable results – reducing DNAs and assisting flow • Escalation planning for after hours patient care in development. Governance structure established and project priorities identified
3	• Role of Director Patient Management Services appointed to – a key priority will be the development and implementation of an Integrated Daily Operations function for ACH • Integrated Operations Centre planning under way as per the Daily Hospital Functioning work programme, Steering Group has been established and key leadership roles assigned.
4	• A new leadership structure aligned with the Directorate model has been put in place • Enhancements to appointment letters and text reminders have been initiated that are aligned with an invite to contact model • A draft policy and protocol framework for the introduction of an 'Access Booking and Choice' model has been completed
5	• 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 • Two Clinical Support Staff members attended the Improvement Practitioner (Green Belt) training • Two Clinical Support Staff members attending the Coaching Programme • Four clinicians attending Leadership Development Programme commencing in May 2016

Scorecard

Auckland DHB - Clinical Support

HAC Scorecard for April 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	4	No Target	8
	% Outpatients & community referred MRI completed < 6 weeks	58.1%	>=80%	57%
	% Outpatients & community referred CT completed < 6 weeks	91.2%	>=90%	93.5%
	% Outpatient & community referred US completed < 6 weeks	81.2%	>=75%	85.8%
Engaged Workforce	Excess annual leave dollars ($M)	$0.54	0	$0.52
	% Staff with excess annual leave > 2 years	7.9%	0%	7.7%
	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	3.7%	<=3.4%	3.6%
	% Voluntary turnover (annually)	9.3%	<=10%	9.1%
	% Voluntary turnover <1 year tenure	2.9%	<=6%	3.6%

Scorecard commentary

Radiology

Performance in the past 6 months against the MoH indicators across modalities has continued to improve. Performance improvement against targets in MRI, CT and US was maintained. 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

Pperformance against the MRI target of 85% of referrals completed within six weeks has slightly improved in April 2016 (58.1%) compared to March 2016 (57%). The waitlist continues to improve and currently stands at 463 in April 2016 compared to 529 in March 2016. The backlog is being prioritised and once completed will support an increase in MOH compliance.

The number of adult patients waiting longer than 42 days has decreased from 19% as at 10 Arpil to 10% as at 22 May. There are now 28 patients waiting longer than 42 days (previously 84).

The number of paediatric patients waiting longer than 42 days has decreased from 62% (10/04) to 51% (22/05). There are now 115 patients waiting longer than 42 days (previously 133). A recovery plan is in development with the support of Paediatrics and Peri-Operative in order to clear the back log for the paediatric waiting list and provide a robust model to maintain performance going forward.

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 2734 additional procedures have been completed by private providers for the period July-April 2016. The outsourcing of 'standard' scans has made a significant impact on the waiting list. The outsourcing strategy is under review 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 while managing cost.

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.

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 deteriorated slightly and is currently at 91.2% for April 2016 compared to 93.5% in March 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 81.2% of out-patients were scanned within 6 weeks in April 2016 compared with 85.8% in March 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.

Other Scorecard Commentary

There were four complaints in April 2016 and the themes were around lack of communication and attitude. 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.

There were no serious or major adverse events reported.

There were no falls, pressure injuries or serious medication errors reported in April.

Health and Safety departmental inspections have taken place in Radiology (ACH & GLCC), Anatomical Pathology Services, Mt Wellington and Forensic Pathology. There are a number of recommendations which will be actioned within the next month. Further inspections are scheduled throughout June 2016 for the remaining departments within the directorate.

A high suspicion of cancer patient tracker to support the Faster Cancer Treatment initiative has been developed in Laboratories and will go-live on the 30th May 2016.

Radiology is developing a FCT tracker with planned go-live in June 2016.

Pharmacy are introducing support for patients in the Discharge Lounge to provide increased patient information on medication at discharge and medicines reconciliation

Each department is in the process of compiling 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 Team 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.

Key achievements in the month

- Roger Conway, Clinical Nurse Advisor, was awarded the Clinical Support Nursing Award 2016 and the Chief Nurse Award 2016
- 20 Orderlies were awarded NZQA Level 3 Certificate qualification and a graduation ceremony was held
- IANZ accreditation of Radiology achieved with no corrective actions identified
- Scoping exercise complete in relation to Interpreter Services model
- Winter plan completed and approved
- Cold Chain accreditation audits begun across the hospital to ensure safe storage of temperature sensitive medicines and vaccines in clinical areas

Areas off track and remedial plans

Radiology
The focus remains on meeting MoH indicators for MRI and the internal waitlist for Ultrasound, as well as developing an FCT tracking process. A detailed production plan is now in place and status reported weekly. Bookings will be increased over May 2016 to ensure longest waiting patients have appointments made.

Lab; Anatomical Pathology Service (Mt Wellington)

- Challenges in meeting turnaround times for histology continue due to volume. A number of initiatives have been implemented including recruitment to additional Pathologist FTE x2

and use of locum staff. Engagement with community services continues to understand significant changes to volumes in certain areas.

- National Screening Unit (Ministry of Health) audit regarding reporting levels in Gynaecology Cytology and progress against IANZ audit requirements continues. An audit of activity has been completed and provided to MoH. All issues now resolved. Now moving in to a research phase to advise on revision of national quality targets.

- SLA's are being developed to clearly define the services being provided vs community requirements.

Forensic Pathology

- An issue has arisen between the NFPS and the Ministry of Justice / Coroner's Office regarding the collection and reporting of 'blood spot cards' post mortem. ADHB has completed an audit of cases undertaken nationally and has been in communication with MoJ regarding progress. A detailed plan of action has been agreed to with the MoJ together with a communication plan.

Key issues and initiatives identified in coming months

- Patient Service Centre – This has been recognised as an organisational project for 2016/17. High level project plan completed.

- Implementing an Integrated Daily Operations Centre

- Forensic Pathology – implement project plan and risk register

- Radiology FCT tracker to be introduced

- Paediatric MRI waiting list improvements

- ADHB/WDHB Contact centre software implementation

- Resolve environmental issues at APS Mount Wellington

- Conclude discussions with Ministry of Justice on National Forensic Pathology Service

- Develop proposals for improvements and efficiencies in Interpreter Services

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Clinical Support Services

Reporting Date May-16

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,582	1,511	72 F	16,181	16,358	(177) U
Funder to Provider Revenue	3,216	3,216	(0) U	33,779	33,291	488 F
Other Income	1,453	1,374	79 F	14,397	14,594	(197) U
Total Revenue	**6,252**	**6,100**	**151 F**	**64,357**	**64,243**	**115 F**
EXPENDITURE						
Personnel						
Personnel Costs	10,695	10,834	139 F	114,289	118,672	4,384 F
Outsourced Personnel	440	249	(192) U	5,108	2,737	(2,371) U
Outsourced Clinical Services	781	574	(207) U	7,628	6,128	(1,500) U
Clinical Supplies	4,175	3,954	(220) U	43,295	41,183	(2,112) U
Infrastructure & Non-Clinical Supplies	477	513	35 F	5,609	5,545	(64) U
Total Expenditure	**16,568**	**16,123**	**(445) U**	**175,928**	**174,265**	**(1,664) U**
Contribution	**(10,317)**	**(10,023)**	**(294) U**	**(111,571)**	**(110,022)**	**(1,549) U**
Allocations	(7,996)	(7,730)	266 F	(85,508)	(82,033)	3,475 F
NET RESULT	**(2,321)**	**(2,293)**	**(27) U**	**(26,063)**	**(27,989)**	**1,926 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	139.1	141.9	2.8 F	137.5	141.4	3.9 F
Nursing	70.6	73.4	2.8 F	73.8	73.4	(0.4) U
Allied Health	839.3	854.4	15.1 F	842.1	854.4	12.3 F
Support	71.3	68.4	(3.0) U	71.7	68.4	(3.3) U
Management/Administration	302.6	315.0	12.4 F	304.8	315.0	10.2 F
Total excluding outsourced FTEs	**1,423.0**	**1,453.1**	**30.1 F**	**1,429.8**	**1,452.5**	**22.7 F**
Total :Outsourced Services	25.5	1.1	(24.4) U	20.1	1.1	(19.0) U
Total including outsourced FTEs	**1,448.4**	**1,454.2**	**5.7 F**	**1,449.9**	**1,453.6**	**3.7 F**

Comments on major financial variances - Clinical Support Services

YTD result is $1,926K F. The key drivers of this result are:

1. Personnel Costs $4,384K F due to FTE being 23 below budget YTD. 19 of these vacancies are covered by outsourced personnel. Contributing to this variance is the cost per FTE for Allied Health personnel being below budget.

2. Outsourced Clinical Supplies were U due to additional outsourcing of MRI's to meet Ministry of Health targets.

3. Clinical Supplies were U in Radiology due to additional volumes of Interventional Radiology procedures. Pharmacy clinical supplies were $378K higher than budget due to increased Clinical trials. This was offset by additional trial revenue. Interpreter's costs were $588K over budget due to additional volumes.

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 Womens 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 Diane Good

Directorate Priorities for 2015/16

In 2016 we will continue to progress our work to deliver on our five major priorities which overlap and support the six Provider Arm Priorities (PAP). Our priorities are:

1. Strengthen our quality and safety governance and culture
2. Support and develop our staff
3. Improve care quality and safety including equity of access and outcomes
4. Improve and enhance service delivery
5. Develop and better utilise our facilities

These priorities have provided a framework for prioritising improvement projects within the Directorate. They complement and are aligned to our Maternity Quality and Safety Plan, ADHB Strategic Mandatories and our collaboration work with WDHB.

Q4 Actions – 90 day plan

1. Strengthen our quality and safety governance and culture

We are well underway with the critical review of our 2015 clinical data for our Annual Clinical Report. Incorporated into this report is our Maternity Quality and Safety Plan report due to MoH in early July 2016. This year we are paying particular attention to the impact of provider groups within our maternity workforce on key outcomes.

Our Annual Clinical Report day will be held on the 19 August. Critical commentary on the Maternity Service will be given by Dr Tony Baird who will be retiring from the service in September. A new initiative this year will be for a private obstetrician to present the outcome data for private obstetricians in comparison to the other caregiver groups.

2. Support and develop our staff

We have progressed work to support our staff dealing with workplace stress with a focus on constructive communication. This has provided an opportunity to use the ADHB values as a foundation for these conversations. We anticipate rolling out the online debriefing tool for our staff by the end of July.

We have interviewed for an SCD role to replace one of our retiring leaders. We anticipate appointing to this role shortly. We may need to make adjustments to the current service groupings to best align individual's skill sets to the service needs.

Feedback from the first group of Senior Clinical Leaders attending the pilot leadership training has been positive. The remaining Service Clinical Directors and Nursing and Midwifery Unit Managers and Charge Midwives / Nurses are all scheduled to commence the Leadership Development Programme or the Coaching Conversation Training by the end of 2016.

3. Improve care quality and safety including equity of access and outcome

This work is aligned with the ADHB priority work streams: Care of Physiologically Unstable Patients and Afterhours Inpatient Safety.

We are continuing to work on strengthening access to afterhours operating theatres.

A workshop with SMO's, to explore ways of strengthening afterhours patient care and ensure a sustainable staffing model is planned for the 12 August. A facilitator external to the Directorate will be used. We have invited Senior Clinical Leaders from other tertiary Women's Health services (where they have had success with new staffing models) to attend and present their experience.

The multi-agency pathway for vulnerable women to minimise the risk of unplanned baby uplifts is gaining momentum. Professional groups involved in coordinating this care together are deepening their understanding of each other's issues and perspectives. This is enabling progress and developing trust. As part of this project our multidisciplinary team (Midwifery Educators, SCD Primary Maternity Services and Allied Health Director) delivered a Wāhine Ora combo for the first time. Twenty Midwives attended and engaged very rigorously with the training material and the teaching points.

This combo was a very important milestone for safe practice for pregnant women experiencing complex social issues impacting her and her baby's wellbeing. A launch of the practice guideline and patient pathway is under development. The team have developed a referral form and electronic referral process, which is another significant step forward.

Work with Ngāti Whātua at Glen Innes is on-going. An obstetrician clinic is now established. Work is progressing to enable Ngāti Whātua to deliver Pregnancy and Parenting education to their population.

4. Improve and enhance service delivery

Our work in this area aligns with the ADHB priority work programmes Daily Hospital Functioning, Delivering the PVS to Budget and Faster Cancer Treatment.

Disappointingly, we have not yet appointed a Faster Cancer Gynaecology Lead within the General Gynaecology Service. We anticipate reaching an agreement with an SMO able to take on this portfolio shortly.

Our new SMO scheduling program is becoming embedded. We will run a parallel process over the next three months before fully moving to the new scheduling approach.

Our Pregnancy and Parenting Program is progressing well and classes are underway.

Our postnatal stay project, which we are progressing in collaboration with Birthcare, has been prioritised as a key project. Additional resource will enable us to complete this by the end of September 2016.

5. Develop and better utilise our facilities

Work in this area aligns with ADHB Clinical Services Facilities Planning priority.

The EDU project is progressing models of care for women undergoing terminations and day procedures to inform facilities development.

The project to reconfigure our clinical wards remains in the very early stage. Progress will be dependent upon project management support.

Measures

Measure	Actual	Target	Prev Period
Percentage of L3 CG groups with consumer reps	25%	100%	25%
% of inpatients completing consumer surveys	Est. 10%	>15%	Est. 10%
Satisfaction of WH leaders with leadership training	Measure to be developed	75%	
DNA rates for: - Maori - Pacific	15%	9%	13%
Afterhours patient experience	No baseline	TBD	

Theatre session usage (Level 9)	102%	95%	100%
% of Women who arrive in WAU within 45mins of acceptance	62%	95%	72%
Number of unplanned baby uplift/Yr	Est. 8	0	Est. 10
Genetic waiting list (number waiting >4mths)	100%	95%	100%
Meet FCT targets	71.4%	85%	65%
ADHB discharges	91%	100%	86%

Scorecard

Auckland DHB - Women's Health

HAC Scorecard for April 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%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0.8%	<=6%	0.7%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	0
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.91	>=1	0.88
	(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	0.1%	0%	0%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0%	0%	1.23%
	% DNA rate for outpatient appointments - All Ethnicities	7%	<=9%	8.6%
	% DNA rate for outpatient appointments - Maori	16%	<=9%	20.5%
	% DNA rate for outpatient appointments - Pacific	14.6%	<=9%	16.1%
	Elective day of surgery admission (DOSA) rate	96.67%	>=68%	95.35%
	% Day Surgery Rate	50.55%	>=50%	51.14%
	Inhouse Elective WIES through theatre - per day	7.54	>=4.5	9.43
	Number of CBU Outliers - Adult	5	0	3
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	84.6%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	86.1%
	Number of complaints received	12	No Target	6
	Number of patient discharges to Birthcare	315	TBC	299
	Average Length of Stay for WIES funded discharges (days) - Acute	1.92	<=2.1	1.93
	Average Length of Stay for WIES funded discharges (days) - Elective	1.62	<=1.5	1.33
	Post Gynaecological Surgery 28 Day Acute Readmission Rate	R/U	No Target	8.2%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	96.2%	>=95%	85.7%
	Breastfeeding rate on discharge excluding NICU admissions	R/U	>=75%	77.8%
Engaged Workforce	Excess annual leave dollars ($M)	$0.31	0	$0.29
	% Staff with excess annual leave > 1 year	30.7%	0%	31.6%
	% Staff with excess annual leave > 2 years	14.3%	0%	13.5%
	Number of Employees who have taken greater than 80 hours sick leave in the past 12 months	125	60	122
	Number of Pre-employment Screenings (PES) cleared before the start date	1	0	0
	% Voluntary turnover (annually)	11.1%	<=10%	9.2%
	% Voluntary turnover <1 year tenure	5.7%	<=6%	8.6%

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.

The quality of care delivered by Women's Health continues to be high. There has, however, been a spike in complaints received in April. Many of these have been related to communication and attitude/courtesy. We believe that this is a barometer of workplace stress. We are actively investing in our staff to increase their resilience and provide our managers the skills and tools to support their staff.

We have moved closer to our elective discharge target and expect to exceed our recovery plan due to full SMO staffing improved utilisation of our theatre resource.

Our ESPI 5 compliance remains green. However, we had one patient breech the ESPI 2 target due to a failure of administrative procedures.

We continue to be challenged to meet our smoking target in our Women's Assessment Unit.

Key achievements in the month

Pregnancy & Parenting Education Service Report

The Pregnancy & Parenting Education Service, administered by the Women's Health Directorate, is well underway. A soft launch to ADHB staff occurred on Monday the 23 May to a gathering of approximately 30 Women's Health Management and Maternity Services staff, representatives from ADHB Planning and Funding, Communications, and contract service providers and stakeholders.

The service is free to all women expecting their first baby, their partner/whānau, and those who live within the Auckland DHB area and have New Zealand residency status. Through the service women can access face to face pregnancy and parenting education in a local community.

A particular focus for the service is on first time mothers/parents who have historically had poor engagement with antenatal classes, i.e. Maori, Pacific, teenagers, and women for whom English is a second language.

Exciting new features of the service included the Mokopuna Ora – Healthy Pregnancy and Baby curriculum, website and Mobile App. The contribution of mothers, whānau, and stakeholder feedback is especially acknowledged, together with Conectus, an alliance of organisations at the University of Auckland, including TAHA and Whakawhetu, who produced Mokopuna Ora – Healthy Pregnancy and Baby. Each shares a common interest in improving aspects of health for infants, children and their whānau.

In addition to the information and education curriculum:

- The Mokopuna Ora website provides online access to the curriculum, pregnancy and parenting tips and much more.
- The Mokopuna Ora App provides Smartphone access to the Mokopuna Ora website at any time to help mums and dads find trusted pregnancy information, provide weekly updates on mother and baby's development, a calendar to enter appointments, tips, and help in locating useful services and connecting with them, e.g. midwives, GPs, pharmacies, labs, etc.
- Online registration allows women to locate the ADHB Pregnancy & Parenting Education Service webpage, choose an education class and register online for it. They will receive a letter confirming their class.

What has been achieved?

- Governance Group established, terms of reference drafted and first meeting held.
- Service provider contract signed with Birthcare, and sign-off with Ngāti Whātua to deliver pregnancy and parenting services to their population.
- Online booking/registration service is operational.
- Venues with three month schedule for pregnancy and parenting classes is confirmed for Newmarket, Panmure, Mt Roskill and Avondale.
- One childbirth educator is contracted to start on the 30 May 2016, and contract progressing for a second to start on the 4 July 2016.
- Communication sent to all ADHB midwives, LMCs, CBEs, service providers and stakeholders regarding the new service on-going strategy.

Next steps

- Develop and implement culturally responsive, innovative, evidence based pregnancy and parenting education for our priority populations, i.e. Maori, Pacific, teenagers, and women for whom English is a second language. Leverage off Maori and Pacific service providers currently working in this space.
- Further Mokopuna Ora – Healthy Pregnancy and Baby curriculum training.
- Development of the evaluation of the Pregnancy and Parenting Education Service.

Pulse Oximetry Monitoring

Pulse oximetry screening was recently introduced, within a research framework, to evaluate whether this approach, to proactively identify babies with congenital cardiac problems that might otherwise be missed or diagnosed later, would work well in our hospital setting. Since its introduction, nearly 400 babies have been screened. To date, one case of a previously undetected critical cardiac defect has been detected earlier than it otherwise might have been. The baby has successfully had surgery and is doing well. Our staff are supportive and enthusiastic about this new approach.

Areas off track and remedial plans

Midwifery shortages

The 11 new graduates who started in April have eased some of the pressure on our maternity staffing. We continue to carry midwifery vacancies to which we are aggressively recruiting. Our Midwifery Director is working on a sustainable maternity workforce strategy and is looking at ways in which we can optimally use our workforce.

Junior doctor shortages

We continue to be challenged with shortages amongst our junior doctors, particularly our registrars, despite active recruiting. This shortage will continue into the second half of the year. Not all training positions were able to be filled across the region. There is a very limited pool of non-training registrars who are suitable to work in our service. Locum cover remains very challenging to secure. The burden of filling the gaps in our roster falls to our senior doctor workforce. Fortunately we are at or close to establishment for our SMOs.

Key issues and initiatives identified in coming months

- Progressing business plan for additional theatre resource both in and out of hours.
- Active scoping of additional revenue generating initiatives.
- Progressing work towards our 2015 Annual Clinical Report.
- Ongoing workforce shortages.

Financial Results – May YTD

STATEMENT OF FINANCIAL PERFORMANCE
Womens Health Services

Reporting Date May-16

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	222	189	33 F	2,009	2,050	(41) U
Funder to Provider Revenue	7,186	7,186	0 F	77,230	77,230	0 F
Other Income	187	175	11 F	1,811	1,919	(109) U
Total Revenue	**7,594**	**7,550**	**44 F**	**81,049**	**81,199**	**(150) U**
EXPENDITURE						
Personnel						
Personnel Costs	3,556	3,227	(329) U	36,020	35,209	(811) U
Outsourced Personnel	70	72	1 F	635	790	155 F
Outsourced Clinical Services	(43)	11	54 F	82	119	37 F
Clinical Supplies	422	428	6 F	4,761	4,607	(154) U
Infrastructure & Non-Clinical Supplies	131	101	(29) U	1,133	1,118	(15) U
Total Expenditure	**4,135**	**3,839**	**(296) U**	**42,630**	**41,842**	**(788) U**
Contribution	**3,459**	**3,711**	**(252) U**	**38,419**	**39,357**	**(938) U**
Allocations	758	730	(28) U	8,006	7,745	(261) U
NET RESULT	**2,701**	**2,981**	**(280) U**	**30,413**	**31,612**	**(1,199) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	68.8	66.5	(2.3) U	66.9	66.5	(0.4) U
Nursing, Mid-wives	254.3	244.2	(10.1) U	252.9	242.1	(10.8) U
Allied Health	15.8	20.3	4.5 F	17.5	20.3	2.8 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	39.0	38.6	(0.4) U	38.5	38.8	0.4 F
Other	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Total excluding outsourced FTEs	**377.9**	**369.6**	**(8.3) U**	**375.8**	**367.8**	**(8.0) U**
Total :Outsourced Services	3.9	2.6	(1.3) U	2.8	2.6	(0.2) U
Total including outsourced FTEs	**381.7**	**372.1**	**(9.6) U**	**378.5**	**370.3**	**(8.2) U**

Comments on major financial variances (May YTD)

The result for the month was $280k U due to; bureau costs to cover roster needs, and high Medical payroll arising from ensuring clinical continuity for the period of staff movements. The Directorate result YTD budget variance is now $1.2m U for the 11 months.

Overall CWD volumes YTD remain at 96% of contract and Specialist Neonates are steady at 68% of contract YTD.

The Gynaecology acute WIES YTD remains on 97% of contract and performance of their electives contract have climbed for the May month and are at 105% of contract.

The combined DRG and Non-DRG volumes equate to $3,243k U of revenue below contract (not recognised in the Directorate result).

May'16 : Year to date financial analysis:

1 Revenue $208k U YTD.

a. **MoH non-Devolved Contracts** $184k U. This is the cumulative variance as a consequence of now having 3 programmes that will either not be rolled over or will have funding reduced. These include Antenatal HIV Screening, MQSP (Maternity Quality and Safety Programme) and MFM (Maternity Fetal Medicine).

b. **Non-Resident and Other Income;** billing for non-residents has slipped and YTD stands at $109k U; these revenues are unpredictable.

c. **Clinical Training** $31k F; for School of Health student midwife placement training

2 Expenses

Expenditure variance is now $1,049k U YTD; this variance is mostly the net result of:

a. **Personnel** $811k U much is from the unfavourable Midwifery/Nursing variance of 10.1 FTE U, arises from use of Internal Bureau.

b. **Blood Costs** $85k U: during the previous months we had some patients with very high cost needs

c. **Outsourced personnel** $192k F YTD; as a result of a small FTE vacancy during the 9 months.

d. **Labs costs** variance of $36k F YTD.

e. **Nutrition** internal service billing $176k U. Internal charging has been consistently higher than budget.

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 15/16

1. Establishing and embedding our excellence programme
2. Financial sustainability
3. Community services development
4. Aligning services to patient pathways
5. Hospital operations / inpatient safety
6. Meaningful involvement from our workforce in achieving our aims

Q3 Actions – 90 day plan

Priority area	Action plan	Commentary
1	Service-wide excellence programme development	▪ Analysis of the safety culture survey is now complete and priorities for improvement identified. ▪ The Governance Group oversees an established work programme. ▪ Consumer / family engagement in the governance group is particularly valued.
2	Ongoing effective financial management	▪ Savings activity in progress and emphasis on timing of revenue. ▪ Emphasis on financial strategy across multiple years to ensure enduring change.
2	Tertiary services review	▪ Report and all service summaries in development, stakeholder engagement agreed. Documentation will be complete mid-June.
3	Community services redesign project plan	▪ Design workshops completed in April. ▪ Model of service concept to be developed in June.
4	Allied Health organisational alignment	▪ Implementation plan in progress. Service Clinical Director recruitment in progress.
4	Rehabilitation and SCI pathway development	▪ Pathway consultation complete. Final pathway due to be published in June.
5	Care of physiologically unstable patients model	▪ Child Health workstreams agreed and in progress.
5	Afterhours inpatient safety model	▪ Child Health workstreams agreed and in progress.
5	Surgical production	▪ Recovery plans finalised and being implemented. Capacity constraints in paed surgery addressed through replacement clinician to commence July.
5	Acute flow project	▪ On target performance for Q3.
6	Leadership development programme	▪ Child Health leaders are participating in the phase one programme and the pilot. 360 feedback process is in progress. ▪ Change leadership modules to be delivered for staff working within community services.
6	Improved programme of funding for research and training for all Starship Child Health staff	▪ Programme launched in May and applications are now open for the clinical research, training and innovation projects.

Q4 Actions – 90 day plan

Priority area	Action plan
1	Service-wide excellence programme development
2	Ongoing effective financial management
5	Care of physiologically unstable patients model
5	Surgical production
5	Acute flow project
6	Leadership development programme
6	Improved programme of funding for research and training for all Starship Child Health staff

Measures

Measure	Actual	Target	Prev Period
1. Quality and safety metrics established across services	In progress	Defined metrics	In progress
2. Development of quality and safety culture	In progress	Embedded	In progress
3. Continuing to meet budget	Unfavourable	On budget	Unfavourable
4. Community redesign project plan developed	In progress	Complete	In progress
5. Operational structure that follows patient pathways embedded	In progress	Complete	In progress
6. Established rehabilitation pathway including spinal cord impairment	In progress	Complete	In progress
7. Acute flow metric	95.2%	95%	94.52%
8. Surgical production metric	In progress	Defined metrics	Initiated
9. Safety metric – ward arrest, urgent PICU transfer	In development	Defined metrics	In development
10. Vacancies unable to recruit to	Unknown	Measured	Unknown
11. Staff satisfaction	Unknown	Measured	Unknown

Scorecard

Auckland DHB - Children's Health

HAC Scorecard for April 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)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3%	<=6%	3.4%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	0
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.87	>=1	0.86
	(MOH-01) % CED patients with ED stay < 6 hours	95.16%	>=95%	94.52%
	(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	0.11%	0%	0%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	2.97%	0%	2.13%
	% DNA rate for outpatient appointments - All Ethnicities	12%	<=9%	12.6%
	% DNA rate for outpatient appointments - Maori	21%	<=9%	20.2%
	% DNA rate for outpatient appointments - Pacific	19.7%	<=9%	23.6%
	Elective day of surgery admission (DOSA) rate	67.16%	TBC	61.54%
	% Day Surgery Rate	66.75%	>=52%	66.67%
	Inhouse Elective WIES through theatre - per day	24.28	TBC	28.78
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	84.1%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	76.6%
	Number of complaints received	5	No Target	8
	28 Day Readmission Rate - Total	R/U	<=10%	7.6%
	% Adjusted Theatre Utilisation	77.3%	>=80%	79.6%
	Average Length of Stay for WIES funded discharges (days) - Acute	4.06	<=4.2	4.21
	Average Length of Stay for WIES funded discharges (days) - Elective	1.11	<=1.5	1.43
Improved Health Status	Immunisation at 8 months	94%	>=95%	94%
Engaged Workforce	Excess annual leave dollars ($M)	$0.45	0	$0.42
	% Staff with excess annual leave > 1 year	30.2%	0%	28.8%
	% Staff with excess annual leave > 2 years	8.3%	0%	8.2%
	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	4.2%	<=3.4%	3.9%
	% Voluntary turnover (annually)	10.71%	<=10%	10.8%
	% Voluntary turnover <1 year tenure	11.7%	<=6%	5.4%

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 performing at 87% of the target for ADHB discharges (1% improvement during April) and has recovery plans in place with emphasis on ORL, Orthopaedic and Paediatric Surgery.

Elective performance

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

ESPI -1 (acknowledgement of referral) 100% compliant.

ESPI -2 (time to FSA) 100% compliant.

ESPI-5 (time to Surgery) 2.6% non-compliant, 20 cases breached (4 ACHD, 6 Paed Ortho, 2 Paed Cardiac and 8 Paed Surgery) contributing factors include spinal surgery capacity constraints, acute demand and post-operative resource constraints. Mitigations include additional clinics and additional funded and re-allocated theatre sessions. Significant progress in the spinal surgery waiting times has been achieved in April and will continue.

DNA rates

Access and DNA (also referred to as was not brought, WNB) rates remain a central focus for the Child Health Directorate. The WNB project is targeting specific services and patient groups with the highest rates. Data analysis of children who were not brought to bronchiectasis clinic in the previous 12 months indicates:

- Maori, Samoan and Tongan populations have the greatest rates of WNB
- There were no significant differences in the rates of WNB between DHBs of domicile

A draft policy of how the Child Health Directorate will respond to WNB is currently being tested in clinical settings. This includes a series of conversations with the parents of those children with a significant history of WNB and consultation with Waitemata and Counties Manukau District Health Boards. Once fully tested and refined this policy will be finalised and embedded.

Excess annual leave usage

Active management of all excess annual leave is in progress. Enhanced reporting is now being produced which is assisting line managers to target areas of concern. The emphasis within the Child Health Directorate is on reducing excess annual leave and annual consumption of the leave entitlement for each employee. Significant progress has been made in the services with the highest leave balances, particularly NICU and SMOs across child health. The full benefits of this work will not be realised until the 2016/17 year as leave planning has taken place over a two year period.

Staff turnover (annual)

Staff turnover within the Child Health Directorate is just above the organisational target at 10.71%. Service level analysis of the data has identified specific services and wards in which turnover is of concern. These are being addressed through a range of engagement initiatives and addressing leadership in several areas.

Key achievements in the month

- Consumer / family engagement in the clinical excellence programme commenced in April. The two representatives on the governance group have brought excellent insights and a willingness to challenge our thinking and process. This input will directly impact improvements in quality and safety.
- The community services redesign work has progressed to the design phase with high levels of engagement from clinical staff.

Areas off track and remedial plans

- Appointment to the Lead Clinician Clinical Excellence role – the first recruitment round did not identify a suitable candidate, further recruitment is in progress.
- Financial performance – unfavourable result YTD, current dual focus on revenue and cost containment.

Key issues and initiatives identified in coming months

- Development of service-level clinical excellence groups.
- Implementation of the change to Allied Health roles aligned within the Child Health Directorate.
- Level 5 refurbishment to commence November 2016.
- Community Services Redesign Project to progress to the concept for a new model of service to be tested with a wide range of stakeholders.
- Completion of the tertiary services review.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Child Health Services

Reporting Date **May-16**

($000s)	**MONTH**			**YEAR TO DATE (11 months ending May-16)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
REVENUE						
Government and Crown Agency	815	832	(17) U	9,117	9,180	(64) U
Funder to Provider Revenue	18,173	18,195	(22) U	192,533	193,038	(505) U
Other Income	777	1,062	(285) U	9,265	11,677	(2,412) U
Total Revenue	**19,765**	**20,088**	**(323) U**	**210,916**	**213,896**	**(2,980) U**
EXPENDITURE						
Personnel						
Personnel Costs	10,542	9,914	(628) U	108,345	108,187	(159) U
Outsourced Personnel	140	130	(10) U	1,649	1,432	(217) U
Outsourced Clinical Services	318	217	(101) U	2,409	2,390	(19) U
Clinical Supplies	1,990	1,984	(6) U	20,984	21,102	118 F
Infrastructure & Non-Clinical Supplies	314	268	(45) U	3,149	2,951	(198) U
Total Expenditure	**13,304**	**12,514**	**(790) U**	**136,536**	**136,062**	**(474) U**
Contribution	**6,461**	**7,574**	**(1,113) U**	**74,380**	**77,833**	**(3,454) U**
Allocations	908	940	32 F	9,848	9,881	33 F
NET RESULT	**5,554**	**6,634**	**(1,081) U**	**64,532**	**67,953**	**(3,421) U**

Paid FTE

	MONTH (FTE)			**YEAR TO DATE (FTE) (11 months ending May-16)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medical	230.7	224.9	(5.9) U	222.5	224.9	2.3 F
Nursing	638.4	634.9	(3.5) U	620.3	636.7	16.4 F
Allied Health	133.8	128.6	(5.3) U	121.4	132.4	10.9 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	83.3	87.2	4.0 F	80.9	87.5	6.6 F
Total excluding outsourced FTEs	**1,086.3**	**1,075.5**	**(10.7) U**	**1,045.1**	**1,081.4**	**36.3 F**
Total :Outsourced Services	4.0	4.6	0.6 F	8.2	4.6	(3.6) U
Total including outsourced FTEs	**1,090.2**	**1,080.1**	**(10.1) U**	**1,053.4**	**1,086.0**	**32.7 F**

Comments on major financial variances

The Child Health Directorate was $ 1.081M U for the month and $ 3.421M U year to date. Whilst year to date expenditure was at 100.3% of budget levels ($0.441M U) compared to inpatient activity at 96% of budget volumes, revenue was $2.980M unfavourable and driven by several key factors.

Total inpatient WIES for the month was 92% and year to date is at 96% compared to contract, and at 101% of prior year to date. Elective WIES for the month was 95%.

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

1. Revenue $2.980M U:
    a. ACC revenue is approximately $551k U to budget and 17% below prior year. Further service focus on process and activity continues. Improved reporting (more granular) commenced in April, and over time this will be helpful in monitoring activity and revenue. Some additional revenue is expected in June as a result of recent efforts.
    b. Donation revenue is $2.311M U. Cash-flows fluctuate materially from month to month and our new forecasting tool is giving us the increased level of predictability of short-medium term cashflows that we expected. We expect this to be particularly helpful in 2016-17, when there are several large projects being supported.
    c. A revenue claw-back of $505k for paediatric cardiac revenue in relation to additional funding in 15-16. This has been followed up with the Ministry of Health and we saw a significant reduction in the claw-back in March but still a $22k claw-back in April and May. We are seeking further information on this issue.

2. Costs $0.441M U:
    a. Overall YTD expenditure is just above budget levels (100.3%) as a result of May costs being $758k U. This was driven primarily by employee costs ($628k U) and an increase in outsource services costs ($101k U). As FTE numbers have increased to budget levels we have seen employee costs turn unfavourable from February on. Overall employee leave balances increased by approximately 2,400 hours (1.0%) in May, and have consistently increased since January. Year to date employee costs (and outsourced personnel costs) have now turned marginally unfavourable to budget (100.3%). Other costs are generally well controlled and broadly in line with levels of clinical activity - although surgical services costs are slightly higher than budget and medical are slightly lower when viewed in cost per case weight terms. The only notable exception is bad and doubtful debt provisions which are $280k U. There have been several high cost acute patients through NICU and PICU that are currently provisioned against as there is considerable doubt about recovery.

3. FTE 32.7 fte F:

    The year to date position of 32.7 fte F is driven by vacancies, particularly across nursing and allied health, although in the past three months the vacancy level has reduced significantly. The May result of 10.1 fte U is driven by additional junior doctors (10 fte U), and some year to date allied health costs recharged from another directorate. Nursing is now effectively at budget levels, with the unfavourable fte position in May having a revenue offset.

Key strategies currently employed to improve the financial position with a view toward 2016 17 include:

1. On-going focus on ACC revenue, with some backlog of invoicing in June. Management of donation revenue and the phasing of it in the 16 17 budget as it is likely to vary quite significantly from month to month in 2016 17, in relation to major projects.
2. Leave management project to progressively reduce excess leave balances. In reality we have not achieved leave savings through 2015 16.
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. Tight management of vacancy and recruitment processes.
5. Mitigating any cost risks that major refurbishment projects in Outpatients and General Paediatric wards may give rise to around decanting 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: Tara Argent
Nurse Director: Anna MacGregor
Director of Allied Health: Kristine Nicol

Directorate Priorities for 15/16

In 2015/16 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. Enhance patient care by expanding in the preoperative and postoperative arena.
2. Optimise Operating Room (OR) efficiency.
3. Build strong relationships.
4. Promote Perioperative as a helpful / enabling service providing quality care.

Q3 Actions – 90 day plan

Activity	Progress
Asset management plan.	OR Managers leading the completion of the asset verification register and development of the asset management plan for rolling replacements.
Review inventory management and access to “non stock” items.	Periop is working with procurement on several work streams to build a robust catalogue. Once completed, we will work towards items being managed by inventory rather than OR staff, which will provide more control.

Q4 Actions – 90 day plan

Activity	Progress
Maximise resourced sessions in conjunction with Surgical Services.	OR Managers attend weekly capacity meetings which have been implemented across all surgical specialities to ensure that all OR lists are reviewed on PIMs. This is to ensure that sessions are booked effectively and can be managed within the resources available (inc beds, CSSD). Any sessions that will not be used will be identified earlier in the planning cycle and released to SCRUM.
Waiting list management SCRUM process reviewed and improved.	In conjunction with the establishment of the weekly capacity meetings, the SCRUM process will be audited over the next 3 months to ensure that lists are being effectively managed.
Contribute to multidisciplinary team (MDT) meetings for high risk services.	Linking with all specialities to identify the MDMs that take place across ADHB that require anaesthesia input and then plan where attendance is possible.

Measures

Measure	Actual March	Target (End of 15/16)	Progress - update
Single instrument tracking in place	TDoc	Nexus	Completion date for the nexus project has been extended – timeline yet to be confirmed due to IT issues.
Reduction in waiting times for anaesthesia assessment clinic to 2 weeks	RU	85%	This is being reviewed by the project team and developed into a wider patient focused / Transition Hub project led by Performance Improvement. Justin Kennedy Good to lead and identify resource.
Reduction in the number of preventable session losses across all ORs (including GSU and SSOR	59%	30%	The SCRUM process is working effectively as more services are attending the meeting and the surgical bookers are now booking lists further ahead which allows for lists to be recycled and managed more effectively.
Contribute to Multidisciplinary team(MDT) meetings for high risk	By invitation only	Vascular and Liver	Linking with all specialities to identify the MDMs that take place across ADHB that require anaesthesia input and then plan where attendance is possible / accordingly, and the ability to allocate resource.

Scorecard

Auckland DHB - Perioperative Services

HAC Scorecard for April 2016

	Measure	Actual	Target	Prev Perio
Patient Safety	% Acute index operation within acuity guidelines	79.55%	>=95%	81%
	Wrong site surgery	0	0	0
	% Antibiotics within 60 mins of operation	R/U	>=80%	80%
Better Quality Care	Unplanned overnight admission	4.92%	<=3%	5.38%
	Unplanned ICU / DCCM stay	0.14%	<=1%	0.2%
	30 day mortality rate	1.29%	<=2%	0.4%
	CSSD incidents	2.69%	<=2%	2.08%
Improved Health Status	Elective sessions planned vs actual	96.7%	>=97%	97%
	Adjusted utilisation	84.28%	>=85%	86.26%
	Late Starts	7.76%	<=5%	10.9%
Engaged Workforce	Excess annual leave dollars ($M)	$0.28	0	$0.3
	% of Staff with excess annual leave > 1 year < 2 years	28.8%	<=30%	29.2%
	% Staff with excess annual leave > 2 years	9.1%	0%	8.7%
	Sick leave hours taken as a percentage of total hours worked	4.4%	<=3.9%	4.2%
	% Voluntary turnover (annually)	9.35%	<=10%	9.2%
	% Voluntary turnover <1 year tenure	2.8%	<=6%	6.9%

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

Increased Patient Safety

There was one complaint received for Perioperative services for April, this is being fully investigated by the appropriate team.

No SAC 1 and one SAC 2 incidents reported in the 3 months from 1 February 2016 to 30 April 2016.There were 8 medication incidents reported for April 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.

Better Quality Care

Unplanned overnight admissions reduced in April to 4.92% against a target of 3%, which is attributed to the acute load and case mix.

CSSD Incidents in April were 2.69% and are predominantly linked to wrap damage. A new wrap has been trialled which has delivered an improvement. Moving forward, new technology with vacuum packing could be introduced and improve the sterility and reduce patient cancellation and deferred care is being investigated.

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.

Improved Health Status

Elective sessions planned vs actual

April planned vs actual elective session usage was 96.7%, 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 bed availability, especially in Cardiac.

Late Starts

Late start information is being provided to the relevant department managers to investigate and identify any trends that can be addressed.

Engaged Workforce

- Commenced mid-year intake New to OR
- Registrar change over and orientation
- Approved play specialist for GSU site
- Ongoing training of Occ Health team -

Key achievements in the month

- Capex submitted to CAMP and passed – CUSA's and Camera towers
- Diathermy Capex upgrade completed with latest purchase
- Liver Transplant team broke Australasian record of number of transplants in a week –21 transplants done in total - 9 of which were liver transplants.
- Workforce Central is progressing with 2 areas, GSU and Level 4, implemented new payroll system.
- Completed roll out for OR to PACU nursing staff handover process.

Areas off track and remedial plans

- Nexus project is being reviewed, and a new project manager has been appointed, a new timeline will be discussed at the next steering committee.
- An agreed sequence of OR allocation changes have been agreed by the users, which will be taken to the surgical board for ratification but will need business cases delivered for some of the staffing requirements.

Key issues and initiatives identified in coming months

- Commenced training for the SSCL observational audits that will be going to MOH starting July 01, 2016.
- Financial concerns – over budget for staffing due to OH associated with running service, overtime, oncall and out of hours service
- Volumes maintained considering impact of transplant numbers
- Staff movement and skill mix while covering a number of acting roles, projects.
- Impact of half day sessions on utilisation – plans afoot to reduce number of half day sessions on ACH site

STATEMENT OF FINANCIAL PERFORMANCE

Perioperative Services

Reporting Date May-16

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	189	189	(1) U	2,093	2,084	8 F
Funder to Provider Revenue	0	0	0 F	0	0	0 F
Other Income	12	18	(5) U	326	194	133 F
Total Revenue	**201**	**207**	**(6) U**	**2,419**	**2,278**	**141 F**
EXPENDITURE						
Personnel						
Personnel Costs	7,992	7,372	(619) U	82,544	80,402	(2,142) U
Outsourced Personnel	66	42	(25) U	688	461	(227) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	3,795	3,394	(401) U	37,947	37,333	(614) U
Infrastructure & Non-Clinical Supplies	163	176	12 F	1,831	1,941	110 F
Total Expenditure	**12,017**	**10,984**	**(1,033) U**	**123,010**	**120,137**	**(2,873) U**
Contribution	**(11,815)**	**(10,777)**	**(1,039) U**	**(120,591)**	**(117,860)**	**(2,732) U**
Allocations	29	27	(1) U	289	290	0 F
NET RESULT	**(11,844)**	**(10,804)**	**(1,040) U**	**(120,880)**	**(118,149)**	**(2,731) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	163.6	165.5	1.9 F	159.0	165.4	6.4 F
Nursing	413.3	419.0	5.7 F	409.7	418.4	8.7 F
Allied Health	104.4	108.0	3.7 F	103.8	107.9	4.1 F
Support	109.6	113.8	4.2 F	112.1	113.8	1.8 F
Management/Administration	22.3	24.6	2.4 F	23.4	24.6	1.3 F
Total excluding outsourced FTEs	**813.2**	**831.0**	**17.8 F**	**807.9**	**830.1**	**22.3 F**
Total :Outsourced Services	2.9	1.3	(1.6) U	2.8	1.3	(1.5) U
Total including outsourced FTEs	**816.0**	**832.3**	**16.3 F**	**810.6**	**831.4**	**20.8 F**

Month

The net result for May is an unfavourable variance of $1m due to personnel expenses ($619k U) and clinical supplies ($401k U).

Personnel expense continues to reflect the high volumes in theatres. Volumes have increased from last month by 6% and are up on May month last year by 19%. FTE vacancies continue to fill although still showing favourable in theatres such as Greenlane where patient patterns are more predictable. Labour resources are managed to maintain FTE constraints, obtaining the right skill mix and compliance with HR laws. In May, this is reflected in $1.1m spend on allowances, overtime and penal rates.

The Clinical Supplies unfavourable variance is primarily due to a prior period correction for $240k.

Year to Date

The net result for the year to date is $2,731k U, primarily driven by unfavourable personnel costs.

The volumes continually indicate an increase in longer, more complex cases, including transplants which have increased by 17% from May YTD 2014/15 to May YTD 2015/16. This has resulted in an unfavourable variance in all categories of personnel except administration. SMO costs represent 42% and Nursing represent 37% of the personnel over spend. Both are related primarily to allowances, overtime and penal rates due to the increased volumes and case complexity.

Favourable FTEs and an unfavourable personnel spend indicate that current staff levels are being utilized for longer hours. This is aligned with longer more complex cases and high transplant numbers.

Cancer and Blood Directorate

Speaker: Dr Richard Sullivan

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

Director of Primary Care: Rob Wallace

Directorate Priorities for 15/16

In 2015/16 our Directorate will contribute to the delivery of the six Provider Arm priorities. In addition to this we will also focus on the following Directorate priorities:

1. Tumour stream service delivery
2. Reducing time to First Specialist Appointment (FSA)
3. Treating patients within 31 days of referral
4. Bone marrow Transplant (BMT) capacity and haematology model of care
5. Supportive Care service initiative
6. Northern Region Integrated Cancer Service development
7. Staff engagement in support of achieving these initiatives

Q3 Actions – 90 day plan

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

As previously signalled, our Service Clinical Directors continue to work with our Lead SMO to agree and implement joint ways of working across Medical/Radiation Oncology. There is now significant enthusiasm within our Directorate to expedite this work, consistent with streamlining our services in line with the new regional ways of working in cancer:

- Improving the referral process with direct prioritised referrals from tumour stream MDMs
- Establishing schedulers across medical and radiation oncology tumour streams
- Increasing co-location for selected Medical and Radiation Oncology tumour stream outpatient clinics
- Establishing joint pathways and case management meetings
- Production management of tumour stream clinics

2 Reducing time to First Specialist Appointment across our services.

A range of activities (in conjunction with the action 1 above) are underway as planned. These include:

- Production planning to flag demand/capacity issues within Medical Oncology. This work now extends to drafting planning routines by tumour stream, which will include data extracts, timings, annual leave, and availability rosters. A special code has been implemented by Information Management to differentiate Medical and Radiation Oncology first specialist appointments. This enables us to streamline our planning/scheduling processes.
- Establishing a Radiation Rapid Access Clinic for urgent patient access. Staff engagement and planning continues.

3 Developing processes to ensure all patients receive treatment within 31 days of referral to Cancer and Blood Directorate.

We continue to work within Medical Oncology and Radiation Oncology to map 31 day processes from receipt of referral to first treatment. We have identified a range service champions to lead improvement work, and have determined escalation processes whereby Tumour Stream Coordination staff can expedite prospective patient tracking. Prospective patient tracking information is being provided to inform weekly Medical Oncology scheduling prioritisation. Some issues within Radiation Oncology are being worked on, including understanding the number of days the FCT patients have reached at the point at which the referral is received into our service.

4 Reviewing and improving our model of care for malignant and non-malignant haematology services.

We are working to ensure robust ways of delivering to the Ministry of Health wait time guidelines concerning Bone Marrow Transplant (BMT) delivery. There are currently two patients waiting longer than the 6 weeks guideline. We continue to work toward outpatient BMT delivery, although as previously signalled there has been some balancing of this activity with the demands of clinical service provision given the current SMO staffing situation. We will be closing the three additional BMT beds for a period while we recruit to nursing FTE (as agreed through 2016/17 planning processes). This is likely to have an impact on our ability to meet Ministry guidelines in the short term.

5 Developing and implementing ADHB and Regional Service for the Supportive Care Initiative.

This new Ministry of Health national initiative sees additional pyscho-social support provided for patients experiencing cancer. Work continues within our DHB to establish and embed referral pathways, in addition to similar work on a regional basis. The national forum (5 May 2016) was reported as successful, with great feedback about the day. Key discussion points focussed on the definition of high and complex needs, and how the 'front end' of the pathway is defined.

6 Producing a service model for the Northern Region Integrated Cancer Service.

Regional discussions continue regarding the development of this initiative, with Dr Richard Sullivan (Director, Cancer & Blood) having presented a paper to the CEO/CMO forum at a recent meeting. Subsequent discussions at CEO/CMO level have proved very positive.

7 Planned activity based on areas highlighted in staff survey

A report was recently compiled on initiatives undertaken within services to plan and implement work concerning:

- Improvements as an outcome of the Burn Out survey, and
- Team discussions related to "Living Our Shared Values"

This report has shown that progress on these initiatives is variable across the Directorate. It is clear that teams would benefit from further organisational and senior management support in the form of development systems tools and techniques to support the desired improvements. Work is being planned to improve the support provided for these initiatives.

Measures

Measure	Actual	Target (end 15/16)	Previous Period
3 tumour streams implemented within Cancer and Blood (gynaecology, head & neck, lung)	2	3	1
62 day FCT target	75% (ADHB)	65% (Jan 16)	64%
BMT initiative – number of patients achieving recommended 4-6 weeks wait time (2 patients waiting longer than 6 weeks)	80%	100%	61%
Supportive Care Services – eligible patients receiving services	tba	75% (July 16)	N/A
Auckland Integrated Cancer Centre Business Case submitted	N/A	Jan submission	N/A
Current and improved employee engagement measures used in the MOS	In progress	Improved measure	N/A

Scorecard

Auckland DHB - Cancer and Blood Services

HAC Scorecard for April 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)	2.3%	<=6%	2.3%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
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	6%	<=9%	7.5%
	% DNA rate for outpatient appointments - Maori	12%	<=9%	11.6%
	% DNA rate for outpatient appointments - Pacific	9.5%	<=9%	15.2%
	Number of CBU Outliers - Adult	16	0	22
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	86.7%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	93.1%
	Number of complaints received	4	No Target	2
	28 Day Readmission Rate - Total	R/U	TBC	22.3%
	Average Length of Stay for WIES funded discharges (days) - Acute	4.08	TBC	4.04
	% Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT	100%	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	85%	100%	82.3%
	% Patients from Referral to FSA within 7 days	23%	TBC	20.7%
	31/62 day target – % of non-surgical patients seen within the 62 day target	R/U	>=85%	66.67%
	31/62 day target – % of surgical patients seen within the 62 day target	R/U	>=85%	90%
	62 day target - % of patients treated within the 62 day target	R/U	>=85%	81.25%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	83.3%	>=95%	92.9%
	BMT Autologous Waitlist - Patients currently waiting > 6 weeks	2	0	2
Engaged Workforce	Excess annual leave dollars ($M)	$0.1	0	$0.11
	% Staff with excess annual leave > 1 year	26.5%	0%	27.8%
	% Staff with excess annual leave > 2 years	9.6%	0%	9.1%
	% Staff with leave planned for the current 12 months	18.9%	100%	18.2%
	% Leave taken to date for the current 12 months	81.5%	100%	81%
	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	2.9%	<=3.4%	3.1%
	% Voluntary turnover (annually)	9.38%	<=10%	8.7%
	% Voluntary turnover <1 year tenure	7.4%	<=6%	7.4%

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

Patient Safety Measures: All measures are within satisfactory parameters for this time period.

% DNA rates for outpatient appointments - Maori: We are working with the Strategy department to understand the dynamics and develop an appropriate ongoing response(s) to rectify this, as this level of DNA rate has been fairly constant over the last number of years.

Radiation Oncology % patients attending FSA within 4 weeks of referral
The service continues to experience difficulties with SMO availability and increased referral numbers. The two service areas under pressure are breast and genito-urinary clinics. We are operating recovery plans for both – these involve close monitoring of clinic attendance, the GU tumour stream SMOs agreeing to see additional FSAs over the next 3 months and a temporary increase in FTE of one SMO. Our SMOs is engaged in this work, and have agreed to see additional patient FSAs where possible.

CBU outliers: A significant feature of presentations to our haematology service from October 2015 to March 2016 was the increase in numbers of non-Bone Marrow Transplant patients. This was comprised of mainly Acute Myeloid Leukaemia (AML) patients, who were all regional tertiary patients. This spike in numbers has now eased back to numbers previously expected, and we are continuing to analyse the likely demand in an ongoing manner.

Patient Experience: We continue to focus on ensuring our patients have the best experience that we are able to provide and to respond proactively and in a timely and respectful manner to patient, family/whanau complaints and concerns.

Health & Safety: Management and H&S Reps continue to proactively engage to ensure our work-places, spaces and processes are safe and relevant. We continue to focus on building a culture of safety for all staff across the Directorate and have worked to identify hazards and risks in order to routinely monitor and follow up on issues in the relevant meetings. We are currently working with Facilities to put internal roofing structures in place in Building 8, to remove the hazards to patients/whanau and staff around roof leakages.

Annual leave metrics: Our Service Clinical Directors are engaged with our staff to manage this down, however this is proving challenging. We have achieved some gains through our work but we will maintain a focus on this area.

Key achievements in the month

Decant planning and the wider opportunities it presents: As we work towards the decant of staff from Building 7 into Building 8, staff representatives are closely involved in decision-making about the best ways to use the space available. This piece of work is encouraging innovative ways to solve long-standing problems of clinic and meeting room space availability, and we are working out how to better incorporate tumour streaming into this work. We are likely to move to fully integrating the ways we work across Acutes (all three specialties), daystay (Medical Oncology and Haematology) and clinics (all three specialities). We seek to have completely revised our ways of working ahead of any move into a new building in the years to come.

Areas off track and remedial plans

Clinical Supplies/Herceptin Costs: We have investigated Herceptin use, as the costs of this continue to show an increase compared with budget. We have determined that consultant prescribing is consistent with guidelines, and have ascertained that the conclusion of a clinical trial is the main driver of this cost pressure.

Haematology SMO staffing concerns

Our haematology service experienced a reduction in SMO clinician time approximately three months ago due to a staff member leaving, and a cumulative reduction in hours for a range of other reasons. National and international recruitment processes were commenced immediately; however there is a lack of haematologist availability nationwide. We have secured a locum SMO from England to commence work in September 2016. Current staff willingness and internal planning work means that the rosters are covered to ensure clinical service deliver continues. Engagement with locum agencies also continues, with two promising interviews with overseas candidates undertaken recently.

Key issues and initiatives identified in coming months

Faster Cancer Treatment/tumour stream development: Activity continues to ramp up in our service with the support of a FCT lead and an SMO lead (tumour stream development). This work is flagging areas of focus within/between Medical and Radiation Oncology which will improve our timeliness of provision. We are working with our regional DHB partners to identify and manage FCT timeliness for patients referred Auckland DHB. We are also working more closely with other DHB Directorate staff as a means to highlight where FCT patients journeys can be expedited. In addition, we now see the opportunity to revamp all our cancer and blood service models of care in a more integrated manner.

Pharmac – Nivolumab availability 1 July 2016: The 2016 budget indicated the availability of Nivolumab from 1 July, a medication for patients with stage 3 or 4 melanoma. A regional response was prepared, indicating support for this initiative although flagging the significant impact on the provider arm services of this new patient cohort. Internal DHB work is underway to gear up for this new patient cohort, as it will require a significant increase in capacity in certain clinical areas, for example Medical Oncology Daystay, Pharmacy, Acutes and Radiation Oncology Services.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Cancer & Blood Services

Reporting Date May-16

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	929	862	66 F	11,727	9,485	2,242 F
Funder to Provider Revenue	8,165	8,165	0 F	85,480	85,480	0 F
Other Income	33	28	6 F	424	303	121 F
Total Revenue	**9,127**	**9,055**	**72 F**	**97,632**	**95,269**	**2,363 F**
EXPENDITURE						
Personnel						
Personnel Costs	3,094	2,885	(209) U	32,342	31,517	(825) U
Outsourced Personnel	63	69	7 F	845	764	(82) U
Outsourced Clinical Services	333	207	(127) U	2,549	2,272	(276) U
Clinical Supplies	2,923	2,989	67 F	35,076	31,428	(3,648) U
Infrastructure & Non-Clinical Supplies	96	98	2 F	1,208	1,091	(118) U
Total Expenditure	**6,509**	**6,248**	**(261) U**	**72,020**	**67,071**	**(4,949) U**
Contribution	**2,618**	**2,807**	**(189) U**	**25,611**	**28,198**	**(2,586) U**
Allocations	601	626	25 F	6,660	6,670	10 F
NET RESULT	**2,017**	**2,180**	**(164) U**	**18,951**	**21,527**	**(2,577) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	64.4	62.1	(2.3) U	63.4	62.1	(1.3) U
Nursing	151.9	140.5	(11.4) U	145.8	140.5	(5.2) U
Allied Health	91.2	87.6	(3.6) U	87.6	87.6	0.0 F
Support	0.9	1.0	0.1 F	1.1	1.0	(0.1) U
Management/Administration	22.1	22.3	0.2 F	20.1	22.3	2.2 F
Total excluding outsourced FTEs	**330.5**	**313.5**	**(17.0) U**	**318.0**	**313.5**	**(4.4) U**
Total Outsourced Services	4.7	1.3	(3.4) U	4.6	1.3	(3.3) U
Total including outsourced FTEs	**335.2**	**314.8**	**(20.4) U**	**322.5**	**314.8**	**(7.7) U**

Financial Commentary

YTD financial analysis:
The result for the May YTD is an unfavourable variance of $ 2,577k.

Volumes: Overall volumes are 97.2 % of contract. This equates to $ 2,391k below contract (not recognised in the Cancer and Blood Provider result).

Total Revenue $ 2,363k - favourable mainly due to

i) Haemophilia blood product reimbursement $ 1,685k F – demand driven offset by higher blood product costs.
ii) Donation Income $ 106k F – mainly Dry July income
iii) Favourable Non-Residents income $ 64k.

Total Expenditure- $ 4,939k unfavourable mainly due to
Personnel Including Outsourced Personnel – $907k U

Medical $ 317k U mainly unachieved savings target $186k U

Nursing $ 595k U – primarily driven by unachieved savings target and additional unbudgeted BMT nursing staff to cover occupancy and acuity levels.

Outsourced Clinical Services $ 276k U – mainly due BMT Donor search fees – volume driven.

Clinical Supplies $ 3,648k U - primarily due to

- Pharmaceutical costs $ 1,984k U made up of
  - Oncology $1,878k U – mainly due to the impact of unbudgeted Herceptin costs of patients coming off research trial and the increase in high cost drug Zolendronate.
  - Haematology $92k U - due to the high cost drug Defibrotide used in the treatment of BMT complications offset by Pharmacy rebates.

- Treatment disposables and blood product $ 1,983k U – mainly Haemophilia Blood product costs (offset by increased revenue) combined with increased Haematology blood products (demand driven).

- Instrument & Equipment $ 332k F – timing of depreciation combined with favourable variances in clinical equipment repairs and maintenance costs (timing).

Mental Health & Addictions Directorate

Speaker: Clive Bensemann, 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 & community psychotherapy), regional (youth forensics & mother and baby inpatient services) and supra-regional (child and youth acute inpatient & eating disorders) services.

The Mental Health & Addictions Directorate is led by

Director: Clive Bensemann

Director of Nursing: Anna Schofield

Director of Allied Health: Mike Butcher

Director of Primary Care: Kristin Good

General Manager (acting): Alison Hudgell

Directorate Priorities for 15/16

1. Embedding new leadership structures
    - Meeting structures
    - Embedding Management Operating System (MOS)
    - Patient Safety/Clinical Governance framework
2. Integration projects
    - Localities – Tamaki
    - Stepped care (psychosocial interventions)
3. Implementing new Eating Disorders Services Model of Care
4. Clinical Services planning and facilities
    - Te Whetu Tawera (TWT - adult inpatient) co-design
    - Fraser McDonald Unit (FMU - older person inpatient) upgrade
    - Clinical Services Plan development

Q4 Actions – 90 day plan

Yellow – Current Quarter

	Action Plan	Owner	Q1	Q2	Q3	Q4
1(a)	Leadership Structure – implementation of new meeting structure	CB				
1(b)	Patient safety/Clinical Governance – define data sets	AS				
2(a)	Tamaki Localities – develop pathways	CB				
2(b)	Stepped Care implementation in CMHS	MB				
3(a)	EDS communication ongoing with stakeholders	MB				
3(b)	EDS new staffing model decided on Development of facilities business case	MB				
3(c)	EDS MOC and service delivery change implemented	MB				
4(a)	Clinical Services Plan enablers – Facilities priority plan	MW				
4(b)	FMU building work commenced and complete	MW				
4(c)	TWT co-design – Steering Committee established	CB				
4(d)	TWT environment upgrade commenced and complete	CB				
4(e)	TWT team building programme	CB				

Q4 Actions Completed – 90 day plan

1 (a) **Leadership Structure – implementation of new meeting structure:** Complete

1 (b) **Patient Safety/Clinical Governance-define data sets:** Complete

2 (a) **Tamaki Localities – develop pathways to support Tāmaki Mental Health & Wellbeing:** The Primary NGO support hours are a preventative, early intervention approach integrating NGO access as a core part of primary care. The current action learning cycle came to an end during April. Learnings are summarized in the form of Principles of Practice, such as person-centred, relational and collaborative support and care.

The next steps are to share these learnings and to co-design a wider implementation plan with the NGO sector, PHOs and the ADHB leadership.

The Primary and Secondary integration design team have completed a series of interviews with Manaaki CMHC consumers, GP's, practice nurses and peer and community support workers. This was used as the basis for a workshop which generated over 100 ideas around 5 key themes which will be tested over the next few months:

- Pathways and navigation e.g. develop a stepped care approach cross primary and secondary services
- Holistic care and collaboration e.g. ways of working through the 'Equally well' initiative (addressing inequity in physical health for those with Serious mental disorder)
- Increased support/developing capability in primary MH&A care e.g. secondary clinicians providing education sessions in primary care
- Person-centred care and health promotion e.g. DBT, CBT, ACT, SME – Group education, skills, wellbeing, lifestyle
- Greater access to E-therapy – 'Beating the blues', SPARX

2 (b) Stepped care implementation into CMHS: The Stepped Care page on the Intranet has been developed and continues to be populated with resources for clinicians. The completed training needs analysis is informing the development of Keyworker training modules, to be provided at each CMHC. The process for credentialing specialised interventions has been defined.

3 (a) Development of EDS facilities business case: ADHB is evaluating options for the colocation of the EDS Hub services from March 2017 when the current residential lease expires. The preferred location will be the subject of a detailed business case.

ADHB is liaising with the NGO to negotiate the potential purchase of chattels, electronic equipment and medical equipment for the residential service. A comprehensive inventory has been developed and a business case prepared for the necessary capital expenditure. Some of this will be purchased from the NGO with some new purchases where necessary.

ADHB is also reviewing the further networking of electronic systems required to enable staff in the residential facility access to the DHB email, intranet, internet and other appropriate applications from the 1st of July.

The NGO has advised ADHB of its list of suppliers that will transition re ordering and payment systems for the duration of the residential facilities domicile in Parnell. The NGO is also planning to transition the patient files to ADHB and will advise current clients of the transfer.

3 (b) EDS staffing: The recruitment process for the EDS Hub has concluded and ADHB will have the requisite number of medical, allied health and support staff to manage the residential facility from the 1st of July. ADHB is recruiting to fill a small number of vacancies on the nursing roster.

NGO and REDS therapists are liaising to ensure continuity of services in the group programme throughout the transition period. REDS is providing dietetic support to the NGO and the REDS and the Clinical team leader is attending weekly MDT meetings at Thrive. Staff orientation plans developed for Thrive staff and agreed with the NGO will commence in June.

Recruitment is underway for an SCD for the Eating Disorder Services Hub. An acting SCD is still in post.

3 (c) EDS Model of Care/Service Delivery Model: The draft Service Delivery Model was circulated to the Working Group and EDLs of supra regional DHBs on the 17th of May. It reflects the outcome of participant workshops and includes updated supporting material including referral forms,

treatment guidelines, clinical pathways, outcome measures and a comprehensive training and support schedule. Feedback is due back to ADHB by the 2 June.

3 (d) EDS MOC and communication ongoing with stakeholders: EDS Hub staff are receiving regular progress updates and EDS hub staff and service users have been invited to contribute ideas for naming the new EDS Hub. Fortnightly verbal briefings are provided to the Ministry of Health which has also received the most recent draft of the Service Delivery Model.

Weekly meetings between ADHB and the NGO are identifying detailed operational requirements of the transition and the process is progressing collegially. There has been no adverse publicity surrounding changes to the eating disorder services and ADHB is working closely with the CEO of Emerge Aotearoa to manage public and internal messages.

ADHB met with EDANZ in May to update them on service planning including the short term accommodation for the residential facility. Options for consumer input into service development were also discussed. EDANZ and the DHB will jointly host an ED information evening at the Parnell residential facility for clients and families on World Eating Disorders Action Day.

4 (a) Clinical Services Plan enablers – facilities priority plan: A Facilities plan covering all mental health services will be developed. Priorities include the St Lukes Community Health team (current lease expires September 2017). The intended approach for selecting a new facility is to reflect the integrated care and localities approach. Work continues to map current CMHC boundaries/populations and utilisation of services against new localities, and identify other data predicting populations needs (e.g. prescriptions for psychotropic medication) to inform the community mental health facilities planning.

4 (b) FMU building work commenced and complete

Consent application to Auckland City Council was submitted on time at the end of March. The council have responded with a list of items requiring clarification and the ADHB architect is responding to these with the expectation that full consent may not be required. Facilities will submit a Request for Expressions of Interest (REOI) in the week commencing May 23 to identify any interested potential contractors, followed by a Request for Tender (RFT) in the week commencing June 7 with detailed specifications to price. A short list of three potential contractors will be produced from the RFT process. Work is still expected to start in September 2016. Concurrent work is well underway to choose and finalise the environmental furnishings and decor.

4 (d) TWT environment upgrade commenced and complete:

Purchasing of items has commenced, and the environmental improvements (e.g. painting in the ICU) are in progress, assisted by a Facilities project manager. This work should be complete by the end of the financial year.

4 (e) TWT team building programme: A series of Whakawhanaungatanga (process of establishing relationships and relating well to others) Hui for the four Multi—disciplinary teams in Te Rama Ora (the TWT Whare),will commence in June. The number and frequency of verbal assaults on staff are now being recorded by using an application loaded on iPads kept in ward offices. This has been well received by staff. Use of a similar app to enable staff to

indicate their level of satisfaction each day is also being investigated. It is expected that both of these initiatives will contribute to team morale.

Measures

Measures	Current	Target (End 2015/16)	2016/17
Tamaki Localities – increase in %GP referrals to CMHC (Manaaki House)	**29%**	**10% increase**	**20% increase**
Tamaki Localities – reduction in length of Community Care episode – GP referrals to Manaaki House	**N/A**	**Baselie identified – in progress**	**25% reduction**
Stepped Care - % of staff credentialed – individual therapy and group facilitation (CMHS Pilot sites)	**N/A**	**10% workforce credentialed – off track**	
EDS MOC – staff retention post implementation 1st July 2016 (Residential service (NGO) ahd Regional Eating Disorders Service existing workforces)	**N/A**	**>70% retention – achieved**	
FMU 'real time feedback' – consumer and family satisfaction	**N/A**	**To be confirmed – increase in satisfaction scores . implementation in progress**	
FMU staff satisfaction survey – in development	**N/A**	**To be confirmed – increase in satisfactoin scores**	
TWT 'real time feedback' – consumer and family satisfaction	**N/A**	**To be confirmed – increase in satisfaction scores. implementation in progress**	
TWT staff satisfaction survey – in development	**N/A**	**To be confirmed – increase in satifsfaction scores**	

Scorecard

Auckland DHB - Mental Health

HAC Scorecard for April 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	1
	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	0	0	3
	Seclusion. All inpatient services - episodes of seclusion	4	<=7	8
	Restraint. All services - incidents of restraint	40	<=86	73
	Mental Health Provider Arm Services: SAC1&2 (Inpatient & Non-Inpatient Suicides)	0	No Target	0
Better Quality Care	7 day Follow Up post discharge	100%	>=95%	92.5%
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	R/U	<=10%	8.2%
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	28.4	<=21	28.4
	Mental Health Average LOS (All Discharges) - Child & Family Unit	9	<=15	8.3
	Mental Health Average LOS (All Discharges) - Fraser McDonald Unit	34	<=35	50.3
	Waiting Times. Provider arm only: 0-19Y - 3W Target	74%	>=80%	74.1%
	Waiting Times. Provider arm only: 0-19Y - 8W Target	89.4%	>=95%	91.1%
	Waiting Times. Provider arm only: 20-64Y - 3W Target	83.9%	>=80%	83.4%
	Waiting Times. Provider arm only: 20-64Y - 8W Target	91.1%	>=95%	91.4%
	Waiting Times. Provider arm only: 65Y+ - 3W Target	63.5%	>=80%	63.5%
	Waiting Times. Provider arm only: 65Y+ - 8W Target	89.5%	>=95%	84.1%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	100%	>=95%	96.7%
	Mental Health access rate - Maori 0-19Y	5.6%	>=5.5%	5.63%
	Mental Health access rate - Maori 20-64Y	9.96%	>=12%	9.86%
	Mental Health access rate - Maori 65Y+	3.59%	>=4.3%	3.55%
	Mental Health access rate - Total 0-19Y	3.01%	>=3%	3.02%
	Mental Health access rate - Total 20-64Y	3.74%	>=4%	3.7%
	Mental Health access rate - Total 65Y+	3.11%	>=4%	3.07%
Engaged Workforce	Excess annual leave dollars ($M)	$0.14	0	$0.13
	% Staff with excess annual leave > 1 year	26.7%	0%	25.8%
	% Staff with excess annual leave > 2 years	5%	0%	4.6%
	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%	4.2%
	% Voluntary turnover (annually)	12.15%	<=10%	13.2%
	% Voluntary turnover <1 year tenure	13.7%	<=6%	11.6%

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

Better Quality Care - Average LOS: Te Whetu Tawera

Median LOS is approximately 19 days this month and 21 days YTD. This month's average LOS has been driven up by the discharge of two longer-stay clients (119d+) – if these are excluded average LoS is 23.6 days. This again reinforces the importance of work with the Funder to build capacity/reconfigure residential NGO capacity to improve discharge pathway options.

Better Quality Care - Waiting Times

Three data/reporting factors (from August/September data) affect the ongoing rolling 12 month results and these will continue to impact for some time. 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.

Improved Health Status - Access (DHB-wide)

Access rates for the Maori 20-64y 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 DHB 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).

Engaged Workforce - % of staff with excess Annual Leave

The adult CMHS has set a goal of zero excess AL by the end of December 2016 and is on track to achieve this.

Key achievements in the month

TWT Co-design

A project manager has been appointed to support the TWT leadership in the Co-design work which is progressing well across a range of initiatives. The TWT Occupancy Escalation Plan has been reviewed and is in use.

Areas off track and remedial plans

TWT

Work is in progress to establish processes and improve performance of the inpatient service in three broad areas: acute flow, patient safety, and staff wellbeing. This focused activity is led by the SCD (who is now on the unit full time for 6 months) and NUM and supported by a project manager.

FMU

As referred to earlier the FMU building programme will not be completed this financial year.

EDS Residential Unit

As described earlier in 3(a) work is underway to identify a suitable location for the EDS residential service which will be co-located with the Regional Eating Disorder Service. If the option is to pursue a facility on an Auckland DHB site it is unlikely that a suitable long term facility will be ready by the time the lease expires on the existing property (31 March 2017).

Youth Transition Project

Following a recent health and safety inspection, the existing leased accommodation is deemed to be unfit for purpose. It is not cost effective to undertake the improvements to remedy the facility. The service is looking for a new facility and options include the potential to co-locate with related services from another sector.

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 has revealed that costs associated with addressing windows and some ensuite fixture (basins and toilets) are significantly greater than budgeted for. In addition Te Whetu Tawera wards would need to be decamped to address these issues. There is a requirement for further seed funding to understand additional costs.

Key issues and initiatives identified in coming months

Localities

Work is on track developing the Directorate integrated care and localities approach which will also inform facilities priority decisions.

CFU

An ADHB hosted supra-regional workshop (nine referring DHB) is planned for June 15. to review expectations re some aspects of the MOC.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Mental Health & Addictions

Reporting Date May-16

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	135	66	69 F	1,549	749	800 F
Funder to Provider Revenue	8,613	8,613	0 F	94,747	94,747	0 F
Other Income	61	29	32 F	576	314	261 F
Total Revenue	**8,809**	**8,708**	**101 F**	**96,872**	**95,810**	**1,061 F**
EXPENDITURE						
Personnel						
Personnel Costs	6,188	6,171	(16) U	66,776	67,392	616 F
Outsourced Personnel	165	82	(83) U	1,867	905	(962) U
Outsourced Clinical Services	79	129	50 F	889	1,421	532 F
Clinical Supplies	88	65	(23) U	803	716	(87) U
Infrastructure & Non-Clinical Supplies	316	300	(16) U	3,416	3,301	(115) U
Total Expenditure	**6,835**	**6,748**	**(87) U**	**73,751**	**73,734**	**(17) U**
Contribution	**1,974**	**1,960**	**14 F**	**23,121**	**22,076**	**1,045 F**
Allocations	1,729	1,738	9 F	19,208	19,111	(97) U
NET RESULT	**245**	**222**	**23 F**	**3,913**	**2,964**	**948 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	93.1	90.1	(3.1) U	93.1	89.2	(3.9) U
Nursing	293.8	304.3	10.4 F	301.4	302.5	1.1 F
Allied Health	263.7	277.8	14.1 F	257.8	276.1	18.3 F
Support	5.0	5.0	(0.0) U	4.9	5.0	0.1 F
Management/Administration	56.6	61.6	5.0 F	56.7	61.6	4.9 F
Total excluding outsourced FTEs	**712.2**	**738.7**	**26.4 F**	**713.9**	**734.3**	**20.4 F**
Total :Outsourced Services	17.7	7.1	(10.6) U	17.9	7.1	(10.8) U
Total including outsourced FTEs	**730.0**	**745.8**	**15.8 F**	**731.8**	**741.4**	**9.7 F**

Comments on Major Financial Variances

The result for the month is a surplus of $245k against a budgeted surplus of $222k, leaving a favourable variance of $23k. The YTD result is $948k F.

The main reason of the favorable result is unbudgeted revenue for the Maternal Mental Health Acute Continuum contract and from the Youth Court Report service provided by the Regional Youth Forensic Team.

Although overall we are favorable, in May we are $99k over budget in Personnel Costs including outsourcing. The key issues are:

- On-going high acuity in Adult Inpatients service (TWT) resulted in high FTE, high sick leave, and bureau/outsourced personnel at a premium cost;
- Difficulty in recruitment for some services resulted in high overtime and low annual leave;

- Higher cost skill mix, unbudgeted one off allowances and higher CPI increases than budgeted

The $23k U variance in Clinical Supplies is mainly a timing difference due to one-off spending on equipment for clients.

Medical FTE of 3.1 FTE is mainly caused by vacancy saving allocation, and is offset by actual vacancies in other employee categories.

Actions:

- The service leadership group have commenced work to review the current utilisation of Increased Observations in TWT which will reduce the need for extra staffing for some service user groups. There is also wider focused work commencing on reducing sick leave across the Directorate.
- There is on-going review of relevant expenditure including Authority to Recruits (ATR), overtime and annual leave.
- The strategy to recruit new graduate nurses and the focus on skill mix continues and this will contribute in the long term to a lower skill mix and reduction in the premium paid on backfill.
- Further cost recovery from sabbatical leave will produce an upside in June16.

Forecast:

We are currently forecasting a year end result of $796k F to budget which includes the upside from the Maternal Mental Health Acute Continuum Contract.

Savings:

We continue to meet savings targets.

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 & Planning Unit (APU), Department of Critical Care (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: Rob Wallace

Supported by:

Dheven Covenden - Finance Manager

Andrew Arnold - HR Manager

Tim Denison - Programme Director Performance Improvement

Directorate Priorities for 15/16

1. Embedding the Clinical Leadership structure and developing the speciality teams to lead and manage clinical services
2. Meeting the organisational targets for Faster Cancer Treatment (FCT), Elective Services Patient Flow Indicators (ESPI) for Out Patient Department (OPD) and the 6 hour Emergency Department (ED) target and implementing recommendations from the acute flow paper in relation to adult medicine and the pathways for cancer care.
3. Investing and developing in our facilities and infrastructure. ED rebuild, Renal business case, Endoscopy expansion
4. Implementation of service development recommendations across the Directorate. Full implementation of the Department of Critical Care Medicine (DCCM) external review and to regain accreditation in February 2016
5. Overall reduction in the number of falls with serious harm, Grade 3 & 4 Pressure Injuries (PIs) and full compliance of 80% for hand hygiene across the Adult Medicine Directorate

Q3 Actions – 90 day plan

	Action Plan	Owner	Q3
1	Continue with weekly and monthly meeting structure	BS	
1	Deliver Clinical Leadership development programme	BS and OD department	
2	Development and submission of winter planning business case for acute flow	BS, RT, and TD	**Completed**
2	Action plan to improve performance in Q3 and 4	BS and TD	
2	Continued implementation of full acute flow paper recommendations	BS and TD	Report at acute flow board
3	Delivery of business cases for ED, Renal and Endoscopy	BS and DH	
4	Implementation of full recommendations of external DCCM review	BS and GB	Completed
4	Reaccreditation. Visit in March 2016	BS and GB	Completed
5	Develop robust action plan which includes lessons learned from SAC 1 and explores international literature for falls prevention	BS and BC	

- Weekly team and monthly Directorate meetings working well. MOS undertaken weekly with the Senior Leadership Team. Each service developing MOS. Have moved timings of Directorate MOS to accommodate SCD's availability.
- Progressing with the acute flow recommendations. Monthly Acute Flow Board monitoring progress.
- Steady progress with Renal Indicative Business Case due for presentation to Board in September/ October 2016.
- Dates set for completion of ED indicative business case with completed MOC and functional specification. ED Indicative Business Case presented to CAMP and A&F due to be presented to Board in June 2016
- Endoscopy work continuing. Weekly meeting to monitor progress. Completion July 2016. Newly established group to manage the introduction of nurse endoscopists. Pilot of e- triage started June 2016
- Quality forum delivered. New scorecards for all services developed that include quality items. Scorecards reviewed with services on a monthly basis

Q4 Actions – 90 day plan

	Action Plan	Owner	Q4
1	Continue with weekly and monthly meeting structure	BS	
1	Deliver Clinical Leadership development programme	BS and OD department	
2	Implementation of full acute flow paper recommendations	BS and TD	
3	Delivery of business cases for ED, Renal and Endoscopy	BS and DH	
4	Implementation of full recommendations of external DCCM review	BS and GB	Completed
5	Develop robust action plan which includes lessons learned from SAC 1 and explores international literature for falls prevention	BS and BC	

Measures

Measures	Current	Target (End 2015/16)	2016/17
ED target, ESPI, FCT	96.23%	95%	95%
Business Case (BC) submission	Indicative Renal BC L2 indicative BC Endoscopy BC	Board update August 2016 Board submission June 2016 Building due for completion July 2016	Full BC 2017 Full BC submission August 2016
DCCM accreditation	8 March 2016 re-visit	Re-accreditation	Completed
Reduction in number of falls with serious harm	0	0.23 Falls per 1,000 Bed days in Wd 63, 65, 66,67,68	0.15 Falls per 1,000 Bed days in Wd 63, 65, 66,67,68
PIs grade 3 and 4 hospital acquired	0	0	0
Hand hygiene	79.4%	80%	95%

Measures Commentary

- ED target at 96.23 % exceeding the target
- L2 business case board submission June 2016
- No falls in April 2016
- No grade three and four pressure injury

- 79.4% hand hygiene. We have increased our surveillance and we will continue to monitor monthly through service reviews.

Auckland DHB - Adult Medical Services

HAC Scorecard for April 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)	4.4%	<=6%	1.8%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	5.6%	<=6%	4.9%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	1
Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours	96.23%	>=95%	96.29%
	(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	0.1%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	9%	<=9%	11.5%
	% DNA rate for outpatient appointments - Maori	14%	<=9%	20.7%
	% DNA rate for outpatient appointments - Pacific	17.6%	<=9%	20.1%
	Number of CBU Outliers - Adult	65	0	67
	% Patients cared for in a mixed gender room at midday - Adult (excluding APU and Ward 62)	3%	TBC	4%
	% Patients cared for in a mixed gender room at midday - Adult (APU and Ward 62)	26%	TBC	26%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	76.5%
	Number of complaints received	9	No Target	13
	28 Day Readmission Rate - Total	R/U	<=10%	9.7%
	% Urgent diagnostic colonoscopy compliance	94%	>=75%	100%
	% Non-urgent diagnostic colonoscopy compliance	63%	>=65%	56.4%
	% Surveillance diagnostic colonoscopy compliance	61%	>=65%	76%
	Average Length of Stay for WIES funded discharges (days) - Acute	3.46	TBC	3.14
Improved Health Status	% Hospitalised smokers offered advice and support to quit	93.4%	>=95%	97.1%
Engaged Workforce	Excess annual leave dollars ($M)	$0.62	0	$0.63
	% Staff with excess annual leave > 1 year	30.6%	0%	29.9%
	% Staff with excess annual leave > 2 years	13.4%	0%	13.2%
	% Staff with leave planned for the current 12 months	12.1%	100%	12.1%
	% Leave taken to date for the current 12 months	76.9%	100%	73.9%
	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	3.5%	<=3.4%	3.8%
	% Voluntary turnover (annually)	9.62%	<=10%	9.3%
	% Voluntary turnover <1 year tenure	4%	<=6%	5.3%

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 – 96.23% April 2016. On track for quarterly performance. We have had a 7% growth in attendance from 14/15 but are still managing.
- We continue to work collaboratively on managing DNA rates for Maori and Pacific to support clinical services in reducing the DNA rates. Trying to understand if the issue is Directorate wide or service specific.
- Reduced performance in routine colonoscopy to 56.4% can be attributed to an SMO vacancy and the refurbishment of Endoscopy unit altering capacity. We are working to establish a recovery plan and should be back on track mid-August after we have managed the backlog. Currently undertaking a robust capacity and demand exercise to understand weekly deliverables. Support has been requested to assist with SMO recruitment as the first recruitment attempt was unsuccessful.

Key achievements in the month

- Priority plan Directorate review held in May. Adjustment to priorities and update to plans.
- L2 business case presented to SLT, Acute Flow Board, Provider Directors, CAMP and Audit and Finance. To be presented to Board in June 2016.
- Refurbishment and rebuild deliverables for Endoscopy are on track for delivery 24 July 2016.
- Over achieved against ED target despite continued rise in attendance.
- Improved performance in DNA rates and within target for all but still above for Maori and Pacific but reduced from last month.

Areas off track and remedial plans

- DNA rates for Maori and Pacific. Will continue working to fully understand service specific rationale for DNAs. It appears from initial exploration that a disease profile affects the level of DNA therefore one size fits all solution for reduction may not be wholly beneficial.
- Reduced performance in routine colonoscopy to 56.4% can be attributed to an SMO vacancy and the refurbishment of Endoscopy unit altering capacity.

Key issues and initiatives identified in coming months

- Development of the full business case for renal redesign and update to Board August 2016.
- Continuing to progress with acute flow plan. Need to recruit to new positions before July 2016. Working collaboratively with NRA/ OMG to seek permission for Registrar increase.
- Continuing Endoscopy rebuild working to very tight timeframes.
- Presentation of L2 business case to CAMP and Audit and Finance and Board in June 2016.
- Working on development of winter bed plan and exploring readmissions and COPD clinical management pathways.
- Detailed capacity and demand work being undertaken in Neurology and Endoscopy.
- Request to Performance Improvement for capacity and demand training for Operations Managers. Workshops being developed.
- Review and refresh of Directorate priority plan on the 11 May 2016. Good attendance and enthusiastic outputs and plans will be updated with new projects to be delivered in 16/17.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Adult Medical Services

Reporting Date May-16

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	254	274	(19) U	2,883	3,009	(126) U
Funder to Provider Revenue	12,336	12,336	0 F	132,398	132,398	0 F
Other Income	397	392	5 F	4,209	4,330	(121) U
Total Revenue	**12,987**	**13,001**	**(14) U**	**139,490**	**139,737**	**(247) U**
EXPENDITURE						
Personnel						
Personnel Costs	8,466	8,015	(451) U	88,566	87,421	(1,145) U
Outsourced Personnel	88	101	13 F	1,103	1,111	8 F
Outsourced Clinical Services	116	43	(73) U	505	470	(35) U
Clinical Supplies	1,521	1,840	320 F	18,736	19,771	1,035 F
Infrastructure & Non-Clinical Supplies	179	214	35 F	2,182	2,357	175 F
Total Expenditure	**10,370**	**10,213**	**(157) U**	**111,092**	**111,130**	**38 F**
Contribution	**2,617**	**2,789**	**(171) U**	**28,399**	**28,608**	**(209) U**
Allocations	1,913	1,877	(35) U	22,247	19,967	(2,280) U
NET RESULT	**705**	**911**	**(207) U**	**6,151**	**8,640**	**(2,489) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	197.6	187.8	(9.8) U	190.9	187.8	(3.1) U
Nursing	534.0	523.0	(11.0) U	527.9	522.9	(5.0) U
Allied Health	49.3	51.5	2.2 F	48.1	51.5	3.4 F
Support	6.1	6.0	(0.1) U	5.9	6.0	0.1 F
Management/Administration	51.1	52.5	1.4 F	52.4	52.5	0.1 F
Total excluding outsourced FTEs	**838.0**	**820.8**	**(17.2) U**	**825.2**	**820.7**	**(4.5) U**
Total :Outsourced Services	5.0	5.2	0.2 F	4.7	5.2	0.5 F
Total including outsourced FTEs	**843.1**	**826.0**	**(17.0) U**	**829.9**	**825.9**	**(4.0) U**

Financial Commentary

YTD financial analysis:

The result for the YTD May is an unfavourable variance of $ 2,489k.

Volumes: Overall volumes are 105.2 % of contract. This equates to $ 6,823k above contract

(revenue not recognised in the Adult Medical Provider result).

Total Revenue -$ 247k unfavourable – primarily due to unfavourable Non-residents income and Air Ambulance (fewer flights).

Total Expenditure - $ 2,242k unfavourable due to:

Personnel Costs including outsourced personnel- $ 1,137k U – primarily due to unfavourable variances in nursing costs $1,183U – mainly unachieved savings target driven by increased volumes, acuity and patient security requiring additional staffing hours.

Clinical Supplies - $ 1,035k F – mainly favourable variances in pharmaceuticals (rebate higher than expected combined with savings in Immunosuppression drugs in Neurology and Gastroenterology), blood products (driven by NZBS blood product rebate) and Renal Fluids.

Internal Allocation - $ 2,280k U – primarily due to radiology $ 1,273k U, laboratory costs $ 682k U and nutrition $ 283k U driven by increased volumes - overall volumes are 105.2 % of contract.

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

Interim Medical Director: Barry Snow

Directorate Priorities for 15/16

In 2015/16 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. Leadership and staff development programme
2. Out-patient improvement programme
3. Intermediate care programme
4. Informatics and technology
5. Improvement of healthcare outcomes through new models of care programme

Our goals address the strategic mandatories for Auckland DHB and our priorities create a firm platform on which to continually improve and develop.

Q3 Actions – 90 day plan

1. Leadership and staff development programme

A programme of facilitated team development based on Board mandatories, values and strategic direction has commenced. A Senior Leadership Team event took place between October and December 2015. Service Leadership Team events to mirror this process are in progress across the Directorate.

Workforce planning for nursing and allied health role development is in progress. A career pathway for Needs Assessment and Service Coordination workforce has been implemented. 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.

2. Out- Patient improvement programme

DNA action plan continues to be implemented with our initial focus on Diabetes Services. Our DNA rates have declined consistently over the last six months. We are delighted to have achieved the lowest DNA rate in our directorate since reporting commenced. 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 have reduced 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 on these services from July 2016.

A clinical audit of follow up practice in Rheumatology has been completed to support a sustainable service model for the future. The external clinical review in this service has commenced and is due to conclude in June 2016. This audit and review approach will be extended to other areas in due course. Our Director of Primary Care is involved in this to consider areas of opportunity in our work with primary care.

A plan for the future of the Specialist Diabetes Services was approved by the Board in May 2016 and is in the early stages of implementation.

3. Intermediate Care Programme

The locality model of care implementation process continues involving Community, Gerontology and Diabetes Services in 2016. The new single point of access, triage and assessment is now implemented. Plans to integrate Geriatric Medicine, Diabetes Services and Palliative Care into the locality model are in progress.

Rapid Response services continue to be delivered. The service is now receiving referrals from aged care and St John and roll out to primary care is in progress throughout June and July 2016. Further information on current volumes and activity in Rapid Response is provided below. We plan to introduce KPIs and further measures of impact into future reports on this service.

The Step Home pilot evaluation report to support planning for the future of intermediate care beds has been completed. The report will be reviewed by the Executive Leadership Team shortly.

Implementation of the Better Brain Care Pathway (Dementia) continues across Auckland City Hospital. Further work is progressing with Funding and Planning regarding General Practice, Education and Training and early assessment.

Frailty pathway planning has concluded and implementation is about to begin.

4. Informatics and Technology

Reporting programme to support the Directorate with effective management information from HCC is in progress and will be completed over the next three months.

HCC upgrade for Community and Sexual Health was completed over Easter 2016. The diabetes upgrade is being planned for August 2016. The Directorate would like to thank the Information Services team for their support during this upgrade which was manual and complex work for the staff involved.

The Directorate have identified plans to create a more extensive set of performance measures and clinical metrics to support Adult Palliative Care Services and Older Adult Health Services. We are working with Business Intelligence to progress this work into dashboards to support clinical staff and future service planning.

A Telehealth Directorate Work Programme has commenced. Early work includes a pilot project in District Nursing, trial of hand held devises in community services and consideration of telehealth remote clinical management in community services. Further developments in Telemedicine are being considered in specific service areas.

5. Improvement of healthcare outcomes through new models of care programme

Plans for integrated all age stroke services are progressing well. The consultation concluded with extensive staff engagement. Work to implement an all age integrated stroke unit will take place over two stages with the first stage planned to commence on the 4th of July. Community rehabilitation services are now fully integrated and are delivering an all age service. Plans for an early supported discharge services were approved by the Board at the March 2016 meeting and are now being implemented for winter 2016.

Dermatology service sizing is completed and will be implemented from July 2016. Rheumatology external clinical review has commenced to support current and future demand needs. Sexual Health Service change has been implemented and evaluation continues throughout 2016/17.

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. A consultation process is

currently live to support an integrated clinician leadership role for Specialist Palliative Care. The consultation closes on the 10th of June.

Measures

Measures	Current	Target (End 2015/16)	Previous Period
Reduce DNAs	12%	9%	13.7%
Reduce rescheduling rates	58.5%	40%	49.0%
Increase virtual activity (currently supporting accurate recording to create baseline)	TBC	5% (TBC)	TBC
Meet waiting times and patient flow targets	4 mths (max)	3 mths (max)	4 mths (max)
Reduce 28 day readmissions of elderly patients	11.1%	10%	11.2%
Increase proportion of older people living in their own home (accurate measure in development)	TBC	95%	TBC
Recruit to the structure and develop leadership capacity	Implementation phase	Completion phase	Fully developed phase

Scorecard

Auckland DHB - Adult Community and Long Term Conditions

HAC Scorecard for April 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	2	0	1
	Number of falls with major harm	3	0	1
	Nosocomial pressure injury point prevalence (% of in-patients)	7.4%	<=6%	7.4%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.9%	<=6%	4.3%
	Number of reported adverse events causing harm (SAC 1&2)	5	0	2
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%
	% DNA rate for outpatient appointments - All Ethnicities	12%	<=9%	13.7%
	% DNA rate for outpatient appointments - Maori	24.83%	<=9%	26.4%
	% DNA rate for outpatient appointments - Pacific	27.4%	<=9%	32.6%
	% Patients cared for in a mixed gender room at midday - Adult	0%	<=2%	3%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	69.2%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	87.9%
	Number of complaints received	4	No Target	3
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less	91.67%	>=80%	93.4%
	% Inpatients on Rehab Plus waiting list for 2 business days or less	100%	>=80%	80%
	% Discharges with Length of Stay less than 21 days (midnights) for OPH and Rehab Plus combined	66.29%	>=80%	77.25%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	100%	>=95%	100%
Engaged Workforce	Excess annual leave dollars ($M)	$0.02	0	$0.01
	% Staff with excess annual leave > 1 year	34.9%	0%	33%
	% Staff with excess annual leave > 2 years	2.6%	0%	2.4%
	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%	3.4%
	% Voluntary turnover (annually)	11%	<=10%	11%
	% Voluntary turnover <1 year tenure	6.5%	<=6%	1.6%

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 a total of eight SAC 2 events recorded in April 2016. Three were falls with harm in our Reablement Service. Four events relate to specific incidents in the care of rheumatic fever patients in the District Nursing Services. One event related to a privacy matter due to a lost patient record. All are being fully investigated. The large number of events in one month relates to a deep dive investigation into the rheumatic fever patient group due to concerns about practice and follows up. The Directorate are addressing the deficits in the service that have been uncovered in the investigation and have completed a review of all community service systems and processes in the last two months. We are confident the issues are contained to the rheumatic fever caseload.

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 targets. We forecast to remain compliant through to the end of the financial year. Our area of greatest risk is Dermatology and the new capacity plan and service size to be in place from July 2016 will eliminate this risk. 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 improve. There has been a similar improvement in the Maori and Pacific DNA rates. Changes to the definition did have some impact as have changes to patient focussed booking in certain areas. We remain committed to reducing these rates.

The Directorate remains committed to minimising the number of patients in mixed gender rooms and were within target in April 2016. 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 throughout Reablement Services in April 2016. Improved flow remains one of our goals and this has been sustained.

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 four complaints received in the month of April 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 and expect the level of excess to reduce to near zero by June 2016. Sick leave is monitored monthly and currently within 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.

Key achievements in the month

- A plan to progress integration of service in Specialist Palliative Care across Hospice and Hospital services continue to progress. A consultation document has been released that closes for feedback on the 10th of June. There are six priority areas being focussed on to implement the palliative care strategy. They include co-design work with patients, education, psychosocial and allied health support in the community and integrated clinical records and data.
- The Locality Model of Care in Community Services is continuing to be implemented. The engagement with primary care and aged residential care is progressing well. The new single point of access, daily triage system and integrated single assessment process has been implemented successfully.
- Rapid response services have opened access on a staged basis, to primary care, aged care and St John. The early supported discharge service will be commencing this winter. This service will support intensive rehabilitation in the home for appropriate patients. Both these services will improve flow and support care closer to home.
- Patient flow has improved to meet the new local stretch targets. We aim to keep to these throughout winter, which will support ED and the acute services and ensure quality care in the right place at the right 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 reduce further improve the LOS and clinical outcomes and integration of care for the frail older adult.
- The Directorate hosted a Primary Care education evening with Funding and Planning for Auckland GPs and practice staff on the topics of Older People's Health and Community Services. The event was attended by over 50 primary care staff and was well received.

Rapid Response Services Update

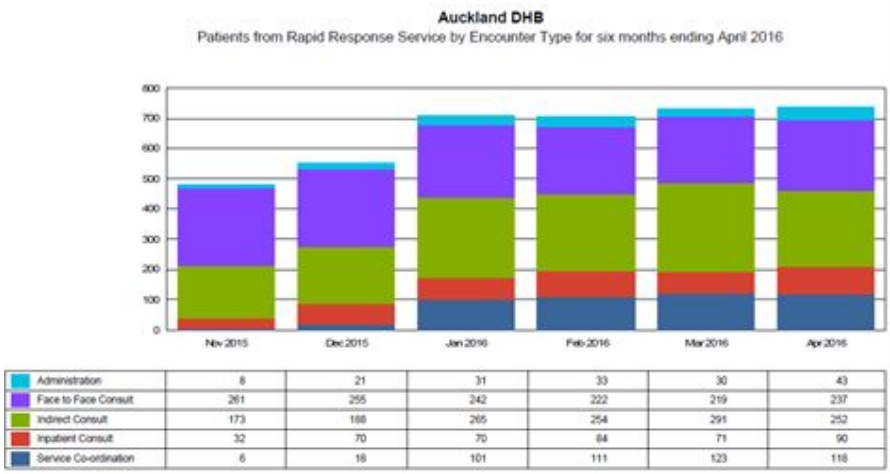
The Directorate launched a Rapid Response Service in August 2015. The service has been very successful and feedback from staff, other service stakeholders and patients is extremely positive. The model of care has developed and will see further integration, embedding this service into the locality model of care over 2016. There is strong liaison between Rapid Response staff and NASC, and Gerontology Services. Access to St John, Aged Care and Primary Care has commenced in a staged roll out across June and July. All will have access by mid July 2016. We have had no serious adverse events or quality concerns. The Directorate would like to commend staff in Community and Gerontology Services for their commitment and support in establishing this new service. HAC will see an increase in volumes in this service reflecting the change from July 2016 onwards.

Service Activity to April 2016

Chart 1 demonstrates Rapid Response encounters by activity type.

- Over the last four months, there is an average of 79 inpatient consultations (an increase of around 15% per month), which creates an average of 50 first assessments and 600 follow up assessments per month delivered by the Rapid Response Service.
- Follow up activity has been steadily increasing since the service was introduced in August 2015 with a peak in April of 625 contacts.

Chart 1: Rapid Response Service Encounters by Activity Type

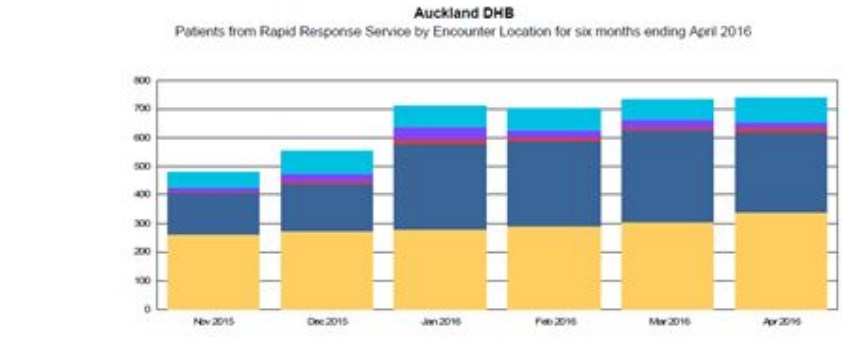


	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Administration	8	21	31	33	30	43
Face to Face Consult	261	255	242	222	219	237
Indirect Consult	173	188	265	254	291	252
Inpatient Consult	32	70	70	84	71	90
Service Co-ordination	6	18	101	111	123	118

Chart 2 demonstrates the proportion of contact activity by location.

- 46% of contact activity for the service is delivered in the patient's home. 16% of activity is delivered in the ED department or in hospital. As overall contact numbers have increased over time (Chart 1) a growing proportion of follow up contacts are delivered via telephone conversations with the patient. Telephone consultations now comprise 38% of the patient contacts.

Chart 2: Proportion of contact activity by location



	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Hospital – Acute	54	76	73	76	71	65
Hospital – ED/APU	16	28	42	29	29	23
Hospital – FMU	0	0	0	0	0	0
Hospital – OPH	3	11	13	8	8	11
Phone	145	162	299	300	320	281
Other Location	262	275	282	291	306	340

Areas off track and remedial plans

- DNA action plan for the Directorate has been developed and is being implemented across all services. A 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.
- 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, projection 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 are being implemented in Community Services currently. Improved reporting on activity will be in place by July 2016.
- Dermatology Services continue to experience high demand for services which is impacting on waiting times in this service. A service sizing exercise to address this has been finalised. Additional FTE has been agreed and we are in the process of recruiting. The new service model will be operational in the new financial year. The change will include the establishment of a 'see and treat' clinic to ensure all patients with suspected melanoma will meet the required FCT targets.
- 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 edibility and assessment processes.
- The Community Nursing Service has had a number of serious clinical incidents relating to the lack of follow up and treatment of rheumatic fever patients. There have also been two serious complaints in the service around wound care and clinical practice. The Directorate has taken these concerns seriously and a significant change programme has commenced to ensure the service and workforce develops to meet the demands of the future. New systems and processes to prevent the lack of follow up treatment for the rheumatic fever patients have been developed and are being implemented.

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.
- 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. 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 Specialist Diabetes Plan across ADHB and continue to support the DSLA in their work to redesign the care pathway for people with diabetes in WDHB/ADHB.
- 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. A plan to progress the implementation of the integrated stroke services during 2016/17 is now underway.
- 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. Plans for refurbishment are in development 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.
- Develop improved performance within our Ambulatory Services through a combination of enhanced production, demand and capacity planning, benchmarking and quality improvement to create sustainable, accessible services within available resources.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Adult Community and LTC

Reporting Date May-16

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,148	1,146	2 F	12,080	11,877	203 F
Funder to Provider Revenue	6,245	6,245	0 F	64,285	64,285	0 F
Other Income	54	16	38 F	262	172	90 F
Total Revenue	**7,447**	**7,407**	**40 F**	**76,627**	**76,334**	**293 F**
EXPENDITURE						
Personnel						
Personnel Costs	4,075	4,005	(70) U	42,863	43,647	784 F
Outsourced Personnel	98	67	(31) U	1,072	808	(265) U
Outsourced Clinical Services	136	143	8 F	1,462	1,578	116 F
Clinical Supplies	627	697	70 F	7,168	7,178	10 F
Infrastructure & Non-Clinical Supplies	185	170	(15) U	1,751	1,864	114 F
Total Expenditure	**5,120**	**5,082**	**(38) U**	**54,316**	**55,075**	**759 F**
Contribution	**2,327**	**2,325**	**2 F**	**22,311**	**21,258**	**1,052 F**
Allocations	372	362	(10) U	4,053	3,852	(201) U
NET RESULT	**1,955**	**1,963**	**(8) U**	**18,258**	**17,406**	**852 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	71.0	71.1	0.1 F	68.5	71.1	2.6 F
Nursing	275.9	280.4	4.5 F	278.8	280.4	1.6 F
Allied Health	123.3	129.3	6.1 F	124.2	129.3	5.1 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	38.9	41.7	2.9 F	38.8	41.7	2.9 F
Total excluding outsourced FTEs	**509.0**	**522.6**	**13.6 F**	**510.4**	**522.6**	**12.2 F**
Total :Outsourced Services	9.2	2.3	(6.9) U	9.3	2.8	(6.5) U
Total including outsourced FTEs	**518.2**	**524.8**	**6.7 F**	**519.7**	**525.4**	**5.7 F**

Comments on Major Financial Variances

The current month result for May is $8k U, and YTD result is $852k F.

Current Month

The key drivers in the Directorate's result are the final Pharmac rebate for the year received ($199k F) which was offset by one-off clinical equipment depreciation charges relating to adult health patient monitor fleet replacements to be reallocated once asset registration forms are complete, and the costs of high volumes, including Ambulatory Services clinics, ostomy supplies and diagnostic tests.

YTD

Price Volume Schedule (PVS) volumes are slightly above base contract at 100.1% YTD. This equates to $53k above contract. The net over delivery of volumes is not recognised in the Directorate result.

Of note, although Ambulatory Services volumes are over-delivered by $202k overall, inter-district flows (IDF) are under delivering by $236k. Overall for the Directorate, IDF are under delivering by $100k.

Total expenditure YTD is $852k F. Significant drivers of this are:

- ACC revenue $221k F, mainly Sexual Assault ongoing high volumes not budgeted;
- Personnel and outsourced personnel combined $519k F, due to delayed recruitment, one-off corrections from 2014/15 and slightly lower than budget average cost per FTE;

Forecast

The directorate is currently forecasting a year end result of $753k F to budget. This assumes current volumes for ACC are on-going as well as recruitment to several vacant positions.

Savings

We continue to meet savings targets.

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 4 portfolios:

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

The Surgical Directorate is led by:

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

Supported by Les Lohrentz **(HR),** Justin Kennedy-Good **(Service Improvement)** and Jack Wolken **(Finance).**

Directorate Priorities for 15/16

In 2015/16 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 work programmes:

1. Teamwork within our departments, Directorate and across the organisation, keeping staff engaged to streamline processes and procedures
2. Meet all health, financial and efficiency targets
3. Deliver equitable access to care for emergency, acute and elective patients
4. Align all the elements of local operating systems along the patient pathway
5. Improve the quality of all services, learning from our success, best practice and monitoring of our clinical outcomes
6. Put the patient at the centre of everything we do to provide a positive healthcare experience

Q4 Actions

1. Teamwork within our Departments, Directorate and across the organisation, keeping staff engaged to streamline processes and procedures

Activity	Progress
Induction of new directorate management team	First of the induction programmes delivered on the 16 May 2016
Training and appraisals for all staff groups	All managers continue to be reminded to ensure that annual appraisals are completed and a copy sent to payroll. A significant effort has been made by the nursing team.
Celebrate our successes	Continue to provide nominations for Hospital Heroes MOS process to capture positives and escalate

2. Meet all health, financial and efficiency targets

Activity	Progress
Manage discretionary spend	Directorate level review on-going with additional controls put in place
Improve inventory management	Consignment / implant workgroup - end to end process established and first meeting held. Becoming part of organisational top ten long term projects.

3. Deliver equitable access to care for emergency, acute and elective patients

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	Implementation of an OPD SCRUM is being progressed and is expected to be rolled out on 1 June 2016

4. Align all the elements of local operating systems along the patient pathway

Activity	Progress
Performance ”pizza” to go live	Awaiting business objects upgrade. Roll out date is dependent on BI time frames
SMO timetable alignment	PVS 16/17 draft to determine demand. Job and Service size planning for all specialities, this will be supported by the FTE reconciliation exercise commencing on the 18 April 2016.

5. Improve the quality of all services, learning from our success, best practice and monitoring of our clinical outcomes

Increase ERAS with orthopaedic unit	Delivered
Implement nurse led discharge pilot	Elective ERAS orthopaedic ward to pilot nurse led discharges Pilot underway to enable nurse led discharge.
Nurse led follow ups	Currently being trialled in ASU, patients that are discharged from ASU have nurse led telephone follow ups. This ensures timely advice and guidance is given and prevents emergency readmissions through ED as patients are brought back to the appropriate setting.
Establish Quality and Patient Safety meetings within each department	Nurse Consultant appointed commencing April 2016. Areas of focus for the first 90 days are: • A stocktake of current service quality meetings • Process for the escalation of risks for consideration at the Directorate Quality Meeting. • Corrective actions from certification
Analyse patient satisfaction information	Standing agenda item on the weekly Directorate Quality and Patient Safety meeting.
Monitor clinical outcomes	Directorate input into CRAB implementation , Directorate representatives have been identified.

6. Put the patient at the centre of everything we do to provide a positive healthcare experience

Conduct a patient safety culture survey	Developed and implementation planned.

Measures

Measure		April	Target	March
ESPI compliance	ESPI 2	0	Fully compliant =0%	0.05%
	ESPI 5	0.61%	Fully compliant =0%	0.76%
DNA rates for all ethnicities (%)		9	9%	9%
Elective day of surgery admission rate (DOSA) %		81.58%	≥68%	82.3%
Day surgery rate (%)		63.14	≥70%	63.8%
Number of complaints received		15	≤10/month	21
SMOs with aligned timetables (%)		TBC	≥80% tbc	TBC
Theatre list usage (%) (Utilisation adult services)		101%	≥94%	98%
Reduction in the number of preventable session losses		40%	>50%	59%
Orthopaedic productivity (elective only)		116% (+18)	100%	97% (-4)
Ophthalmology productivity		127%(+47)	100%	100%
Patient experience survey response count (monthly)		R/U	TBA	R/U
Patient experience survey responses rating care as very good or excellent		R/U	≥90%	R/U
Patient experience survey responses rating care as fair or poor		R/U	≤5%	R/U

Scorecard

Auckland DHB - Surgical Services

HAC Scorecard for April 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	1
	Nosocomial pressure injury point prevalence (% of in-patients)	4.1%	<=6%	5.2%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.3%	<=6%	4.5%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	4
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.96	>=1	0.93
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	71%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0.02%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0.61%	0%	0.76%
	% DNA rate for outpatient appointments - All Ethnicities	9%	<=9%	11.1%
	% DNA rate for outpatient appointments - Maori	21%	<=9%	23.8%
	% DNA rate for outpatient appointments - Pacific	15.2%	<=9%	18.5%
	Elective day of surgery admission (DOSA) rate	81.58%	>=68%	82.17%
	% Day Surgery Rate	63.14%	>=70%	61.61%
	Inhouse Elective WIES through theatre - per day	69.03	TBC	76.08
	Number of CBU Outliers - Adult	118	0	180
	% Patients cared for in a mixed gender room at midday - Adult	11%	TBC	10%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	86.5%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	86.3%
	Number of complaints received	15	No Target	21
	28 Day Readmission Rate - Total	R/U	<=100%	8.4%
	Average Length of Stay for WIES funded discharges (days) - Acute	3.35	TBC	3.74
	Average Length of Stay for WIES funded discharges (days) - Elective	1.38	TBC	1.24
	31/62 day target – % of non-surgical patients seen within the 62 day target	R/U	>=85%	66.67%
	31/62 day target – % of surgical patients seen within the 62 day target	R/U	>=85%	90%
	62 day target - % of patients treated within the 62 day target	R/U	>=85%	81.25%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	97%	>=95%	92.6%
Engaged Workforce	Excess annual leave dollars ($M)	$1.11	0	$1.09
	% Staff with excess annual leave > 1 year	30.7%	0%	29.7%
	% Staff with excess annual leave > 2 years	15.9%	0%	16.3%
	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%	3.3%
	% Voluntary turnover (annually)	9.2%	<=10%	9%
	% Voluntary turnover <1 year tenure	6%	<=6%	4.5%

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

Health Targets

Elective Discharges

In April, the cumulative achievement across the Provider Arm was 100% (+23) of the discharge target. However, Adult Services achieved 96% of the Auckland DHB Adult discharge target (-12 patients). The biggest area of deviation from plan is in Ophthalmology. The recovery plans agreed with each service have been delivering to plan; against the high on-going acute demand.

The April Adult IDF discharge cumulative position was 109% of the target (+356 patients). The teo main areas of over delivery were Orthopaedics and Ophthalmology.

At the end of April the ESPI 2 position is fully compliant for ADHB at 0%.

The organisational position for ESPI 5 is reported as moderately non-compliant for patients not receiving a date for surgery within 4 months at 0.61% (the target is <1.0%).

Increased Patient Safety

There were no SAC 1 or 2 events reported in the month of April.

There were 18 medication errors reported for the month of April, without harm. The Directorate continues to work towards undertaking audits on medication administration compliance.

There were 32 falls reported for the month of April (none with major harm). These will be thoroughly reviewed at the Directorate Falls meeting and the weekly Quality meeting.

There were 14 pressure injuries reported for April, categories for which are as follows:

7x Category 1 (Non-blanchable erythema)
7 x Category 2 (Partial thickness skin loss)
0 x Category 3 (Full thickness skin loss)
0 x Category 4 (Full thickness tissue loss)

Better Quality Care

The DNA rate for appointments for all ethnicities in April is on target at 9%.

Patients cared for in a mixed gender room at midday in April has increased slightly to 11%; this continues to be due to the pressures on bed capacity as a result of the high acute load.

The number of outliers has reduced again in April to 118, this reflects the acute demand across the hospital, and the effectiveness of the elective orthopaedic beds opened on ward 62. Where possible teams have been working to align the capacity, co-horting and repatriating patients to reduce the outliers across the surgical bed base, to support the rest of the hospital and the patient flow. When occupancy has reduced across the hospital the Nurse Unit Managers have continue to work with the Charge Nurses to reallocate staff and close beds, ensuring that patients receive excellent care and that staff get an opportunity to take leave and maintain their training and education.

Day surgery rates have increased again during the month to 63.14% against a target of 70%. The elective DOSA rate increased in April to 81.58% and is above the 68% target.

Improved Health Status

Smoking Cessation

Performance has improved in April to 97%. This is as a result of the work undertaken by the Charge Nurses to ensure that the information is being captured correctly.

Engaged Workforce

- New structure implemented 4th April
- The Directorate HR team have identified the top 25 with excess annual leave and plans are being discussed with the relevant individuals and Service Clinical Directors. Other areas do have plans for the reduction of excess annual leave but there have been issues in capturing the information to pull through for the score card report. This is being addressed.

Key achievements in the month

- Increase in discharge delivery to achieve Q4 target
- Media visit to ward 62 looking at reduction in length of stay.

New orthopaedic elective ward gets patients out of Auckland Hospital sooner

CATRIN OWEN
Last updated 09:12, April 20 2016

CATRIN OWEN / FAIRFAX NZ

Therapy assistant Trilok Raval, centre, tests out the new equipment on Ward 62 with Rebecca Tapper and Jacob Munro.

A new elective unit at Auckland City Hospital is reducing overnight stays for patients.

Ward 62 is the orthopaedic elective unit refurbished to specialise mainly in joint replacements.

Ward 62 press release

Areas off track and remedial plans

- Discharge recovery plans continue to be implemented to sustain the improvement and ensure that ADHB deliver 100% of the PVS
- Financial recovery plans for 15/16 continue to be monitored and managed at an RC level

Key issues and initiatives identified in coming months

- FTE reconciliation exercise to be undertaken across surgical services to ensure that Orgplus and budgets are aligned with the new Directorate structure.
- Delivery of ESPI targets at an organisational level.
- Project plan in place for the increase in Urology services at Greenlane, first run through planned 9th June.

Surgical Services Directorate

Financial results for May 2016

STATEMENT OF FINANCIAL PERFORMANCE
Surgical Services

Reporting Date May-16

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	695	862	(167) U	7,712	9,481	(1,769) U
Funder to Provider Revenue	21,930	22,113	(183) U	225,387	225,692	(304) U
Other Income	401	419	(18) U	4,101	4,610	(509) U
Total Revenue	**23,026**	**23,394**	**(368) U**	**237,200**	**239,783**	**(2,582) U**
EXPENDITURE						
Personnel						
Personnel Costs	8,318	7,268	(1,050) U	85,982	79,320	(6,662) U
Outsourced Personnel	362	239	(123) U	3,472	2,630	(842) U
Outsourced Clinical Services	318	327	8 F	2,143	3,593	1,450 F
Clinical Supplies	2,848	2,619	(229) U	27,657	26,798	(858) U
Infrastructure & Non-Clinical Supplies	328	185	(143) U	2,987	2,041	(946) U
Total Expenditure	**12,175**	**10,638**	**(1,537) U**	**122,241**	**114,383**	**(7,858) U**
Contribution	**10,851**	**12,756**	**(1,905) U**	**114,960**	**125,399**	**(10,440) U**
Allocations	2,737	2,433	(304) U	27,820	25,950	(1,869) U
NET RESULT	**8,114**	**10,323**	**(2,209) U**	**87,140**	**99,449**	**(12,309) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	206.0	200.1	(5.8) U	199.9	200.1	0.2 F
Nursing	506.6	470.3	(36.3) U	499.9	470.3	(29.6) U
Allied Health	38.3	37.4	(1.0) U	37.2	37.4	0.1 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	69.9	67.9	(2.0) U	68.6	67.9	(0.7) U
Total excluding outsourced FTEs	**820.8**	**775.7**	**(45.0) U**	**805.7**	**775.7**	**(30.0) U**
Total :Outsourced Services	21.4	14.0	(7.4) U	18.3	14.0	(4.3) U
Total including outsourced FTEs	**842.1**	**789.7**	**(52.4) U**	**824.0**	**789.7**	**(34.3) U**

Comments on major financial variances

Month result

The month result is $2.2M unfavourable, primarily reflecting higher expenditure driven by ongoing high base contract volumes, now 3.7% over YTD contract, with the additional revenue not recognised in the directorate result.

Revenue

ACC Revenue is $112k unfavourable and this continues to be impacted by high acute volumes reducing the capacity to carry out elective ACC work. Funder to Provider revenue is $183k

unfavourable due to the Orthopaedics Interim Care Scheme now being directly managed by the Funder - offset by reduced expenditure of $166k F in Orthopaedics.

Expenditure
The high patient workload continues to impact personnel costs ($1,050k unfavourable) through additional allowance payments covering the longer hours required and reflected in a higher average cost per FTE than budgeted for medical and nursing staff. Additional JRMO FTE within the General Surgery and Orthopaedic services, together with additional Nursing FTE recruited for the OEU (Orthopaedics Elective Unit, 11 staff additional), have also been a factor, while FTE savings of 24.90 have struggled to gain traction when patient volumes have been so much greater than contract.

The OEU Nursing FTE cost impact is funded by redirecting Orthopaedic external outsourcing activity in-house, amounting to savings on outsourcing costs totalling $130k this month.

Clinical supply costs are also higher as a consequence of the patient activity (implants $164k U across Orthopaedics), while transplant retrieval costs for organ transport from Australia were also significant ($60k U) with 11 transplanted patients.

Internal allocations continue to be impacted by the significant volumes resulting in higher MRI, Nutrition and Radiology charges.

YTD result
The YTD result is $12.3M unfavourable, primarily reflecting higher expenditure driven by ongoing high base contract volumes, now 3.7% over YTD contract. These significant patient volumes represent $8.3M over delivered revenue YTD which is not reflected in these financials. The $8.3M over delivery is made up as follows:

1. $8,775k and 9% over the contracted acute inpatient volumes,
2. The balance of $443k U is a mixture of inpatient elective and Outpatient/procedure volumes.

Revenue
The unfavourable revenue variance of $2,582k continues to be primarily ACC of $1,362k which is being affected by significant patient volumes, impacting planning and availability of other patient types. The General Surgical TPN contract funding not realised totalling $462k is also a significant impact.

Expenditure
Total expenditure is unfavourable $9,727 YTD, of which Personnel costs are $6,662k unfavourable.

- Medical staff costs of $3,134k U are impacted by additional hours' payments increasing the cost per FTE equivalent.
- Nursing costs are $3,163k U and have also been impacted by the high patient volumes, difficulties achieving FTE savings targets and the additional Orthopaedic Elective Unit staffing (funded by reduced outsourcing).

Clinical supplies spending of $858k U is driven by the increased patient volumes while specific areas worth note are

- Organ transplant transport costs of $545k U are due to higher transplant activity.
- Implants costs are $799k U increasing particularly in Neurosurgery (significantly over delivering on acute patient volumes) and Orthopaedics.

- Pharmacy costs in Ophthalmology are high due to the need to supply high cost pharmaceuticals in increasing volumes to patients at risk of blindness (macular degeneration), $515k U.
- The above have been mitigated by savings achieved in the Wards of $1,064k F.

Bad Debts ($611k U) on Non-residents is the major component of the $946k U Infrastructure overspend while the high patient volumes have also increased MRI, Nutrition and Radiology costs within Internal allocations totalling $1,869k U.

Business Improvement Savings

Despite the high patient volumes being treated specific savings of $294k were achieved for the month, $105k higher than the target of $189k. YTD savings now total $2,066k, 97% achieved against a target of $2,121k (92% achieved YTD in April) and are primarily made within Wards clinical supplies.

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 encompassing Organ Donation NZ and Transplant Recipient Coordination.

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 15/16

Our Directorate contributes to the delivery of six Provider Arm work programmes; in addition to this our focus is on the following Directorate level priorities:

1. Embed Clinician Leadership model including induction & orientation for new leadership team
2. Develop Clinical Governance and quality frameworks
3. Reconfigure service delivery for Cardiothoracic Surgery patient pathway
4. Improve our communication with Directorate staff
5. Plan for future service delivery
6. Financial sustainability

A number of action plans support the delivery of our priority areas

Q3 Actions – 90 day plan

1. **Embed Clinician Leadership model including induction & orientation for new leadership team**
   All Clinician Leadership positions are now filled, an induction overview has also taken place and our nominations to the ADHB Leadership programme are about to commence.

2. **Develop Clinical Governance and quality frameworks**
   Our Cardiovascular Leadership meeting schedule has been confirmed and commenced. We are now starting to strengthen reporting and feedback loops between service and directorate levels.

3. **Reconfigure service delivery for Cardiothoracic Surgery patient pathway**
   a. We have aligned our workstream on care of the physiologically unstable patient with the organisational work programme for this strategic deliverable however as organisation-wide

processes are more complex than originally anticipated this work will likely continue through 2016/17 year. It is anticipated that a CVICU-based outreach model will form part of this work with directorate resource tagged for this to meet the challenge of increasing Heart and Lung Transplants and Extracorporeal Membrane Oxygenation volumes however we are cognisant of need to remain aligned to organisational workstreams.

b. Work on developing a Cardiothoracic Surgery satellite clinic as the first stage in reconfiguring the Nursing Model of care on Ward 42 is near completion; this new process will commence in June 2016. The second stage to develop a shared Cardiothoracic Surgery/Cardiology care area for preoperative Cardiothoracic Surgery patients has been presented at the last Regional meeting; we have established good buy-in from both local and regional cardiology services for the workstream.

c. Data management formed the basis of a number of recommendations underlining the service redesign work currently underway. We reported last month that we are in the process of developing a framework for a business case to change from the CPR product to the Dendrite product that will align us with national direction and address the risk posed by providing the ability to collect reliable and standard patient flow data, prioritisation scores and decisions, waitlist status, and outcome measures. Work on this continues with the aim of having a draft for next reporting period.

4. Improve our communication with Directorate staff

We are incorporating themes from our staff survey into a directorate wide communication plan as we bed down our Clinical leadership roles and structure.

5. Plan for future service delivery

We continue with our implementation plan based on the business case submitted to the Ministry of Health relating to Heart and Lung Transplantation and Extracorporeal Membrane Oxygenation. We aim to have the plan in place to improve timely access for patients waiting for cardiothoracic surgery, effective resource utilisation and supporting staff resources by July 2016.

A plan to ensure sustainable delivery of non-DHB patient services has been redefined as a wider piece of work that will support the 16/17 year business plan.

A Governance Committee group meeting to adopt a final set of recommendations from the Hybrid OR project had to be rescheduled till June.

Measures

Measure	Actual	Target End 2015/16)	2016/17
Adverse events: number of outstanding recommendations by due date	TBA	<10	0
Adverse events: median number of days from Reportable Events Brief – A submission to report ready for Adverse Events Review Committee (working days)	177	70	<70
% of patients with email address submitted at admission	24%	50%	95%
Inpatient experience very good or excellent	Achieved	>90%	>95%
Number of recommendations off track without remedial plans	0	0	0
Directorate remains within budget (with 5% variance)	3.4% (U)	On Budget	On Budget
Savings plan projects favourable to budget	Unfavourable	Un Favourable	Favourable

Scorecard

Auckland DHB - Cardiovascular Services

HAC Scorecard for April 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)	3.2%	<=6%	2.6%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.1%	<=6%	3.9%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	1
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.98	>=1	0.95
	(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%
	% DNA rate for outpatient appointments - All Ethnicities	12%	TBC	12.1%
	% DNA rate for outpatient appointments - Maori	29%	TBC	22.2%
	% DNA rate for outpatient appointments - Pacific	24.7%	TBC	20.8%
	Elective day of surgery admission (DOSA) rate	16.46%	TBC	12.82%
	% Day Surgery Rate	15.96%	TBC	9.45%
	Inhouse Elective WIES through theatre - per day	22.71	TBC	36.96
	Number of CBU Outliers - Adult	40	0	55
	% 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%	85.7%
	Number of complaints received	2	No Target	5
	28 Day Readmission Rate - Total	R/U	TBC	10.3%
	% Adjusted Theatre Utilisation	74.5%	>=80%	83.2%
	% Theatre Cancellations	11%	TBC	7.6%
	Cardiac Bypass Surgery Waiting List	99	52-104	82
	% Accepted referrals for elective coronary angiography treated within 3 months	100%	>=90%	99.5%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	96.9%	>=95%	93.9%
	Vascular surgical waitlist - longest waiting patient (days)	94	<=150	113
	Outpatient wait time for chest pain clinic patients (% compliant against 42 day target)	87.5%	>=70%	93.8%
Engaged Workforce	Excess annual leave dollars ($M)	$0.54	0	$0.52
	% Staff with excess annual leave > 1 year	32.5%	0%	32.7%
	% Staff with excess annual leave > 2 years	13.1%	0%	12.5%
	Number of Pre-employment Screenings (PES) cleared before the start date	2	0	0
	Sick leave hours taken as a percentage of total hours worked	4.9%	<=3.4%	4.4%
	% Voluntary turnover (annually)	12.25%	<=10%	11.7%
	% Voluntary turnover <1 year tenure	3.3%	<=6%	3.3%

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 1 or 2 events reported for the month of May for the Directorate. One complaint was recorded for May. This concerned a diagnosis on discharge summary and the consumer has been sent a response.

Better Quality Care

The Cardiovascular Service is meeting the 4 month target in elective service delivery targets, ESPI /2 and ESPI 5.
In May the service continued to see consistently greater numbers of inflows onto the waitlist, however production remained equal to or above planned which meant the waitlist dropped from 99 to 92.

The P1 patient group saw an increase onto the waitlist during May which impacted on the wait times for the P2 and P3 patients, however weekly scheduling meetings to plan tentative dates meant close clinical governance of the patients was maintained.

The service had 1 transplant in May and 1 ECMO; the patient cancellations remained consistent with the previous month and were predominately due to the bed unavailability in the CVICU.

ESPI 2 in Cardiology continues to be challenging but appears to be stabilising by maximising clinics. This arose from slightly higher referrals and DNA rates against drop in number of clinics held in second half 2015 due to staff availability arising from annual leave and resignations.

The EP waitlist has risen in recent months due to higher inflows, scheduling issues and staff availability; we are looking at ways of meeting this demand.

Heading into winter there is likely to be continued high inflows onto the waitlist which will challenge the service, plans are in place for managing this. The continued challenge of long stay complex patients in the CVICU may further impact on our ability to manage our patient flow across the directorate.

Improved Health Status

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

Engaged Workforce

Excess annual leave rates remain at similar levels – a renewed focus has been launched this month.

Key achievements

- Implementation of our Cardiovascular Leadership meeting programme and strengthening reporting and feedback loops between service and directorate levels.

- Commencement date for our new process for a Cardiothoracic Surgery satellite clinic as the first stage in reconfiguring the Nursing Model of care on Ward 42.
- Management of high number of inflows to our cardiothoracic surgery and cardiology services.
- Progress in our agreed implementation plan based on the business case submitted to the Ministry of Health relating to Heart and Lung Transplantation & Extracorporeal Membrane Oxygenation to improve timely access, effective resource utilisation and supporting staff resources.
- Framework in place for Q4 deliverables linking to development of 2016/17 directorate plan

Areas off track and remedial plans

- The number of patients waiting for surgery has remained persistently high as we head into winter, placing our maintenance of clinically appropriate wait times under pressure. We continue to monitor this closely

- The financial result this month has required us to shift our forecast at year end to be further unfavourable to budget. This will challenge us to continue looking for further efficiencies whilst maintaining our waiting list.

Key issues and initiatives identified in coming months

- Meeting clinical treatment targets for Surgery and Cardiology Interventions along with maintaining focus on our Quarterly objectives remains a key tension for the service.
- Monitoring progress against the savings plan and making budget in the context of our waitlist challenges.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Cardiovascular Services

Reporting Date: May-16

8.10

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	72	123	(50) U	1,103	1,311	(208) U
Funder to Provider Revenue	10,925	10,925	0 F	118,858	118,858	0 F
Other Income	615	568	47 F	7,000	6,233	767 F
Total Revenue	**11,613**	**11,616**	**(3) U**	**126,961**	**126,401**	**560 F**
EXPENDITURE						
Personnel						
Personnel Costs	5,518	5,303	(215) U	57,570	57,873	304 F
Outsourced Personnel	38	50	12 F	481	545	64 F
Outsourced Clinical Services	99	58	(41) U	1,001	622	(379) U
Clinical Supplies	3,090	2,520	(570) U	29,488	27,429	(2,058) U
Infrastructure & Non-Clinical Supplies	26	164	138 F	1,518	1,806	288 F
Total Expenditure	**8,771**	**8,095**	**(676) U**	**90,057**	**88,275**	**(1,782) U**
Contribution	**2,842**	**3,520**	**(679) U**	**36,904**	**38,126**	**(1,223) U**
Allocations	878	995	117 F	10,643	10,561	(82) U
NET RESULT	**1,964**	**2,525**	**(562) U**	**26,261**	**27,565**	**(1,304) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	92.4	92.1	(0.3) U	90.3	92.1	1.8 F
Nursing	313.3	315.6	2.3 F	309.0	315.7	6.7 F
Allied Health	65.4	67.0	1.6 F	65.3	66.9	1.6 F
Support	3.0	3.0	0.0 F	3.0	3.0	0.0 F
Management/Administration	31.9	33.1	1.2 F	32.2	33.1	0.8 F
Total excluding outsourced FTEs	**506.0**	**510.8**	**4.8 F**	**499.8**	**510.7**	**10.9 F**
Total Outsourced Services	0.6	1.7	1.1 F	1.3	1.7	0.4 F
Total including outsourced FTEs	**506.6**	**512.5**	**5.9 F**	**501.2**	**512.5**	**11.3 F**

Comments on Major Financial Variances

The YTD result is $1,304k U. While overall inpatient discharges are 1.2% above contract, WIES is 5.3% below contract equating to $5.8M (not recognised in the Directorate result), but 1.3% higher than last year.

Actual 15/16 WIES are lower than contract due to both a new (lower) WIES version implemented in 15/16, and a change in case-mix driving a lower average WIES.

YTD elective WIES is at 100.7% of contract whilst acutes are 90.9% of contract mainly in cardiothoracic surgery.

1. Revenue

Overall revenue variance YTD is $560k F due to:

- Favourable variance from Non-Resident patients with a volume higher than budget.

2. Expenditure

Total Expenditure (including Allocations) YTD is $1,864k U, this is mainly due to

- Personnel and Outsourced personnel costs are net $368k F; mostly from being 11.3 FTE below budget arising from vacancies in Nursing & Registrars.
- Outsourced Clinical is $379k U YTD. Cardiac outsourced 6 lead extractions and 6 bypass cases. We are managing future outsourcing downwards as lead extraction work is now back in-house through using the new Hybrid theatre. However there is still some on-going risk for this financial year where continued high transplant numbers are reducing local capacity and requiring outsourced over-flow volumes in light of our persistently high cardiac surgery bypass waiting list.
- Clinical Supplies is $2,058k U, mainly due to the increase in TAVI cases – May YTD 60 compared with 37 for the same period last year and that the hA savings programme relating to Cardiac Implants has not materialised to date. Also contributing to the unfavourable variance are two unbudgeted LVADs in February - $238k. We are reviewing purchase information to ensure robustness of the financial information, and there will be on-going dialogue with supply chain management to verify the outcomes of the hA savings programme. Clinical equipment depreciation is $569k U, the 2016 17 budget takes account of this higher level or depreciation.
- Infrastructure & Non-Clinical Supplies is $288k F; mostly from lower building depreciation for the Hybrid Theatre charged to Facilities previously accrued to the cardiovascular directorate.
- Internal Allocations are $82k U due to higher Radiology charges (7.1% higher than the same period last year) and higher Nutrition charges (20% higher than the same period last year). These variances have been partially offset by Vascular research overhead recovery for prior years.

3. Forecast

The financial result this month has required us to our shift forecasted year end to be unfavourable to budget by $1.5M a sharp deterioration from last month. Although personnel costs have remained favourable, maintaining our forecasted position has not been achievable in the context of on-going clinical demand and ESPI compliance. This will challenge us to continue looking for further efficiencies that support our service delivery and savings assumptions into the 16/17 year. The latter does depend on the both the clinical activity and timing of the national Heart and Lung transplant service and how that relates to our wait list recovery plan.

Commercial & Non Clinical Support Directorate

Speaker: Clare Thompson, General Manager

Service Overview

The Commercial & Non Clinical Support Directorate is responsible for service delivery and management of Cleaning & Waste arrangement, Security, Food & Nutrition, Linen & Laundry, Car-parking, Motor Vehicle Fleet, Property leases, Retail, Dock management, Commercial Contracts, Clinical Education Centre, Sustainability, Volunteers, Mailroom, Health Alliance Procurement & 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 and this has resulted in four core service groups and 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 & Supply Chain

The leadership team of Commercial & 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 15/16

In 2015/16 the Commercial & Non Clinical Support Directorate will and work programmes contribute towards the delivery of both the Provider Arm and Corporate Services key priorities including regional and national initiatives. The 2015/16 priorities are;

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

Q3 & Q 4 Actions – 90 day plan

Strategic Initiatives for Commercial and Non Clinical Support include the following actions which are currently being progressed.

Service Group	Deliverable/Action	Q1	Q2	Q3	Q4	16/17
Contracts	Contracts Database				√	
Contracts	Contracts Management framework				√	
Contracts	Transforming Food Service Delivery			√	√	
Commercial Services Bus Imp	Motor Vehicle – Service Review				√	√
Commercial Services Bus Imp	Motor Vehicle Fleet Strategy				√	√
Commercial Services Bus Imp	Sustainability - CEMARS Certification				√	
Commercial Services Bus Imp	Sustainability Strategy					√
Commercial Services Bus Imp	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

Auckland DHB - Non Clinical Support Services

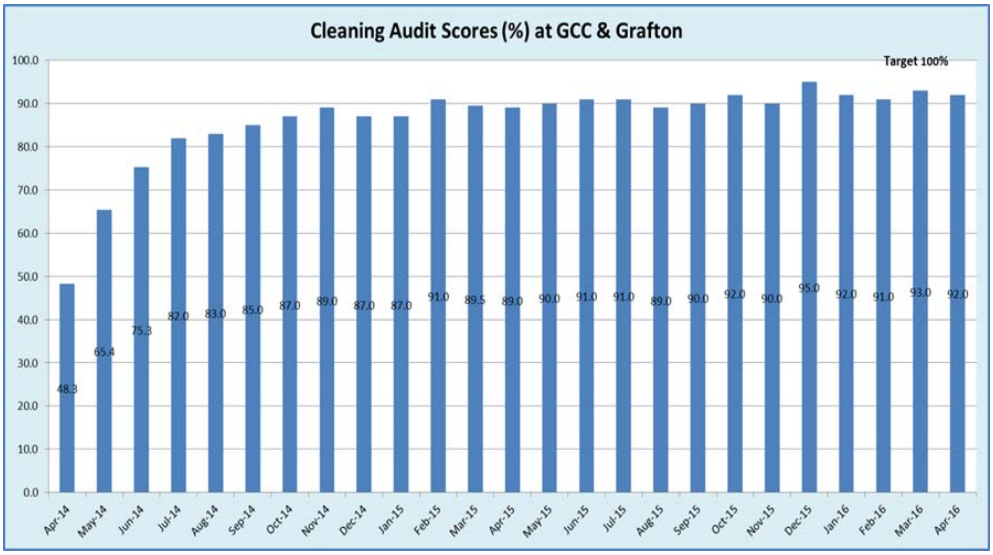
HAC Scorecard for April 2016

	Measure	Actual	Target	Prev Period
Engaged Workforce	Excess annual leave dollars ($M)	$0.04	0	$0.06
	% Staff with excess annual leave > 1 year	32.7%	0%	33.3%
	% Staff with excess annual leave > 2 years	6.9%	0%	9.1%
	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	6.2%	<=3.4%	5.8%
	% Voluntary turnover (annually)	11.1%	<=10%	11.6%
	% Voluntary turnover <1 year tenure	18.9%	<=6%	16.2%

Key achievements in the month

Cleaning Services

- Combined average audit score at Auckland Hospital and Greenlane Clinical Centre is 92% for the month of April 2016. The break-down by site; 91% Grafton & 94% GCC.
- Work continues to manage excess annual leave with intense focus on leave management plans.



- The external cleaning and carpark cleaning contracts have been transferred to Commercial Services. A quality improvement plan is now underway.

Compliments (April)

- Cleaning staff continue to maintain high standards. This is reflected by the number of written compliments received from various end users.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014				1	9	2	7	6	5	3	9	5
2015	4	1	5	3	5	14	4	8	5	2	10	7
2016	3	11	6	**9**								

- Training and staff empowerment. Key Initiatives are underway, these include developing digital literacy, workplace literacy and numeracy programmes and NZQA Level 3 Certification.
- NZQA Level 3 Training for GCC cleaners has commenced.
- A total of 69 staff enrolled across GCC/ACH for NZQA.
- The implementation for Cleaning & Waste Services staff Performance Development Review (PDR) is currently on-going. Service Delivery Coordinators are involved with conducting PDRs.
- IS training on basic computing skills is underway for 30 staff.
- Values Workshop continues to cascade through the Directorate and have been well received.

- **Patient Experience Portal (April)**

Rating	Comment	Site/Department
10	Wards were very clean	Ward 74
10	*Due to my son's condition, hygiene and cleanliness is paramount for his health. This particular stay everything was great.*	Ward 24B
10	*My daughter's room was very clean and was cleaned every day. Rubbish was removed every day and always hand sanitiser.*	Ward 26A
10	*Everything was immaculate and anything given to me to wear was brand new or clean*	GCC Surgical Unit
10	*At no time did I see any area not tidy or clean.*	Ward 41
10	*All the rooms we entered were very clean especially the kids play area.*	GCC Surgical Unit

- Ongoing project 'Behind the Scenes with Hand Hygiene' being conducted by IPC, focussing specifically on the Cleaning staff.

Dock Management, Health and Safety

- Hazard ID and risk assessments for all unloading areas (ACH, GCC, Pt Chev) continue.
- Requests have been placed for improved signage and improved safety markings around the docks.
- Audits on dangerous goods store rooms are planned.
- ADHB is working with the Auckland Metro DHBs to identify and dispose of expired Pandemic stock

Parking

- Commercial Services and the Sustainable Transport project team continue to work on car-parking options to meet the increased demand.
- There has been a notable increase in public demand for car parks at Greenlane caused by the Trotting Club partially closing its public carpark due to construction activity.

Supply Chain & Procurement

- ADHB, WDHB and CMDHB participated in a review of the northern regional supply chain. The review facilitated by Deloitte.
- The current Onelink contract for 3rd party warehousing services for the Northern region has been extended. Onelink will be included in the Supply Chain review currently under way.
- Health Alliance and ADHB logistics staff participated in the winter planning for patient capacity planning.
- Self-approving requisition project has completed its audit on those Oracle requisitions which were not sent to the correct authoriser.
    - Continued education required for using the requisition tool
    - Education on what Clinical Product Coordinator (CPC) does, and how to use process
- NZHPL national procurement strategy document is out for consultation.
- Audits completed to ensure supplier rebates paid.

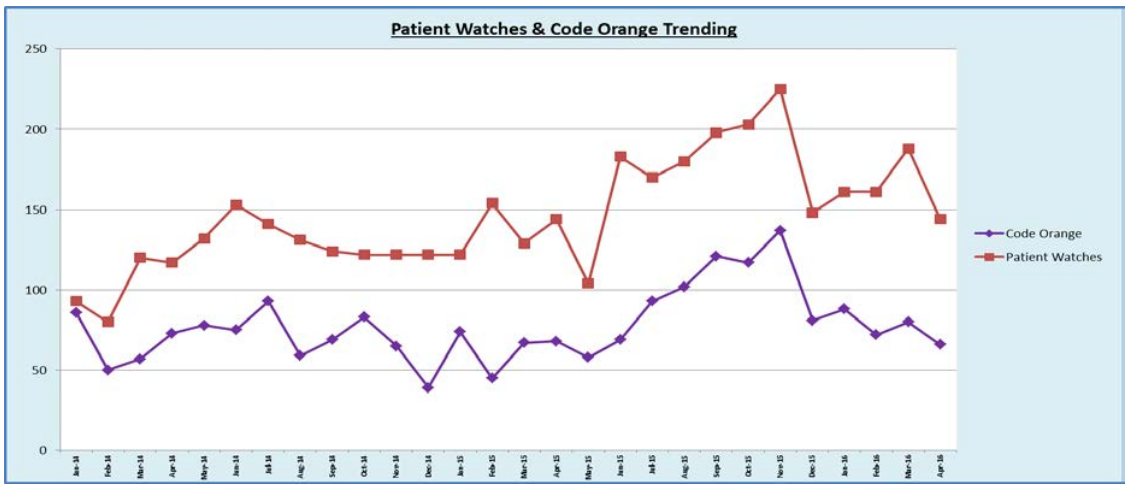
Security for Safety Programme

- Nine of the 12 project work-streams are underway with key milestones achieved per below:

Work-stream	Key Milestone
Code Black definition	• Code Black definition endorsed by Security for Safety Steering Group; • Code Black response development underway • Response definitions to be developed
Security Access Plans	• Plans drafted for Starship Workshops completed, access plans drafted for Maternity and Older Adults wards, AED and CED
CCTV system upgrade	• Configuration of Milestone (CCTV) "test" system is complete • Installation of CCTVs in Car park B completed
Access Control System	• Configuration for card and card holder data completed • HR data import testing and initial data import completed • Specification and testing of configuration for security access groups is underway
Security Control Room	• Construction has commenced in relocated Security Control Room at Auckland Hospital
ID/Security card project	• Security ID card pilot completed with Cancer and Blood, Building 8, ACH, Card design confirmed and signed-off • New card design completed and approved Issue of new cards to all employees, external contractors and partner organisations commenced
Performance and Culture	• Education / training framework approved by Security for Safety Steering Group • Training content development to commence in June 2016
Security for Safety Programme	• Draft options paper for "Managing Offensive Weapons" has been presented to Steering Group

Security – Operations

- Code Orange calls: 66 Code Orange responses were attended in April, compared to 80 in March (decrease 17.5 %).
  Patient Security Watches: There were 144 requests during April, compared to 188 in March (decrease 23.4%).



- First Security will be embarking on a training program for all Security Control Room operators to upskill their control room personnel.

Security – Parking

- Parking continues to be a challenge especially with non-compliant parking during nights and weekends. Security are focussing on the ambulance bays, cars parking on yellow lines, disabled car parking areas and LabPlus parking areas.

Waste Services & Sustainability

- The sustainable offices roll out is underway. Desk Cubes have been implemented in Building 32 Level 5 Administration Suite and Building 37 Executive Suite. Positive feedback received.
- Eco-triple steel bins - 116 new bins are required for rollout in Grafton and Greenlane sites.
  - 70kgs plastic bottle, 10kgs paper being collected every week from existing 27 bins.
- PVC Bins roll out. 55 units required. 12 bins currently in operations at Theatres Levels 4, 8 & 9.
- 500kgs of PVC material every month only from Theatres.
- Building 1 Level 5 dock has had a hard surface floor replaced to address the slippery floor issue.
- ACH and Starship docks have been equipped with new spill kits, eye wash stations and first aid boxes.

Property Leases

- Four leases are under re-negotiation.
- School of Medicine lease extension for a further 3 year period has been sent for board approval
- Confirmation has been received for the 8 month lease extension for the Thrive service located in Parnell (eating disorders).
- one leased building is under review due to Health & Safety issues
- One leased building contract expires in October 17 and a major relocation plan is underway.

Retail Outlet Tender

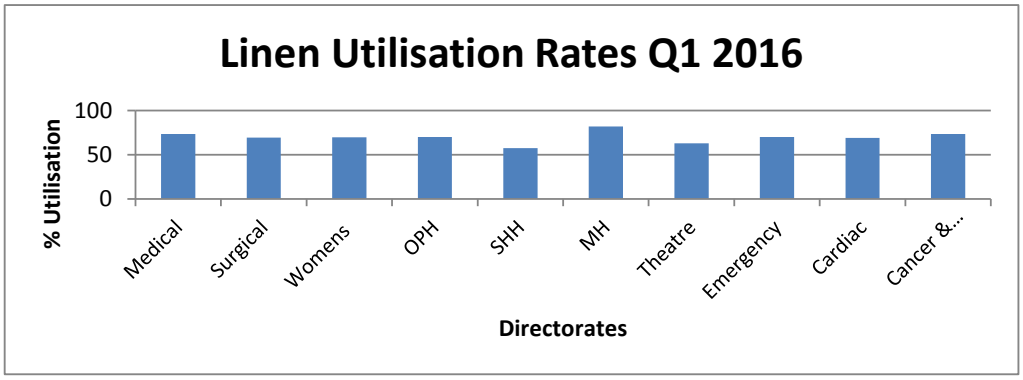
- Tenders for retail outlets for level 5, level 3, level 7 and GCC site have been evaluated.
- All parties who submitted proposals have been notified of the outcome. Lease negotiations are continuing, the public spaces team are consulting currently on the areas adjacent to the retail areas. Final decisions on the level 5 retail outlets will be made shortly, subject to board approval. Greenlane retailers have been confirmed, awaiting board approval. Further extensions to current leases for a short period may be required.

Contract Management

- The contracts quarterly newsletter has been prepared and is awaiting review and release via eNova. Hard copies will be available.
- ROR for Mail Room Services has been agreed for 12 months.
- Pest control services requests has been reviewed, with requests and follow up managed electronically and via a permit process.

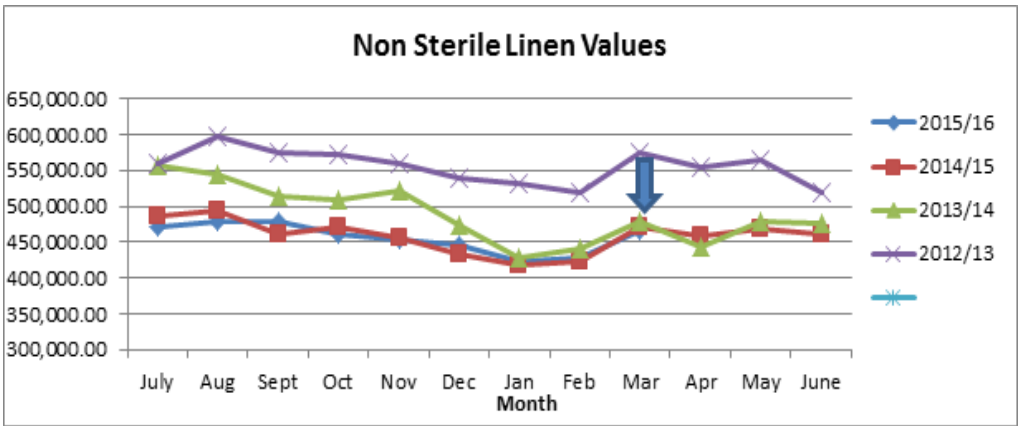
Linen

- General supply rate 98.3%.
- Sterile supply rate 100%
- Disposable supply rate 100%
- Overall utilisation for month of April was 74%.
- Utilisation rates by directorate have been circulated to CN/NUM for first quarter.



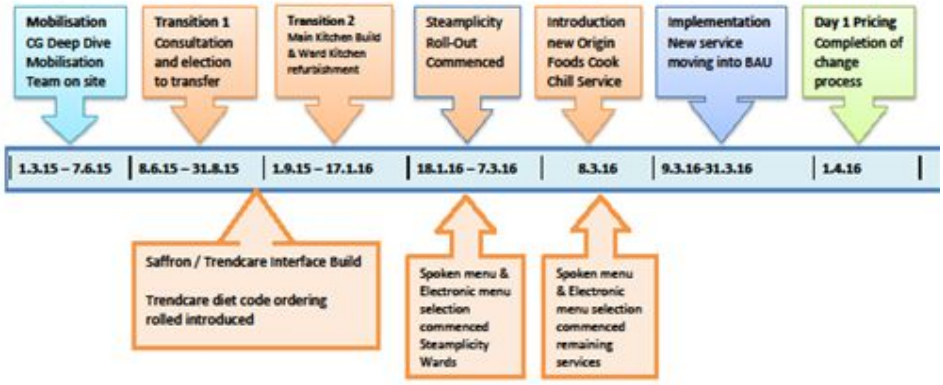
Savings for April

$58,767 F non-sterile
$12,233 U sterile

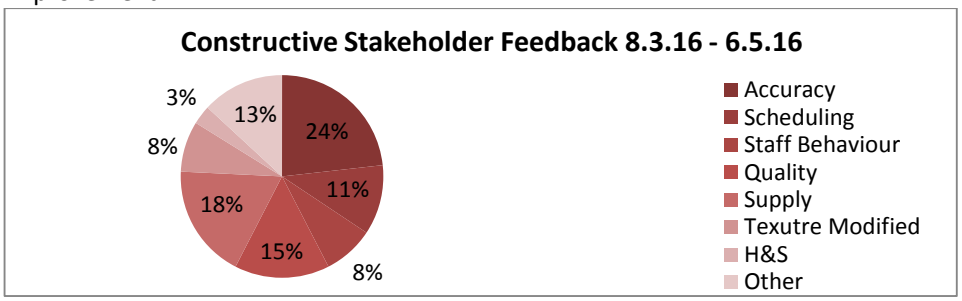


Food & Nutrition Services

- The patient meal food service project has delivered to the project timeframes:



- Steamplicity has mostly been very successful, with some excellent feedback from care recipients and ward staff, there has been some constructive feedback providing opportunities for improvement:



- Feedback from wards to Compass Group via a Feedback Form is underway
- Read-only (dietician) access to Saffron has been provided by Compass Group.
- Minor issues with texture modified foods. This is being reviewed with Compass.

Contracted Services

- Health & Safety assessments are underway to include on-site contractors.
- Gap analysis audit is underway for contracted services to gauge adherence to operational activities. First Security and Waste Management audits have been completed.

Sustainability

- PVC recycling is being implemented in theatres and other services. The intention is to achieve uniformity in processes for PVC recycling.
- Collection of PVC recycling material from wards is constantly increasing.
- A waste baler is being explored as a possible solution for compressing recyclables.

Areas off track and remedial plans

- All work streams are progressing as planned.

Key issues and initiatives identified in coming months

Area	Timeframe
Cleaning Services	
• Staff development and training programme	On-going
• Implement staff PDRs	May 16 – on-going
• Cleaning staff recruitment	May 16 – on-going
Sustainability – Waste Reduction Programme	Sep 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	Jun 16
Oracle V12 Upgrade - data Integrity audits and recovery of moneys due	Jun 16
DHB/HealthAlliance review of OneLink contract	Jun 16
Taylor's Linen Contract – savings initiatives	Nov 17
Food Project – Steamplicity implementation	Apr 16
Sustainable Transport Programme	Jul 16
5-year bed replacement programme	Jun 21
Specialist Bed audit	Jun 16

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Non-Clinical Support Services

Reporting Date May-16

($000s)	MONTH			YEAR TO DATE (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	23	0	23 F	139	0	139 F
Funder to Provider Revenue	0	0	0 F	0	0	0 F
Other Income	910	724	186 F	8,777	8,710	66 F
Total Revenue	**933**	**724**	**209 F**	**8,915**	**8,710**	**205 F**
EXPENDITURE						
Personnel						
Personnel Costs	883	946	63 F	8,523	10,390	1,867 F
Outsourced Personnel	201	8	(193) U	2,240	91	(2,150) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	14	12	(1) U	142	133	(9) U
Infrastructure & Non-Clinical Supplies	2,329	2,226	(102) U	25,926	24,524	(1,401) U
Total Expenditure	**3,427**	**3,193**	**(233) U**	**36,831**	**35,138**	**(1,692) U**
Contribution	**(2,494)**	**(2,470)**	**(24) U**	**(27,915)**	**(26,428)**	**(1,487) U**
Allocations	(870)	(811)	59 F	(10,529)	(8,920)	1,609 F
NET RESULT	**(1,624)**	**(1,659)**	**35 F**	**(17,386)**	**(17,508)**	**121 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (11 months ending May-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Nursing	0.0	0.2	0.2 F	0.2	0.2	0.0 F
Allied Health	0.0	0.5	0.5 F	0.3	0.5	0.2 F
Support	180.4	222.2	41.8 F	173.1	222.2	49.0 F
Management/Administration	26.2	20.8	(5.4) U	22.9	20.8	(2.1) U
Total excluding outsourced FTEs	**206.6**	**243.7**	**37.1 F**	**196.5**	**243.7**	**47.2 F**
Total :Outsourced Services	56.3	0.0	(56.3) U	55.2	0.0	(55.2) U
Total including outsourced FTEs	**262.9**	**243.7**	**(19.2) U**	**251.7**	**243.7**	**(8.0) U**

Comments on major financial variances – Non- Clinical Support Services

YTD Result is $121K F. The key drivers of this result are:

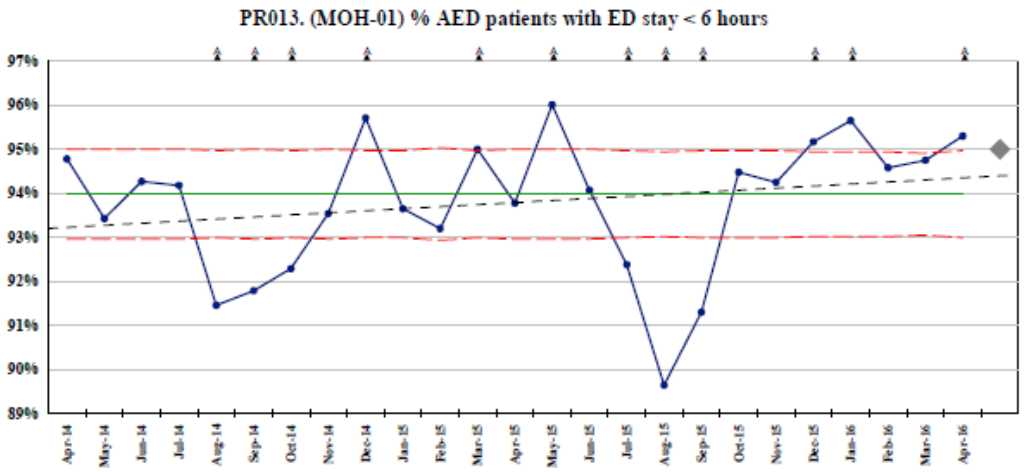
- Personnel costs are $1,867 K F due to vacancies. The majority of these are in the cleaning service and are offset by outsourced personnel costs. Outsourced personnel are also being used to reduce the high leave liability that the cleaners transferred with.
- Infrastructure and Non–Clinical Supplies are $1,401K U. Food costs during transition period being significantly higher than budget is driving this variance. These are offset by allocations due to the recharging of patient meals and savings due to the management of the linen contract.

Shorter Stays in Emergency Departments

Adult Acute Patient Flow

Target: 95 per cent of patients will be admitted, discharged, or transferred from the adult emergency department within six hours.

Target Champions – Brenda Clune, Dr Barry Snow



Current Target Performance

- Meeting target.

Current/ Planned Improvements

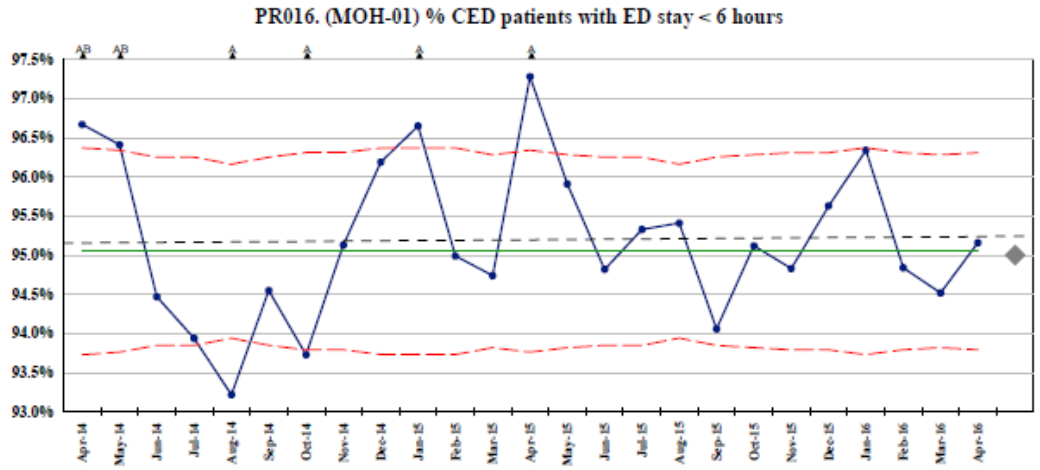
- Winter planning including capacity planning and developing escalation plans.
- Recruitment of staff to manage surges in patient presentation.
- Introducing a new model of care to expedite admission from AED.
- Developing a plan to increase admission space in the AED for winter 2017.

Shorter Stays in Emergency Departments – continued

Children's Acute Patient Flow

Target: 95 per cent of patients will be admitted, discharged, or transferred from the children's emergency department within six hours.

Target Champion – Mike Shepherd



Current Target Performance

- Meeting target.

Current/Planned Improvements

- Winter planning, including capacity planning and developing escalation plans.
- Adjusting rostering patterns of medical staff to manage surges in patient presentations.
- Introducing new models of care to expedite transfer of patients to the wards.
- Reprisal of Starship Flow and Safety Coordinator role to facilitate management of acute flow to inpatient areas.
- Planned early opening of additional inpatient beds on the medical wards to reduce medical patients being "outlied" to enable more efficient discharging of medical inpatients.

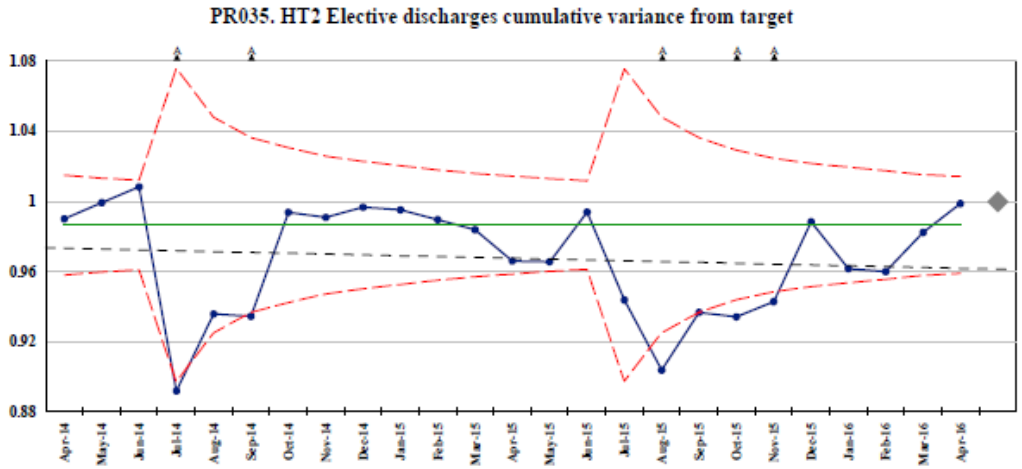
Improved Access to Elective Surgery

Target: The volume of elective surgery will be increased by at least 4000 discharges per year nationally.

DHBs have negotiated local targets taking into consideration the health needs of their communities. Collectively these targets contribute to a national increase in elective surgery discharges.

ADHB's objective is to deliver the MoH target for elective surgical discharges (14,372).

Target Champions – Wayne Jones, Paul Browne, Tara Argent



Current Target Performance

- Achieved 98.2% to end of Q3 against Prediction of 98%.
- On track to meet target for end of year.

Current/Planned Improvements

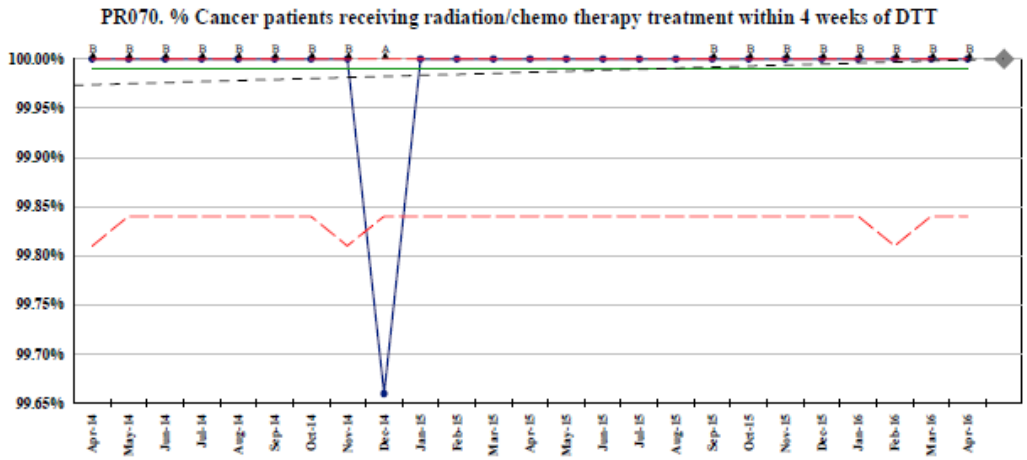
- The OR SCRUM process is ensuring that OR capacity is being fully utilised.
- Additional capacity is being provided in some specialities to meet ESPI demand.
- Waiting lists are being validated regularly.
- Initiatives are in place to move more cases to Greenlane to optimise the short stay surgical facility.

Shorter Waits for Cancer Treatment

Target: All patients, ready for treatment, wait less than four weeks for radiotherapy or chemotherapy.

The policy priority is for patients who are ready to treat. It excludes patients who require other treatment prior to radiotherapy or chemotherapy, who are not fit to start treatment because of their medical condition or who choose to defer their treatment.

Target Champions – Giuseppe Sasso, Fritha Hanning, Richard Doocey, Deirdre Maxwell



Note:

One patient not treated in December 2014 causing drop in percentage to 99.66%.

Current Target Performance

Chemotherapy

- Medical oncology services continue to work to improve timeliness of access for patients/whanau, consistent with Directorate and DHB-wide processes.

Radiation Therapy

- Radiation oncology services also continue to work on improving timeliness of access as part of our ongoing Directorate and DHB-wide focus.

Current/Planned Improvements

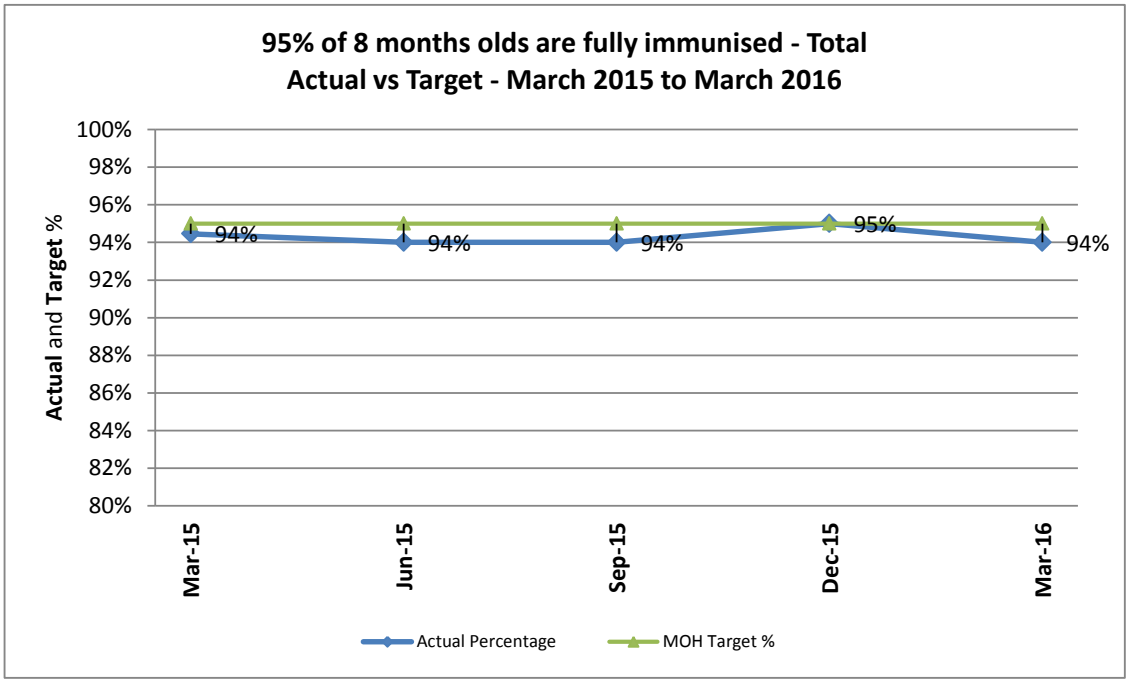
- The Cancer and Blood Directorate seek to further reduce access times to FSA and treatment, consistent with Faster Cancer Treatment imperatives. We are planning and implementing a tumour stream approach across medical and radiation oncology, and also have specific initiatives underway e.g. a Rapid Access Clinic in radiation oncology.

Increased Immunisation

Target: 95 per cent of eight-month-olds will have their primary course of immunisation (six weeks, three months and five month immunisation events) on time by December 2014 and maintained to 2017.

The quarterly progress result includes children who turned eight months old during the three month period of the quarter and who were fully immunised at that stage.

Target Champion – Mike Shepherd



Current Target Performance

- ADHB's coverage at 30 March 2016 is 94%. ADHB has maintained Immunisation coverage of 94% throughout the Quarter. An equity gap remains for Maori 89% and Others 94%. The target is exceeded for Pacific 96.0%; Asian 96%; and NZE 95.0%.
- Note: This data is confirmed by the MOH and is reported quarterly.

Current/Planned Improvements

- An Immunisation reference group is being established with Ngati Whatua, WCTO, and PHOs Oral Health and DHB partners to share information and agree actions to support Maori whanau and tamariki who have overdue immunisations.

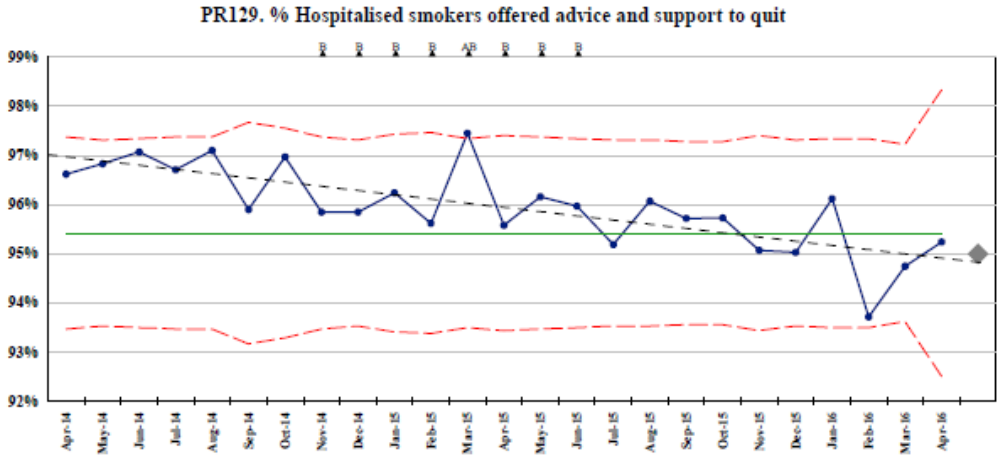
- The Six Month Milestone Plan current focus is on improving new-born enrolment (NBE) processes to ensure all babies are enrolled with a GP by 3 months of age. Regional NBE Workshop held on Friday 15th April to investigate and share improvement strategies.
- The Regional Child Health Steering Group has identified an integrated enrolment system is a priority for the northern region. Implementation of NCHIP (National Child Health Information Platform) was identified as the preferred option by three of the four Northern DHBs. The Regional Funding Forum, Dec 2015 meeting and Clinical Business Applications (CABA) group, Apr 2016 meeting, have endorsed the development of a Business Case to validate the indicative costs and provide technical advice.
- Education sessions are planned for secondary care staff including renal and maternity services. PICU will commence offering opportunistic immunisation to eligible siblings of inpatients. Education sessions arranged for Primary Care staff starting May 25th to include working with vaccine hesitant parents.
- A summer studentship study is underway, supported by a grant from the A+ Trust. The audit aims to investigate Immunisation Practice for children admitted to Starship: has including the immunisation status on the EDS had any effect on primary care systems and immunisation Status. Findings will be presented during May-June 2016.

Better Help for Smokers to Quit

Target:

1. 95 per cent of hospitalised patients who smoke and are seen by a health practitioner in public hospitals, and 90 per cent of enrolled patients who smoke and are seen by a health practitioner in general practice, are offered brief advice and support to quit smoking.
2. Within the target a specialised identified group will include progress towards 90 per cent of pregnant women (who identify as smokers at the time of confirmation of pregnancy in general practice or booking with Lead Maternity Carer) are offered advice and support to quit.

Target Champions – Stephen Child, Margaret Dotchin, Karen Stevens



Current Target Performance

- As a DHB the target figure for February unfortunately stood at 94%, rose to 94.8% in March and is on target to be 95.5% in May. Staff education by smokefree and support from the charge nurses were the factors in regaining the target achieved status.

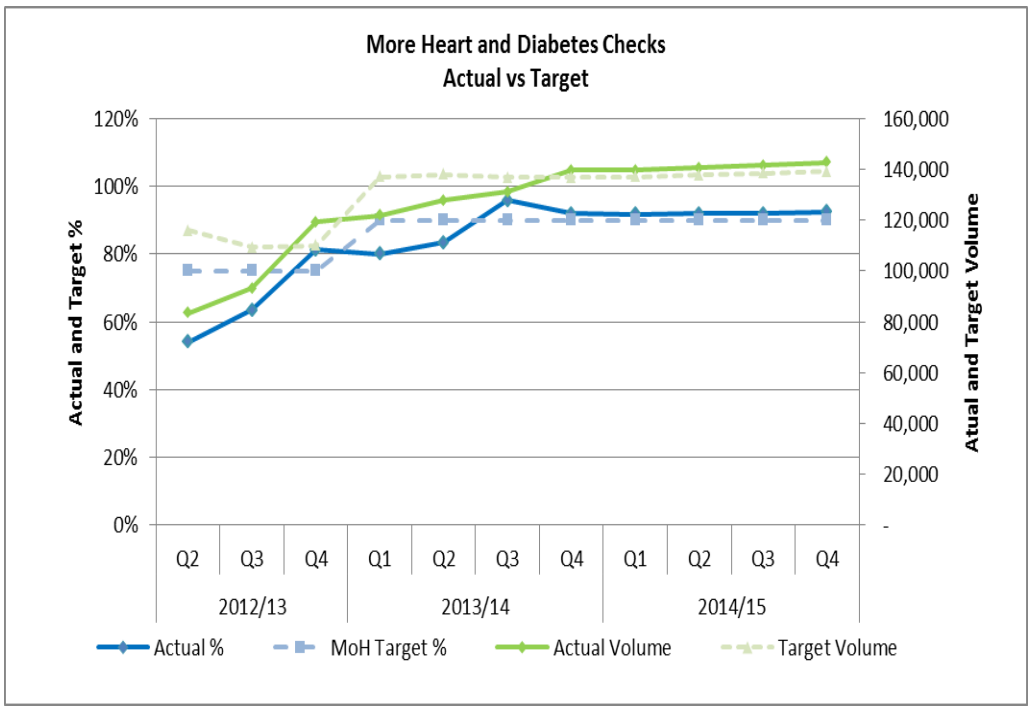
Current/Planned Improvements

- We are carrying on with staff education and also examination of no brief advice given cases – a number of them have been reversed. We are working towards a programme launch of increasing NRT prescribed to current smokers to prevent nicotine withdrawal and the cravings to smoke. Also in 2 weeks' time it will be World Smokefree Day whereby we will enhance the Smokefree profile throughout the DHB.

More Heart and Diabetes Checks

Target: 90 per cent of the eligible population will have had their cardiovascular risk assessed in the last five years.

Target Champion – Jagpal Benipal



Current Target Performance

- Auckland DHB has met the More Heart and Diabetes Checks – National Health Target in Q3 2015/16. The results from the Ministry of Health show that Auckland DHB has achieved 92.2%. Auckland DHB has consistently met this target through the 2014/15 year (refer to the graph above).
- In Auckland DHB, 88.6% of the eligible Maori population and 90.6% of the eligible Pacific population has had a 'More Heart and Diabetes Check'.

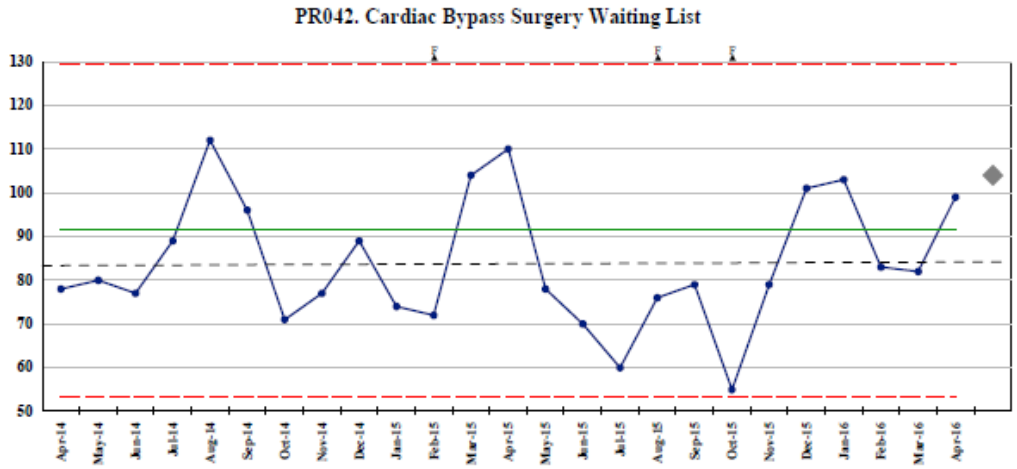
Current/Planned Improvements

- The PHOs will continue to work on maintaining and improving their performance.

Cardiac Bypass Surgery

Target: To enable timely access to cardiac bypass surgery, the wait list should be no greater than 104. To support the national cardiac bypass intervention target, 1038 bypasses should be completed in 2014/2015.

Target Champion – Dr Mark Edwards



Current Target Performance

- During April 61 eligible procedures were completed against a plan of 77. 86 new patients were added to the waiting list in April. The inflows continue over the planned and expected number.
- The waitlist increased from 82 to 99.This increase was predominately due to a high volume of transplants which contributed to long stays in the CVICU as well as high patient inflows. There were 3 ECMO patients and 7 transplants during this period.
- The service had a total of 14 cancellations predominately due to bed unavailability in the CVICU.
- At Month end, there were 13 patients waiting in hospital, 81 waiting up to 90 days and 5 patients waiting between 90 and 120 days.
- Fortnightly teleconferencing with the MOH to update them on the service performance and production continues.
- The challenge over the next month will be reducing the waitlist number to maintain the target of 104. Managing P1 patients while continuing to sustain P2 and P3 elective services will also be a focus. The service has remained ESPI2 and ESPI5 compliant.

- ICU and ward capacity will also be a challenge for the service while transplant activity remains high.

Current/ Planned Improvements

- Ward review project continues in Ward 42. Work has now commenced with IMTS to develop PHS grid to capture all work through ward 38 clinics.
- The service is reviewing House Officer rostering looking to improve junior doctor coverage at weekends. A new roster has been submitted to NORTH for the beginning stages of consultation and MECA compliance.

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 11 May 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	**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]
5.1 Provider Services 16/17 Business Plan	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **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]
6.1 Faster Cancer Treatment	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available:	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]

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
	i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information [Official Information Act 1982 s9(2)(b)]	
6.2 Cardiothoracic Surgery	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information [Official Information Act 1982 s9(2)(b)]	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	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information [Official Information Act 1982 s9(2)(b)]	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 Review	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the	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]

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
	subject of, such information [Official Information Act 1982 s9(2)(b)]	
6.5 External Review of DCCM and Subsequent Actions	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which if made available: i) would disclose a trade secret; or ii) would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such information [Official Information Act 1982 s9(2)(b)]	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]
7.1 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]
7.2 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]
7.3 Incident Management	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **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]

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
7.4 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]
8. Risk Register Reports	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **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]
9.1 Falls and pressure injuries updates	**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]