AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Hospital Advisory Committee Meeting

Wednesday, 07 September 2016

2.00 pm

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

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Published 30 August 2016

Agenda
Hospital Advisory Committee
07 September 2016

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

Time: 2.00pm

Committee Members	**Auckland DHB Executive Leadership**	
Judith Bassett (Chair)	Ailsa Claire	Chief Executive Officer
Jo Agnew	Simon Bowen	Director of Health Outcomes – ADHB/WDHB
Peter Aitken	Margaret Dotchin	Chief Nursing Officer
Doug Armstrong	Joanne Gibbs	Director Provider Services
Dr Chris Chambers	Naida Glavish	Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB
Assoc Prof Anne Kolbe	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Dr Lester Levy	Fiona Michel	Chief 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
	Anna Schofield	Acting Director Mental Health Services
	Judith Catherwood	Director Long Term Conditions
	Ian Costello	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
	Dr Michael Shepherd	Director Medical, Children's Health
	Dr Barry Snow	Director Adult Medical
	Dr Richard Sullivan	Director Cancer and Blood and Deputy Chief Medical Officer
	Jo Brown	Funding and Development Manager Hospitals
	Clare Thompson	General Manager Non Clinical Support Services
	Marlene Skelton	Corporate Business Manager
	Suzanne Stephenson	Acting Director Communications
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Apologies Members: Lee Mathias

Apologies Staff:

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 03 August 2016**
	4.	**Action Points 03 August 2016**
2.10pm	**5.**	**Provider Arm Operational Performance – Executive Summary**
	5.1	Provider Arm Scorecard
	5.2	Financial and Operational Performance
2.20pm	**6.**	**Directorate Updates**
	61	Clinical Support Services
	6.2	Women's Health Directorate
	6.3	Child Health Directorate
	6.4	Perioperative Services Directorate
	6.5	Cancer and Blood Directorate
	6.6	Mental Health Directorate
	6.7	Adult Medical Directorate
	6.8	Community and Long Term Conditions Directorate
	6.9	Surgical Services Directorate
	6.10	Cardiovascular Directorate
	6.11	Non-Clinical Support Services
2.50pm	**7.**	**Patient Experience Report**
	7.1	Inpatient and Outpatient Experience
	8.	**For Information Only**
	8.1	Overall Provider Performance including Health Target Updates
3.15pm	**9.**	**Resolution to exclude the public**

Next Meeting:	Wednesday, 26 October 2016 at 2.00pm A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton

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Attendance at Hospital Advisory Committee Meetings

Members	09 Dec. 15	17 Feb. 16	30 Mar. 16	11 May. 16	22 Jun. 16	03 Aug. 16	07 Sep. 16	26 Oct. 16	07 Dec. 16
Judith Bassett (Chair)	1	1	1	1	X	1			
Joanne Agnew	1	1	1	1	1	1			
Peter Aitken	1	1	1	1	1	1			
Doug Armstrong	1	1	1	1	1	1			
Chris Chambers	1	1	1	1	1	1			
Anne Kolbe	1	1	1	1	X	1			
Lester Levy	1	1	1	1	1	x			
Lee Mathias	1	X	1	1	1	1			
Robyn Northey	1	1	1	1	1	1			
Morris Pita	X	X	1	1	X	1			
Gwen Tepania-Palmer	1	1	1	1	X	1			
Ian Ward	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	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 Committee Member - Te Taitokerau Whanau Ora	02.04.2013

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

Minutes
Hospital Advisory Committee Meeting
03 August 2016

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 03 August 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		Joanne Gibbs	Director Provider Services
Peter Aitken		Dr Andrew Old	Chief of Strategy, Participation and Improvement
Doug Armstrong		Linda Wakeling	Chief of Intelligence and Informatics
Dr Chris Chambers		Sue Waters	Chief Health Professions Officer
Assoc Prof Anne Kolbe (Arrived during item 7.1)		Dr Margaret Wilsher	Chief Medical Officer
Dr Lester Levy (Left during item 6.7)		**Auckland DHB Senior Staff Present**	
Dr Lee Mathias		**Directors**	
Robyn Northey		Dr Vanessa Beavis	Director Perioperative Services
Morris Pita		Dr John Beca	Director Surgical Child Health
Gwen Tepania-Palmer		Judith Catherwood	Director Community and Long Term Conditions
Ian Ward		Ian Costello	General Manager and Acting Director Clinical Support Services
		Dr Mark Edwards	Director Cardiovascular Services
		Dr Sue Fleming	Director Women's Health
		Alison Hudgell	General Manager, Mental Health
		Dr Wayne Jones	Director Surgical Services
		Dr Michael Shepherd	Director Medical Child Health
		Dr Barry Snow	Director Adult Medical
		Deidre Maxwell	General Manager, Cancer and Blood
		James Tutty	Business Improvement Manager
		Other ADHB Senior Staff	
		Dr Karen Bartholomew	Public Health Physician
		Aroha Haggie	Manager Maori Health Gain
		Marlene Skelton	Corporate Business Manager
		Suzanne Stephenson	Acting Director Communications
		David Vial	Operational Finance and Planning Manager
		(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 Executive Leadership Team members, Fiona Michel, Chief of People and Capability, Rosalie Percival, Chief Financial Officer and Margaret Dotchin, Chief Nursing Officer, be received.

That the apologies of senior staff members, Clare Thompson, General Manager Non-Clinical Support Services and Jo Brown, Funding and Development Manager Hospitals, be received.

Resolution: Moved Ian Ward / Seconded Lee Mathias

That the apologies be received.

Carried

2. REGISTER AND CONFLICTS OF INTEREST

There were none.

3. CONFIRMATION OF MINUTES 22 June 2016 (Pages 10 - 18)

Resolution: Moved Ian Ward / Seconded Jo Agnew

That the minutes of the Hospital Advisory Committee meeting held on 22 June 2016 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Page 19)

There were no current action points to report on.

[Secretarial Note: Items 5 and 5.1were taken together.]

5. PROVIDER ARM PERFORMANCE REPORT – EXECUTIVE SUMMARY (Pages 20 to 25)

Joanne Gibbs, Director Provider Services asked that her report be taken as read and highlighted the points made in the executive summary of the report on pages 20 and 25 of the agenda. Jo drew attention in particular to:

- The additional effort that had been applied to managing acute flow as detailed on page 20 of the agenda
- The elective target which was met at just over 100%.

Matters covered in discussion and in response to questions included:

- Chris Chambers referred to page 21 of the agenda asking whether it was known what resource was available from other services providing after hours support. Jo Gibbs advised that some work had been undertaken to establish this as a clear and comprehensive view was necessary if it was decided to expand this coverage in other services.
- Lee Mathias asked how a value was applied to changes in length of stay and bed stays saved and how that value had been deployed elsewhere. Jo Gibbs advised that length of stay date was recorded using the PAS patient admission and discharge

data. Using the hospital wisely and benchmarking against other high performing organisations allowed for measurement in terms of bed days saved.

5.1 Provider Arm Scorecard and Operational Performance (Pages 26 - 28)

See comment above.

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

Carried

5.2 Financial Performance (Pages 29 - 43)

David Vial, Operational Finance and Planning Manager asked that the report be taken as read, there were no questions.

Resolution: Moved Ian Ward / Seconded Peter Aitken

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

Carried

[Secretarial Note: Item 7.1 was considered next.]

6. DIRECTORATE UPDATES

6.1 Clinical Support Services (Pages 45 - 51)

Ian Costello, Acting Director Clinical Support Services, asked that the report be taken as read, noting the successful opening of the PC3 Laboratory.

6.2 Women's Health Directorate (Pages 52 - 63)

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

Matters covered in discussion and in response to questions included:

- Noting that a workshop is to be held with senior doctors in relation to after-hours patient care in the service.
- Jo Agnew requested that reporting on Greenbelt training progress continue so that it can be seen how it expands within the organisation and the effect that it has.

Action

The Corporate Business Manager is to send an electronic invitation to Board Members in regard to the Annual Clinical Report day that is to be held on 19 August 2016.

6.3 Child Health Directorate (Pages 64 - 72)

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

Matters covered in discussion and in response to questions included:

- Clarification was provided in relation to issues experienced with lifts in Starship Hospital. The situation is being closely managed. A new lift bank is to be installed within the next 18 months.
- Lee Mathias asked what happened in the event of a full evacuation and was advised that this was always by way of the stairwells which were perfectly adequate for an event such as this. Jo Gibbs advised that regular table top exercises were conducted during emergency planning events to address evacuation issues.
- Morris Pita referred to page 67 of the agenda asking for an explanation on the movement in the central line associated bacteraemia rate. John Beca advised that the service had gone for well over a year without a CLAB event and then two were experienced within one month. This was a rare occurrence and it was unfortunate to get two so close together.

6.4 Perioperative Services Directorate (Pages 73 - 79)

Dr Vanessa Beavis, Director Perioperative Services, asked that the report be taken as read. There were no questions.

6.5 Cancer and Blood Directorate (Pages 80 - 88)

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

The 2016 budget indicated the availability of Nivolumab from 1 July, a medication for patients with stage 3 or 4 melanoma. Provision of this new medication has commenced with the service being provided from 1 July. Patient numbers will be tracked, and internal resource applied consistent with the increase in patient volumes. There is an expected increase of activity over the coming months.

Very recently, Pharmac has also signalled the potential availability of Keytruda - a further medication for this same patient cohort – from 1 September. This medication has slightly different service impacts and these are being explored.

The use of these drugs will bring a new cohort of patients that will have an impact on radiation therapy increasing workload and cost.

Matters covered in discussion and in response to questions included:

- Robyn Northey asked what funding was provided for the extra cost of these drugs and was advised that all attempts are being made to negotiate the best possible situation; staff staying involved in the current national negotiations in order to monitor the situation.
- Ann Kolbe commented that these drugs have wide implications and she assumed that controls were being put in place to manage scope creep in usage. Jo Gibbs advised that Pharmac was actively considering research evidence and it would be for Pharmac to determine whether these drugs would be used for an expanded range of tumour streams in the future.
- Ann Kolbe said there needed to be clear guidelines for use to assist clinicians to achieve maximum benefit from use.
- Morris Pita drew attention to the need for well-crafted communication aimed at the Auckland population about these drugs and the practical constraints the Board will operate under.

Action

That the Director, Cancer and Blood regularly include in his directorate report information about the introduction of the new cancer drugs and any constraints that the Board should be aware of.

6.6 Mental Health Directorate (Pages 89 - 97)

Alison Hudgell, General Manager Mental Health, asked that the report be taken as read.

Matters covered in discussion and in response to questions included:

- Advice was given that there was a comprehensive process in place ensuring that a range of initiatives were used to manage increasing acuity and volume within the service. There was a national KPI programme which was used to benchmark against. One of the key indicators was around seclusion measures. Mental health services in the UK are used as a reference point.

6.7 Adult Medical Directorate (Pages 98 - 104)

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

- There had been a further 7% growth in ED attendance from 2014/2015.
- The new ambulatory care area had been more successful than anticipated

- An achievement for the month was the delivery of the new endoscopy suite which was delivered on time and illustrated the potential for significantly improving the patient environment.

There were no questions.

6.8 Community and Long Term Conditions Directorate (Pages 105 - 115)

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

- The Locality Model of Care in Community Services is continuing to be implemented. The engagement with primary care and aged residential care is progressing. The new single point of access, daily triage system and integrated single assessment process has been implemented successfully.
- The new all-age (adult) stroke rehabilitation service was launched in early July. The service is based within Auckland City Hospital's Rangitoto Ward as part of Reablement Services.
- From 4 July, Auckland DHB now offers an ESD service to support appropriate patients to leave hospital sooner and return home for treatment before the end of their expected length of stay.

There were no questions.

6.9 Surgical Services Directorate (Pages 116 - 125)

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

- 116% of elective discharges were achieved in June enabling the service to meet the 100% target for the year.
- 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%).
- The power outage experienced during June led to cancellations in surgery. These have now all been reallocated.
- The YTD result is $14.3M unfavourable, primarily reflecting higher expenditure driven by ongoing high base contract volumes, now 3.9% over YTD contract. These significant patient volumes represent $9.6M over delivered revenue YTD which is not reflected in these financials. Overall the service was $4.7M unfavourable to budget.

There were no questions.

6.10 Cardiovascular Directorate (Pages 126 – 133)

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

- A submission had been made to the Minister's consultation process around organ donation.
- Favourable press coverage had been received following the Minister's visit to the service last week. Mark was hopeful of gaining Ministry consideration of the capacity implications for Auckland DHB as a result of the potential national expansion of the organ donation programme.

There were no questions.

6.11 Non-Clinical Support Services (Pages 134 - 144)

James Tutty, Business Improvement Manager, asked that the report be taken as read, highlighting that:

- International Cleaners Day Celebrations were held in June at Auckland City Hospital and Greenlane Clinical Centre as an opportunity for cleaning staff to be recognised for their continued hard work. Members from the Senior Leadership team also attended to personally thank staff on behalf of the organisation for their continued commitment and support.
- 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. Education sessions commenced in early June; areas currently rolled-out are: Theatres Level 4, 8, and 9, Wards 48, 65, 66, 67, 68 and 77, Building 56 Dialysis, and GCC Level 2 Theatres.

Matters covered in discussion and in response to questions included:

- Advice was given that the search continues for a suitable replacement building for the St Lukes Mental Health service. Numerous buildings have been looked at but have not met the requirements for such a facility.

  Jo Gibbs advised that a small amount of expenditure had been outlaid to address disabled access and surrounding environment to improve the current site.

  Gwen Tepania-Palmer commented that the Board were reluctant to renew the lease on the existing building last time it came due and would not be happy to do so again.

Action

That a report be brought back to the confidential Hospital Advisory Committee meeting addressing the current situation with the St Lukes Mental Health site.

Resolution: Moved Robyn Northey / Seconded Gwen Tepania-Palmer

That the Directorate reports for August 2016 be received.

Carried

[Secretarial Note: Item 8.1 was considered next.]

7. PATIENT EXPERIENCE REPORT (Pages 145 - 153)

7.1 Outpatient and Inpatient Experience

Dr Andrew Old, Chief of Strategy, Participation and Improvement, asked that the report be taken as read, highlighting that the focus for this reporting period had been on communication. The data provided was becoming more relevant as several years qualitative data was now available to draw on.

The patient view of communication was showing a significant improvement overall and this was similarly reflected in the staff view of communication.

Matters covered in discussion and in response to questions included:

- Morris Pita agreed that the sample size appeared improved although sample one was still a little small.
- Doug Armstrong referred to page 149 and asked about the priority given to patients over bureaucracy and was advised that the number of comments shown in the report are only a sample to illustrate what has been said by patients but does not provide the frequency of that comment.

  Jo Gibbs advised that improving communication was a long and difficult process. The hospital has a vast array of letters that were not up to standard. There is a need to bring in a new text reminder system in plain English. A frequent complaint is that the written format is not always understandable to those with English as a second language.
- Ailsa Claire invited the Committee to put forward ideas for future deep dives into particular aspects of patient experience. Ideas put forward:

  Discharges – this was seen as the point at which patients could become disengaged from the system

  Coordinated Handovers

  Patient perception of the value of the care they received

  One of the key roles of the Board is to help patients better manage their own health. Determine how measures could be created to show how the organisation is changing health literacy.

Resolution: Moved Robyn Northey / Seconded Lee Mathias

That the Hospital Advisory Committee receives the Patient Experience reports.

Carried

[Secretarial Note: Item 6.1 was considered next.]

8. DISCUSSION PAPERS

8.1 Auckland and Waitemata District Health Board Joint DNA strategy and 'Roadmap' Actions
(Pages 154 - 196)

Dr Karen Bartholomew, Public Health Physician and Aroha Haggie, Manager Maori Health Gain, Auckland and Waitemata District Health Boards, asked that report be taken as read, highlighting that:

This was a full Auckland District Health Board (DHB) and Waitemata DHB joint strategy to reduce inequalities in Did Not Attends (DNAs).

The strategic framework was endorsed at Manawa Ora in February 2016, with a request to return to Manawa Ora with a full strategy and 'roadmap' of actions. The strategic framework contains four high level areas of focus (domains) and 10 specific elements under these.

The recently completed stocktake and gap analysis undertaken at both DHBs have generated a set of recommendations associated with each of the 10 strategic framework elements. These have been prioritised and the DNA strategy project team have presented a prioritised set of nine recommendations as the 'roadmap' of actions. This work has an explicit focus on equity of access, improving patient experience and patient/whanau centric services.

The DNA strategy and recommended actions are system solutions intended to reflect this focus.

Matters covered in discussion and in response to questions included:

- Judith Bassett commented that it was a very interesting report and it was made evident that a lot relies on the District Health Boards being able to fix current systems. One problem that Judith saw was that the focus was entirely on Maori and Pacific Island DNA and that it needed to be widened to extend to others such as the Asian population. Advice was given that whatever solution was put in place would apply across all patient demographic. There were some services that had different demographic profiles that may require some specialist targeting.

Resolution: Moved Judith Bassett / Seconded Gwen Tepania-Palmer

1. **That the Hospital Advisory Committee endorse the Auckland and Waitemata District Health Board joint DNA Strategy and roadmap of actions.**
2. **That the work be implemented and monitored through the Provider Plan.**

Carried

9. INFORMATION PAPERS

9.1 Overall Provider Performance including Health Target Updates (Pages 197 - 218)

Jo Gibbs, Director Provider Services asked that report be taken as read. There were no questions.

That the Overall Provider Performance including Health Target Updates for August 2016 be received.

Carried

10. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 219 - 222)

Resolution: Moved Lee Mathias / 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 22 June 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	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]

	confidence [Official Information Act 1982 s9(2)(ba)]	
5. 2016/17 Provider 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: i) would disclose a trade secret; or 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]
6.2 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 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 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 Report	**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 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]
6.5 Food Services Quality	**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: ii) would disclose a trade secret; or would be likely to unreasonably prejudice the commercial position of any person who supplied, or who is the subject of, such	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]

	information [Official Information Act 1982 s9(2)(b)]	
7 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]
8.1 Complaints	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Privacy of Persons** To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.2 Compliments	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Privacy of Persons** To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.3 Incident Management	**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)]	
8.4 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]

Carried

The meeting closed at 4.10pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 03 August 2016.

Chair: _____ Date: _____

Judith Bassett

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 07 September 2016

Meeting and Item	Detail of Action	Designated to	Action by
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	See Item 6.3
16 Sep 2015 Item 8.1	**Auckland Integrated Cancer Centre** That the Strategic Assessment for the Auckland Integrated Cancer Centre business case be provided to the HAC December meeting.	R Sullivan	To be advised
11 May 2016 Item 8.2	**Patient Experience Survey Net Promoter Score** That a presentation be made to the Board on the MOS Board system and how it operated. [*This presentation will be tied to a demonstration showing how the automated scorecard works with MOS*.]	L Wakeling	26 October 2016
3 August 2016 Item 6.5	**New Cancer Drugs** That the Director, Cancer and Blood regularly include in his directorate report information about the introduction of the new cancer drugs and any constraints that the Board should be aware of.	Richard Sullivan	Ongoing
3 August 2016 Item 6.11	**St Luke's Mental Health Site** That a report be brought back to the confidential Hospital Advisory Committee meeting addressing the current situation with the St Luke's Mental Health site.	J Gibbs/A Johns	Transferred to Confidential Action sheet 26 Oct 16
3 August 2016	**Annual Clinical Report Day** That the Corporate Business Manager send an electronic invitation to Board Members in regard to the annual Clinical Report day that is to be held on 19 August.	M Skelton	Completed

Provider Arm Performance Report

Recommendation

That the Hospital Advisory Committee receives the Provider Arm Performance report for July 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 September 2016 Hospital Advisory Committee meeting:

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

- Both EDs continue to perform strongly against the target in spite of increased presentations during the winter months.
- CED achieved 97.1% for this reporting period, an increase on the 95.97% recorded for the previous period.
- AED narrowly missed achieving the target for this reporting period (94.7%), a slight dip from the previous reporting period (95.53%).

Elective discharge cumulative variance from target

- Delivery issues experienced in Orthopaedics through July and August have resulted in under delivery of required volumes, and in revisions being required to the elective discharge plan, through the Funder and with the Ministry of Health.
- Agreement has now been reached with the Orthopaedic Department for the delivery plan for the remainder of 2016/17.
- As the result of the orthopaedic issues, phasing of the overall delivery plan for the Provider Arm has taken longer than anticipated to confirm. Therefore, the Committee will see some variation in the first quarter against the target until phasing is confirmed and delivery stabilises.
- ESPI 5 non-compliance for this reporting period can be attributed to the orthopaedic issues; there is a possible risk against ESPI 5 compliance for up to 6 months.

Faster Cancer Treatment

- Further encouraging performance is being delivered for the build-up of six months' data with high suspicion cancer patients (62 day target) and confirmed cancer patients (31 day target).

Unviewed / unsigned Histology / Cytology results

- Two new measures have been added to the patient safety section of the scorecard:
    - Unviewed/unsigned Histology/Cytology results < 90 days
    - Unviewed/unsigned Histology/Cytology results > 90 days

- Significant progress has been made over the last few months in reducing the overall number of unviewed/unsigned results.
- Individual detailed reports for Directorates with unsigned results >90 days old are being provided to Provider Directors for follow up.
- The IM team is working with services to cease the distribution of paper results.

Provider Services 2016/17 Business Plan

Daily Hospital Functioning

- Planning for pilot of bureau coordinators collocated at ACH with Duty Managers.
- Escalation plans drafted for General Medicine, General Surgery, Orthopaedics, AED, Cardiovascular services.
- Nursing redeployment guidelines drafted with communications plan underway as part of Care capacity Demand Management programme work. Next step Variance Indicator development.
- Development of revised occupancy dashboard ready for piloting from beginning of September.
- Existing discharge process through transition lounge reviewed and planning underway for improved discharge process to improve patient experience and increase use of facility. Pilot of pharmacist located in transition lounge at peak times underway.

Q1 actions:

- Finalisation of drafted escalation plans. Develop and finalise plans for reablement services, Cancer and Blood and some children's services.
- Progress with review of model of care in conjunction with other provider programmes: Deteriorating Patients, After Hours Inpatient Safety.
- Prioritisation of technology enhancements in conjunction with key stakeholders.
- Continued planning to pilot admission of DOSA patients through transition lounge.

Afterhours Inpatient Safety

- As outlined in the previous report, five priorities which impact on all areas of the hospital afterhours have been identified: information for afterhours staff, staffing afterhours, out of hours theatre access and anaesthetic cover, future oversight of afterhours inpatient safety, and structured patient handover. Leads have been assigned to each project and prioritisation of the projects is underway.
- Appointment of a project manager to help drive this work programme forward is pending.

Q1 actions:

- Appoint project manager to work across this work programme and Deteriorating Patients.
- Scope and develop priority projects, including the development of project plans.
- Progress with review of model of care in conjunction with other work programmes: Deteriorating Patients, Daily Hospital Functioning.

Deteriorating Patients

- It was noted in the previous report that permission had been granted to use an already established database from New South Wales to capture data for the identified measures. Due to a number of limitations with this database, an interim access database has been developed. A more permanent solution is being explored with Business Intelligence.
- The Steering Group reviewed the Terms of Reference noting progress that has been made to date against the roles and responsibilities listed. It was agreed that the Terms of Reference remain current, with no changes required. The risk register has also been agreed and will be monitored by the Steering Group.
- Both the adult and paediatric work groups have established the preferred structure for the response function and are now awaiting agreement regarding the model of care to sit across the Deteriorating Patients, Afterhours Inpatient Safety and Daily Hospital Functioning work programmes.

Q1 actions:

- Commence data collection using approved forms.
- Progress with review of model of care in conjunction with other work programmes: Afterhours Inpatient Safety, Daily Hospital Functioning.

Faster Cancer Treatment

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

Using the Hospital Wisely

- The key focus to date has been on building up a comprehensive baseline data set. This data will be used to help inform and indicate areas of opportunity which the Using the Hospital Wisely work programme will focus on moving forward. An initial meeting to discuss the baseline data has been held. Further refinements that are required to the data have been identified.
- Resource to lead this work programme have been identified, including the project sponsor, Provider Director lead, General Managers, Performance Improvement and project management support.

Q1 actions:

- Form organisational wide programme steering group
- Further refine data to help inform areas of focus to be prioritised
- Develop detailed action plan

Outpatients Model of Care

- The Steering Group to lead this work programme has been established and first meeting scheduled. A briefing paper regarding this work programme has been circulated to all Provider Directors; for further discussion.
- Implementation of urgent solutions to critical issues has commenced and will continue in Q1:
    - The text reminder service has been outsourced to improve the quality of data being sent to patients and aim to reduce the number of DNAs.
    - Agreement obtained at the Directors meeting to work on transforming the interpreter service from face-to-face to telephone service. Awaiting confirmation of a service to trial this change.
    - Options are being explored to outsource the management of letters.

Auckland DHB Provider Scorecard

for July 2016

	Measure			Actual	Target	Prev Period	Commentary
Patient Safety	% AED patients seen within triage time - triage category 2 (10 minutes)		PR006	78.95%	>=80%	74.6%	Education has improved compliance and is ongoing. Design remains a hurdle.
	% CED patients seen within triage time - triage category 2 (10 minutes)		PR008	88.82%	>=80%	82.27%	
	Number of reported adverse events causing harm (SAC 1&2)		PR084	15	<=12	5	Single month spike mainly driven by falls with harm (see below). Underlying trend and non-falls events are stable.
	Central line associated bacteraemia rate per 1,000 central line days		PR087	0.96	<=1	0	
	Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days		PR088	0.08	<=0.25	0.12	
	Healthcare-associated bloodstream infections per 1,000 bed days - Adult		PR089	1.15	<=1.6	1.02	
	Healthcare-associated bloodstream infections per 1,000 bed days - Child		PR090	1.57	<=2.4	1.8	
	Falls with major harm per 1,000 bed days		PR095	0.15	<=0.09	0.03	Six falls with major harm occurred which were across several Directorates with no pattern or trend identified. There is variation from month to month and this result is within the bounds of normal variability.
	Nosocomial pressure injury point prevalence (% of in-patients)		PR097	6.85%	<=6%	4.28%	
	Rate of hospital-onset healthcare-associated Clostridium difficile inpatients >=16 years of age per 10,000 bed days (ACH) (Quarterly)	*	PR143	1.27	<=4	1.68	
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)		PR185	4.28%	<=6%	4.02%	
	% Hand hygiene compliance		PR195	85.06%	>=80%	83.31%	
	Unviewed/unsigned Histology/Cytology results < 90 days		PR289	227	0	231	Significant progress over several months. The IM team is working with services to cease the distribution of paper results. Regular reports sent to Directorate Directors for review and action.
	Unviewed/unsigned Histology/Cytology results > 90 days		PR290	286	0	553	Significant progress over several months. The IM team is working with services to cease the distribution of paper results. Regular reports sent to Directorate Directors for review and action.
	(MOH-01) % AED patients with ED stay < 6 hours		PR013	94.7%	>=95%	95.53%	
	(MOH-01) % CED patients with ED stay < 6 hours		PR016	97.1%	>=95%	95.97%	
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less		PR023	76.67%	>=80%	90.91%	Due to additional service demand over winter combined with the need to support safe staffing to meet patient acuity, our performance to the 2 day target has not been met in full in July.

	HT2 Elective discharges cumulative variance from target	PR035	0.98	>=1	1	Orthopaedic production issues are resulting in a shortfall of discharges.
	(ESPI-2) Patients waiting longer than 4 months for their FSA	PR038	0.29%	0%	0.11%	
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	PR039	1.36%	0%	0.96%	Orthopaedic production issues have caused the waitlist to grow beyond a sustainable level.
	Cardiac bypass surgery waiting list	PR042	87	<=104	84	
	% Accepted referrals for elective coronary angiography treated within 3 months	PR043	98.86%	>=90%	97.87%	
	% Urgent diagnostic colonoscopy compliance	PR044	97.78%	>=75%	93.94%	
	% Non-urgent diagnostic colonoscopy compliance	PR045	85.79%	>=65%	74.47%	
	% Outpatients and community referred MRI completed < 6 weeks	PR046	75.89%	>=85%	75.62%	Ongoing initiatives to remove Paediatric MRI waitlist backlog including additional Saturday sessions. Anticipate compliance within next 6-8 weeks.
	% Outpatients and community referred CT completed < 6 weeks	PR047	94.75%	>=95%	95.22%	
	Elective day of surgery admission (DOSA) rate	PR048	69.67%	>=68%	74.75%	
	% Day Surgery Rate	PR052	56.12%	>=70%	57.51%	With the increase in Urology cases being undertaken at Greenlane it is expected that this rate will increase over Q1 and Q2.
	Inhouse Elective WIES through theatre - per day	PR053	121.4	>=99	123.98	
	% DNA rate for outpatient appointments - All Ethnicities	PR056	9.65%	<=9%	10.77%	
	% DNA rate for outpatient appointments - Maori	PR057	18.8%	<=9%	20.98%	While there has been an improvent in most service areas, our focus will continue in the Cardiac space ie; ring to remind.
	% DNA rate for outpatient appointments - Pacific	PR058	18.96%	<=9%	20.3%	The call backs continue for the Oncology clinics by the Tautai Fakataha team. This has been coordinated with the Advanced Social Worker for Cancer and Blood services.
	% 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	89%	100%	91.04%	The service continues to plan to match capacity and demand, factoring in SMO availability across high volume tumour streams.
	% Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT	PR070	100%	100%	100%	
	Average LOS for WIES funded discharges (days)	PR074	2.78	<=3	2.99	

	28 Day Readmission Rate - Total	PR078	R/U	<=6%	9.75%	
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	PR119	R/U	<=10%	11.54%	
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	PR120	29.2	<=21	20.2	Affected by discharge of 8 long-stayers. Placement issues slowing discharge.
	% Very good and excellent ratings for overall inpatient experience	PR154	R/U	>=90%	86.7%	
	Number of CBU Outliers - Adult	PR173	493	0	316	Increased number of General Medical patients through July has seen flex capacity being used resulting in them affecting the outlier numbers.
	% Patients cared for in a mixed gender room at midday - Adult	PR175	8.46%	0%	8.78%	Positive trend, continued focus on a daily and ward basis.
	31/62 day target – % of non-surgical patients seen within the 62 day target	PR181	R/U	>=85%	83.33%	
	31/62 day target – % of surgical patients seen within the 62 day target	PR182	R/U	>=85%	73.08%	
	62 day target - % of patients treated within the 62 day target	PR184	R/U	>=85%	76.32%	
Improved Health Status	Breastfeeding rate on discharge excluding NICU admissions	PR099	R/U	>=75%	79.1%	
	% 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	96.05%	>=95%	96.22%	

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

R/U = Result unavailable

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

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

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

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

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

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

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

Financial Performance

Consolidated Statement of Financial Performance - July 2016

Provider	Month (Jul-16)			YTD (1 month ending Jul-16)		
$000s	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Income						
Government and Crown Agency sourced	7,638	8,096	(458) U	7,638	8,096	(458) U
Non-Government & Crown Agency Sourced	6,208	6,998	(791) U	6,208	6,998	(791) U
Inter-DHB & Internal Revenue	1,054	1,390	(336) U	1,054	1,390	(336) U
Internal Allocation DHB Provider	99,935	102,310	(2,375) U	99,935	102,310	(2,375) U
	114,835	**118,795**	**(3,960) U**	**114,835**	**118,795**	**(3,960) U**
Expenditure						
Personnel	70,074	70,686	612 F	70,074	70,686	612 F
Outsourced Personnel	2,214	1,469	(745) U	2,214	1,469	(745) U
Outsourced Clinical Services	1,670	2,306	636 F	1,670	2,306	636 F
Outsourced Other	4,165	4,114	(51) U	4,165	4,114	(51) U
Clinical Supplies	21,609	20,942	(666) U	21,609	20,942	(666) U
Infrastructure & Non-Clinical Supplies	15,291	15,736	445 F	15,291	15,736	445 F
Internal Allocations	531	531	0 F	531	531	0 F
Total Expenditure	**115,554**	**115,785**	**230 F**	**115,554**	**115,785**	**230 F**
Net Surplus / (Deficit)	**(720)**	**3,010**	**(3,730) U**	**(720)**	**3,010**	**(3,730) U**

Consolidated Statement of Financial Performance – July 2016

Performance Summary by Directorate

By Directorate $000s	Month (Jul-16)			YTD (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Adult Medical Services	2,287	2,020	267 F	2,287	2,020	267 F
Adult Community and LTC	2,130	1,892	238 F	2,130	1,892	238 F
Surgical Services	8,892	9,477	(585) U	8,892	9,477	(585) U
Women's Health & Genetics	3,114	3,148	(34) U	3,114	3,148	(34) U
Child Health	6,522	6,616	(94) U	6,522	6,616	(94) U
Cardiac Services	1,955	2,394	(439) U	1,955	2,394	(439) U
Clinical Support Services	(1,492)	(1,395)	(97) U	(1,492)	(1,395)	(97) U
Non-Clinical Support Services	(1,527)	(1,537)	10 F	(1,527)	(1,537)	10 F
Perioperative Services	(11,409)	(10,939)	(470) U	(11,409)	(10,939)	(470) U
Cancer & Blood Services	2,254	1,987	268 F	2,254	1,987	268 F
Operational - Other	3,521	6,627	(3,105) U	3,521	6,627	(3,105) U
Mental Health & Addictions	717	301	416 F	717	301	416 F
Ancillary Services	(17,684)	(17,581)	(104) U	(17,684)	(17,581)	(104) U
Net Surplus / (Deficit)	**(720)**	**3,010**	**(3,730) U**	**(720)**	**3,010**	**(3,730) U**

Consolidated Statement of Personnel by Professional Group – July 2016

Employee Group $000s	Month (Jul-16)			YTD (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical Personnel	26,595	26,076	(519) U	26,595	26,076	(519) U
Nursing Personnel	23,513	24,033	520 F	23,513	24,033	520 F
Allied Health Personnel	11,222	11,413	191 F	11,222	11,413	191 F
Support Personnel	1,471	1,595	125 F	1,471	1,595	125 F
Management/ Admin Personnel	7,273	7,568	295 F	7,273	7,568	295 F
Total (before Outsourced Personnel)	**70,074**	**70,686**	**612 F**	**70,074**	**70,686**	**612 F**
Outsourced Medical	806	771	(34) U	806	771	(34) U
Outsourced Nursing	302	259	(43) U	302	259	(43) U
Outsourced Allied Health	83	73	(10) U	83	73	(10) U
Outsourced Support	163	6	(158) U	163	6	(158) U
Outsourced Management/Admin	860	361	(499) U	860	361	(499) U
Total Outsourced Personnel	**2,214**	**1,469**	**(745) U**	**2,214**	**1,469**	**(745) U**
Total Personnel	**72,288**	**72,154**	**(134) U**	**72,288**	**72,154**	**(134) U**

Consolidated Statement of FTE by Professional Group – July 2016

FTE by Employee Group	Month (Jul-16)			YTD (1 month ending Jul-16)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Medical Personnel	1,387	1,338	(50) U	1,387	1,338	(50) U
Nursing Personnel	3,522	3,510	(12) U	3,522	3,510	(12) U
Allied Health Personnel	1,832	1,871	39 F	1,832	1,871	39 F
Support Personnel	383	423	40 F	383	423	40 F
Management/ Admin Personnel	1,234	1,289	55 F	1,234	1,289	55 F
Total (before Outsourced Personnel)	**8,359**	**8,431**	**72 F**	**8,359**	**8,431**	**72 F**
Outsourced Medical	26	28	1 F	26	28	1 F
Outsourced Nursing	12	6	(6) U	12	6	(6) U
Outsourced Allied Health	9	4	(5) U	9	4	(5) U
Outsourced Support	46	0	(46) U	46	0	(46) U
Outsourced Management/Admin	114	5	(109) U	114	5	(109) U
Total Outsourced Personnel	**208**	**42**	**(165) U**	**208**	**42**	**(165) U**
Total Personnel	**8,566**	**8,474**	**(93) U**	**8,566**	**8,474**	**(93) U**

Consolidated Statement of FTE by Directorate – July 2016

Employee FTE by Directorate Group (including Outsourced FTE)	Month (Jul-16)			YTD (1 month ending Jul-16)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Adult Medical Services	863	833	(30) U	863	833	(30) U
Adult Community and LTC	511	536	26 F	511	536	26 F
Surgical Services	829	788	(41) U	829	788	(41) U
Women's Health & Genetics	388	379	(8) U	388	379	(8) U
Child Health	1,084	1,065	(19) U	1,084	1,065	(19) U
Cardiac Services	505	517	12 F	505	517	12 F
Clinical Support Services	1,456	1,462	6 F	1,456	1,462	6 F
Non-Clinical Support Services	261	252	(9) U	261	252	(9) U
Perioperative Services	816	841	25 F	816	841	25 F
Cancer & Blood Services	323	325	1 F	323	325	1 F
Operational - Others	0	(72)	(72) U	0	(72)	(72) U
Mental Health & Addictions	735	755	19 F	735	755	19 F
Ancillary Services	796	793	(3) U	796	793	(3) U
Total Personnel	**8,566**	**8,474**	**(93) U**	**8,566**	**8,474**	**(93) U**

Month Result

The Provider Arm result for the month is $3.7M unfavourable. This result is revenue driven, reflecting the under delivery to contract for ADHB population elective volumes and IDFs, both of which are subject to washup. Expenditure is close to budget.

Overall volumes are reported at 93.5% of base contract. This equates to $6.1M below contract – an estimated $2.4M of this is subject to washup and is recognised in the result, with the remaining $3.7M not recognised in the result.

Total revenue for the month is $3.9M (3.2%) unfavourable, with the key variances as follows:

- Funder to Provider base contract revenue $2.4M unfavourable, based on washup liability
- ACC revenue $0.2M – actual revenue is in line with previous months, but budget includes growth over last year actuals, not achieved for the month.
- Non Residents $0.5M, reflecting particularly low volumes for the month - volumes vary from month to month, with the full year budget still expected to be achieved.
- Donations $0.3M – revenue fluctuates from month to month, depending on timing of key projects, with the full year budget still expected to be achieved.

Total expenditure is very close to budget at $0.1M (0.1%) favourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs $0.1M (0.1%) unfavourable reflecting total FTE 93 (1.1%) above budget for the month. The additional FTE is primarily junior doctors and reflects a spike in reported Registrar FTE following rotation, expected to reduce next month.
- Clinical Supplies $0.7M (3.2%) unfavourable, comprising two key variances – depreciation $0.3M unfavourable due to timing of capitalisation of projects (expected to be on budget for the full year) and higher than normal blood product costs for the month $0.2M unfavourable – these costs vary from month to month and aren't necessarily reflective of overall reported volumes.

FTE

Total FTE (including outsourced) for July were 8,566 which is 93 FTE above budget, and consistent with the last six months. The key unfavourable variance is primarily due to additional savings targets not met (72 FTE), combined with Registrar FTE at 26 above budget – this is a spike in reported FTE following rotation, expected to reduce next month.

2016/17 Savings Programme

Significant steps have been taken to reduce costs at Auckland DHB over the past four years, underpinned by a comprehensive savings programme. Living within our means is core to sustaining our services and for 2016/17 our savings programme will continue with a provider target of $32.45M and the key priority being to deliver services in a cost efficient and productive manner.

Key Strategies

For 2016/17, the savings are identified as being one of three key strategies – Managing cost growth, Purchasing/productivity improvement and Service reconfiguration.

Table 1: Provider 2016/17 Savings Target ($000's)

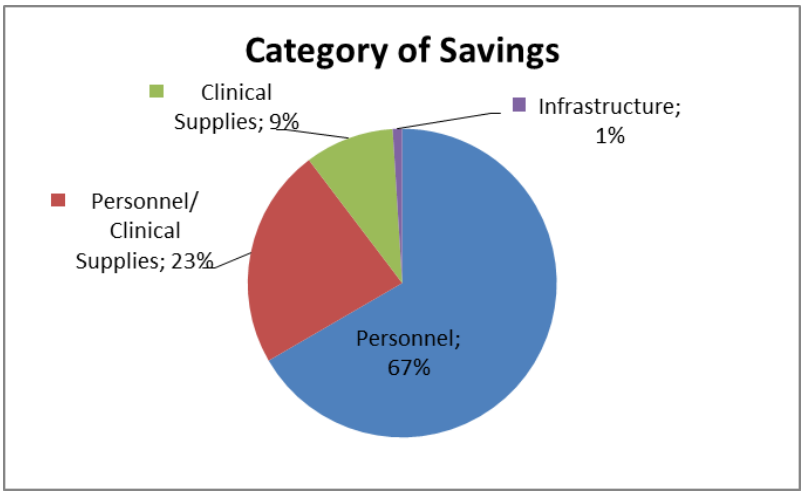
Strategy	Revenue	Personnel	Personnel/ Clinical Supplies	Clinical Supplies	Infrastructure	Total
Managing Cost Growth	$1,950	$14,455	$1,100	$4,500	$550	$22,555
Purchasing/Productivity	$1,425	$1,630	$4,090		$200	$7,345
Service reconfiguration	$580	$1,970				$2,550
Total Savings target	$3,955	$18,055	$5,190	$4,500	$750	$32,450

July 16 Result
For July 2016 $1.3M savings have been achieved against the budget of $2.7M, resulting in an unfavourable variance of $1.4M. The unfavourable result is mainly attributed to initiatives currently in start-up mode and therefore too early to report savings

Table 2: Savings Programme – July YTD 2016 ($000's)

Strategy	Category	16-17 Target Savings	Jul Act	Jul Bud	Jul Var
Managing Cost Growth	Revenue	$1,950	$0	$162	-$162
	Personnel	$14,455	$763	$1,205	-$441
	Personnel/Clinical Supplies	$1,100	$0	$92	-$92
	Clinical Supplies	$4,500	$123	$375	-$252
	Infrastructure	$550	$13	$46	-$33
Managing Cost Growth Total		**$22,555**	**$899**	**$1,880**	**-$980**
Purchasing/Productivity	Revenue	$1,425	$0	$119	-$119
	Personnel	$1,630	$0	$136	-$136
	Personnel/Clinical Supplies	$4,090	$304	$341	-$37
	Infrastructure	$200	$0	$17	-$17
Purchasing/Productivity Total		**$7,345**	**$304**	**$612**	**-$308**
Service reconfiguration	Revenue	$580	$0	$48	-$48
	Personnel	$1,970	$115	$164	-$49
Service Reconfiguration Total		**$2,550**	**$115**	**$212**	**-$97**
Grand Total		**$32,450**	**$1,318**	**$2,704**	**-$1,386**

Category of Savings
Personnel initiatives are the major source of savings at $878k (67%) with the balance comprising combined Personnel/Clinical Supplies $304k (23%), Clinical Supplies $123k (9%) and infrastructure $13k (1%).



Key Points by Service

Adult Medical – Favourable Achieved Savings target - $220k
The directorate achieved its target savings of $220k mainly as a result of offsets in the personnel area. The 16/17 savings initiatives are underway and savings are expected to flow in coming months.

Adult Community & LTC – Unfavourable variance $154k U
The unfavourable result in July is due to phased roll-out of savings projects. The directorate has indicated it will achieve total savings targets by year end.

Adult Surgical – Unfavourable variance $513k U
The directorate is in start-up phase in key areas including revenue and clinical supplies. Savings of $144k were reported from bed management, FTE vacancies, and consumables within General Surgery.

Women's Health – Unfavourable variance $104k U
The unfavourable variance for July of $(2)k is attributed to $1k Colposcopy Labs savings achieved but offset by Vodafone contract $(3)k U - further review of the Vodafone billing is underway.

The Women's directorate key area of focus for the year in order of priority will be; Gynae Oncology volumes for Waikato, Supplemental payment for an MDM clinics and private patients revenue. Currently, these key initiatives are at various stages of start-up/implementation and timing is expected to result in variances against the phased budget savings.

Children's Health – Unfavourable variance $156k U
The directorate reported savings from management of vacancies/leave balances but other planned savings were not achieved in July, although expenditure overall was below budget levels. The directorate is further refining its savings plan and has established local initiatives.

Cardiovascular – Unfavourable variance $109k U
The July unfavourable variance is primarily driven by a low revenue month but this position is expected to improve over coming months and with a focus on savings initiatives that will target expenditure constraint. The savings result is minimal until these initiatives are embedded.

Clinical Support - Favourable variance $97k F
The directorate reported better than budget FTE/vacancy, laboratory/radiology efficiency and diagnostic savings for the month. This has offset other initiatives currently in start-up/ implementation phases.

Non Clinical Support – Unfavourable variance $60k U
The unfavourable variance is mainly due to timing. Savings are reported in standardised bed making linen initiative.

Perioperative – Unfavourable variance $133k U
The Directorate reported FTE savings for July and will progress the programme of work involving production planning and increased productivity.

Cancer & Blood – Favourable Achieved Savings target - $105k
The Directorate achieved its target savings of $105k from offsets in vacancy savings. Other savings initiatives are underway and savings expected to flow in coming months.

Mental Health – Unfavourable variance $37k U
The unfavourable result is attributed to phased-roll out of personnel related projects that have not commenced. The directorate is expected to manage savings targets through on-going active management of recruitment and other personnel costs over the full year.

Corporate – Unfavourable variance $217k U
Minimal savings of $8k are reported. The unfavourable variance is attributed to initiatives being in start-up phase

Table 3: Savings by Service – 1 Month to July 2016 ($000's)

Service	Strategy	16-17 Target Savings	YTD Act	YTD Bud	YTD Var.
Adult Medical	Managing Cost Growth	1,727	220	144	76
	Purchasing/Productivity	329	0	27	-27
	Service reconfiguration	580	0	48	-48
Adult Medical Total		**$2,636**	**$220**	**$220**	**$0**
Adult Comm &LTC	Managing Cost Growth	1,281	19	107	-87
	Purchasing/Productivity	51	0	4	-4
	Service reconfiguration	750	0	63	-63
Adult Community &LTC Total		**$2,082**	**$19**	**$173**	**-$154**
Surgical	Managing Cost Growth	6,097	28	508	-480
	Purchasing/Productivity	570	1	48	-47
	Service reconfiguration	1,220	115	102	13
Surgical Total		**$7,887**	**$144**	**$657**	**-$513**
Women's	Managing Cost Growth	862	-2	72	-74
	Purchasing/Productivity	367	0	31	-31
Women's Total		**$1,229**	**-$2**	**$102**	**-$104**
Child Health	Managing Cost Growth	1,692	82	141	-59
	Purchasing/Productivity	1,156	0	96	-96
Child Health Total		**$2,848**	**$82**	**$237**	**-$156**
Clinical Support	Managing Cost Growth	3,018	270	251	19
	Purchasing/Productivity	2,690	303	224	79
Clinical Support Total		**$5,708**	**$573**	**$476**	**$97**
Cardiovascular	Managing Cost Growth	976	23	81	-58
	Purchasing/Productivity	610	0	51	-51
Cardiovascular Total		**$1,586**	**$23**	**$132**	**-$109**
Non Clinical	Managing Cost Growth	874	29	73	-44
	Purchasing/Productivity	200	0	17	-17
Non Clinical Support Total		**$1,074**	**$29**	**$89**	**-$60**
Perioperative	Managing Cost Growth	1,300	59	108	-49
	Purchasing/Productivity	1,000	0	83	-83
Perioperative Total		**$2,300**	**$59**	**$192**	**-$133**
Cancer & Blood	Managing Cost Growth	1,022	105	85	20
	Purchasing/Productivity	242	0	20	-20
Cancer & Blood Total		**$1,264**	**$105**	**$105**	**-$0**
Mental Health	Managing Cost Growth	1,138	58	95	-37
Mental Health Total		**$1,138**	**$58**	**$95**	**-$37**
Corporate	Managing Cost Growth	2,569	8	214	-206
	Purchasing/Productivity	130	0	11	-11
Corporate Total		**$2,699**	**$8**	**$225**	**-$217**
Grand Total		**$32,450**	**$1,318**	**$2,704**	**-$1,386**

Volume Performance

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

		July 2016				YTD (1 month ending Jul-16)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	Ambulatory Services	1,076	864	(212)	80.3%	1,076	864	(212)	80.3%
	Community Services	2,182	1,461	(721)	67.0%	2,182	1,461	(721)	67.0%
	Diabetes	481	450	(31)	93.6%	481	450	(31)	93.6%
	Palliative Care	39	39	0	100.0%	39	39	0	100.0%
	Reablement Services	2,046	2,251	204	110.0%	2,046	2,251	204	110.0%
	Sexual Health	435	469	34	107.9%	435	469	34	107.9%
Adult Community & LTC Total		**6,259**	**5,533**	**(726)**	**88.4%**	**6,259**	**5,533**	**(726)**	**88.4%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,089	2,098	9	100.4%	2,089	2,098	9	100.4%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	11,617	11,113	(505)	95.7%	11,617	11,113	(505)	95.7%
Adult Medical Services Total		**13,707**	**13,211**	**(495)**	**96.4%**	**13,707**	**13,211**	**(495)**	**96.4%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	8,225	7,493	(731)	91.1%	8,225	7,493	(731)	91.1%
	N Surg, Oral, ORL, Transpl, Uro	9,174	8,724	(450)	95.1%	9,174	8,724	(450)	95.1%
	Orthopaedics Adult	3,948	3,741	(207)	94.7%	3,948	3,741	(207)	94.7%
Surgical Services Total		**21,347**	**19,958**	**(1,389)**	**93.5%**	**21,347**	**19,958**	**(1,389)**	**93.5%**
Cancer & Blood Services		**7,803**	**6,760**	**(1,043)**	**86.6%**	**7,803**	**6,760**	**(1,043)**	**86.6%**
Cardiovascular Services		**11,098**	**11,296**	**198**	**101.8%**	**11,098**	**11,296**	**198**	**101.8%**
Children's Health	Child Health & Disability	950	925	(26)	97.3%	950	925	(26)	97.3%
	Medical & Community	6,874	5,846	(1,028)	85.1%	6,874	5,846	(1,028)	85.1%
	Paediatric Cardiac & ICU	4,794	3,859	(936)	80.5%	4,794	3,859	(936)	80.5%
	Surgical & Community	4,348	3,955	(393)	91.0%	4,348	3,955	(393)	91.0%
Children's Health Total		**16,966**	**14,584**	**(2,382)**	**86.0%**	**16,966**	**14,584**	**(2,382)**	**86.0%**
Clinical Support Services		**3,287**	**3,151**	**(136)**	**95.9%**	**3,287**	**3,151**	**(136)**	**95.9%**
DHB Funds		**6,482**	**6,482**	**(0)**	**100.0%**	**6,482**	**6,482**	**(0)**	**100.0%**
Perioperative Services		**2**	**2**	**0**	**100.0%**	**2**	**2**	**0**	**100.0%**
Public Health Services		**130**	**130**	**0**	**100.0%**	**130**	**130**	**0**	**100.0%**
Support Services		**101**	**101**	**0**	**100.0%**	**101**	**101**	**0**	**100.0%**
Women's Health	Genetics	277	318	41	114.8%	277	318	41	114.8%
	Women's Health	7,156	6,957	(199)	97.2%	7,156	6,957	(199)	97.2%
Women's Health Total		**7,433**	**7,275**	**(158)**	**97.9%**	**7,433**	**7,275**	**(158)**	**97.9%**
Grand Total		**94,615**	**88,483**	**(6,131)**	**93.5%**	**94,615**	**88,483**	**(6,131)**	**93.5%**

2) Total Discharges for the YTD (1 Month to July 2016)

		Cases Subject to WIES Payment		All Discharges			Same Day discharges		Same Day as % of all discharges	
		Inpatient								
Directorate	**Service**	**2016**	**2017**	**Last YTD**	**This YTD**	**% Change**	**Last YTD**	**This YTD**	**Last YTD**	**This YTD**
Adult Community & LTC	A+ Links, HOP, Rehab	0	0	210	0	(100.0%)	0	0	0.0%	0.0%
	Ambulatory Services	141	139	168	142	(15.5%)	148	127	88.1%	89.4%
	Reablement Services	0	0	0	175	0.0%	0	2	0.0%	1.1%
Adult Community & LTC Total		141	139	378	317	(16.1%)	148	129	39.2%	40.7%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	1,037	1,151	1,038	1,151	10.9%	742	835	71.5%	72.5%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	1,777	1,682	1,790	1,696	(5.3%)	290	276	16.2%	16.3%
Adult Medical Services Total		2,814	2,833	2,828	2,847	0.7%	1,032	1,111	0.0%	0.0%
Cancer & Blood Total		437	409	462	439	(5.0%)	231	231	50.0%	52.6%
Cardiovascular Services Total		734	698	757	718	(5.2%)	188	149	24.8%	20.8%
Children's Health	Medical & Community	1,331	1,293	1,449	1,403	(3.2%)	795	754	54.9%	53.7%
	Paediatric Cardiac &	213	194	228	202	(11.4%)	57	39	25.0%	19.3%
	Surgical & Community	722	708	776	739	(4.8%)	357	337	46.0%	45.6%
Children's Health Total		2,266	2,194	2,453	2,344	(4.4%)	1,209	1,130	49.3%	48.2%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	1,464	1,417	1,708	1,546	(9.5%)	968	789	56.7%	51.0%
	N Surg, Oral, ORL, Transpl, Uro	983	1,019	1,039	1,080	3.9%	407	417	39.2%	38.6%
	Orthopaedics Adult	377	386	406	407	0.2%	69	70	17.0%	17.2%
Surgical Services Total		2,824	2,823	3,153	3,033	(3.8%)	1,444	1,276	45.8%	42.1%
Women's Health Total		1,769	1,736	1,860	2,021	8.7%	708	767	38.1%	38.0%
Grand Total		**10,985**	**10,833**	**11,891**	**11,719**	**(1.4%)**	**4,960**	**4,793**	**41.7%**	**40.9%**

3) Caseweight Activity for the YTD (1 Month to July 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		**78**	**65**	**(12)**	**376**	**315**	**(60)**	**84.0%**	**9**	**5**	**(4)**	**43**	**22**	**(21)**	**51.2%**	**87**	**70**	**(17)**	**419**	**337**	**(81)**	**80.6%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	299	305	7	1,440	1,474	33	102.3%	0	0	0	0	0	0	0.0%	299	305	7	1,440	1,474	33	102.3%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	1,652	1,559	(93)	7,969	7,521	(448)	94.4%	1	0	(1)	3	0	(3)	0.0%	1,652	1,559	(94)	7,972	7,521	(451)	94.3%
Adult Medical Services Total		**1,950**	**1,864**	**(86)**	**9,409**	**8,995**	**(415)**	**95.6%**	**1**	**0**	**(1)**	**3**	**0**	**(3)**	**0.0%**	**1,951**	**1,864**	**(87)**	**9,413**	**8,995**	**(418)**	**95.6%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	766	709	(56)	3,694	3,422	(272)	92.6%	592	544	(48)	2,858	2,625	(233)	91.8%	1,358	1,253	(105)	6,552	6,046	(505)	92.3%
	N Surg, Oral, ORL, Transpl, Uro	755	714	(41)	3,642	3,443	(199)	94.5%	603	595	(8)	2,910	2,873	(37)	98.7%	1,358	1,309	(49)	6,552	6,315	(237)	96.4%
	Orthopaedics Adult	448	502	54	2,162	2,424	262	112.1%	295	187	(108)	1,424	903	(521)	63.4%	743	690	(54)	3,586	3,327	(259)	92.8%
Surgical Services Total		**1,969**	**1,925**	**(44)**	**9,499**	**9,288**	**(210)**	**97.8%**	**1,491**	**1,327**	**(164)**	**7,192**	**6,400**	**(791)**	**89.0%**	**3,459**	**3,252**	**(208)**	**16,690**	**15,689**	**(1,002)**	**94.0%**
Cancer & Blood Services		**523**	**414**	**(108)**	**2,522**	**1,999**	**(523)**	**79.3%**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**	**523**	**414**	**(108)**	**2,522**	**1,999**	**(523)**	**79.3%**
Cardiovascular Services		**1,188**	**1,285**	**97**	**5,732**	**6,198**	**466**	**108.1%**	**892**	**858**	**(34)**	**4,302**	**4,140**	**(162)**	**96.2%**	**2,080**	**2,143**	**63**	**10,035**	**10,338**	**304**	**103.0%**
Children's Health	Medical & Community	971	843	(127)	4,683	4,069	(615)	86.9%	0	0	0	0	0	0	0.0%	971	843	(127)	4,683	4,069	(615)	86.9%
	Paediatric Cardiac & ICU	496	411	(85)	2,392	1,983	(408)	82.9%	242	176	(66)	1,170	849	(321)	72.6%	738	587	(151)	3,562	2,833	(729)	79.5%
	Surgical & Community	410	398	(12)	1,976	1,919	(58)	97.1%	372	326	(47)	1,797	1,572	(224)	87.5%	782	724	(59)	3,773	3,491	(282)	92.5%
Children's Health Total		**1,876**	**1,652**	**(224)**	**9,051**	**7,971**	**(1,081)**	**88.1%**	**615**	**502**	**(113)**	**2,967**	**2,422**	**(545)**	**81.6%**	**2,491**	**2,154**	**(337)**	**12,018**	**10,392**	**(1,626)**	**86.5%**
Women's Health Services		**923**	**926**	**2**	**4,455**	**4,466**	**11**	**100.2%**	**151**	**148**	**(4)**	**731**	**712**	**(19)**	**97.4%**	**1,075**	**1,073**	**(2)**	**5,186**	**5,178**	**(8)**	**99.8%**
Grand Total		**8,507**	**8,132**	**(376)**	**41,044**	**39,232**	**(1,812)**	**95.6%**	**3,158**	**2,839**	**(320)**	**15,238**	**13,696**	**(1,542)**	**89.9%**	**11,665**	**10,970**	**(695)**	**56,281**	**52,928**	**(3,354)**	**94.0%**
Excludes caseweight Provision																						

Acute

With only one month into new year, the data and trends need to be viewed with some caution, particularly given the level of coding completion at time of reporting.

Looking at the activity by event type:

- Acute medical cases are down 3.3%, around the same level as July 2014/15. Average WIES is also down by 3.1%, while ALOS is down 6%.
- On the other hand, acute surgical cases are up by 4.6%, although no change in average WIES. LOS is 5% lower than the same period last year. Acute surgical cases ended up 6% higher at year end, so this is a continuation of that trend. Of note, 19% of the increase for the month was in acute cardiothoracic (under 24 hours).
- As with surgical, obstetrics and newborn services are continuing to see an increase, being 5% up on the same month last year, and a further 5.6% up on June. This trend has continued for some months now. Newborn services has had increased in ALOS and a drop in WIES, but this is mainly due to no very high WIES cases being discharged in July (over 15 WIES). Over the year we would expect newborn average WIES to increase.

Elective

There has been a drop when comparing to July last year of 4%. July's performance is the 3rd lowest month for the calendar year (with only January and February being lower). The average WIES has dropped, but so has the ALOS.

4) Non-DRG Activity (ALL DHBs)

		July 2016				YTD (1 month ending Jul-16)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	Ambulatory Services	657	526	(131)	80.1%	657	526	(131)	80.1%
	Community Services	2,182	1,461	(721)	67.0%	2,182	1,461	(721)	67.0%
	Diabetes	481	450	(31)	93.6%	481	450	(31)	93.6%
	Palliative Care	39	39	0	100.0%	39	39	0	100.0%
	Reablement Services	2,046	2,251	204	110.0%	2,046	2,251	204	110.0%
	Sexual Health	435	469	34	107.9%	435	469	34	107.9%
Adult Community & LTC Total		**5,840**	**5,195**	**(644)**	**89.0%**	**5,840**	**5,195**	**(644)**	**89.0%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	649	625	(24)	96.3%	649	625	(24)	96.3%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,645	3,592	(53)	98.5%	3,645	3,592	(53)	98.5%
Adult Medical Services Total		**4,294**	**4,216**	**(78)**	**98.2%**	**4,294**	**4,216**	**(78)**	**98.2%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	1,673	1,447	(226)	86.5%	1,673	1,447	(226)	86.5%
	N Surg, Oral, ORL, Transpl, Uro	2,622	2,408	(214)	91.9%	2,622	2,408	(214)	91.9%
	Orthopaedics Adult	362	414	52	114.3%	362	414	52	114.3%
Surgical Services Total		**4,657**	**4,269**	**(387)**	**91.7%**	**4,657**	**4,269**	**(387)**	**91.7%**
Cancer & Blood Services		**5,281**	**4,761**	**(520)**	**90.2%**	**5,281**	**4,761**	**(520)**	**90.2%**
Cardiovascular Services		**1,064**	**958**	**(106)**	**90.1%**	**1,064**	**958**	**(106)**	**90.1%**
Children's Health	Child Health & Disability	950	925	(26)	97.3%	950	925	(26)	97.3%
	Medical & Community	2,190	1,778	(413)	81.1%	2,190	1,778	(413)	81.1%
	Paediatric Cardiac & ICU	1,233	1,026	(207)	83.2%	1,233	1,026	(207)	83.2%
	Surgical & Community	575	464	(111)	80.7%	575	464	(111)	80.7%
Children's Health Total		**4,948**	**4,192**	**(756)**	**84.7%**	**4,948**	**4,192**	**(756)**	**84.7%**
Clinical Support Services		**3,287**	**3,151**	**(136)**	**95.9%**	**3,287**	**3,151**	**(136)**	**95.9%**
DHB Funds		**6,482**	**6,482**	**(0)**	**100.0%**	**6,482**	**6,482**	**(0)**	**100.0%**
Perioperative Services		**2**	**2**	**0**	**100.0%**	**2**	**2**	**0**	**100.0%**
Public Health Services		**130**	**130**	**0**	**100.0%**	**130**	**130**	**0**	**100.0%**
Support Services		**101**	**101**	**0**	**100.0%**	**101**	**101**	**0**	**100.0%**
Women's Health	Genetics	277	318	41	114.8%	277	318	41	114.8%
	Women's Health	1,971	1,779	(191)	90.3%	1,971	1,779	(191)	90.3%
Women's Health Total		**2,247**	**2,097**	**(150)**	**93.3%**	**2,247**	**2,097**	**(150)**	**93.3%**
Grand Total		**38,333**	**35,556**	**(2,777)**	**92.8%**	**38,333**	**35,556**	**(2,777)**	**92.8%**

It is difficult to judge performance for one month of year. Of note, Ophthalmology is not over performing, unlike last year. In Cancer Services additional revenue has been released to cover expected increases due to the new melanoma treatments. This does not appear to have impacted on volumes for July, but volumes are expected to increase from month to month.

Clinical Support Directorate

Speaker: Ian Costello, Acting Director

Service Overview

The Clinical Support Directorate is comprised of the following service delivery group; Daily Hospital 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 Project Management:	Joyce Forsyth
Director of Allied Health:	Moses Benjamin
Director of Primary Care:	Dr Barnet Bond

Directorate Priorities for 16/17

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

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

Q1 Actions – 90 and 180 day plan

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

Measures

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

Scorecard

Auckland DHB - Clinical Support Services

HAC Scorecard for July 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
Better Quality Care	Number of complaints received	8	No Target	8
	% Outpatients and community referred MRI completed < 6 weeks	75.89%	>=85%	75.62%
	% Outpatients and community referred CT completed < 6 weeks	94.75%	>=95%	95.22%
	% Outpatients and community referred US completed < 6 weeks	83.9%	>=95%	80.6%
Engaged Workforce	Excess annual leave dollars ($M)	$0.61	0	$0.59
	% Staff with excess annual leave > 2 years	8.67%	0%	8.7%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	100%	0%	100%
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	1
	Sick leave hours taken as a percentage of total hours worked	3.93%	<=3.4%	4.2%
	% Voluntary turnover (annually)	8.63%	<=10%	9.2%
	% Voluntary turnover <1 year tenure	2.19%	<=6%	2.2%

R/U Result unavailable

Scorecard commentary

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

MRI

Performance against the MRI target of 85% of referrals completed within six weeks has remained stable in July 2016 (75.89%) compared to June 2016 (75.62%). The waitlist continues to improve and currently stands at 215 in July 2016 compared to 254 in June 2016.

The number of adult patients waiting longer than 42 days has decreased from 6% (26/06) to 1% (31/7). There are now 34 patients waiting longer than 42 days (previously 68).

The number of paediatric patients waiting longer than 42 days has decreased from 46% (26/06) to 42% (31/07). There are now 34 patients waiting longer than 42 days (previously 68). A recovery plan has been devised and additional lists are in place clear the back log for the paediatric waiting list with a robust plan in place to sustain the current volumes under 42 days.

Radiology will continue with efforts to accelerate progress toward achieving MoH indicators through a number of planned initiatives including outsourcing, realignment of staffing rosters, the introduction of additional operating hours and service improvement projects. Outsourcing arrangements for adult referrals are assisting in managing demand and a total of 235 additional procedures have been completed by private providers for the period July 2016. The outsourcing of

'standard' scans has made a significant impact on the waiting list. We are re-evaluating our outsourcing strategy to ensure we are able to maintain and accelerate progress and meet the increasing requirements for more complex procedures e.g. general anaesthesia and sedation.

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

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

CT

Performance against the MoH indicator of 95% of out-patients completed within six weeks has remained stable and is currently at 94.75% for July 2016 compared to 95.22% in June 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 83.9% of out-patients were scanned within 6 weeks in July 2016 compared with 80.6% in June 2016. We continue to work on long term solutions to manage demand, for example, through direct communication with all GP referrers and providing clinical advice and guidance where required.

Complaints

There were 8 complaints in July 2016 compared to 8 in June 16 and the themes were around waiting times and clinical advice. The Directorate is in the process of introducing a complaints action plan database to ensure that actions are completed and that a 'lessons learnt' approach is adopted which will be shared across all departments. Health and Safety departmental inspections have taken place in Radiology (ACH & GLCC), Anatomical Pathology Services, Mt Wellington, Forensic Pathology, Allied Health, Patient Service Centre and Contact Centre and Pharmacy. There are a number of recommendations which will be actioned within the next month.

High suspicion of cancer patient tracker is currently being developed for Radiology. The go-live date has been delayed due to the complexity in amalgamating the data sets required.

Radiology has produced a weekly report for all Directorates to demonstrate inappropriate high suspicion of cancer requests from specialties across the organisation. These inappropriate requests will ultimately prevent patients on the high suspicion of cancer tracker from being seen within a timely manner. Radiology is also reviewing the lung pathway to identify further improvements for CT and MRI.

The text reminder service in the Patient Contact Centre will be outsourced from August 2016 to enhance capacity and functionality to ensure consistent messaging to all our patients with mobile phone numbers.

Each department has compiled a risk register which will feed into the Directorate Register. A gap analysis has been undertaken across the Directorate to determine the training requirements for Health and Safety Representatives.

A monthly HR report has been developed for the Directorate 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

- Visit by the Minister of Health to view PC 3 lab
- Approval from the Board for a new blood science work-area automation upgrade
- Version 9 LIS upgrade completed
- Extraction system business case approved for Anatomical Pathology, Mount Wellington
- The EAM upgrade project has now been successfully completed

Areas off track and remedial plans

Radiology

The focus remains on meeting MoH indicators for MRI and internal waitlist for Ultrasound. A detailed production plan is in place and weekly reporting on status. MRT vacancies may be significantly increased in August and September. Recruitment is underway but if not successful this may impact waiting time performance for several months. A briefing paper is being written and will be presented at the Directors meeting within the next 2 weeks.

Lab; Anatomical Pathology Service (Mt Wellington)

- Challenges in meeting turnaround times for histology continue. A number of initiatives have been implemented including recruitment to additional Pathologist FTE x2 and use of locum staff. Engagement with key stakeholders in Community Services has begun to understand drivers behind a significant increase in referral volumes in certain areas.
- National Screening Unit (Ministry of Health) enquiry regarding reporting levels in Gynaecology Cytology and progress against IANZ audit requirements. An audit of activity has been completed and provided to MoH. A meeting was held with IANZ leads and outstanding issues are now resolved.
- SLAs are being developed with community referrers to clearly define the services being provided and service expectations.
- Radiology and Laboratory strategies in development with a view to being out for consultation at the in August 2016.

Forensic Pathology

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

Key issues and initiatives identified in coming months

- Patient Service Centre – Implement a steering and project group for this strategy in line with the agreed A3.
- Continue progress on implementation of an Integrated Daily Operations Centre
- Develop workforce and capacity plan for laboratory staff
- Develop Radiology FCT tracker
- Improve the process for patients receiving their appointment letters
- Implement the Interpreter improvement project
- Outsource the patient appointment text reminder service

Financial results

STATEMENT OF FINANCIAL PERFORMANCE
Clinical Support Services

Reporting Date Jul-16

($000s)	MONTH			YEAR TO DATE (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,526	1,651	(124) U	1,526	1,651	(124) U
Funder to Provider Revenue	3,240	3,240	0 F	3,240	3,240	0 F
Other Income	1,282	1,384	(102) U	1,282	1,384	(102) U
Total Revenue	**6,048**	**6,274**	**(226) U**	**6,048**	**6,274**	**(226) U**
EXPENDITURE						
Personnel						
Personnel Costs	10,216	10,606	390 F	10,216	10,606	390 F
Outsourced Personnel	385	258	(127) U	385	258	(127) U
Outsourced Clinical Services	590	517	(73) U	590	517	(73) U
Clinical Supplies	3,775	3,885	110 F	3,775	3,885	110 F
Infrastructure & Non-Clinical Supplies	530	503	(26) U	530	503	(26) U
Total Expenditure	**15,496**	**15,770**	**273 F**	**15,496**	**15,770**	**273 F**
Contribution	**(9,448)**	**(9,495)**	**47 F**	**(9,448)**	**(9,495)**	**47 F**
Allocations	(7,956)	(8,100)	(144) U	(7,956)	(8,100)	(144) U
NET RESULT	**(1,492)**	**(1,395)**	**(97) U**	**(1,492)**	**(1,395)**	**(97) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	139.3	143.0	3.7 F	139.3	143.0	3.7 F
Nursing	74.4	81.0	6.6 F	74.4	81.0	6.6 F
Allied Health	855.9	869.5	13.6 F	855.9	869.5	13.6 F
Support	73.0	70.6	(2.4) U	73.0	70.6	(2.4) U
Management/Administration	297.7	297.2	(0.5) U	297.7	297.2	(0.5) U
Total excluding outsourced FTEs	**1,440.3**	**1,461.3**	**21.0 F**	**1,440.3**	**1,461.3**	**21.0 F**
Total :Outsourced Services	16.2	1.1	(15.1) U	16.2	1.1	(15.1) U
Total including outsourced FTEs	**1,456.4**	**1,462.4**	**5.9 F**	**1,456.4**	**1,462.4**	**5.9 F**

Comments on major financial variances

The July result is $97k U. The key variances are as follows;

1. Revenue is below budget in Laboratories and Radiology. Radiology due to revenue for Clot Retrieval not received, this is currently being worked though with the Funder. Laboratory external revenue is below budget but offset by savings in personnel and clinical supply costs.
2. Personnel costs, including outsourced, are $263k F to budget due to phasing of recruitment.
3. Internal Allocations (Service Billing) $144k U due to volumes being below budget in Radiology and Laboratories, in line with overall Provider Arm volumes at 93.5% of contract for the month.

Women's Health Directorate

Speaker: Dr Sue Fleming, Director

Service Overview

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

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

The Women's Health Directorate is led by:

Director: Dr Sue Fleming

General Manager and Nursing Professional lead: Karin Drummond

Director of Midwifery: Melissa Brown

Director of Allied Health: Linda Haultain

Director of Primary Care: Dr Diana Good

Directorate Priorities for 16/17

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

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

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

Q1 Actions – 90 day plan

1. Demonstrably safer care

Our work on afterhours patient safety continues, with a recent very successful and well attended workshop with our SMOs to determine an agreed model for afterhours SMO cover.

The consensus at the end of the workshop was to continue with an on call SMO model. There was agreement that SMOs should not be rostered for clinical duties after a night on delivery ward call. The outputs from the workshop will be tested and socialised with the broader SMO workforce and used to develop a sustainable and safe SMO afterhours model.

Further to this, the business case for the afterhours theatre has progressed. An additional dedicated afterhours theatre on Level 9 is unlikely to be affordable. As part of the ADHB afterhours in patient Safety Project, options to increase afterhours theatre capability for the whole hospital will be explored as a more viable alternative.

Our Pregnancy & Parenting Programme is progressing well. We are awaiting a revised proposal from teen parenting provider for service delivery. Discussions are underway with Pacific community continuing re broad strategy to reach the Pacific community. Our community group courses are attended by an ethnically diverse group of patients – around 70% are made up of Indian and Asian; 19% NZ European; nil Maori/Pacific (June report to Planning & Funding). 80% of women seen in clinics and in-hospital discussions live within ADHB region; of those seen, importantly, nearly 60% fell within our priority population groups. Home visit referrals are slow so we are reviewing our strategy to get more movement in this area. The electronic registration process has good technical functionality and the site was a "starting point" for the service. Consumer feedback is helping to optimise the site for easier accessibility and refine the functionality and flow of the site. Work is nearing completion.

2. **An engaged, empowered and productive workforce**

Leadership training for all SCDs, MUMs and NUMS

Our SCDs, MUM and NUM have all completed leadership training, other than a newly appointed SCD who is enrolled in cohort 8 (which will commence prior to Dec 16).

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

We continue to work on an integrated rostering tool that will allow the service to match our resources to meet both service and training needs. We are currently reviewing how our junior medical workforce can also be aligned to this.

Maternity workforce plan developed and implemented

A maternity workforce plan has been completed by our new Midwifery Director. A number of workshops have been planned to share this plan with staff for their feedback.

The midwifery workforce has seen an improvement in recruitment with 6.2 FTE due to commence between September 2016 and January 2017. 5.1 FTE vacancy now exists. The recruitment to clinical midwifery leadership roles across the service has commenced. This will improve:

- The quality and safety of maternity care, particularly after hours

- Clinical support for less experienced staff, enabling greater engagement and retention
- Efficiency in managing demand and eliminating waste across the service (e.g. waiting, bed block, unnecessary intervention)

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

Postnatal discharge project

Our work with Birthcare continues to enable a seamless discharge of low risk postnatal women to their facility. We have seen a reduction in our bed occupancy rates in Tamaki ward and we expect that as our early discharge model matures this will allow us to explore further option in better utilising our facilities.

Reconfiguring our facilities

On September 5th we will hold a multidisciplinary workshop to explore options to reconfigure Auckland City Hospital level 9 and 10 facilities to best meet our changing service needs. We see this as a critical component of ensuring efficient service delivery, wise use of our nursing and midwifery resource and improving patient experience.

Pilot maternity community hub with Ngati Whatua

Our Maori midwifery team and Maori SMO continue to hold clinics at Glen Innes. We have also set up a Marae based model for our pregnancy and parenting session. This has been very successful in getting the most vulnerable women both engaged in antenatal education but also linking in with the broader community to provide support.

Review of acute care pathways

This work continues within our Womens Assessment Unit, however progress has been delayed due to changes in leadership.

4. Progress opportunities for regional collaboration *(ADHB – WDHB Maternity Collaboration);*

We are working with WDHB to progress two work streams: Supporting Normal Birth; and Addressing Inequities.

Our Regional Women's Health Forum with our three regional partners is undergoing a review of TOR and exploring ways of working together that are more focused and productive.

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

Develop sustainability model for gynaecology service

With the increasing demand in Gynae-Oncology and the need to ensure we meet faster cancer treatment targets, as well as our Elective Surgical targets we are reviewing our processes to ensure we maximise resources. We have updated our outpatient templates and OR allocations to maximise our usage and utilisation.

We are also making good progress with the establishment of a Rapid Access Clinic for women with high suspicion of cancer. We aim to have this clinic running late September / early October; this will enable early diagnosis and treatment.

We are also working on a Gynae-Oncology business case that is in-line with the Ministry commitment to a three centre model. This is subject to confirmation on IDF funding.

Plan to increase private revenue generation by Fertility Plus

We have completed a review of our private revenue generation within Fertility Plus. This has identified a number of issues and opportunities for growth in this area. To optimise this potential revenue stream we have submitted a business case for a Business Manager to enable the service to improve its systems and processes and grow its profit margins.

Measures

Measures	Current	Target (End 16/17)
Average length of stay after elective CS	4.1	3
Fully meet RANZCOG training requirements	3 fully, 4 partially	7 fully
Elective surgical targets met	91%	100%
% of category 2 caesarean section patients meeting 60 min time target	80%	100%
Patients admitted to WAU from AED within 45 minutes of referral	66%	100%
DNA rate for women attending Glen Innes Maternity service	NA	<9%
Nursing and midwifery FTE variance from budget	0.22 FTE F	0 FTE
Breakeven revenue and expenditure position	$34k U	Breakeven
FCT targets met	51%	85%

Scorecard

Auckland DHB - Women's Health

HAC Scorecard for July 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	1	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)	0.4%	<=6%	0.8%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	0
	Unviewed/unsigned Histology/Cytology results < 90 days	71	0	86
	Unviewed/unsigned Histology/Cytology results > 90 days	26	0	25
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.87	>=1	0.93
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0.11%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0.31%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	7.01%	<=9%	10.12%
	% DNA rate for outpatient appointments - Maori	20%	<=9%	21.08%
	% DNA rate for outpatient appointments - Pacific	13.49%	<=9%	21.69%
	Elective day of surgery admission (DOSA) rate	100%	>=68%	91.76%
	% Day Surgery Rate	46.2%	>=50%	50.6%
	Inhouse Elective WIES through theatre - per day	6.74	>=4.5	8.96
	Number of CBU Outliers - Adult	7	0	7
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	76.5%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	92.4%
	Number of complaints received	10	No Target	9
	Number of patient discharges to Birthcare	325	TBC	293
	Average Length of Stay for WIES funded discharges (days) - Acute	2.2	<=2.1	2.04
	Average Length of Stay for WIES funded discharges (days) - Elective	1.19	<=1.5	1.52
	Post Gynaecological Surgery 28 Day Acute Readmission Rate	R/U	No Target	6.4%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	92.73%	>=95%	91.67%
	Breastfeeding rate on discharge excluding NICU admissions	R/U	>=75%	79.1%
Engaged Workforce	Excess annual leave dollars ($M)	$0.29	0	$0.31
	% Staff with excess annual leave > 1 year	30.1%	0%	33%
	% Staff with excess annual leave > 2 years	14.68%	0%	14.8%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	94.92%	0%	98.3%
	Number of Employees who have taken greater than 80 hours sick leave in the past 12 months	118	60	122
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	0
	% Voluntary turnover (annually)	13.64%	<=10%	14.2%
	% Voluntary turnover <1 year tenure	7.8%	<=6%	7.5%

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

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

Result unavailable until after the 10th of the next month.

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.

Post Gynaecological Surgery 28 Day Acute Readmission Rate

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

Breastfeeding rate on discharge excluding NICU admissions

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

Scorecard Commentary

- We had one medication error with harm. This related to a patient self-medicating (with illicit drugs not declared to staff). This is being investigated as a SAC 2 to determine how this may have been prevented.
- We have added unviewed and unsigned histology / cytology results to our scorecard for this financial year as we identified a risk in this area. We have established a dedicated resource to check and validate all results that are over 90 days and expect this to be reduced as they work through the results.
- We are slightly behind our elective target; this is in part due to only having 21 production days in July and the phasing not being adjusted to reflect the 5 weekends falling in this month.
- We had one patient that was deferred and subsequently did not get treated within ESPI 5 timeframes.
- Our new Midwifery Director is actively working with our Charge Midwives to improve our performance against smoking targets.
- We have a slight reduction in our engaged workforce measures, however this remains a challenge for the service especially when we continue to carry vacancies.

Key achievements in the month

- We have completed our Annual Clinical Report which included our Maternity Quality and Safety Report and presented the critique of our data at our report day on the 19th August. This was a very successful day in which we received very positive feedback from both our LMC and DHB staff.
- We continue with our Te Reo Maori classes and have enjoyed practising our skills.
- We have appointed a new Service Clinical Director to our Secondary Gynaecology service as well as a Clinical Lead for Faster Cancer Treatment.
- Two of our senior nurses have completed their Green Belt projects. These projects were looking at how we could reduce our readmission rates following Gynae surgery and the second on how we could reduce our DNA rates for Pacific women. The DNA project was led by our Nurse Unit Manager whom is also Tongan; she was able to interview women in their own language which enabled her to develop a much deeper understanding of the barriers that are preventing these women coming to clinics. Many related to health literacy of which she had a strong interest in having completed her Master thesis on this topic. Pauline is keen to further her work in this area to develop more culturally responsive ways in which to engage with our women.

Areas off track and remedial plans

- We have refreshed our MOS Measures for the new financial year to enable our focus to be on our priority areas.
- We are not meeting our FCT targets primarily due to capacity constraints especially related to the first 31 days. The complexity of the gynaecology diagnostic pathway is resulting in delays due to the multiple tests required. We are working closing with our FCT team to streamline some of the barriers. We are setting up a new Rapid Access Clinic, however this will not commence until early October. We expect that this clinic will enable us to meet our 31 day target in a timely manner and thereby provide the necessary work up to meet our 62 day target if treatment is required.
- We recognised that many of our staff are experiencing stress that is impacting on their work and working relationships. We have developed a number of strategies to address this which are in line with developing our leaders, living our values and options for professional help. This has been well received and will be on-going in nature.

Key issues and initiatives identified in coming months

- Development of processes to enable increased private revenue streams in Fertility and scope opportunities in Genetics.
- Confirm funding for Gynae-Oncology to enable completion of the business case which will support the three centre model.
- Progress consultation of Midwifery Workforce plan.
- Finalise the afterhours SMO model.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Womens Health Services

Reporting Date **Jul-16**

($000s)	**MONTH**			**YEAR TO DATE (1 month ending Jul-16)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
REVENUE						
Government and Crown Agency	201	198	3 F	201	198	3 F
Funder to Provider Revenue	7,449	7,449	0 F	7,449	7,449	0 F
Other Income	182	192	(10) U	182	192	(10) U
Total Revenue	**7,832**	**7,839**	**(7) U**	**7,832**	**7,839**	**(7) U**
EXPENDITURE						
Personnel						
Personnel Costs	3,328	3,312	(17) U	3,328	3,312	(17) U
Outsourced Personnel	66	77	11 F	66	77	11 F
Outsourced Clinical Services	55	38	(17) U	55	38	(17) U
Clinical Supplies	504	441	(63) U	504	441	(63) U
Infrastructure & Non-Clinical Supplies	17	78	61 F	17	78	61 F
Total Expenditure	**3,972**	**3,946**	**(26) U**	**3,972**	**3,946**	**(26) U**
Contribution	**3,861**	**3,893**	**(32) U**	**3,861**	**3,893**	**(32) U**
Allocations	746	745	(1) U	746	745	(1) U
NET RESULT	**3,114**	**3,148**	**(34) U**	**3,114**	**3,148**	**(34) U**

Paid FTE

	MONTH (FTE)			**YEAR TO DATE (FTE) (1 month ending Jul-16)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medical	74.0	66.3	(7.7) U	74.0	66.3	(7.7) U
Midwives, Nursing	254.4	253.6	(0.8) U	254.4	253.6	(0.8) U
Allied Health	17.5	21.3	3.8 F	17.5	21.3	3.8 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	39.1	35.6	(3.5) U	39.1	35.6	(3.5) U
Other	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Total excluding outsourced FTEs	**385.0**	**376.8**	**(8.2) U**	**385.0**	**376.8**	**(8.2) U**
Total :Outsourced Services	2.6	2.6	0.0 F	2.6	2.6	0.0 F
Total including outsourced FTEs	**387.5**	**379.4**	**(8.2) U**	**387.5**	**379.4**	**(8.2) U**

Comments on major financial variances (July YTD)

The Directorate's result for the first month is a budget variance of $(34)k U, mostly from a drop in private patient revenue, over-stated ACC to be corrected next month, rate and some high variable Fertility treatment cost over-runs, and all of which have some offset by reduction to Provision for Doubtful Debts.

Overall CWD volumes finished at 100% of contract and Specialist Neonates at 40% (FY16 70%) for the year.

The Gynaecology Acute WIES surged at 139% of contract and performance of their electives contract at 97% (by value but not discharge target).

The combined DRG and Non-DRG volumes equated to $340k U of revenue below contract (not recognised in the Directorate result), mostly due to low Neonate volume.

June '16: Year financial analysis:

1 Revenue

$7k U YTD

a. **Non-resident & private patient** billing slipped behind budget at $28k U. These revenues are unpredictable.

b. **Other income** is $17k U and consists of donations of $38k F from Starship Foundation to fund the purchase of Pepipods (see below), which offsets a Genetics budgeted income variance of $17k U arising from a change in accounting policy for income received in advance.

2 Expenses

Expenditure variance is now $27k U YTD; this variance is mostly the net result of:

a. **Personnel** $17k U for ACC which will correct next month. Otherwise it is pleasing that there is no net variance.

b. **Outsourced personnel** $11k F, as a result of a University vacancy.

c. **Clinical supplies** are $(63)k U consisting of Pepipod purchases $(38)k U, Fertility treatment over-runs from drugs $(16)k U, and minor equipment $(7)k U which will normalise over coming months.

d. **Infrastructure & Non-Clinical** total of $61k F arises mostly from reduction in the Provision for Doubtful Debts/ Bad Debts Written Off of $81k F.

Child Health Directorate

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

Service Overview

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

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

Surgical Child Health

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

Medical Child Health

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

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

Directorate Priorities for 16/17

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

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

Q1 Actions – 90 day plan

Priority area	Action plan	Commentary
1.	Robust system of safety event reporting and review	▪ Safe care committee established and reviewing all events
1.	Excellence programme development within all services	▪ Developing directorate wide measures/dashboard ▪ Stocktake of databases and current measures completed ▪ Service based measures/dashboards in development
2.	Ongoing effective financial management	▪ Financial strategy generated for 2016/17 including specific savings targets. ▪ Dual emphasis on revenue (ACC, donations, tertiary services) and cost containment. ▪ An extensive leave management programme is in place across Child Health. ▪ The late onset of winter has resulted in bed day savings in July. ▪ Emphasis on financial strategy across multiple years to ensure enduring change.
3.	Community service re-design	▪ Model of service concept finalised with emphasis on whanau-centred care, equity of access and outcomes and knowing and working closely within the community. ▪ Maori and Pacific strategic and workforce engagement. ▪ Staff and stakeholder engagement in model of service concept testing. ▪ Proposed new model of service for consultation in October 2016.
4.	Establish hospital allied health leadership and integration	▪ Inpatient allied health roles transferred to Child Health on 1 July 2016 and the SCD role allied health was appointed.
4.	Rehabilitation service and TBI pathway development	▪ ACC has confirmed a closed tender for rehabilitation services will be issued in September 2016. ▪ Pricing for the provision of rehabilitation services has been determined. ▪ A rehabilitation NS role (ACC funded) commences in August to develop the single point of access, rehab pathway, in-reach, NS function and other process development.
5.	Implementation of deteriorating patients model implementation of afterhours inpatient safety model	▪ Overall structure and escalation process finalised ▪ Draft assessment and data forms completed ▪ Job descriptions being developed
5.	Surgical performance	▪ Paediatric surgical services produced 10% more in total in July 2016 come pared with the previous year, with increases in both acute and elective performance.
5.	Acute flow (discharge planning focus – UHW)	▪ Project group identified ▪ Initial data analysis completed ▪ Priority wards agreed
6.	Leadership development programme	▪ All Child Health service-level leadership staff have now participated in or are scheduled to participate in the leadership programme.
6.	Improved programme of funding for research and training for all	▪ The Starship Foundation research, training and education programme was launched in July with $500k

	Starship Child Health staff	available for the initial round of proposals due in Sept.
7.	Tertiary services stakeholder engagement	▪ The draft report has been completed and is awaiting ELT sign off.

Measures

Measures	Current (end 15/16)	Target (End 2016/17)	2017/18
1. Quality and Safety metrics established across services	Some services with metrics	Well defined metrics	Reporting and improving
1. Quality and safety culture (AHRQ)	Measured	Improved	Improved
2. Meet budget	Expenditure met, Revenue not met	Budget met	Budget met
2. Achieve planned savings target	Nearly achieved	Achieved	Achieved
3. Community redesign programme	Concept design complete	Consultation completed, implementation commenced	Sustainable funding model aligned to service design
4. Operational structure that follows patient pathways	Includes Allied Health	Includes all	Includes all
4. Rehabilitation service model	Model Developed	Implemented	Pathway operational
5. Acute Flow metric	95%	95%	95%
5. Surgical performance and pathways	Scattered metrics	Balanced safety, performance, efficiency	Improving performance
5. Defined safety metrics – Code Pink, urgent PICU transfer from ward	Unknown	Defined and improving	Improved
6. Leaders completed leadership training	2/25	20/25	All
6. Staff satisfaction	Unknown	Measured	Improved
7. Tertiary services	Report complete	Consultation complete and outcome agreed	Implementation of agreed national approach

Scorecard

Auckland DHB - Child Health

HAC Scorecard for July 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	7.63
	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)	8%	<=6%	2%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3.7%	<=6%	3.2%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results < 90 days	21	0	21
	Unviewed/unsigned Histology/Cytology results > 90 days	33	0	217
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.99	>=1	0.85
	(MOH-01) % CED patients with ED stay < 6 hours	97.1%	>=95%	95.97%
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.37%	0%	0.29%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	1.77%	0%	2.83%
	% DNA rate for outpatient appointments - All Ethnicities	10.97%	<=9%	12.69%
	% DNA rate for outpatient appointments - Maori	18.09%	<=9%	20.84%
	% DNA rate for outpatient appointments - Pacific	20.4%	<=9%	24.93%
	Elective day of surgery admission (DOSA) rate	71.83%	TBC	67.31%
	% Day Surgery Rate	64.23%	>=52%	58.95%
	Inhouse Elective WIES through theatre - per day	22.78	TBC	24.67
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	85.1%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	86%
	Number of complaints received	9	No Target	5
	28 Day Readmission Rate - Total	R/U	<=10%	8.28%
	% Adjusted Theatre Utilisation	76.5%	>=80%	74.34%
	Average Length of Stay for WIES funded discharges (days) - Acute	4.19	<=4.2	3.93
	Average Length of Stay for WIES funded discharges (days) - Elective	1.01	<=1.5	1.02
Improved Health Status	Immunisation at 8 months	93%	>=95%	93%
Engaged Workforce	Excess annual leave dollars ($M)	$0.45	0	$0.48
	% Staff with excess annual leave > 1 year	30.09%	0%	29.7%
	% Staff with excess annual leave > 2 years	9.65%	0%	9.1%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	99.08%	0%	99%
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	0
	Sick leave hours taken as a percentage of total hours worked	5.05%	<=3.4%	4.7%
	% Voluntary turnover (annually)	11.28%	<=10%	11%
	% Voluntary turnover <1 year tenure	14.41%	<=6%	13.2%

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days
Result unavailable until after the 10th of the next month.

% 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 delivered 82% of the target for ADHB discharges in July. Given the working days in July this year compared with last year, the underlying actual performance is improving and we expect continued increased performance across the surgical services in line with the ADHB discharge target

Elective performance

Elective surgery performance continues to be actively managed to maintain 120 day compliance and elective discharges.
ESPI -1 (acknowledgement of referral). Percentage Non-Compliant 1.05%.
ESPI-2 (Time to FSA) – 0.37 % moderately non-compliant, 8 cases breached in total (3 Paed Ortho, 1 Cardiology, 4 Paed Surg)
ESPI-5 – (Time to Surgery) 1.75% non-compliant, 13 cases breached (5 Paed Ortho, 8 Paed Surgery) contributing factors include spinal surgery capacity constraints, acute demand and post-operative resource constraints. Mitigations include re-allocated theatre sessions.

DNA rates

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

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

Excess annual leave usage

Excess annual leave was actively managed throughout 2016/17 with improvements being realised in some services. This work will continue in the 2016/17 year and the financial benefits of this work are expected to increase in coming months. In summary the key activity is:

- Enhanced and more granular reporting at directorate, service, team and individual level, both AL and Time in Lieu.
- Dual emphasis on reducing excess leave and annual consumption of the leave entitlement of each employee

- Monthly review of each service's leave performance with the Director, General Manager and Finance Manager.
- Targeted leave reduction plans with all employees whose leave exceeds two years.

Staff turnover (annual)

Staff turnover remains at just above the organisational target, 11.28% in July and fluctuates minimally month on month. Service-level analysis of the turnover data has revealed a small number of wards / services where turnover is of concern. This is being addressed within services / wards and will be strengthened through information gained in the upcoming staff survey and in the leadership development of all Child Health Service-level leadership staff.

Key achievements in the month

- Integration of inpatient child health allied health staff and appointment of the Service Clinical Director Allied Health role.
- Development of the Community Services Re-design Concept Model of Care and commencement of staff engagement to test the concept.
- Confirmation of funding for Paediatric Cardiac Tranche 2, ACHD and CIDG, representing National investment in the sustainability of these vulnerable services.
- Delivery of the acute flow target during the initial months of winter.

Areas off track and remedial plans

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

Key issues and initiatives identified in coming months

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

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Child Health Services

Reporting Date Jul-16

($000s)	MONTH			YEAR TO DATE (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	761	805	(43) U	761	805	(43) U
Funder to Provider Revenue	18,325	18,325	0 F	18,325	18,325	0 F
Other Income	553	1,087	(534) U	553	1,087	(534) U
Total Revenue	**19,639**	**20,216**	**(578) U**	**19,639**	**20,216**	**(578) U**
EXPENDITURE						
Personnel						
Personnel Costs	9,636	10,112	476 F	9,636	10,112	476 F
Outsourced Personnel	150	122	(27) U	150	122	(27) U
Outsourced Clinical Services	175	238	64 F	175	238	64 F
Clinical Supplies	2,039	1,906	(133) U	2,039	1,906	(133) U
Infrastructure & Non-Clinical Supplies	209	246	37 F	209	246	37 F
Total Expenditure	**12,208**	**12,624**	**416 F**	**12,208**	**12,624**	**416 F**
Contribution	**7,430**	**7,592**	**(162) U**	**7,430**	**7,592**	**(162) U**
Allocations	908	976	68 F	908	976	68 F
NET RESULT	**6,522**	**6,616**	**(94) U**	**6,522**	**6,616**	**(94) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	232.7	225.3	(7.4) U	232.7	225.3	(7.4) U
Nursing	629.7	642.5	12.8 F	629.7	642.5	12.8 F
Allied Health	128.5	128.5	0.0 F	128.5	128.5	0.0 F
Support	0.0	0.3	0.3 F	0.0	0.3	0.3 F
Management/Administration	83.2	64.2	(19.0) U	83.2	64.2	(19.0) U
Total excluding outsourced FTEs	**1,074.1**	**1,060.8**	**(13.3) U**	**1,074.1**	**1,060.8**	**(13.3) U**
Total :Outsourced Services	9.8	3.9	(5.9) U	9.8	3.9	(5.9) U
Total including outsourced FTEs	**1,083.9**	**1,064.7**	**(19.2) U**	**1,083.9**	**1,064.7**	**(19.2) U**

Comments on major financial variances

The Child Health Directorate was $ 94k U for the month of July. Revenue was $578k unfavourable and driven by several key factors. Whilst expenditure was at $416k F (97% of budget levels) this was compared to inpatient activity at 86% of budget volumes.

Total inpatient WIES for the month was 7% below 15 /16 and 14% below budget.

Factors impacting on the July performance are as follows:

1. Revenue $578k U:
    - Non-resident revenue is $210k U. Cash-flows fluctuate materially from month to month.
    - Donation revenue is $300k U. Donation receipts will be skewed toward the second half of the year due to the phasing of major projects through summer.
    - ACC is $50k U and requires on-going focus – Orthopaedics is again quite low and this is being investigated. The fracture clinic improvement project and other initiatives are mitigating risks of uncaptured ACC activity.

2. Expenditure $416k F:
    - Overall expenditure is 97% of budget, although volumes are below contract levels. PICU was very busy and this has driven clinical supply costs higher, together with the impact of spinal volumes on implant costs, and high blood costs (total clinical supplies $133k U). Employee costs are quite low ($476k F) due to a number of vacancies and a significant reduction in leave balances in July. This is likely to be less favourable in August. The directorate is implementing directorate savings initiatives and will monitor expenditure closely.

3. FTE 19.2 FTE U:
    - The unfavourable result for the month relates to organisational savings plan initiatives in progress or yet to be implemented. Nursing and allied health fte have reduced from the level of the past few months, whilst Medical staff are at similar levels.

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

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

Perioperative Directorate

Speaker: Dr Vanessa Beavis, Director

Service Overview

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

The Perioperative Directorate is led by

Director: Dr Vanessa Beavis

General Manager: Tara Argent

Nurse Director: Anna MacGregor

Director of Allied Health: Kristine Nicol

Directorate Priorities for 16/17

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

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

Q1 Actions – 90 day plan

1. Single Instrument tracking implementation.

Activity	Progress
Implementation of NEXUS	Completion date for the nexus project has been extended – timeline yet to be confirmed due to IT and significant operational impacts. Scenarios have been developed for the various requirements – to be tested in the lab setting over the next few weeks

2. Financial position tracking to budget.

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

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

Activity	Progress
NOS – National Oracle Project	Project plan being pulled together, data cleansing in progress
	ADHB roll out currently schedules for tranche 2

4. All day operating lists fully resourced and utilised.

Activity	Progress
Convert half day operating lists to full day	Recruitment is underway. Where possible these sessions are already in place utilising current resources and some additional session payments

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

Pre- admission capacity and pathway review	Patients booked for elective surgery require an anaesthetic assessment (as well as other possible interventions) prior to surgery being confirmed. The current model has variable work flows that limit the ability to offer economies of scale, and causes frustration for services and staff day to day

	through the layout and management of this stage of the elective pathway. In addition, the current model will not cope with elective volume demand for the 16/17 financial year. At this time, we do not have a clear picture of what are the causes of issues in the process issues and frustrations. **What We're Aiming To Achieve:** • Establish guiding principles for on-going improvement in preadmission clinics • Document current processes and roles • Identify current issues in process • Confirm current volumes and capacity • Identify opportunities to support surgical throughput for 16/17 • Align with other organisation initiatives e.g. Outpatients Model of Care and pathways
SCRUM process	Continue to reallocate sessions through the SCRUM process to reduce the number of sessions unfilled by service/late notice

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

Review of current Models of Care across ORs	Nurse Director working with all OR managers to identify the current state and ensure that the skill mix is correct to deliver a safe service.
Transfer of Ophthalmology ORs to Perioperative from the service	Completed following a period of consultation and communication with the teams. Well received by all concerned

Measures

Measures	Actual July	Current	Target (End of 16/17)
Single instrument tracking in place		TDoc	Nexus
Increase in access/capacity to ORs – reduce the number of half day lists and flex sessions.		Recruiting to the identified reallocation of sessions to accommodate full day lists	All level 4/8/9 to be full day lists
Reduction in waiting times for anaesthesia assessment clinic, including Paediatrics		Project manager recruited - Feedback from a number of Anaesthetists and Preassessment Clinic Staff on what the guiding principles should be	Establish guiding principles for on-going improvement in preadmission clinics
Reduction in the number of preventable session losses	45.5%	45.5%	65%

Scorecard

Auckland DHB - Perioperative Services
HAC Scorecard for July 2016

	Measure	Actual	Target	Prev Period
Patient Safety	% Acute index operation within acuity guidelines	87%	>=95%	81.7%
	Wrong site surgery	0	0	0
	% Antibiotics within 60 mins of operation	80%	>=80%	76.8%
Better Quality Care	% Adjusted Theatre Utilisation	84.72%	>=85%	85.18%
	Unplanned overnight admission	4.46%	<=3%	5.3%
	Unplanned ICU / DCCM stay	0.05%	<=1%	0.07%
	30 day mortality rate for surgical events	1.4%	<=2%	1.07%
	CSSD incidents	2.55%	<=2%	2.16%
Improved Health Status	Elective sessions planned vs actual used	95%	>=97%	95.9%
	Late starting sessions	6.9%	<=5%	7.83%
Engaged Workforce	Excess annual leave dollars ($M)	$0.34	0	$0.34
	% of Staff with excess annual leave > 1 year < 2 years	27.58%	<=30%	28.7%
	% Staff with excess annual leave > 2 years	10.2%	0%	10%
	Sick leave hours taken as a percentage of total hours worked	5.1%	<=3.9%	4.5%
	% Voluntary turnover (annually)	10.56%	<=10%	9.9%
	% Voluntary turnover <1 year tenure	1.2%	<=6%	2.6%

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.

Increased Patient Safety

There were no complaints received for Perioperative services for July.

No SAC 1 and one SAC 2 incidents were reported in the 3 months from 1 May 2016 to 31 July 2016.

All recommendations from previous RCAs have been implemented.

Formal auditing of the surgical safety check list is due to begin again in this quarter.

There were 4 medication incidents reported for July 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 in July were 4.46% against a target of 3%, which is attributed to the acute load and case mix.

There has been an improvement in the index case acuity targets. This is attributed to reduced elective orthopaedic sessions, which has meant reallocation of that time to acutes.

CSSD Incidents in June were 105 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. This is in progress. A possible move to containers for some sets is also under consideration.

PACU clinical indicators now published on the intranet (by suite)

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

Improved Health Status

Elective sessions planned vs actual

July planned vs actual elective session usage was 95%, 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 has been commenced as part of the ADHB recovery plan, but are being managed in conjunction with staff and bed availability.

Transplants

The impact of transplants has been significant and large numbers of vacancies have meant that lists have had to be closed as a result.

Hybrid OR

Use of the hybrid OR is now in place as 'business as usual'. A review of the best staffing model to ensure its efficient use is underway.

Greenlane

Approx. 1300 patients avoided a preop visit to the hospital as a result of phone triaging/assessment at Greenlane.
Ophthalmology OR nursing realigned back into the Perioperative Directorate.

Late Starts

Late start information is being provided to the relevant department managers to investigate and identify any trends that can be addressed. There is ongoing attention to this issue, the causes of which are multifactorial.

Engaged Workforce

- Ongoing training of Occ Health team
- OR hui well received by all with great participation

- The anaesthesia annual business meeting held – values 'rolled out'.
- Cultural competence information presentation by Dr Rajen Prasad (former race relations conciliator)

Key achievements in the month

- OR Hui held
- Annual business meeting for anaesthesia held.
- 23 transplants (vs 17 in 2015)
- Improvement in hand hygiene across all occupational groups (48% to 65%)

Areas off track and remedial plans

- The single instrument tracking project is under review. Background testing of scenarios is occurring in the test environment. A site visit (Edinburgh infirmary) has been done to see the working application in place
- An agreed sequence of OR allocation changes has been ratified by the Surgical Board. Business cases have been signed off for to enable some of the additional work and recruiting is underway.

Key issues and initiatives identified in coming months

- Financial concerns, especially with regards to the impact of transplants (additional clinical supplies, as well as additional on call and overtime payments – approx. $158K for July).
- On-going work to identify the road blocks to implementing single instrument tracking.
- Simulation team training session planning underway.
- Investigating ways of completing the level 4 pre op and PACU project to include an ORDA facility. This would allow increased DOSA for neurosurgery and upper GI patients and also reduce LOS.

With the appointment of the former GM of Periop/Surgery to the Gm of Provider Transformation, the oracle project will have some resource applied to it and progress made in controlling clinical supply costs.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Perioperative Services

Reporting Date Jul-16

($000s)	MONTH			YEAR TO DATE (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	188	191	(2) U	188	191	(2) U
Funder to Provider Revenue	3	3	0 F	3	3	0 F
Other Income	19	18	1 F	19	18	1 F
Total Revenue	**210**	**211**	**(1) U**	**210**	**211**	**(1) U**
EXPENDITURE						
Personnel						
Personnel Costs	7,393	7,349	(44) U	7,393	7,349	(44) U
Outsourced Personnel	63	43	(20) U	63	43	(20) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	3,955	3,516	(439) U	3,955	3,516	(439) U
Infrastructure & Non-Clinical Supplies	178	188	10 F	178	188	10 F
Total Expenditure	**11,590**	**11,096**	**(494) U**	**11,590**	**11,096**	**(494) U**
Contribution	**(11,380)**	**(10,885)**	**(495) U**	**(11,380)**	**(10,885)**	**(495) U**
Allocations	29	28	(1) U	29	28	(1) U
NET RESULT	**(11,409)**	**(10,912)**	**(496) U**	**(11,409)**	**(10,912)**	**(496) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	167.5	168.2	0.7 F	167.5	168.2	0.7 F
Nursing	412.4	430.8	18.4 F	412.4	430.8	18.4 F
Allied Health	100.0	109.8	9.7 F	100.0	109.8	9.7 F
Support	110.0	115.3	5.3 F	110.0	115.3	5.3 F
Management/Administration	23.0	14.1	(8.8) U	23.0	14.1	(8.8) U
Total excluding outsourced FTEs	**813.0**	**838.3**	**25.3 F**	**813.0**	**838.3**	**25.3 F**
Total :Outsourced Services	3.0	0.0	(3.0) U	3.0	0.0	(3.0) U
Total including outsourced FTEs	**816.0**	**838.3**	**22.3 F**	**816.0**	**838.3**	**22.3 F**

Comments on major financial variances

Month

The net result for July is an unfavourable variance of $496k due predominantly to pressure on clinical supplies of $439k U resulting from:

- Increased transplant activity across Liver, Renal and Cardiothoracic, with 23 patients in total during July compared to 15 in July last year (15 is the expected average per month). The increased usage of expensive transplant staples and accessories, laparoscopic equipment and disposables has resulted in additional cost.

- Theatre utilisation improvements have also had an impact, due to the transfer from Auckland to Greenlane of Urological procedures appropriately matched to patient type, freeing up theatre space at Auckland for more complex cases. Non inventory based additional consumables were required in setting up the Greenlane site, resulting in an additional July spend.

Year

Case complexity is resulting in longer theatre times and increased clinical supplies cost. Although transplants have increased by 35%, overall volumes for July 2016 are 1% below volumes for July 2015.

Business Improvement Savings

There are savings of $59k to date, based on the reduced FTE of 22.3 against budget (816.0 actual vs 838.3 budget).

Cancer & Blood Directorate

Speaker: Dr Richard Sullivan, Director

Service Overview

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

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

The Cancer and Blood Directorate is led by:

Director: Richard Sullivan

General Manager: Deirdre Maxwell

Director of Nursing: Brenda Clune

Finance Manager: Dheven Covenden

Human Resource Manager: Andrew Arnold

Director of Allied Health: Carolyn Simmons Carlsson

Directorate Priorities for 16/17

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

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

Q1 Actions – 90 day plan

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

Our Service Clinical Directors are working with our Lead Senior Medical Officer and a wider team to progress the joint way of working across our Directorate. Baseline information for tumour streams has been collated with a view to co-locating clinics where possible. This work is consistent with the 'Using the Hospital Wisely' initiative; and complemented by wider Directorate work to realign acutes, daystay (chemotherapy and haematology) and all clinic activity in a coordinated manner. In addition, the planned decant of Medical Oncology staff from Building 7 to Building 8 will co-locate medical and radiation oncology staff in offices consistent with tumour streaming where practicable.

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

Our FCT Lead Tumour Stream Coordinator works closely with our Service Clinical Directors and scheduling lead to improve Cancer and Blood response times. This includes gaining agreement to reserve the requisite numbers of FSA slots, and to schedule to tumour streams rather than individual clinicians. In particular, haematology is working closely with a specific tumour stream coordinator to understand and apply HSC definitions, consistent with national understanding of these complex presentations. In addition, medical oncology has been using production planning methodologies, which has resulted in a reduction in waiting times so that approximately 95-100% of all patients who wish to be seen are seen within 14 days of receipt of referral (note that some patients choose to delay). This represents a significant improvement where previously approximately 30% of patients were seen within this timeframe. We are extending this work into radiation oncology currently.

3. **Development and implementation of Haematology Model of Care**

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

4. **Supportive Care Services**

These roles are now fully recruited, with relationships/referral pathways becoming established across ADHB services. As an example, there is a focus on establishing working relationships with ADHB Maori and Pacific Health staff to ensure an understanding of these perspectives with and for patients/whanau. As this regional service is led from ADHB, work is also targeted toward defining urgent/non-urgent referrals to ensure consistency across the region. Shortly we will be reviewing and revising referral systems and processes to ensure consistency and effectiveness.

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

- Governance: At their August meeting, the region's CEO/CMO forum approved the Terms of Reference for the new Cancer Governance Group to oversee this new work. This group includes the Northern Region DHBs, the University of Auckland and the Cancer Society. The first meeting is planned for October.

- Local Chemotherapy delivery: We continue to support the development of Models of Care for breast and bowel cancer for the region. Two recent regional workshops have been held to progress this work, following from the Richard Bohmer workshops hosted by Waitemata DHB recently.
- Pilot Adjuvant Herceptin delivery: We are also working to scope this work, with the possibility of commencement at the end of this calendar year. We are currently working on nursing model of care, with agreement that ADHB will provide the nursing staff at Counties Manukau DHB.

6. Employee Engagement Initiatives

We are actively working with staff in the area of 'Living Shared Values' and have done significant work with burnout. We are currently seeking to better understand and address issues raised. As an example, an article was written by the HR Manager, which appeared in our Directorate newsletter "The Ramble".

7. Breakeven revenue and expenditure position

We are working with our Finance Manager to ensure savings plans are produced and delivered, to meet with $1.3M savings target required. Please refer Financial Results section.

Measures

Measures	Current	Target (End 2016/17)	2017/18
3 additional tumour streams implemented within Cancer and Blood (Gastro-intestinal, Breast, Genito-urinary)	0	3	na
62 day FCT target	77%	July 2016 85%	June 2017 90%
Development /implementation of Haematology Model of Care	10% (baseline work)	July 50% implementation	100% implementation year end 2017/18
Supportive Care Services - % urgent referrals contacted within 48hrs from across all DHB cancer services	50%	July 100%	July 100%
Northern Region Integrated Cancer Service - Local delivery of chemotherapy (CMDHB) - ADHB meets regional project timeframes	100%	July 2017/18 commencement	100%
Employee engagement initiatives underway	1	3	tba
Breakeven revenue and expenditure position		Breakeven	

Scorecard

Auckland DHB - Cancer & Blood Services

HAC Scorecard for July 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)	8.3%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3.7%	<=6%	3.1%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results < 90 days	1	0	1
	Unviewed/unsigned Histology/Cytology results > 90 days	3	0	4
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	R/U	100%	100%
	% DNA rate for outpatient appointments - All Ethnicities	6.54%	<=9%	6.25%
	% DNA rate for outpatient appointments - Maori	9.89%	<=9%	10.36%
	% DNA rate for outpatient appointments - Pacific	15.89%	<=9%	9.87%
	Number of CBU Outliers - Adult	14	0	5
	% 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%	96%
	Number of complaints received	2	No Target	2
	28 Day Readmission Rate - Total	R/U	TBC	26.32%
	Average Length of Stay for WIES funded discharges (days) - Acute	4.07	TBC	3.29
	% 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	88.94%	100%	91.04%
	% Patients from Referral to FSA within 7 days	21.52%	TBC	21.37%
	31/62 day target – % of non-surgical patients seen within the 62 day target	R/U	>=85%	83.33%
	31/62 day target – % of surgical patients seen within the 62 day target	R/U	>=85%	73.08%
	62 day target - % of patients treated within the 62 day target	R/U	>=85%	76.32%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	89.47%	>=95%	90%
	BMT Autologous Waitlist - Patients currently waiting > 6 weeks	0	0	0
Engaged Workforce	Excess annual leave dollars ($M)	$0.13	0	$0.13
	% Staff with excess annual leave > 1 year	28.2%	0%	26.7%
	% Staff with excess annual leave > 2 years	9.22%	0%	10.6%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	90.63%	0%	97.3%
	% Staff with leave planned for the current 12 months	8.93%	100%	17.5%
	% Leave taken to date for the current 12 months	65.9%	100%	83.8%
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	0
	Sick leave hours taken as a percentage of total hours worked	3.93%	<=3.4%	4%
	% Voluntary turnover (annually)	12.5%	<=10%	11.7%
	% Voluntary turnover <1 year tenure	5%	<=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

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

Result unavailable until after the 10th of the next month.

% 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

- Our service experienced one nosocomial pressure injury in this recent period, resulting in the 8.3% presentation.

Better quality care

- We continue to focus on improving the timeliness of provision, and look forward to participating in organisation-wide work re DNAs.

Improved health status

- Nursing staff continue to work consistent with smokefree policy, with an increased focus in chemotherapy daystay.

Engaged workforce

- Our SCDs continue to work with our staff to better manage annual leave, and to understand and respond to workforce issues as they present.

Key achievements in the month

- **Nivolumab provision for melanoma patients** - Our service has commenced the provision of this new service to this new patient cohort. We are gearing up for the planned increase in patient volumes commensurate with modelling projections. We have agreed a joint model with Funding colleagues and will monitor this activity closely. From 1st September we will also provide pembrolizumab (keytruda), consistent with Pharmac instruction.
- **Phase 1 Research Unit development, within the Academic Health Alliance and Integrated Cancer Service model** – Phase 1 trials have been delivered within Cancer and Blood for several decades. This is now progressing to a formal Phase 1 trials unit for which a business case is being prepared. There is the possibility of philanthropic funding in support of this work.

Areas off track and remedial plans

- **Cancer and Blood Realignment Project** – The project plan for this work sits under the 'Using the Hospital Wisely' banner, however the start has been delayed, awaiting confirmation of project work to support.
- **Achieving Financial Savings** – We have developed financial savings plans, and although these are in place, they are proving challenging to deliver against.
- **Northern Region Integrated Cancer Service Development** – Work has been delayed by the need to cement further regional engagement, however the governance arrangements have now been established through the CEO/CMO forum.

Key issues and initiatives identified in coming months

- Our Radiation Oncology Service is preparing for the planned replacement of one of our six linear accelerators in the coming months. This will require careful patient scheduling and staffing to match, to ensure that we retain the required capacity to deliver timely service.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Cancer & Blood Services

Reporting Date **Jul-16**

($000s)	**MONTH**			**YEAR TO DATE (1 month ending Jul-16)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
REVENUE						
Government and Crown Agency	1,083	1,200	(117) U	1,083	1,200	(117) U
Funder to Provider Revenue	8,275	8,275	0 F	8,275	8,275	0 F
Other Income	1	28	(27) U	1	28	(27) U
Total Revenue	**9,359**	**9,504**	**(145) U**	**9,359**	**9,504**	**(145) U**
EXPENDITURE						
Personnel						
Personnel Costs	2,834	2,885	51 F	2,834	2,885	51 F
Outsourced Personnel	45	76	31 F	45	76	31 F
Outsourced Clinical Services	155	236	81 F	155	236	81 F
Clinical Supplies	3,370	3,629	259 F	3,370	3,629	259 F
Infrastructure & Non-Clinical Supplies	128	74	(54) U	128	74	(54) U
Total Expenditure	**6,531**	**6,900**	**369 F**	**6,531**	**6,900**	**369 F**
Contribution	**2,828**	**2,603**	**224 F**	**2,828**	**2,603**	**224 F**
Allocations	573	617	43 F	573	617	43 F
NET RESULT	**2,254**	**1,987**	**268 F**	**2,254**	**1,987**	**268 F**

Paid FTE

	MONTH (FTE)			**YEAR TO DATE (FTE) (1 month ending Jul-16)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medical	63.9	63.5	(0.4) U	63.9	63.5	(0.4) U
Nursing	144.8	145.2	0.5 F	144.8	145.2	0.5 F
Allied Health	87.1	95.0	7.9 F	87.1	95.0	7.9 F
Support	0.9	1.0	0.2 F	0.9	1.0	0.2 F
Management/Administration	23.9	18.6	(5.4) U	23.9	18.6	(5.4) U
Total excluding outsourced FTEs	**320.5**	**323.3**	**2.7 F**	**320.5**	**323.3**	**2.7 F**
Total Outsourced Services	2.6	1.3	(1.3) U	2.6	1.3	(1.3) U
Total including outsourced FTEs	**323.1**	**324.6**	**1.5 F**	**323.1**	**324.6**	**1.5 F**

Financial Commentary

The result for the month ended 31 July 2016 is a favourable variance of $268k. This is mainly due to the favourable impact of the additional Melanoma service budget on employee costs and pharmaceutical costs. The Melanoma budget has been phased evenly over the year and the variance will even out over the year as volume activity increases. All other costs are in line with budget.

Volumes: Overall volumes are 86.6 % of contract. This equates to $1,043k below contract (not recognised in the Cancer and Blood Provider result).

Mental Health & Addictions Directorate

Speaker: Anna Schofield, Acting Director

Service Overview

This Directorate provides specialist community and inpatient mental health services to Auckland residents. The Directorate also provides sub-regional (adult inpatient rehabilitation & 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

Acting Director: Anna Schofield

Acting Medical Director: Greg Finucane

Director of Nursing: Anna Schofield

Director of Allied Health: Mike Butcher

Director of Primary Care: Kristin Good

General Manager (acting): Alison Hudgell

Directorate Priorities for 16/17

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

1. An integrated approach to care
2. Right facilities in the right place
3. Safe acute environment (te whetu co-design)
4. Right interventions at the right time
5. Supporting parents healthy children (sphc)
6. Equally well

Q1 Actions

1 Implementation Plan to Align Services with Locality Boundaries

The Mental Health Directorate has produced and presented a discussion document to the Localities Group on options for aligning mental health service provision and support across the 5 geographical locality areas. Potential options are being further developed with the Performance Improvement team and other Directorates.

2 Facilities Plan

A Mental Health Directorate wide Facilities Plan is in development. There is a focus on aligning with the clinical services plan (including future need and potential co-location of services) and on prioritising priority services, including an alternative to the St Lukes Community Mental

Health Team facility. This work will incorporate a health and safety assessment for each of our facilities.

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

The Te Whetu Tawera Occupancy Escalation Plan was fully implemented in May 2016. It covers TWT, six adult Community Mental Health services and the Assertive Community Outreach Service. It has been reviewed twice since implementation, with amendments made as needed to improve the utility of it. The most recent review was in August and an updated version was sent out to all users the week of 22 August. The next review will be in 2 months' time. Using the plan is reinforcing the need for ongoing, timely communication between the acute inpatient and community teams in order to effectively manage acute flow.

Real Presence technology (secure video conferencing) which is now available in each of the Community Mental Health Teams and in TWT. The TWT/CMHS collaborative multi-disciplinary planning processes are supported by the feedback from inpatient and community teams is that, while this process takes considerable organisation at both ends, it is resulting in effective clinical communication and saving considerable clinical time. Real Presence technology is also being used effectively in discharge planning meetings involving inpatient and community staff, together with the patient and their family.

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

The reducing assault work has been incorporated into a wider change programme at TWT, Project Haumaru, in order to engage and involve all staff. ICU, where there is greatest risk of assault, is the initial focus and pilot for the assault reduction aspect of this work. Components of the South London and Maudsley Trust (SLaM) model of assault reduction have been introduced. The Dynamic Appraisal of Situational Aggression (DASA) has been re-implemented within the ICU with training and support from leadership. This is now well embedded. Intentional Rounding is also well established during the working week. The nursing handover tool ISoBAR is also well established in ICU. A related project to establish a baseline of verbal abuse within TWT has had good staff engagement. This work is currently being consolidated along with planning for implementation of further components of the model**.**

4 (a) Specialist Stepped Care

Additional resources continue to be developed and made available on the Stepped Care page of the Intranet. The credentialing process for specialised interventions has been further refined with agreement at DLT level. Recruitment is underway for a Nurse Educator to support Stepped Care workforce development.

4 (b) Shared Care Plan

The implementation of collaborative shared care plans across adult community mental health services commenced at the beginning of August. To date, three services have received the required training. It is planned that all teams will be trained by December 2016.

5. Supporting Parents Healthy Children

Supporting Parents Healthy Children (SPHC) work has continued with the near completion of the first stage of the implementation plan. Champions have been identified at all levels of leadership and on the ground in all services. A significant achievement has been the regional agreement for changing HCC forms to enable collection of this data. Resources to support this initiative within the adult CMHS have been developed. An environmental audit has been completed which identified significant challenges with some facilities to make them child and family friendly. A significant next step will be to encourage the further uptake of training by adult CMHS staff.

6(a) Equally Well - Cross primary, secondary, NGO Governance Group

There is a focus on the NGO/PHO relationship and our relationship with PHOs. The intention that the Primary/Secondary Integration workstream in the Tamaki Mental Health and Wellbeing Initiative would focus on an Equally Well initiative has not been realised to date. There is still an opportunity for it to be included in the project, potentially within the Whole Person workstream. Exploring the options will be one of the first tasks of the Equally Well Governance Group which has been formed with wide representation across the primary and secondary sectors. The inaugural meeting has been delayed until September due to the absence of key members of the group.

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

Templated discharge summaries for service users highlighting their physical health risks have been developed and are being sent to GPs.

7. Balance Clinical Need, Risk & Safety with Fiscal Responsibility

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

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

Scorecard

Auckland DHB - Mental Health

HAC Scorecard for July 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	1	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0%	<=6%	0%
	Number of reported adverse events causing harm (SAC 1&2) - excludes suicides	5	0	0
	Seclusion. All inpatient services - episodes of seclusion	3	<=7	4
	Restraint. All services - incidents of restraint	65	<=86	82
	Mental Health Provider Arm Services: SAC1&2 (Inpatient & Non-Inpatient Suicides)	0		0
Better Quality Care	7 day Follow Up post discharge	100%	>=95%	93.3%
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	R/U	<=10%	11.54%
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	29.2	<=21	20.2
	Mental Health Average LOS (All Discharges) - Child & Family Unit	9.2	<=15	10.2
	Mental Health Average LOS (All Discharges) - Fraser McDonald Unit	25	<=35	40.8
	Waiting Times. Provider arm only: 0-19Y - 3W Target	73.08%	>=80%	74.6%
	Waiting Times. Provider arm only: 0-19Y - 8W Target	88.18%	>=95%	89.1%
	Waiting Times. Provider arm only: 20-64Y - 3W Target	83.8%	>=80%	84.2%
	Waiting Times. Provider arm only: 20-64Y - 8W Target	91.24%	>=95%	91.2%
	Waiting Times. Provider arm only: 65Y+ - 3W Target	62.48%	>=80%	64.1%
	Waiting Times. Provider arm only: 65Y+ - 8W Target	82.72%	>=95%	84.2%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	96.55%	>=95%	96.3%
	Mental Health access rate - Maori 0-19Y	5.81%	>=5.5%	5.78%
	Mental Health access rate - Maori 20-64Y	10%	>=12%	10.15%
	Mental Health access rate - Maori 65Y+	3.81%	>=4.3%	3.97%
	Mental Health access rate - Total 0-19Y	3.08%	>=3%	3.08%
	Mental Health access rate - Total 20-64Y	3.72%	>=4%	3.77%
	Mental Health access rate - Total 65Y+	3.07%	>=4%	3.17%
Engaged Workforce	Excess annual leave dollars ($M)	$0.1	0	$0.12
	% Staff with excess annual leave > 1 year	27.98%	0%	26.4%
	% Staff with excess annual leave > 2 years	4.91%	0%	5.4%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	97.3%	0%	97.6%
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	0
	Sick leave hours taken as a percentage of total hours worked	4.37%	<=3.4%	4.3%
	% Voluntary turnover (annually)	12.98%	<=10%	12.9%
	% Voluntary turnover <1 year tenure	10.5%	<=6%	9.7%

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

R/U Result unavailable

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

Scorecard commentary

Average LOS: Te Whetu Tawera

Av LOS for July was 29.1 days; Median LOS was 21 days. This was impacted by the discharge of one long-stayer (117 days) and 7 more discharges that had LOS of 50 days or more. Alongside ongoing issues around availability of appropriate discharge options, slow responses from Taikura Trust regarding placement of patients with ID and autistic spectrum disorders is also contributing to TWT's high average LOS.

Waiting Times

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

Within MHSOP additional analysis of the flow from referral to assessment has been undertaken and some additional practical actions are being implemented- separating triage into East and West teams, visible whiteboards to more quickly identify workload and manage risk. Recruitment to key vacancies has occurred and more initial assessment slots are available. MHSOP anticipate gradual improvement in both the three and eight week targets over the next six months but the 'rolling 12 month' data will be slow to demonstrate the improvement

Access Rate (DHB-wide)

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

% of staff with excess Annual Leave

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

The environmental upgrade, including the purchasing of items and the environmental improvements are mostly complete. Final quotes have been sought on the additional work, including a welcoming space for Maori and Pacific whanau/families in ICU identified as a desired initiative from co-design work. The painting and upgrade of ICU/HDU is almost completed, with very minor further work required. The balance of CAPEX funds will be spent on additional items and allocated by the end of August.

Equally Well

There has been engagement with the RNZCGP resulting in:

- A collaborative approach to a conference focused on Equally Well to raise awareness and stimulate debate in primary care and an invitation by them
- Invitation to make a video about Equally Well work
- Discussions to improve GP expertise in Mental Health. Agreement to work collaboratively on Advanced Competency for GPs in Mental Health. Discussion with the Funder subsequently to explore the possibility of funding to reward those who achieve this status thereby creating incentive to attain it possibly through POAC.
- Working with cross-sector group to develop a toolbox of resources for General Practitioners
- The Primary Care Director joining the Regional Shared Care Steering Group

Areas off track and remedial plans

TWT

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

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). A further request has been made to the Board responsible for the lease for a further extension until February 2018 although this may not be an option. Alternative interim accommodation is also being explored currently.

Youth Transition Project

Following a recent health and safety inspection, the existing leased facility is deemed to be unfit for purpose. As it is not cost effective to undertake the improvements to remedy the facility the service is looking for a new facility. Options are being explored to co-locate with other related services.

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 and the process to request this is in place.

St Lukes CMHC Facility

We continue to seek an alternative appropriate facility for the St Lukes CMHC facility. This is proving challenging in the Auckland market and, whilst a very good option that would enable co-location had been identified and initial negotiations and scoping in progress, the building has since been sold. Our commercial services team awaits feedback from the head leaseholder on whether this remains an option. In the meantime the Directorate will consider all options available to us.

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. Key elements of the proposed MH&A Directorate localities approach were presented to the DHB Localities Governance group by the Director and GM on 4 July. The Performance Improvement team will work with the Directorates involved to confirm their present and future desired state for providing services in the localities.

CFU

An ADHB hosted supra-regional workshop (nine referring DHB) was held in June 15 to seek input and address previous feedback on some aspects of the MOC. The MOC is currently being updated to reflect proposed changes in systems and will then be circulated to the workshop participants for their feedback. Many of the agreed process changes have already been actioned and stakeholders have been contributing suggestions in an on-going way following the workshop. This process is expected to be completed in September 2016.

Working with NGOs

Innovate is the ADHB/NGO Alliance set up in 2015. Innovate has agreed, as part of future planning, to map the mental health service system. In the first instance NGO and DHB provider services will be described and mapped, with the intention of identifying existing services, gaps, overlaps and opportunities to shift services were appropriate.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Mental Health & Addictions

Reporting Date Jul-16

($000s)	MONTH			YEAR TO DATE (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	60	65	(5) U	60	65	(5) U
Funder to Provider Revenue	8,882	8,882	0 F	8,882	8,882	0 F
Other Income	75	54	21 F	75	54	21 F
Total Revenue	**9,017**	**9,001**	**16 F**	**9,017**	**9,001**	**16 F**
EXPENDITURE						
Personnel						
Personnel Costs	5,908	6,289	381 F	5,908	6,289	381 F
Outsourced Personnel	111	56	(55) U	111	56	(55) U
Outsourced Clinical Services	51	134	83 F	51	134	83 F
Clinical Supplies	90	79	(10) U	90	79	(10) U
Infrastructure & Non-Clinical Supplies	351	339	(12) U	351	339	(12) U
Total Expenditure	**6,510**	**6,897**	**387 F**	**6,510**	**6,897**	**387 F**
Contribution	**2,508**	**2,105**	**403 F**	**2,508**	**2,105**	**403 F**
Allocations	1,791	1,804	13 F	1,791	1,804	13 F
NET RESULT	**717**	**301**	**416 F**	**717**	**301**	**416 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	91.1	97.3	6.2 F	91.1	97.3	6.2 F
Nursing	298.9	323.4	24.5 F	298.9	323.4	24.5 F
Allied Health	264.2	273.0	8.9 F	264.2	273.0	8.9 F
Support	6.3	8.0	1.6 F	6.3	8.0	1.6 F
Management/Administration	57.8	46.9	(10.9) U	57.8	46.9	(10.9) U
Total excluding outsourced FTEs	**718.3**	**748.6**	**30.3 F**	**718.3**	**748.6**	**30.3 F**
Total :Outsourced Services	17.0	6.0	(11.0) U	17.0	6.0	(11.0) U
Total including outsourced FTEs	**735.3**	**754.6**	**19.3 F**	**735.3**	**754.6**	**19.3 F**

Comments on Major Financial Variances

The result for the month is a surplus of $717k against a budgeted surplus of $301k, leaving a favourable variance of $416k.

The main driver of the favourable result is the $326k favourable variance in Personnel Costs including outsourcing in July. The key issues are:

- Difficulty and delays in recruitment for some services resulting in high vacancies;
- High annual leave taken for the month contributed significant savings.

There is also $83k F in Outsourced Clinical Services which is mainly due to the under-spending of Flexi-funding and other outsourced services.

Actions:

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

Savings:

Overall we are $37k U against the savings target for July. The unfavourable result is due to phased rolling out of projects. We will manage our savings targets through on-going active management of recruitment and other personnel costs over the full year.

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: Position vacant

Directorate Priorities for 16/17

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

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

Q1 Actions – 90 day plan

- Weekly team and monthly Directorate meetings 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.
- Monthly meetings being undertaken and reviewing new priority plans with each service.
- Continuing to develop capacity and demand work for colonoscopy. Working with clinic scheduler ensuring booking patients to appropriate time and avoiding unnecessary breaches.
- Capacity and demand work started for neurology to assess growth and capacity to deliver differently.
- Steady progress with Renal Indicative Business Case (IBC). Paper presented to SLT to help support business case progression. Tender document for the spoke concept design released 17 Augusts 2016.
- Preliminary design for CDU completed and presented to L2 steering group for sign off. Due to be presented to CAMP 6 September and Board on 26 October will full cost
- Endoscopy work completed with grand opening 29 July 2016.
- Quality forum delivered. New scorecards for all services developed that include quality items. Scorecards reviewed with services on a monthly basis.
- Meeting with NUMs and Operations managers identifying cost effectiveness projects and managing budget efficiently.

Measures

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

Scorecard

Auckland DHB - Adult Medical Services

HAC Scorecard for July 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	1	<=1	0
	Medication Errors with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	9.1%	<=6%	7.1%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	6.1%	<=6%	5.1%
	Number of falls with major harm	2	0	1
	Number of reported adverse events causing harm (SAC 1&2)	4	0	1
	Unviewed/unsigned Histology/Cytology results < 90 days	22	0	39
	Unviewed/unsigned Histology/Cytology results > 90 days	0	0	3
Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours	94.7%	>=95%	95.53%
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.05%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	10.92%	<=9%	13.43%
	% DNA rate for outpatient appointments - Maori	26.26%	<=9%	26.63%
	% DNA rate for outpatient appointments - Pacific	22.67%	<=9%	24.12%
	Number of CBU Outliers - Adult	183	0	126
	% Patients cared for in a mixed gender room at midday - Adult (excluding APU and Ward 62)	3.35%	TBC	3.35%
	% Patients cared for in a mixed gender room at midday - Adult (APU and Ward 62)	0%	TBC	0%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	87.5%
	Number of complaints received	17	No Target	15
	28 Day Readmission Rate - Total	R/U	<=10%	13.92%
	% Urgent diagnostic colonoscopy compliance	97.78%	>=75%	93.94%
	% Non-urgent diagnostic colonoscopy compliance	85.79%	>=65%	74.47%
	% Surveillance diagnostic colonoscopy compliance	93%	>=65%	90%
	Average Length of Stay for WIES funded discharges (days) - Acute	3.85	TBC	3.67
Improved Health Status	% Hospitalised smokers offered advice and support to quit	96.27%	>=95%	97.31%
Engaged Workforce	Excess annual leave dollars ($M)	$0.62	0	$0.65
	% Staff with excess annual leave > 1 year	32.89%	0%	32.9%
	% Staff with excess annual leave > 2 years	12.47%	0%	12.6%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	99%	0%	97.1%
	% Staff with leave planned for the current 12 months	3.55%	100%	11.74%
	% Leave taken to date for the current 12 months	54.5%	100%	81%
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	0
	Sick leave hours taken as a percentage of total hours worked	4.31%	<=3.4%	4.7%
	% Voluntary turnover (annually)	11.17%	<=10%	10.3%
	% Voluntary turnover <1 year tenure	4.55%	<=6%	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

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

Result unavailable until after the 10th of the next month.

% 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 – 94.7% July 2016. On track for quarterly performance. We are still seeing a growth but managing the demand effectively.
- DNA rates have maintained at the current levels. There have been organisational wide issues which may have contributed. With new scheduling processes in place we may see a reduction in DNAs.
- Continuing good performance within colonoscopy meeting all targets.
- Pressure Injuries - There have been 15 Grade 1 Pressure Injuries noted on assessment and managed to prevent harm and 1 Grade 3 pressure injury noted on admission
- Falls - There were 2 falls with harm and full investigations are underway. The focus continues on completion of falls risk assessments and on-going review in all clinical areas
- Adverse Events - There have been 4 SAC 2 events in July which includes the 2 falls. All are being fully investigated by the appropriate teams.

Engaged Workforce:

- Having risen to a winter high of 4.7%, sickness rates are now declining at 4.3%. Still remains above the target rate of 3.4%. At monthly meetings, staff with a Bradford Factor (BF) in excess of 490 annually are individually identified within reports to SCDs. There is currently a review into whether the BF level at which staff come under scrutiny should be lowered and discussed at the monthly service meetings.
- Voluntary turnover is currently at a higher rate of 11.2% (previously 10.3%) No underlying reason has yet been identified for this increase above target. This is following a trend across Auckland DHB.
- We continue to focus on our efforts to ensure that annual leave is being planned and taken. In spite of these efforts, excess annual leave is currently reducing only slightly from $0.65M to $0.63M. There has been a particular focus in monthly meetings with SCDs and their management teams to reduce leave in excess of two years and there are early signs that this may be bearing fruit.

Key achievements in the month

- Good performance in AED during quarter one.
- Colonoscopy target still being maintained
- CDU preliminary business case signed off by L2 steering group and will be presented to board in October 2016
- Tender document for the renal spoke concept design released 17 August 2016.

Areas off track and remedial plans

- Increase in falls with harm in July. Still working towards completion of falls assessments in all clinical areas and understanding and sharing learning from incidents.

Key issues and initiatives identified in coming months

- Capacity and demand training developed by performance improvement for managers and Nurse Unit Managers to be delivered.
- Progressing CDU preliminary design through authorisation process.
- Progressing concept design of renal spoke.
- Monthly priority plan and service performance meetings.
- Continuing with Neurology and Endoscopy capacity and demand planning.
- Preliminary planning for a full service review of the respiratory sleep services.
- Financially favourable but driven by a reduced demand over winter. This may be due to initiatives implemented across Adult Medical and CLTC Directorates and we will be undertaking further investigation.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Adult Medical Services

Reporting Date Jul-16

($000s)	MONTH			YEAR TO DATE (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	483	306	178 F	483	306	178 F
Funder to Provider Revenue	13,707	13,707	0 F	13,707	13,707	0 F
Other Income	327	392	(65) U	327	392	(65) U
Total Revenue	**14,517**	**14,404**	**113 F**	**14,517**	**14,404**	**113 F**
EXPENDITURE						
Personnel						
Personnel Costs	7,840	8,172	332 F	7,840	8,172	332 F
Outsourced Personnel	90	115	24 F	90	115	24 F
Outsourced Clinical Services	53	45	(7) U	53	45	(7) U
Clinical Supplies	1,869	1,739	(130) U	1,869	1,739	(130) U
Infrastructure & Non-Clinical Supplies	140	247	107 F	140	247	107 F
Total Expenditure	**9,992**	**10,318**	**326 F**	**9,992**	**10,318**	**326 F**
Contribution	**4,526**	**4,087**	**439 F**	**4,526**	**4,087**	**439 F**
Allocations	2,239	2,067	(172) U	2,239	2,067	(172) U
NET RESULT	**2,287**	**2,020**	**267 F**	**2,287**	**2,020**	**267 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	207.4	192.3	(15.1) U	207.4	192.3	(15.1) U
Nursing	545.0	535.7	(9.3) U	545.0	535.7	(9.3) U
Allied Health	46.7	51.8	5.0 F	46.7	51.8	5.0 F
Support	6.1	6.0	(0.1) U	6.1	6.0	(0.1) U
Management/Administration	53.6	42.0	(11.5) U	53.6	42.0	(11.5) U
Total excluding outsourced FTEs	**858.8**	**827.8**	**(31.0) U**	**858.8**	**827.8**	**(31.0) U**
Total :Outsourced Services	3.9	5.0	1.1 F	3.9	5.0	1.1 F
Total including outsourced FTEs	**862.7**	**832.8**	**(29.9) U**	**862.7**	**832.8**	**(29.9) U**

Financial Commentary

The result for the month ended 31 July 2016 is close to budget and is a favourable variance of $ 267k.

Volumes: Overall volumes are 96.4 % of contract. This equates to $ 495k under contract (Variance not recognised in the Adult Medical Provider result).

The favourable variance is primarily due to additional colonoscopy revenue for achieving the 15/16 target combined with savings in employee costs due to high annual leave. This was offset by high blood product costs and radiology costs in DCCM due to 6 high cost DCCM patients.

FTE unfavourable variance was mainly due to the RMO annual leave transfer. The underlying FTE is close to budget.

Community and Long Term Conditions Directorate

Speaker: Judith Catherwood, Director

Service Overview

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

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

The Community and Long Term Conditions Directorate is led by

Director: Judith Catherwood
General Manager: Alex Pimm
Director of Nursing: Jane Lees
Director of Allied Health: Anna McRae
Director of Primary Care: Jim Kriechbaum
Interim Medical Director: Dr Barry Snow

Directorate Priorities for 16/17

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

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

Q1 Actions – 90 day plan

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

A programme of facilitated team development based on Board mandatories, values and strategic direction has commenced. Service Leadership Team events to support this process are in progress across the Directorate. Current areas of work include events within community services teams.
Two members of our new clinician leadership team have completed their leadership development programme. A further two members of staff have commenced in Wave two and a further group of staff will commence later this year.

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

Workforce planning for nursing and allied health role development is in progress. A career pathway for the Needs Assessment and Service Coordination workforce has been implemented. New therapy, NASC and social work assistant roles are also being planned to support our clinical teams. The new service developments in progress, including rapid response, intermediate care beds, early supported discharge and stroke services provide opportunities to enhance nursing and allied health roles. Reablement Services are in the process of implementing a Nurse Specialist role and an Allied Health Advanced Clinician role to support rehabilitation service delivery. Nursing roles in Diabetes, Dermatology and Rheumatology services are also currently being reviewed to support service requirements.

3. Complete the implementation of the Directorate outpatient improvement programme

DNA action plan continues to be implemented with our initial focus on Diabetes Services. Our DNA rates have declined over the last six months. Our Directorate are concerned to see an increase in DNA rates in the last three months which is in part due to inadequate communication about booked appointments with patients. We are working with the PAS team to address these issues. Cancellation rates are also being monitored as late cancellations will have an impact on service delivery and outcomes.

Our new process to reduce rescheduling rates by applying a six week booking rule is in place in a number of outpatient clinics. Our rescheduling rates 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 Reablement outpatient services and Community Services has commenced to ensure accurate activity and waiting times reporting. Reporting processes are being developed and should be in place by end of Sept 2016.

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

The integrated all age stroke rehabilitation unit has opened. Early Supported Discharge Services have also commenced. Both are progressing well. Plans for stroke service development include work in the hyper acute pathway which is developing through a regional process and within the rehabilitation pathway which is more localised. The quarterly data on admissions to a rehabilitation service within 7 days of acute stroke presentation is improving. Our own internal measure within ADHB indicates we are now achieving 67% of transfers within this timeframe and we expect our quarterly data to reflect an improvement in the next quarter. We are monitoring both measures carefully and aim to meet the 80% target before the end of 2016.

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

5. Extend the locality model of care to other services

The locality model continues to develop with Home Health Services. A plan to achieve this in full by end of 2016/17 is in place. Diabetes Services have drafted their plan to extend their services into the locality model. Geriatric Medicine has held a workshop to develop their plan and work is now in progress to ensure gerontology support is in place in all localities.

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

An Adult Palliative Care Strategy has been approved and is in the process of being implemented. Plans for integrating the specialist service across ADHB are ongoing. The consultation to create an integrated clinical leadership role in both specialist palliative care providers has concluded and a decision document will be released in August 2016.

6. Implement the frailty pathway

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

7. Implement step up/step down intermediate care models

Rapid Response Services continue to be delivered and are now accessible from ED, hospital services, general practice, aged care facilities, St John and Homecare Medical referral sources. Our palliative care services are also increasingly using the service to support discharge from hospital or support care in the community.

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

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

Intermediate care beds, building on the success of the Step Home pilot, using the resources of aged care facilities engaged in the Interim Care Scheme are being planned. These beds are an essential part of the future care delivery model for Reablement Services. To enable our team to implement the new pathway for fractured neck of femur patients, frail older adults and stroke services within the existing footprint of Reablement Services in level 13 and 14 of the support building, we will need improved intermediate care capacity. We aim to deliver this within existing resources by improving the pathway in interim care, and deliver improved outcomes for all older patients alongside improvements in flow. Work is progressing with pace to ensure this can be provided within business as usual before the end of 2016.

8. Develop long term conditions strategy across the organisation

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

Measures

Measures	Current	Target (end 16/17)	Previous Period
Did not attend (DNA) rate (including all services)	13.7%	<9%	14.2%
Rescheduling rate	54.8%	<40%	58%
Proportion of activity undertaken as virtual or non-face-to-face activity	1%	5%	1%
Patient waiting times – outpatients, community and inpatients	Outpatients – 4 months (excl. Dermatology) Inpatients – 2 days Community – 6 weeks	Outpatients – max 3 months; Inpatients – max 2 days; Community – max. 6 weeks	
Admissions to age-related residential care	Average 108/month	5% reduction per quarter	Average 108/month
Proportion of HCAs and TAs as percentage of total workforce	8.5%	Appropriate level being developed with clinical teams	No data
Percentage of stroke patients transferred to rehabilitation services within seven days of admission (MOH definition, quarterly reporting)	31%	80%	
Percentage of patients transferred to hospice within 24 hours of being clinically ready to transfer	Data collection on-going	85%	No data
Breakeven revenue and expenditure position	Favourable ($238k F)	Breakeven	Favourable

Scorecard

Auckland DHB - Adult Community & Long Term Conditions

HAC Scorecard for July 2016

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	2	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	3.7%	<=6%	4%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.9%	<=6%	5.5%
	Number of reported adverse events causing harm (SAC 1&2)	3	0	0
	Unviewed/unsigned Histology/Cytology results < 90 days	1	0	1
	Unviewed/unsigned Histology/Cytology results > 90 days	0	0	0
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.38%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	15.45%	<=9%	15.55%
	% DNA rate for outpatient appointments - Maori	36.69%	<=9%	26.02%
	% DNA rate for outpatient appointments - Pacific	30.5%	<=9%	28.88%
	% Patients cared for in a mixed gender room at midday - Adult	0.32%	<=2%	0.4%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	90%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	86.7%
	Number of complaints received	4	No Target	1
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less	76.67%	>=80%	90.91%
	% Inpatients on Rehab Plus waiting list for 2 business days or less	93.75%	>=80%	82.35%
	% Discharges with Length of Stay less than 21 days (midnights) for OPH and Rehab Plus combined	64.57%	>=80%	67.78%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	100%	>=95%	93.33%
Engaged Workforce	Excess annual leave dollars ($M)	$0.04	0	$0.03
	% Staff with excess annual leave > 1 year	37.66%	0%	36.7%
	% Staff with excess annual leave > 2 years	4%	0%	3.2%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	66.67%	0%	76.5%
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	0
	Sick leave hours taken as a percentage of total hours worked	3.71%	<=3.4%	3.6%
	% Voluntary turnover (annually)	15.56%	<=10%	14.2%
	% Voluntary turnover <1 year tenure	6.25%	<=6%	6.4%

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

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days
Result unavailable until after the 10th of the next month.

% 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 three SAC 1 or 2 events recorded in July 2016. There were two falls with harm in Reablement Services and one admission to ACH of a community patient with extensive pressure injuries, who had been refusing care in the community. All are being fully investigated. Overall there has been a clear downward trend in actual falls in Reablement Services over 2015/16 and the ward staff are being congratulated for their achievements in creating a safer rehabilitation environment for our patients.

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

We are currently compliant with ESPI 1 and marginally non-compliant in ESPI 2 in Dermatology Services. This was due to increased demand and reduced capacity in the service coinciding over the school holiday period. We are compliant for August 2016 and with new capacity coming on stream in September 2016 should be compliant on an ongoing basis. Our performance with FCT targets is now improving and we will meet all targets by end of 2016 with the new capacity in place.

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

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

The Directorate remains committed to minimising the number of patients in mixed gender rooms and were within target in July 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 a challenge in July within one part of the service, due to additional demand, staffing challenges and higher patient acuity. We are pleased to report improvement in August rates and flow. Improved flow remains one of our goals and this has been sustained despite lower bed occupancy and is a reflection of improvements in practice and community service offerings.

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 July 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. Sick leave is monitored monthly, is currently just above target, and is being actively managed applying the Auckland DHB Wellness Guide. We have established the Directorate Wellness Group to support staff health. Turnover has increased and is being actively monitored including regrettable turnover levels by service. As a Directorate with a significant change agenda, some turnover is to be expected. We are also developing plans to work more strategically on

recruitment at all levels as we have some significant recruitment challenges in leadership roles and in some specific clinical posts at this time.

Key achievements in the month

- A plan to progress integration of service in Specialist Palliative Care across Hospice and Hospital services continue to progress. A consultation on a new clinical leadership structure has concluded. The decision document to announce the new integrated leadership structure is due before end of August 2016.
- Recruitment to the enhanced Dermatology service size has progressed positively and we will have new staff in place by September 2016 which will improve delivery to patients and compliance with waiting times targets, considerably.
- Rapid response services have opened access to primary care, aged care and St John. The early supported discharge service has commenced. This service will support intensive rehabilitation in the home for appropriate patients. Both these services will improve flow and support care closer to home.
- A new programme of work has commenced with ACC to redesign the care pathways within non-acute rehabilitation services for older adults and implement a new case mix funding model. This has the potential to further improve the LOS and clinical outcomes and integration of care for the frail older adult. New funding jointly approved by the Board and ACC will see enhanced falls prevention services and fracture liaison services in place across Auckland in the coming months. Recruitment to these new services has commenced.
- The new all age stroke rehabilitation ward and single stroke pathway was introduced on 4 f July.
- The Directorate has recruited to the role of Medical Director. We are delighted to have a full leadership team within the Directorate and will be in a position to support further change and service development as a result in the future.

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 been piloted in Diabetes Services. Other options including drop in clinics and shared care clinics are also being progressed as part of the plan to improve accessibility for patients. The direct booking approach is also being used in Rheumatology Services and will be used in other areas in due course. Sustainability of these new approaches is being explored with the PAS team.
- A number of our services use HCC to record activity. There have been no clear business rules in place to ensure the services record activity and volumes accurately, which has an impact on revenue, funding, projection planning and understanding of patient flow. The plan developed with Business Intelligence to address this issue is progressing well. The new business rules have been implemented in Sexual Health and Community Services. Improved reporting on activity will be in place from September 2016 in Community Services.

- 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 inpatient rehabilitation services based at 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.
- TAS have taken over the provision of InterRAI support services at national level and previous local support and contracts will cease in September 2016. There are concerns that the northern region will not have sufficient InterRAI trainers in place to support the transition in responsibilities which may impact on our performance in InterRAI assessment rates and patient flow out of the hospital. We are working to address this issue with the new national provider at regional level and local level.
- The Community Nursing Service has 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 “see and treat” clinic in Dermatology to improve performance for faster cancer treatment.
- 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.
- 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.
- Continue work to improve our skill mix and use of support staff in all aspects of our service provision, in particular nursing and allied health workforce in Community and Reablement Services. This will enable us to continue to deliver high quality responsive services within resource and budgetary constraints.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Adult Community and LTC

Reporting Date Jul-16

($000s)	MONTH			YEAR TO DATE (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,051	1,084	(33) U	1,051	1,084	(33) U
Funder to Provider Revenue	6,270	6,270	0 F	6,270	6,270	0 F
Other Income	50	28	22 F	50	28	22 F
Total Revenue	**7,371**	**7,382**	**(11) U**	**7,371**	**7,382**	**(11) U**
EXPENDITURE						
Personnel						
Personnel Costs	3,762	4,055	294 F	3,762	4,055	294 F
Outsourced Personnel	89	70	(19) U	89	70	(19) U
Outsourced Clinical Services	131	143	12 F	131	143	12 F
Clinical Supplies	685	663	(22) U	685	663	(22) U
Infrastructure & Non-Clinical Supplies	155	116	(39) U	155	116	(39) U
Total Expenditure	**4,822**	**5,047**	**224 F**	**4,822**	**5,047**	**224 F**
Contribution	**2,549**	**2,336**	**213 F**	**2,549**	**2,336**	**213 F**
Allocations	419	444	24 F	419	444	24 F
NET RESULT	**2,130**	**1,892**	**238 F**	**2,130**	**1,892**	**238 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	69.7	73.3	3.6 F	69.7	73.3	3.6 F
Nursing	272.7	293.1	20.4 F	272.7	293.1	20.4 F
Allied Health	122.0	137.0	14.9 F	122.0	137.0	14.9 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	39.7	28.7	(11.0) U	39.7	28.7	(11.0) U
Total excluding outsourced FTEs	**504.1**	**532.0**	**27.9 F**	**504.1**	**532.0**	**27.9 F**
Total :Outsourced Services	6.5	4.2	(2.4) U	6.5	4.2	(2.4) U
Total including outsourced FTEs	**510.6**	**536.2**	**25.5 F**	**510.6**	**536.2**	**25.5 F**

The current month financial result for July is $238k F.

Current Month

The main driver in the Directorate's result relates to the favourable FTE position (25.5 F). The Directorate has significant vacancies across a number of areas. All vacancies are being managed and actively recruited to, although the Directorate has recruitment challenges around some positions. This is noted on the Directorate's risk register.

Price Volume Schedule (PVS)

The $0.7m under-delivery against base contract in July relates mainly to Community Services. This is largely within the ADHB population. The cause is being investigated but is impacted by a change in the counting and reporting arrangements for Community Services. There will be some 'wash-up' in August to correct for this.

Savings

The Directorate has developed a detailed savings plan to achieve the $2.082m savings target for the Directorate. The Directorate is forecasting to meet total savings targets by year end.

Surgical Directorate

Speaker: Wayne Jones, Director

Service Overview

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

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

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

The Surgical Directorate is led by:

Director	Wayne Jones
General Manager	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 16/17

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

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

Q1 Actions

6. Throughput of cases at the Greenlane Surgical Unit

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

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

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

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

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

	• Document current processes and roles • Identify current issues in process • Confirm current volumes and capacity • Identify opportunities to support surgical throughput for 16/17 • Align with other organisation initiatives e.g. Outpatients review and Pathways

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

Activity	Progress
National Bowel Screening	Representatives from Surgery are working as part of a regional group to deliver the service specification for the National Bowel Screening programme

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

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

Measures

Measure		July	Target	June
ESPI compliance	ESPI 2	0.41%	Fully compliant =0%	0.14%
	ESPI 5	1.48%	Fully compliant =0%	0.78%
	ESPI 8	Being collected from August	Fully compliant =0% (for specialities already live)	R/U
DNA rates for all ethnicities (%)		9.33%	9%	10.31%
Elective day of surgery admission rate (DOSA) %		78.95%	≥68%	79.49%
Day surgery rate (%)		59.38%	≥70%	61.46%
FCT delivery		R/U	85%	76.32%

Scorecard

Auckland DHB - Surgical Services

HAC Scorecard for July 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)	4.9%	<=6%	5.2%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.9%	<=6%	4.7%
	Number of reported adverse events causing harm (SAC 1&2)	2	0	2
	Unviewed/unsigned Histology/Cytology results < 90 days	108	0	79
	Unviewed/unsigned Histology/Cytology results > 90 days	181	0	195
Better Quality Care	HT2 Elective discharges cumulative variance from target	1.03	>=1	0.97
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.41%	0%	0.14%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	1.48%	0%	0.78%
	% DNA rate for outpatient appointments - All Ethnicities	9.33%	<=9%	10.31%
	% DNA rate for outpatient appointments - Maori	18.01%	<=9%	23.19%
	% DNA rate for outpatient appointments - Pacific	16.93%	<=9%	18.28%
	Elective day of surgery admission (DOSA) rate	78.95%	>=68%	79.49%
	% Day Surgery Rate	59.38%	>=70%	61.46%
	Inhouse Elective WIES through theatre - per day	64.4	TBC	69.31
	Number of CBU Outliers - Adult	107	0	115
	% Patients cared for in a mixed gender room at midday - Adult	7.91%	TBC	7.95%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	87.7%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	87.8%
	Number of complaints received	23	No Target	26
	28 Day Readmission Rate - Total	R/U	<=10%	7.84%
	Average Length of Stay for WIES funded discharges (days) - Acute	3.72	TBC	3.13
	Average Length of Stay for WIES funded discharges (days) - Elective	1.17	TBC	1.21
	31/62 day target – % of non-surgical patients seen within the 62 day target	R/U	>=85%	83.33%
	31/62 day target – % of surgical patients seen within the 62 day target	R/U	>=85%	73.08%
	62 day target - % of patients treated within the 62 day target	R/U	>=85%	76.32%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	97.78%	>=95%	97.2%
Engaged Workforce	Excess annual leave dollars ($M)	$1.16	0	$1.2
	% Staff with excess annual leave > 1 year	30.96%	0%	30%
	% Staff with excess annual leave > 2 years	17.49%	0%	18.2%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	100%	0%	100%
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	0
	Sick leave hours taken as a percentage of total hours worked	4.42%	<=3.4%	3.4%
	% Voluntary turnover (annually)	10.39%	<=10%	10.3%
	% Voluntary turnover <1 year tenure	2.56%	<=6%	3.9%

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

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days
Result unavailable until after the 10th of the next month.

% 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 July, the cumulative achievement across Surgery was 103% (+31) of the discharge target. The biggest area of deviation from plan is in General Surgery and Urology who have been utilising the capacity released by Orthopaedics. The negative revenue impact of this is noted in the financial report.

The July Adult IDF discharge cumulative position was 91% of the target (-147 patients). This reflects the current service delivery across Adult Surgical and will be reviewed and managed going forward to ensure delivery.

At the end of July the Adult ESPI 2 position is moderately fully-compliant for ADHB at 0.41%, this will be rectified in August with additional capacity identified.

The organisational position for ESPI 5 is reported as fully non-compliant for patients not receiving a date for surgery within 4 months at 1.48% (the target is <1.0%). This is predominantly due to the current Orthopaedic position.

Increased Patient Safety

There were2 SAC 2 events reported in the month of July. The Nurse Consultant is working with the relevant teams to review the events.

There were 15 medication errors reported for the month of July, without harm. The Directorate continues to work towards undertaking audits on medication administration compliance.

There were 22 falls reported for the month of July (none with major harm). These will be thoroughly reviewed at the Directorate Falls meeting and the weekly Quality meeting.

There were 17 pressure injuries reported for July, categories for which are as follows:

- 9 x Category 1 (Non-blanchable erythema)
- 7 x Category 2 (Partial thickness skin loss)
- 1 x Category 3 (Full thickness skin loss) – This was noted on admission.
- 0 x Category 4 (Full thickness tissue loss)

Better Quality Care

The DNA rate for appointments for all ethnicities in July is 9.33%.

The number of outliers has reduced in July to 107. 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.

Improved Health Status

Smoking Cessation

Performance has improved in July to 97.78%. This is as a result of the on-going work undertaken by the Charge Nurses to ensure that the information is being captured correctly.

Engaged Workforce

Hospital Hero award to – Anne Comber for her work on the Relief of Pain clinic

All Charge Nurses are actively working with their teams to redeploy staff across the hospital to support flow

The SCD for General Surgery has developed a SMO performance pack which is being reviewed with each SMO, Business Manager and SCD to ensure that the following (not exclusive) are being managed:

- Annual Leave
- Unsighted / unsigned results
- RIS (Radiology Information System)

If this pilot is successful then it will be replicated across all specialities

Key achievements in the month

- Commenced the Preadmission project
    - **What We're Aiming To Achieve:**
        - Establish guiding principles for on-going improvement in preadmission clinics
        - Document current processes and roles
        - Identify current issues in process
        - Confirm current volumes and capacity
        - Identify opportunities to support surgical throughput for 16/17
        - Align with other organisation initiatives e.g. Outpatients model of care and Pathways
    - **Actions Completed:**
        - Feedback from a number of Anaesthetists and Pre assessment Clinic Staff on what the guiding principles should be – really positive so far, will send reminder out to check if anyone else
        - Met with the NUM and Charge Nurse for clinics at Greenlane to begin to understand processes and issues they have identified

- Have reviewed data provided by BI but need further information to progress.

- Corrective actions feedback submitted . The quality team very impressed with the Surgical Directors response– This has now been shared with other directorates
- Values session with ophthalmology nursing staff
- Patient Experience Feedback comments circulated to wards weekly
- Internal Directorate process for management of falls with harm and Grade 3/4 pressure injuries agreed

Key issues and initiatives identified in coming months

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

Financial Result

STATEMENT OF FINANCIAL PERFORMANCE
Surgical Services

Reporting Date Jul-16

($000s)	MONTH			YEAR TO DATE (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	747	773	(26) U	747	773	(26) U
Funder to Provider Revenue	20,760	21,960	(1,200) U	20,760	21,960	(1,200) U
Other Income	331	376	(44) U	331	376	(44) U
Total Revenue	**21,838**	**23,109**	**(1,270) U**	**21,838**	**23,109**	**(1,270) U**
EXPENDITURE						
Personnel						
Personnel Costs	7,548	7,752	204 F	7,548	7,752	204 F
Outsourced Personnel	365	265	(100) U	365	265	(100) U
Outsourced Clinical Services	157	737	580 F	157	737	580 F
Clinical Supplies	2,247	2,276	29 F	2,247	2,276	29 F
Infrastructure & Non-Clinical Supplies	180	121	(59) U	180	121	(59) U
Total Expenditure	**10,498**	**11,152**	**654 F**	**10,498**	**11,152**	**654 F**
Contribution	**11,340**	**11,957**	**(617) U**	**11,340**	**11,957**	**(617) U**
Allocations	2,449	2,480	31 F	2,449	2,480	31 F
NET RESULT	**8,892**	**9,477**	**(585) U**	**8,892**	**9,477**	**(585) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	213.3	204.3	(9.0) U	213.3	204.3	(9.0) U
Nursing	489.1	486.1	(3.0) U	489.1	486.1	(3.0) U
Allied Health	37.4	37.4	(0.1) U	37.4	37.4	(0.1) U
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	67.0	47.5	(19.5) U	67.0	47.5	(19.5) U
Total excluding outsourced FTEs	**806.9**	**775.2**	**(31.6) U**	**806.9**	**775.2**	**(31.6) U**
Total :Outsourced Services	22.4	12.5	(9.9) U	22.4	12.5	(9.9) U
Total including outsourced FTEs	**829.3**	**787.8**	**(41.5) U**	**829.3**	**787.8**	**(41.5) U**

Comments on major financial variances

Month

The net result for July is an unfavourable variance of $585k due predominantly to the delayed delivery of additional Orthopaedic electives initiative volumes and therefore:

- No revenue achieved of $1,200k U,

Offset by total costs not yet incurred specific to this Revenue of $802k F, broken down between:

- Employee payments of $157k F, and
- Outsourcing payments of $645k F.

Resulting in a net impact of $398k U for the initiative.

The balance of the unfavourable result derives from Savings plans for the more extensive programmes of work being developed and therefore not fully delivering yet, although some were achieved on the back of lower volumes in Surgery and acuity across the hospital (bed closures) and others achieved resulting from work started prior to this financial year (reduced General Surgery TPN clinical supply costs).

Business Improvement Savings

There are savings to date of $144k achieved, mainly through bed closures ($75k).

Cardiovascular Directorate

Speaker: Dr Mark Edwards, Director

Service Overview

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

The Cardiovascular Team is led by

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

Directorate Priorities for 16/17

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

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

Q1 Actions – 90 day plan

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

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

   We have quality and patient safety meetings in all services and at Directorate level and are in the process of aligning these to a Directorate-wide framework.

   We reported last month that we are in the process of developing a business case to change from the CPR product to the Dendrite product for Cardiac Surgery reporting that will align us with the other cardiac surgery centres and address the risk the incumbent product poses by providing the ability to collect reliable and standard patient flow data, prioritisation scores and decisions, waitlist status, and risk adjusted outcome measures. Further work on the case for change under review is awaiting quantification of the scope and costs of the work required from health Alliance; this is proving to be difficult to negotiate. We have elevated this to the IMT Directorate.

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

   Development of a shared Cardiothoracic Surgery/Cardiology care area for preoperative Cardiothoracic Surgery patients has established good buy-in from both local and regional cardiology services. This continues as a green belt project led by the Director.

   We have initiated the second piece of work aimed at improved flow and discharge planning for Cardiothoracic Surgery patients - Two nurse-specialist co-ordinated care pathways – one for routine patients and one for complex patients. This encompasses reconfiguring the Nursing Model of Care in the Cardiothoracic inpatient ward. A proposal for implementation has been developed by our Nurse Director and is ready for presentation to staff.

   This is supported by a consultation process with the House Officers aimed at providing improved support for the service after hours in particular.

   Work has also commenced on developing and implementing co-ordinated care pathways for complex chronic conditions – starting with diabetic foot ulceration. Scoping for this role is completed and a recruitment process is under way.

3. **Plan for future service delivery**

   Planning for implementation of a regional roster for cardiology electrophysiology continues; this development has been a long term planning exercise under the governance of the Northern Regional Cardiac network.

Development of an in house model to assist in modelling of impacts of service change and production planning using existing expertise and knowledge of our staff is underway; continued refinement is likely to be iterative as we are able to factor in more variables. Successful recruitment to a long term production coordinator vacancy will greatly assist this development.

We have initiated work with services in identifying and planning to address vulnerable workforces, starting with Clinical Perfusionists. A review is underway with staff to look at the workforce issues and challenges for this service into the future.

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 plan the first wave of staff resources should come on board by the end of Q1.

A plan to ensure sustainable delivery of non-DHB patient services has been redefined with a need to consider different partnership arrangements as the first step – scoping is near completion – the next step is to progress engagement with key stakeholders.

A Governance Committee group meeting adopted a final set of recommendations from the Hybrid Operating Room (OR) project. The next phases of work focus on a pathway for non-accredited room requests, developing processes for considering extension of the use of the Hybrid OR for acute cases and afterhours work, and development of Hybrid OR specific measures for ongoing evaluation. This is underway.

We are using work completed by the Northern Regional Clinical Practice Committee to assist in development of a sustainable delivery plan for managing delivery of the Transcatheter Aortic Valve Implantation (TAVI) programme. This work was presented at the last Regional Cardiac network meeting and generated useful debate about how as a region, we will need to address this moving forward.

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

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

5. Financial sustainability

Refer financial report

Measures

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

Scorecard

Auckland DHB - Cardiovascular Services

HAC Scorecard for July 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)	15.8%	<=6%	6.9%
	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	2
	Unviewed/unsigned Histology/Cytology results < 90 days	3	0	4
	Unviewed/unsigned Histology/Cytology results > 90 days	43	0	109
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.66	>=1	0.93
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	R/U	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	0.29%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	11.34%	TBC	11.69%
	% DNA rate for outpatient appointments - Maori	20.59%	TBC	28.57%
	% DNA rate for outpatient appointments - Pacific	21.8%	TBC	23.9%
	Elective day of surgery admission (DOSA) rate	14.29%	TBC	13.27%
	% Day Surgery Rate	5.83%	TBC	13.33%
	Inhouse Elective WIES through theatre - per day	29.35	TBC	19.87
	Number of CBU Outliers - Adult	53	0	63
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	92.7%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	85.7%
	Number of complaints received	2	No Target	2
	28 Day Readmission Rate - Total	R/U	TBC	14.38%
	% Adjusted Theatre Utilisation	81.3%	>=80%	83.01%
	% Theatre Cancellations	10.53%	TBC	10.9%
	Cardiac bypass surgery waiting list	87	52-104	84
	% Accepted referrals for elective coronary angiography treated within 3 months	98.86%	>=90%	97.87%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	93.98%	>=95%	96.59%
	Vascular surgical waitlist - longest waiting patient (days)	127	<=150	121
	Outpatient wait time for chest pain clinic patients (% compliant against 42 day target)	92.31%	>=70%	100%
Engaged Workforce	Excess annual leave dollars ($M)	$0.51	0	$0.6
	% Staff with excess annual leave > 1 year	33.64%	0%	30.1%
	% Staff with excess annual leave > 2 years	12.9%	0%	13.4%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	98.55%	0%	100%
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	0
	Sick leave hours taken as a percentage of total hours worked	4.4%	<=3.4%	4.5%
	% Voluntary turnover (annually)	13.69%	<=10%	13%
	% Voluntary turnover <1 year tenure	4.17%	<=6%	2.9%

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

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

Result unavailable until after the 10th of the next month.

% 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 July for the Cardiovascular Directorate. There were two complaints recorded for the month of July. One concerned dissatisfaction with delay to surgery. The consumer concurrently received a date for surgery and did not wish to proceed with the complaint. The second related to a misunderstanding about an appointment that had been cancelled.The consumer has been contacted and the issues clarified.
Medication errors, pressure injuries and falls are in line with previous trends - none resulted in serious harm.

Better Quality Care

The Cardiovascular Service is meeting the 4 month target in elective service delivery targets, ESPI 2 and ESPI 5. Elective discharges were significantly down overall across the month. This is due to high acute demand across all three major services.

In July the cardiac surgery eligible bypass waitlist increased from 84 to 87; we continued to see higher than planned inflows onto the waitlist 91 against the plan of 78. The service had 4 transplants in July and 7 extracorporeal membrane oxygenation (ECMO) patients and managed a high volume of acute work, which saw the elective waitlist rise.

ESPI 2 in Cardiology has stabilised and we are meeting demand despite SMO vacancies. Both Cardiology Electrophysiology and ESPI 5 Cardiology Interventional waitlists have increased recently due to higher inflows and limited bed capacity. The lists have stabilised and we are introducing a change to procedural Lab scheduling to improve resource utilisation. Recruitment to Electrophysiology and Interventional Consultant positions will help ease higher work demands.

There are challenges in both cardiothoracic surgery and cardiology to manage over the upcoming months; for the cardiac surgery waitlist, the rising P2 and P3 elective patients and the continued challenge of multiple ECMO patients in the cardiovascular intensive care unit (CVICU) may further impact on our ability to manage our patient flow across the Directorate. For cardiology the continued high inflow of acute patients from our regional service, in particular from Northland, is placing pressure on bed management and cardiac catheter lab resources. Both services have plans in place to ensure productivity during this time but combined with winter flows resources are stretched.

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 was launched - it is anticipated that there will be more of a reduction with a number of employees having leave plans for winter and over the current school holidays.
- Turnover is higher than Auckland DHB average with one area sitting at 30%; a review of this is still underway to understand the key issues or trends.

Key achievements in the month

- Management of high number of inflows to our cardiothoracic surgery and delivery of high number of transplant and ECMO work.
- Deliverables for 2016/17 Directorate plan on track

Areas off track and remedial plans

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

- This month's financial result is concerning, particularly the impact of clinical supplies. The reasons for this are still being examined however, we are moving to review the current delegations. While there is no doubt this is linked to our clinical activity, it further emphasises the need to fundamentally consider and change the way we are working whilst continuing to look for further efficiencies that support our service delivery and savings assumptions into the 16/17 year. To this end we note our business plan programme is well underway.

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.
- Planning for the scheduled Cath Lab Room refit to take place over the Christmas period is underway to minimise impact to EP and Intervention waitlists and ensure the project is successful.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Cardiovascular Services

Reporting Date Jul-16

($000s)	MONTH			YEAR TO DATE (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	87	116	(29) U	87	116	(29) U
Funder to Provider Revenue	11,005	11,005	0 F	11,005	11,005	0 F
Other Income	298	586	(288) U	298	586	(288) U
Total Revenue	**11,390**	**11,707**	**(317) U**	**11,390**	**11,707**	**(317) U**
EXPENDITURE						
Personnel						
Personnel Costs	5,234	5,344	110 F	5,234	5,344	110 F
Outsourced Personnel	30	48	18 F	30	48	18 F
Outsourced Clinical Services	53	57	4 F	53	57	4 F
Clinical Supplies	3,044	2,713	(332) U	3,044	2,713	(332) U
Infrastructure & Non-Clinical Supplies	78	124	46 F	78	124	46 F
Total Expenditure	**8,438**	**8,285**	**(153) U**	**8,438**	**8,285**	**(153) U**
Contribution	**2,952**	**3,422**	**(470) U**	**2,952**	**3,422**	**(470) U**
Allocations	996	1,028	31 F	996	1,028	31 F
NET RESULT	**1,955**	**2,394**	**(439) U**	**1,955**	**2,394**	**(439) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	94.4	94.5	0.1 F	94.4	94.5	0.1 F
Nursing	310.6	329.0	18.4 F	310.6	329.0	18.4 F
Allied Health	64.7	66.6	1.9 F	64.7	66.6	1.9 F
Support	3.0	2.7	(0.3) U	3.0	2.7	(0.3) U
Management/Administration	32.3	23.0	(9.3) U	32.3	23.0	(9.3) U
Total excluding outsourced FTEs	**505.0**	**515.7**	**10.7 F**	**505.0**	**515.7**	**10.7 F**
Total Outsourced Services	0.5	1.7	1.3 F	0.5	1.7	1.3 F
Total including outsourced FTEs	**505.4**	**517.4**	**12.0 F**	**505.4**	**517.4**	**12.0 F**

Comments on Major Financial Variances

Total inpatient WIES are 2% above 15-16 and 103% of budget, in addition to a busy start to the year for transplant activity. Cardiothoracic has been particularly busy.

The financial YTD result is $439k U – primarily driven by lower revenue and higher clinical supplies expenditure.

1. Revenue

Overall revenue variance YTD is $317k U due to:

- Unfavourable variance from Non-Resident patients in both Tahiti and general Non-Residents with a volume lower than budget. It is noted that this July result is in line with July results and trends in previous years – we will monitor this closely.

2. Expenditure

Total Expenditure (including Allocations) YTD is $122k U, this is mainly due to

- Personnel and Outsourced personnel costs are net $128k F; mostly from being 12.0 FTE below budget arising from vacancy management.
- Outsourced Clinical is $4k F YTD. We are managing future outsourcing downwards; however there is still some on-going risk where high transplant numbers are reducing local capacity and requiring outsourced over-flow volumes.
- Clinical Supplies is $332k U. Catheters are $150k U. A review of the timing of orders placed being undertaken. Clinical equipment depreciation is $63k U although much of this cost relates to 15/16. Cardiothoracic costs reflect the higher activity for July with $120k U on clinical supply costs (excluding depreciation). Our position remains challenging in the context of on-going clinical demand and ESPI compliance.
- Infrastructure & Non-Clinical Supplies is $46k F; mostly from lower Bad Debts and Doubtful Debts.
- Internal Allocations are $31k F due to lower Radiology charges but noting this is offset to some degree by higher Nutrition charges
- We are actively working on implementation of Directorate savings initiatives, and participating in provider projects.

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 16/17

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

1. 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.

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

Scorecard

Auckland DHB - Support Services

HAC Scorecard for July 2016

	Measure	Actual	Target	Prev Period
Engaged Workforce	Excess annual leave dollars ($M)	$0.02	0	$0.02
	% Staff with excess annual leave > 1 year	33.62%	0%	32.3%
	% Staff with excess annual leave > 2 years	6.55%	0%	6%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	86.67%	0%	85.7%
	Number of Pre-employment Screenings (PES) cleared before the start date	R/U	0	0
	Sick leave hours taken as a percentage of total hours worked	6.68%	<=3.4%	5.9%
	% Voluntary turnover (annually)	11.8%	<=10%	13.9%
	% Voluntary turnover <1 year tenure	28%	<=6%	24.1%

R/U Result unavailable

Key achievements in the month

Cleaning Services

- Combined average audit score at Auckland Hospital and Greenlane Clinical Centre is 93% for the month of July 2016. The break-down by site; 92% Grafton & 95% GCC.
- From 1 July 2016, a dedicated Isolation Discharge Cleaning team will respond to red and amber cleaning requests on discharges. This process will reduce multiple parties being contacted and speed up bed availability.
- The Cleaning Service continues to work with hospital operations and the wards to determine resource deployment by raising awareness, improving communication and monitoring activity.
- The Cleaning Service is now responsible for cleaning the on-site car-parks to address the health and safety concerns. A full deep scrub and de-grease was recently carried out in Car Park B.
- Car Park A is scheduled for cleaning towards Christmas to allow for a reduction in traffic.
- IPC continue to provide training for the cleaning staff on PPE and hand hygiene. IPC also providing one-on-one training for cleaners on the ward.
- The quick response by cleaning teams during infection outbreaks in Starship and Ronald McDonald House has prevented further outbreaks.
- Deprox decontamination is now available for ADHB community sites for containing acute infection outbreaks.
- Safety footwear for all cleaning staff is underway and in addition new uniform top fittings scheduled for August.

Compliments (July)

- Cleaning staff continue to maintain high standards. This is reflected by the number of written compliments received from various end users.
- GCC Workplace Literacy Course commenced on 6 July for 12 staff. This programme will run for up to 12 weeks. Feedback from the tutor has been positive.
- NZQA Level 3 Certification: There is only one more session left to complete Level 3 training for the cleaners in GCC. Training sessions continue to be well received at GCC and ACH.
- Cleaning staff at ACH & GCC celebrated Eid-Mubarak as our first cultural calendar event of 2016/17. Muslim staff members were invited to present a short speech about the significance and traditions of Eid. Positive feedback was received from staff.

- Casual recruitment is underway for Cleaning Services to build an in-house casual pool and this has resulted in 13 preferred applicants being selected to date.
- Greenlane cleaning team has been identified as the pilot group for trial of Kronos In-Touch clocks. Kronos In-Touch terminals would work in conjunction with Workforce Central to provide a biometric clocking-in system for staff. If successful, this will help to eradicate paper-based timesheets and assist Supervisors with monitoring attendance/time management.

Patient Experience Portal (July)

Rating	Comment	Site/Department
10	*Every area was totally clean with hospital staff using all safety gears*	GCC Surgical Unit
10	*General cleanliness first class ,I don't think it could be improved*	Ward 34
10	*Everything on the ward spotlessly clean, bed had clean, fresh linen, staff took care with cleanliness - everyone from doctors to cleaners*	Ward 26A
10	*I was in three different wards (emergency, general, gynaecology) and they were extremely clean and well run.*	Ward 97
10	*I was really impressed with my total experience in hospital. Everything was spotless. Made me feel very safe in such a hygienic surrounding*	Ward 62
10	*Bathroom and toilets were always kept clean, and dirty linen removed regularly throughout the day.*	Ward 64

Staff Residences

- Staff Residence occupancy was 79% for the month of July.
- Daily cleaning duties are being carried out to good standard with positive feedback from residents.
- New capex funding has been approved for four new ovens which will be installed in August.
- A Staff Residences administrator role (0.6) to be recruited.

Supply Chain & Procurement

- The Auckland Metro DHB Supply Chain Review and business case has been endorsed by regional CFOs, healthAlliance chairperson and ADHB Senior Leadership Team. An Operational Oversight Group has been established with representation from each of the Auckland Metro DHBs, health Alliance and Deloitte to implement the business case, a transition roadmap and prioritised initiatives.
- Auckland DHB is participating in the National Procurement Strategy with a focus on how the strategy impacts on the workings of Pharmac, hA and the DHB team members going forward
- The Auckland Metro DHBs have also retained Deloittes to work with hA to determine what regional and local procurement will look like under the national procurement strategy
- The strategy for Pharmac to assume responsibility for a greater number of categories earlier than originally planned is leading to increased interaction between Pharmac, ADHB clinicians and healthAlliance to ensure there is alignment to deliver the procurement activity to support the ADHB F16/17 business plan and savings plan.
- A review of all panel contracts implemented by both Pharmac and hA is underway to identify potential savings if volume moved from incumbent supplier to alternative on the panel contract. An initial exercise has identified one wound care item would deliver $40,000 savings per annum.

- An instruction template has been created to assist clinical staff to find the correct items when ordering to ensure that the correct contracted price is paid.
- Issues with the electronic transfer of clinical form requests and finalising the rationalisation and standardisation of ADHB business card template has been remedied by hA. This should now see increased savings of 20-25% being realised against the Fuji Xerox contract.

Security for Safety Programme
Key progress updates for the Security for Safety programme is noted in the Quality and Standards Review Report.

Security – Operations
- Code Orange requests: 95 Code Orange responses were attended in July compared to 52 in June (increase 82.7%).
- Patient Security Watches: There were 143 requests for the month of July compared to 146 in June (decrease 2%)
- The recent spate of bicycle thefts at the Grafton and Greenlane sites has resulted in further security upgrades. The Police have been consulted but this problem is now a widespread issues across the city.
- Auckland City Police are taking an active interest in crime events at ACH and are conducting random and regular patrols in support of ADHB security staff.
- An alternative source of restraints training is being investigated. The options and recommendations for restraints training will be submitted to the Restraints Minimisation Committee.
- The ID Officer currently provided by the outsourced Security contract will be brought in-house from 1 August.
- New security cameras have been installed in Car Park B as part of the Security for Safety project.

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

Waste Services & Sustainability

- The desk cubes to replace floor bins is receiving positive feedback. This initiative is part of the 'Sustainable Office' concept.
- Waste segregation at source helps understanding, change culture and diverts recyclable waste from landfill (e.g. plastic, paper, glass).
- PVC recycling project has been successfully implemented in theatres, wards and services. Since 1 June, the collection of PVC for recycling was 300kg at Grafton and 280kg at Greenlane. This is equivalent to approximately 170 play-ground mats (2/3rd of a standard playground).
- Baxter's presented a certificate to the DHB to mark the success of this project.
- Steamplicity Food Packaging - Collection of food packaging has been taken over by Compass Group. Bottle recycling bins and collections have been increased due increase in recycling waste.
- Review of waste runs to be conducted from August.

Property Leases

- An eight month lease extension (from July 2016) has been confirmed for the Thrive service located in Parnell. The DHB is awaiting a decision from the landlord for a lease extension to February 2018.
- The Youth Transition Program team had identified an alternative building on Mt Eden Road but this was deemed unsuitable due to requirement for commercial zoning. A review of other properties is continuing.
- St Luke's Community Mental Health lease expires in October 2017. Alternative sites are being sought. A suitable building was identified on Dominion Road but has recently been sold. The leasing agents advise that commercial vacancy levels are the lowest they have experienced in a number of years.

Retail Outlet Tender

- Tenders for retail outlets on levels 3 & 5 at Grafton and the GCC site have concluded.
- Lease negotiations with the current bookshop licence holder have been successful for the provision of Postal/Bookshop/Lotto services
- Two potential Florists have been shortlisted to provide a florist cart /station service in the area currently occupied by Planet Espresso.

Parking

- The number of days where there are traffic queues on Park Road has reduced significantly and queues have become more sporadic. This trend has continued during July 2016 and is partly attributed to the additional 69 car parks in Car Park A, a warmer winter than usual and Wilsons opening a public car park on the Grafton Oaks site (Grafton Road).
- Changes to Car Park B opening will result in the barrier arms coming down at 5.30am each day (as opposed to 8.30am). This is to ensure adequate staff parking spaces are available on levels 1 and 2 at the start of the morning shift.
- The increase in staff parking charges was introduced in July 2016 with no futher major negative feedback from staff. 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. This is attributed to the partial closure of public parking by the Auckland Trotting Club with its construction activity.

Contract Management Linen

- Imprest review undertaken in July has improved linen utilisation rates (75% ACH and 78% for GCC).
- Continued efficiencies are being made in the area of non-sterile linen use.
- A new online process for organising private wash is due to go live mid-late August 16. This will reduce the administration, paper order forms, follow up calls and improve the transparency for both organisations.
- Positive progress is being made on the regional approach for a standardised linen catalogue. This includes SSH undertaking a trial of standardised new paediatric gowns. Currently awaiting the fabric and garment samples and have engaged with the clinical partners to agree process.
- In July 16 the DHB linen and laundry contracted supplier facilitated an engagement forum on Level 3 to increase awareness and opportunities for ensuring both organisations derive maximum efficiency and effectiveness from our linen supplies. Information was provided on; Health & Safety, selecting correct linen bag, maximising linen imprest utilisation, releasing time to care, scrubs / use and return and laundering customer owned goods.

Food & Nutrition Services

- The recruitment for a Food Services Manager is underway.
- The trial of Steamplicity in Older Peoples Health is progressing well with positive feedback and has resulted in a significant reduction in exception reporting and complaints.
- A comprehensive performance improvement plan has been implemented at Starship Hospital following significant feedback from the service to the cook/chill methodology.
- A project to review the requirements and approval process for ordering of perishable ward supplies is to get underway over the next 4 weeks with the goal of improving efficiency and reducing waste within food services.

Key issues and initiatives identified in coming months

Area	Timeframe
Cleaning Services • Staff development and training programme • Implement staff PDRs • Cleaning staff recruitment	 On-going Ongoing Ongoing
Sustainability – Waste Reduction Programme	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	Ongoing
Oracle V12 Upgrade - data Integrity audits and recovery of moneys due	Ongoing
DHB/HealthAlliance review of OneLink contract	Dec 16
Taylor's Linen Contract – savings initiatives	Nov 17
Food Services – review of Standing Orders	Sept 16
Mail Services – Investigation of Mail House Service	Oct 16 Ongoing
Sustainable Transport Programme	Jul 17

Financial Results – Non Clinical Support

STATEMENT OF FINANCIAL PERFORMANCE
Non-Clinical Support Services

Reporting Date Jul-16

($000s)	MONTH			YEAR TO DATE (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	0	0	0 F	0	0	0 F
Funder to Provider Revenue	23	23	0 F	23	23	0 F
Other Income	870	847	24 F	870	847	24 F
Total Revenue	**893**	**870**	**24 F**	**893**	**870**	**24 F**
EXPENDITURE						
Personnel						
Personnel Costs	816	986	170 F	816	986	170 F
Outsourced Personnel	162	0	(162) U	162	0	(162) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	11	19	8 F	11	19	8 F
Infrastructure & Non-Clinical Supplies	2,524	2,409	(115) U	2,524	2,409	(115) U
Total Expenditure	**3,512**	**3,414**	**(98) U**	**3,512**	**3,414**	**(98) U**
Contribution	**(2,619)**	**(2,545)**	**(74) U**	**(2,619)**	**(2,545)**	**(74) U**
Allocations	(1,092)	(1,008)	84 F	(1,092)	(1,008)	84 F
NET RESULT	**(1,527)**	**(1,537)**	**10 F**	**(1,527)**	**(1,537)**	**10 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (1 month ending Jul-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Nursing	0.2	0.2	0.0 F	0.2	0.2	0.0 F
Allied Health	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Support	182.1	224.5	42.3 F	182.1	224.5	42.3 F
Management/Administration	28.1	26.9	(1.2) U	28.1	26.9	(1.2) U
Total excluding outsourced FTEs	**210.4**	**251.6**	**41.2 F**	**210.4**	**251.6**	**41.2 F**
Total :Outsourced Services	50.1	0.0	(50.1) U	50.1	0.0	(50.1) U
Total including outsourced FTEs	**260.5**	**251.6**	**(9.0) U**	**260.5**	**251.6**	**(9.0) U**

Comments on major financial variances

The Non Clinical Support Services July result was very close to budget at $10k F. The key variance for the month was Infrastructure and Non–Clinical Supplies at $115k U. This was largely due to food costs being higher than budget for the month but is expected to smooth out during the year.

Report 7 July 2016

Report on InPatient Experience

Auckland District Health Board

TOP THREE

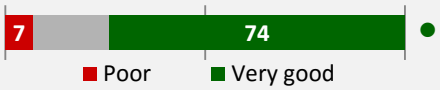
Our inpatients are asked to choose the three things that matter most to their care and treatment.

1. Communication (51%)

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

"I was provided with answers to questions in a concise way that helped me understand and kept me calm during the procedure..." (Rated excellent)

How are we doing on communication?



2. Confidence (43%)

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

"Those staff taking care of me were clearly knowledgeable about my condition and knew what they were doing to resolve it." (Rated very good)

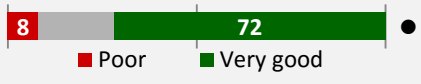
How are we doing with patients feeling confident about their care and treatment?

3. Consistency (40%)

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

"The nurse on my first day was lovely and positive. For the rest of my stay I didn't know who was my nurse and I didn't feel I could ask anything...." (Rated very good)

How are we doing with consistent and coordinated care?



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Information

7.1

While information is an important dimension to look at by itself, it is also an area that consistently appears as an important factor in other dimensions. It is very closely aligned to communication (being given information in a way which is easy to understand), dignity and respect (the way in which information is conveyed), decisions (having the right information to make decisions about care and treatment), consistent and coordinated care (getting the same information from different staff members), and the coordination of care between hospital and other services (ensuring that information is passed on to the relevant people).

Not surprisingly, getting good information is also highly associated with overall patient ratings; those who say they are given enough information are much more likely to rate their overall experience highly.

For anyone worried about overwhelming our patients, the majority (86%) tell us that they get the right amount of information. Only 1 percent tell us they get too much.

Overall our patients tell us that we do well at keeping them informed; about what is happening, why it is happening, and – importantly for some – when.

Since we last reported on this measure in April 2014, we have seen a 4% improvement in how well we prepare patients for leaving hospital, with Women's Health and Children's Health directorates both improving significantly.

Our patient comments also offer us another important insight. In 2014 almost 3% of patients commented they were given information whilst still groggy from anaesthetic. In the last twelve months only three patients (.2%) have commented that this had happened.

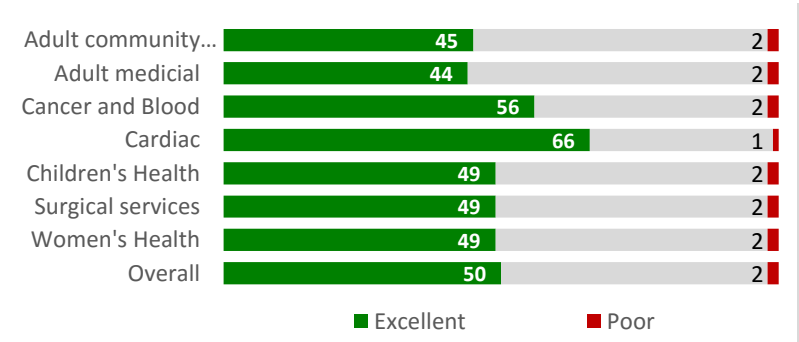
Good information is a combination of the right information provided in a form that is easy to understand, as well as that information being provided at the right time and in the right way. It's great to see the improvements our clinical teams are making in keeping our patients fully informed – well done!

Dr. Andrew Old
Chief of Strategy, Participation & Improvement

DIRECTORATE RATINGS

Overall, half of our patients rate their care and treatment as 'excellent'. Cardiac service patients continue to rate their care and treatment highly, with two-thirds (66%) rating it 'excellent' in the 12 months to April 30, 2016.

Patient excellent and poor ratings by directorate. May 1 2015 to April 30 2016 (%)



Adult CLT n=130; Adult Medical n=430; Cancer and Blood n=126; Cardiac n=379; Children's Health n=1010; Surgical n=1280; Women's Health n=562 The differences are significant p <0.01

FOCUS ON INFORMATION

Getting good information is important to patients, and two out of every five patients say it is one of the three things that makes the most difference to their care and treatment. It is also highly associated with overall patient ratings; those who say they are not given enough information are much more likely to rate their overall experience poorly.

38 percent of our inpatients say that getting good information whilst in hospital is one of the three things that makes the most difference to the quality of their care and treatment

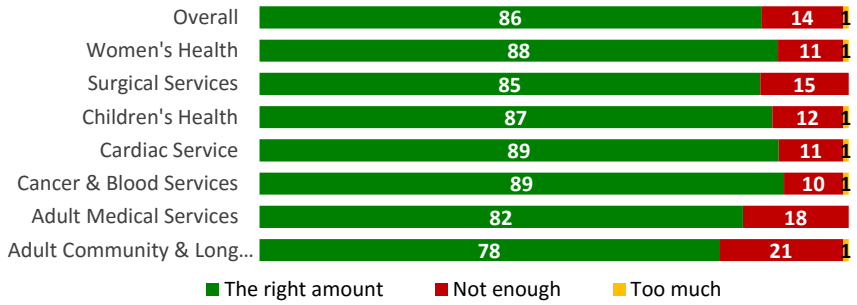
HOW ARE WE DOING?

The following data are from May 1, 2015 to April 30, 2016. The comparative data is taken from the previous report on information, in April 2014.

How much information was given in hospital?

Respondents are asked to rate how much information they were given. Only one percent tells us they are given too much information, with approximately one in every seven patients telling us they do not get enough. There are no significant improvements in the data when compared to the previous report in April 2014.

Percentage of patients who say they got the right amount, too much or not enough information

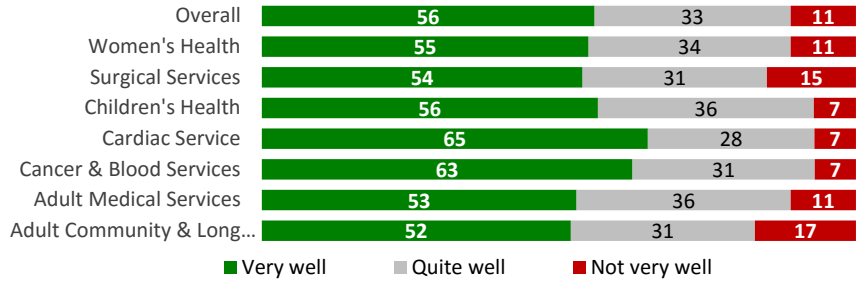


Adult community & long term conditions n=156; Adult medical services n=508; Cancer & blood services n=150; Cardiac service n=436; Children's health n=1197; Surgical services n=1496; Women's health n=641 Overall n=4584

There have been no significant changes in these ratings since the last report in April 2014.

How well do we prepare patients to leave hospital?

Nine out of 10 patients say that we prepare them quite well (33%) or very well (56%) to leave hospital. Overall, we have improved on this measure since April 2014, with Women's Health and Children's Health directorates both showing significant improvements (from 48% to 55% and 51% to 56% respectively). Although the ratings for Cancer and Blood and Cardiac Service directorates are high, it should be noted that these directorates have slipped since April 2014, from 68% to 63% and 69% to 65% respectively. The differences are significant (p<.05).



Adult community & long term conditions n=134; Adult medical services n=453; Cancer & blood services n=132; Cardiac service n=400; Children's health n=993; Surgical services n=1324; Women's health n=535 Overall n=3971

4% **There has been a 4% improvement in how well we prepare patients for leaving hospital since the last report in April 2014.**

AVERAGE RATINGS ON INFORMATION, BY DEMOGRAPHIC & DIRECTORATE

(MAY 2015 TO APRIL 2016, n=1448)

AVERAGE RATING

Overall: **8.0**

AVERAGE RATING BY GENDER

Female: **7.8**

Male: **8.1**

AVERAGE RATING BY ETHNICITY

NZ European: **8.0**

Māori: **8.2**

Pasifika: **8.4**

Asian: **7.6**

Other: **8.2**

AVERAGE RATING BY AGE

17 and under: **8.0**

25 – 44: **7.6**

45 – 64: **7.9**

65 – 74: **8.6**

75+: **8.3**

AVERAGE RATING BY DIRECTORATE

Adult Medical: **7.9**

Cardiac Services: **8.3**

Children's Health: **7.8**

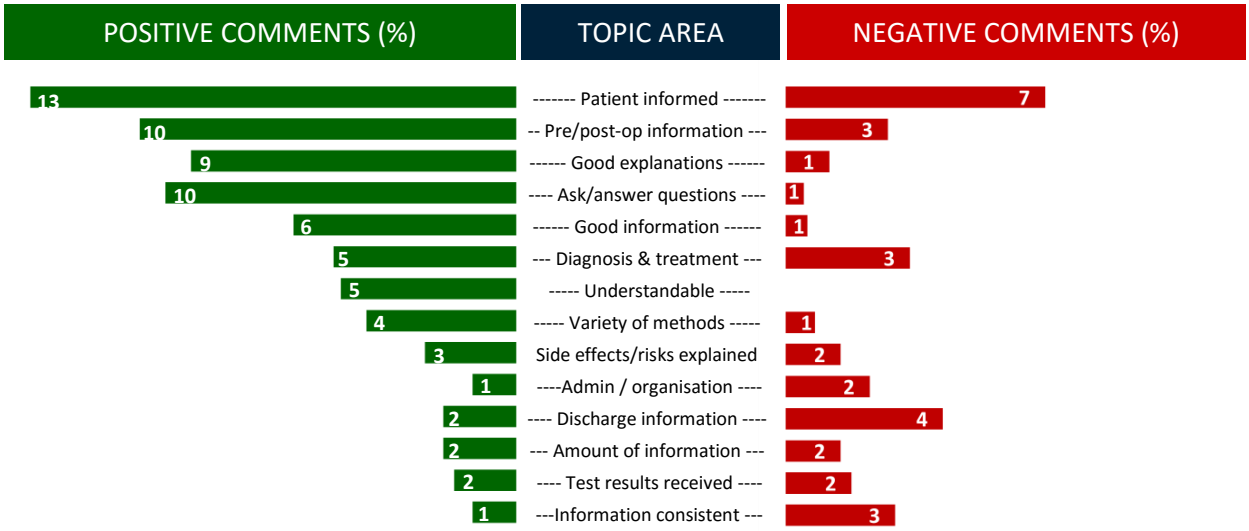
Surgical Services: **8.1**

Women's Health: **8.0**

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

A CLOSER LOOK AT PATIENT COMMENTS

A total of 1646 patients commented on information. Nearly three quarters (73%) of the comments were positive, with 31 percent of comments negative (note that some patients made both positive and negative comments, which is why the total is greater than 100 percent). In only three areas were there more negative than positive comments: information provided on discharge; consistency of information (being given the same information by different staff members); and quality of administrative and organisation information.



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PATIENT COMMENTS

PATIENTS KEPT INFORMED (13%)

The greatest number of positive comments came from patients who felt they were kept informed, that is, they were told what was happening, knew what the next steps were or what to expect and the information was given in a timely manner. Patients told us that when this happened they felt more at ease, confident and less anxious about their care and treatment.

Being well informed took the fear out of the thought of the operation, and this really made a difference.

Everyone (from receptionist/ telephonist to anaesthetist) we dealt with was open and clear in their communication with regards to what we could expect, timelines, outcomes, etc.

All of the team made sure I knew everything that was being done.

GOOD PRE- AND POST-OPERATIVE INFO (10%)

One in ten respondents said they appreciated the amount of pre and post-operative information that was given to them. Many of these told how this information enabled them to feel more confident about managing their condition.

Excellent pre op information helping me feel ok to leave my son in theatre. Excellent post op care information, I was well aware of side effects, risks and how to manage pain which helped me feel confident about managing my son at home.

I left hospital feeling completely confident and happy with the care we received - as a result post op healing went fantastically - no troubles at all!

PATIENTS NOT KEPT INFORMED (7%)

Patients who felt they weren't kept informed told us they didn't know what to expect in terms of their care and treatment, who they might expect to see and when they should expect to see them. A large number of these respondents felt they were not properly informed about delays to surgery or other scheduled procedures which caused some anxiety.

Consistently told [my 6 yr. old] would have surgery and had to stay nil by mouth, however due to more serious cases she was without food from 6:30pm Monday to 11:30am Wednesday 1 July - a total of 41 hrs and not acceptable. If we were kept informed of the likelihood of the constant delays she could have had something. I understood the reason for the delays but not for the lack of information.

POOR PRE- AND POST-OPERATIVE INFO (3%)

Patients who felt they received poor pre and post-operative information asked for more information about what to expect during and after surgery, how the surgery or procedure went, recovery times and information on specific do's or don'ts to aid healing.

I in terms of post-surgery it was "learn as you go" and I realised that staff expected me to know things that had not been explained to me. I could have managed my "care" far more effectively had I known what was happening and what was expected of me.

I found it hard to get a straight answer from staff as to what exactly the procedure involved. I like having the information as it helps me process what is happening.

PATIENT COMMENTS (cont…)

GOOD EXPLANATIONS PROVIDED, QUESTIONS ASKED AND ANSWERED (19%)

Our respondents (10%) appreciate it when information is explained well, thorough and easy to understand.

Given a medical name for condition (I was able to google later), followed by clear layman's explanation which even my 10yr old son (patient) was able to understand.

Nurse and doctors that saw me both explained what they were looking for and why and how things worked which was very useful.

For some of our respondents (9%) good information is about being able to ask questions, and having them answered.

I had every single one of my questions answered fully with clear and easy language that I could understand and make sense of.

GOOD DISCHARGE INFORMATION (2%)

Some respondents commented specifically on the quality of the discharge information they received – either verbally or in written form.

…loads of information about care at home.

After the operation was given a sheet with instructions of after care and I had a follow up ph call the next day.

DIAGNOSIS & TREATMENT (5%)

Five respondents appreciated getting information about their diagnosis and what it means and any implications for their treatment or recovery.

Being informed about what your condition is, what the options for treatment are and being involved in the decision making helps to feel you have some control in a situation where you really don't. It helps build rapport and trust

VARIETY OF METHODS (4%)

Patients told us they appreciated it when information was given in a variety of ways, particularly when verbal information was followed up with written brochures or information packs.

All relevant information communicated to me and provided in hard copy paperwork, which was great as I was a little lethargic after the anaesthetic and forgot a few things I was told.

OTHER

- **Side effects, risks and medications explained well (3%)**
- **Information consistent between staff and teams (1%)**
- **Good amount of information provided (2%)**
- **Test results received in a timely manner and discussed with patient (2%).**

POOR EXPLANATIONS, NO OPPORTUNITY TO ASK OR ANSWER QUESTIONS (2%)

A small number of respondents (1%) would have liked better explanations i.e. easy to understand and using less jargon

It wasn't that I wasn't given information, I think what the staff fail to remember is that their patients are non-medical and do not understand everything no matter how intelligent the patient might be.

A small number of respondents (1%) felt they were not given a chance to ask questions, or their questions went unanswered.

Team came to visit and seemed in a rush and often asking them questions seemed like I was affecting their time frame.

Often I [found] that once [the doctors were] gone I didn't get to ask the questions that had been on my mind.

POOR DISCHARGE INFORMATION (4%)

Four percent of patients felt that they were sent home with very little information. In some cases, respondents felt this compromised their recovery.

Exit plan for post hospital care was poor. Our child now has an infection that we are struggling to manage with GP, if there was a plan in place perhaps this could have been avoided.

NO DIAGNOSIS OR INFORMATION (3%)

Some respondents spoke about their frustration at not being given a diagnosis or understanding what was involved with their treatment, due to either having a rare condition or feeling that clinical staff were not properly informed about their medical history to give an accurate diagnosis.

NOT GIVEN WRITTEN INFORMATION (1%)

A small number of patients said they were not given the information they needed in written form.

When I was being discharged, the nurse realised I hadn't been given the basic information sheet. She managed to "steal" one for me, but only because she knew where the doctors hid them. I felt I had been smuggled information I should have had from the beginning.

OTHER

- **Side effects and risks not explained and/or medications not discussed (2%)**
- **Conflicting information between staff or information not consistent (3%)**
- **Too much or not enough information (2%)**
- **Test results/reports not received or discussed or long waiting time for results (2%)**

Report on **OutPatient Experience**

Auckland District Health Board

Involvement in decisions

Involvement in decisions is a key part of becoming a more patient centric health system – one of our strategic themes. The good news is that most patients report being as involved as they wanted to be in decisions about their care and treatment, but a significant minority, around one in five are telling us they would like more involvement. It's really great to see a significant two percentage point improvement in our overall performance on this measure since the last report in August 2014.

A large and growing proportion of outpatients (3 in 10) say that being involved in decisions about their health and care is one of the top three things that makes the most difference to their experience of care. It's great to read patients comments about how we are providing choice about treatment and that they are in charge of the decisions that are made about their care and treatment.

Something to bear in mind is that patients tell us it's important to be given time to consider their options, and to be given the right information to help them make these decisions. They appreciate it when staff take time to answer questions and when they feel listened to. They are asking us to not rush them into making a decision, and to ensure that all the relevant information they need, particularly test results, is available to inform the decision-making process.

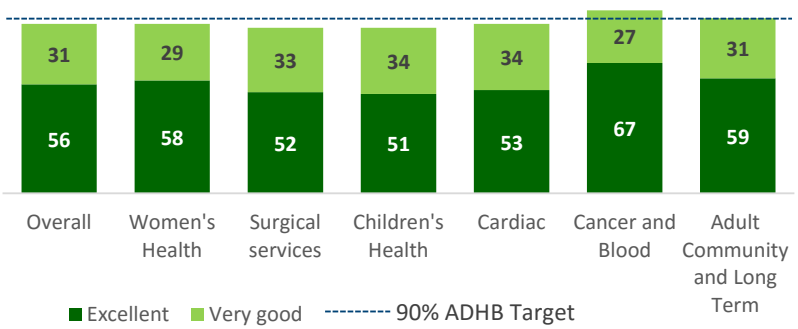
Each month outpatients are asked to rate their overall care and treatment. "Very good" and "excellent" ratings are reasonably high across all directorates, but it's worth acknowledging Cancer and Blood and Adult Community and Long Term Conditions directorates who are meeting or exceeding our target of 90 percent of patients rating our care as very good or excellent – well done!

Dr. Andrew Old
Chief of Strategy, Participation & Improvement

VERY GOOD AND EXCELLENT RATINGS

Each month outpatients are asked to rate their overall care and treatment. "Very good" and "excellent" ratings are reasonably high across all directorates, with Cancer and Blood and Adult Community and Long Term Conditions directorates meeting or exceeding the ADHB target of 90 percent of patients rating our care as very good or excellent. The differences are significant ($p<0.05$).

OUTPATIENT OVERALL EXPERIENCE OF CARE RATING, MAY 2015 TO APRIL 2016 (n=9838)



Adult community and long term conditions n=557; Cancer and Blood n=1066; Cardiac n=197; Children's Health n=659; Surgical n=2362; Women's Health n=724; Overall n=5562

TOP THREE

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

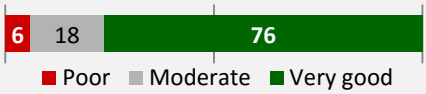
1. Information (67%)

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.

"Hard copy information made available. before, while in hospital and after care. This resulted in one feeling at ease within myself and being able to ask questions."

How are we doing on information?

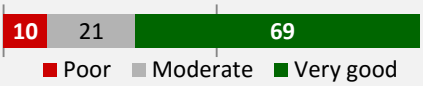


2. Organisation (53%)

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

"On visiting my GP after my hospital she had no information about my visit. In these days of emails it wouldn't take much to keep her informed how my visit went."

How are we doing with organisation?

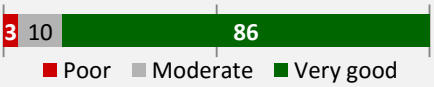


3. Confidence (51%)

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

"Felt like the specialist didn't really listen to me and what I was trying to explain but just assumed things from having read my file. It doesn't really instil trust and confidence in your care and treatment if you don't feel like the specialist is getting it."

How are we doing with confidence?



A focus on involvement in decisions

Three in 10 of our outpatients tell us that being involved in decisions about their health and care is one of the three things that makes the most difference to their care and treatment.

31 percent of our outpatients say that being involved in decisions about their health and care is one of the three things that makes the most difference to the quality of their care and treatment

HOW ARE WE DOING?

Outpatients who take part in the Outpatient Experience survey are asked if they were as involved as they wanted to be in decisions about their care and treatment.

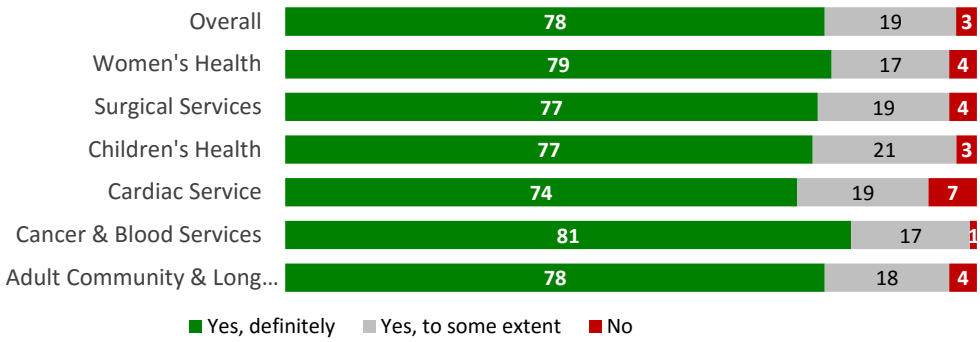
The following data are from the period May 1, 2015 to April 30, 2016. These data have been compared with data from the previous outpatient decisions report, in August 2014, in order to establish whether there have been any significant changes.

Involvement in decisions

The percentage of patients who say they were "definitely" as involved as they wanted to be in decisions about their care and treatment has increased by two percentage points when compared to the previous outpatient decisions report in August 2014. This difference is significant (p<0.05).

Although most directorates have experienced an increase of two percentage points in the percentage of those who say they were as involved in decisions as they wanted to be, these differences are not significant. The exception to this is Cardiac Services, where an additional six percent of patients tell us they were definitely not as involved as they wanted to be in decisions around their care and treatment (from 1% to 7%. The difference is significant (p<0.05)).

Percentage of patients who say they were as involved as they wanted to be in decisions about their care and treatment



2%

improvement in overall ratings of involvement of patients in decisions since August 2014. The differences are significant (p<0.05).

Adult community and long term conditions n=552; Cancer and Blood services n=1077; Cardiac service n=196; Children's health n=661; Surgical services n=2363; Women's Health n=722, Overall n=5571

Involvement in decisions rating: quarterly trend

Respondents who say being involved in decisions is important to them rated ADHB 8.4 out of 10 over the last 12 months.

Respondents who choose involvement in decisions as one of the three things most important to their care are asked to rate their experience out of 10.

Note that this differs to the question above, which is asked of *all* respondents.

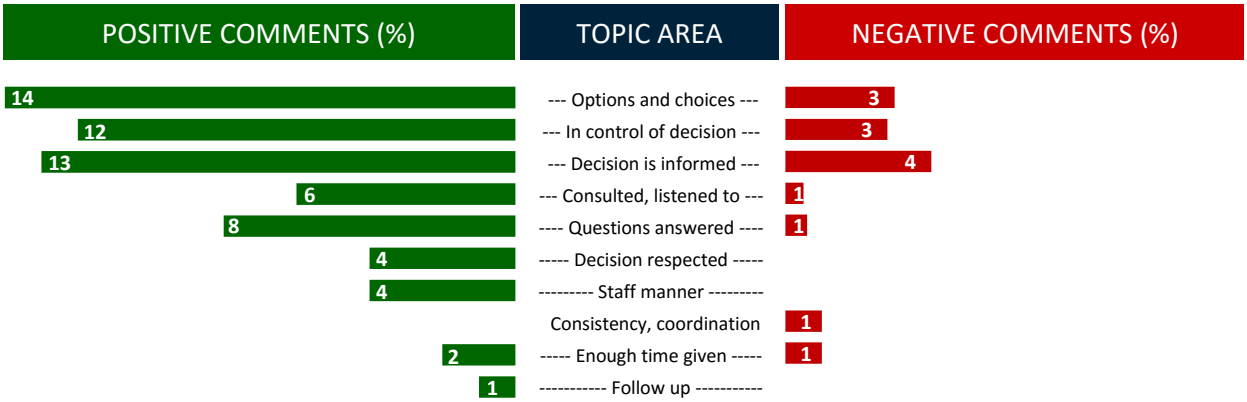
We can see from this data that the respondents who say being involved in decisions is important to them rated us, on average, 8.4 out of 10 over the 12 months to March 2016. Only Cancer and Blood is showing an upward trend to their rating (--), whilst the other directorates are either static (--) or slipping (--).

DIRECTORATE	APR JUN 2015	JUL SEP 2015	OCT DEC 2015	JAN MAR 2016	TREND
Overall	8.5	8.4	8.4	8.4	
Women's Health	8.7	8.5	8.5	8.3	
Surgical Services	8.5	8.3	8.2	8.3	
Children's Health	8.4	8	7.9	8.4	
Cancer and Blood Services	8.6	8.8	8.6	8.9	

Cancer and Blood services n=382; Children's health n=168 Surgical services n=661; Women's Health n=194, Overall n=1627. Note that directorates with <100 respondents have been excluded from the data.

A closer look at patient comments

A total of 1455 outpatients commented on being involved in decisions. Most (83%) of the comments were positive, while 25 percent of the comments were negative (note that some patients made both positive and negative comments, which is why the total exceeds 100 percent).



PATIENT COMMENTS

GIVEN OPTIONS AND CHOICES (14%)

Our patients tell us that being given options and choices in important and gives them confidence in their care. There are several things that patients ask for when being presented with options and choices; that is to be given time to consider them, to have access to test results to put their decision in context and to be given thorough information on the pros and cons of each option.

Explanations of options were supported by evidence gathered from my own results. I felt very confident in their judgement because of their sound reasoning.

We were given the options for the condition and went through positives and negatives for both options and felt like we could choose the right decision and move forward with the right information.

I very much appreciate that options for my son's care are discussed thoroughly with me and I am given the reasons why each treatment option is being recommended. It helps me to feel confident that we are all working for the best of my son.

OPTIONS AND CHOICES LACKING (3%)

Some patients said they were not given options for treatment, or were rushed to make a decision. Patients wanted more information about their options such as choosing less powerful medications.

No discussion, it felt like a pre-determined outcome, and no alternatives were offered or discussed

The doctor gave a fairly direct indication of the type of surgery he considered appropriate for me, however did not really cover any of the alternatives.

Some patients wanted clinical staff to engage with them seriously about alternative therapies such as acupuncture, complementary treatments and diet.

The only small criticism I have is in regard to complimentary therapies. I realise that conventional doctors do not need to have knowledge of any other therapies but I feel it would be helpful for them to be a little more open minded and interested in what their clients are doing to support themselves.

IN CONTROL OF DECISION (12%)

Patients want to be informed, included and involved and to feel they are in control of the decisions around their care.

Always involved in decision making. Never left me out, always considered my opinions and decisions.

Patients said they needed to feel heard, and to know that they are valued and their situation is well considered. They also want their treatment plan to be modified with their feedback.

It is important for me to be involved with the specialist about what care and treatment I receive as this empowers me and makes me feel I have some say in the matter, and that my feelings are considered. That I make decisions with the specialist involved, that I am treated as a human being and not a number.

NOT IN CONTROL OF DECISION (3%)

A small number of patients said that they didn't feel in control if they were not fully informed, or felt they were not included in decisions or spoken down to.

I believe I had no choice about my treatment.

I felt as if the doctor just decided how it should be.

I keep getting told my 'case' will go to a panel and they'll decide what's best for my unborn baby but I'm not often asked what I'd like or what's best for me.

I didn't want to have treatment, but the doctors pressured me into having treatment.

PATIENT COMMENTS (cont…)

INFORMED DECISION MADE (13%)

Being given good information about their treatment was very important to patients. They also commented on the way they were given information and how they were treated by staff.

I am always spoken too as an individual and with the information to make my own decisions about my care. I am given respect and listened to with dignity.

Being given information about what to do between appointments was also very helpful.

I was given phone numbers to call if I needed to for extra support while at home before my next appointment with the clinic.

Giving honest assessments of treatment options was valued by patients.

My team are wonderful at providing me with the knowledge and advice to make decisions about my health in terms of my options and care. They consistently discuss the treatment options available and are incredibly honest about how well they believe each treatment will work for my condition. I find this honesty very helpful and have never felt like they have made the decision about what course of treatment I get. It is a joint decision.

QUESTIONS ASKED AND ANSWERED (8%)

Patients particularly appreciated it when staff took time to answer questions properly and answered honestly.

Having the doctor listen to my questions and answer them thoroughly without making me feel bad for asking is great.

My surgeon assisted me with my questions and decisions for care and treatment very considerately and respectfully with as much information as I needed.

FELT LISTENTED TO (6%)

Patients value being listened to, especially when they have ongoing health needs and they are very informed about their conditions. For many, this meant their treatment plans were adjusted to better meet their needs.

The previous months were discussed and I felt I was listened to. I felt the doctor took into consideration my emotional wellbeing, family situation, and was very empathetic. At all stages of my examination I felt I was told what was being looked for and reassured.

OTHER

- **Staff delivered information empathetically and involved patients in decision-making in a way that made them feel cared for and gave them confidence (4%)**
- **Patients feel the decision they made is respected and acknowledged (4%)**
- **Patients given time to make decisions (2%)**

NOT PROPERLY INFORMED (4%)

Some patients said that they needed more information about their care. They told us that when this doesn't happen they feel excluded from the decision-making process and that their ability to make good decisions is compromised.

I am left with feeling a decision to do surgery or not is up to me - but I don't feel that I have enough information at this time to make an informed decision. I'm no clearer after this latest appointment about the best course of action.

Some said they had to wait too long for results, and occasionally these delays effected the information available at appointments.

Had to call in 3 times and be spoken to in a demeaning way when checking for results which should have been communicated.

Other patients said they needed more information on discharge, including information on medication and side effects.

If there is any outstanding test result this should be communicated efficiently... I had to call in 3 times and be spoken to in a demeaning way when checking for results which should have been communicated.

QUESTIONS NOT ANSWERED (1%)

Very few patients said that they did not feel they could ask questions, or that hospital staff were rushed and did not give them the results or information they needed, however when this happened it left them feeling discounted and ignored.

My question on ongoing pain was ignored.

NOT CONSULTED OR LISTENED TO (1%)

The most common concern from patients who responded they didn't feel listened to was from those with long-term and complex health issues. They felt that staff needed to listen more to hear their knowledge to avoid delays, ineffective treatments, serious allergies and discomfort.

I know my body I have had a lot of health issues and I am in tune with changes ... the changes I pointed out were disregarded completely and are now more prominent and concerning.

OTHER

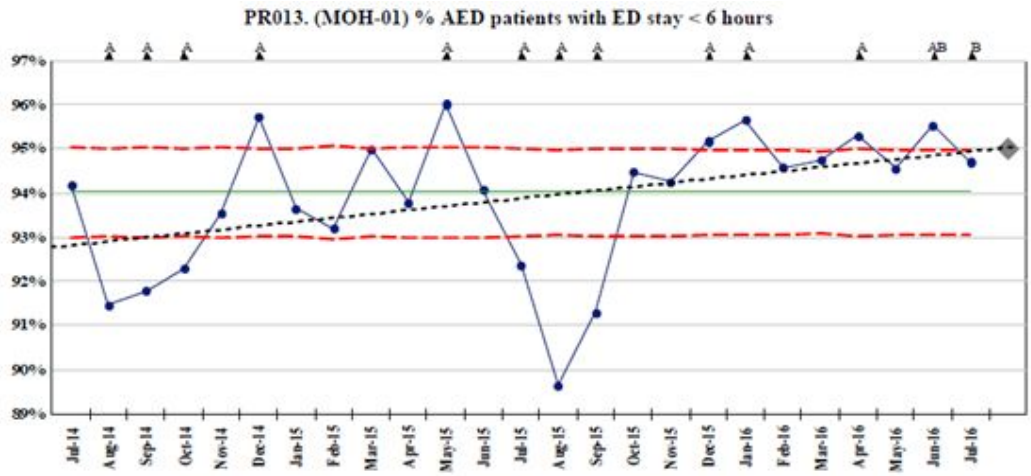
- **Conflicting information given (patient sometimes told one thing by one staff member and then given different information by another) or information not consistent across teams (1%)**

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 – Dr Barry Snow Brenda Clune



Current Target Performance

- Meeting 95% 6-hour target.

Current/ Planned Improvements

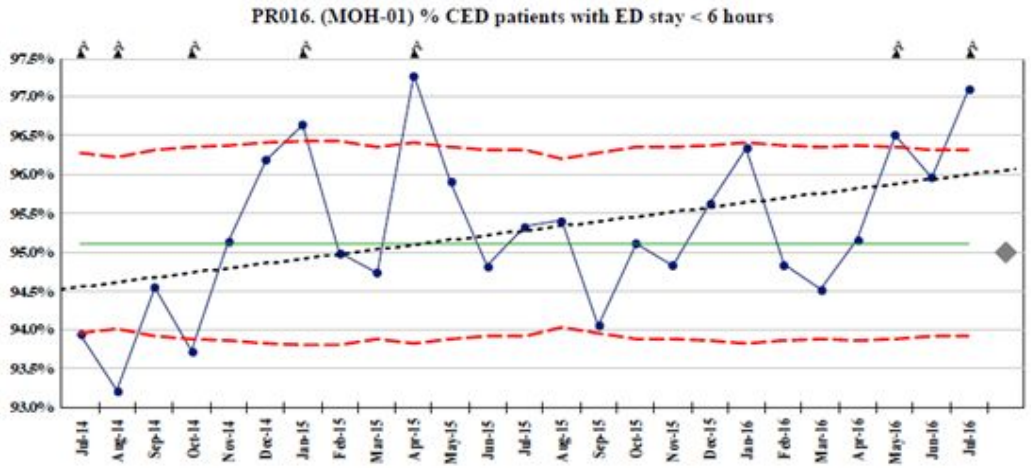
- Continuing to work on condition-specific AED pathways including stroke, frail elderly and acute mental health conditions.
- Continuing to work on chronic disease pathways such as COPD to avoid admissions.
- Work on a specific readmissions programme including post discharge telephone contact with potentially unstable patients.
- Developing the ambulatory care model in AED with nurse specialists and nurse practitioners.
- Developing the design for a Clinical Decision Unit for newly admitted patients from AED.
- Adapting the medical staffing model to deal with evening peaks of General Medical patients.

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

- Current performance exceeding target.

Current/Planned Improvements

- Winter model active.
- Ongoing work on direct admission process.

Improved Access to Elective Surgery

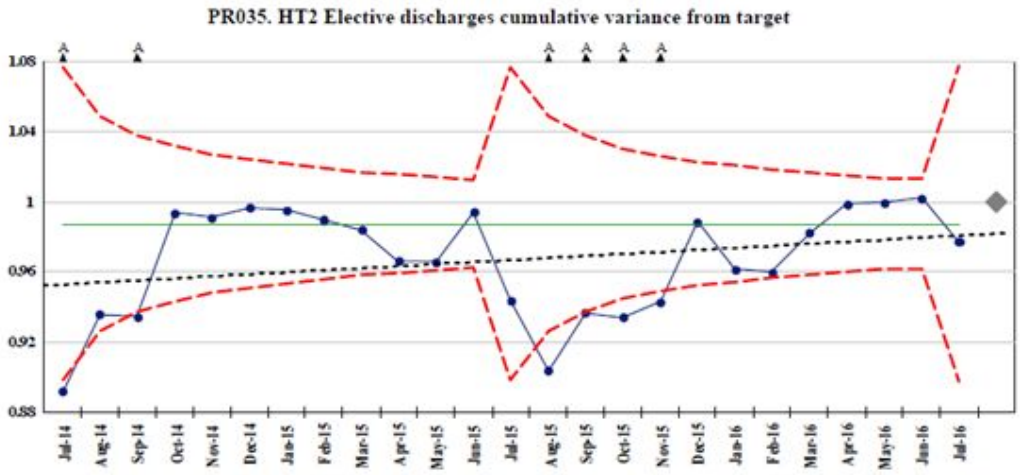
Target: The volume of elective surgery will be increased by at least 4000 discharges per year nationally.

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 (14,074*).

*16/17 discharge phasing is still under review

Target Champions – Wayne Jones, Paul Browne, Tara Argent



Current Target Performance

- 98% of planned production.
- Unfilled Orthopaedics sessions are being covered by other services as much as possible to reduce the discharge shortfall.

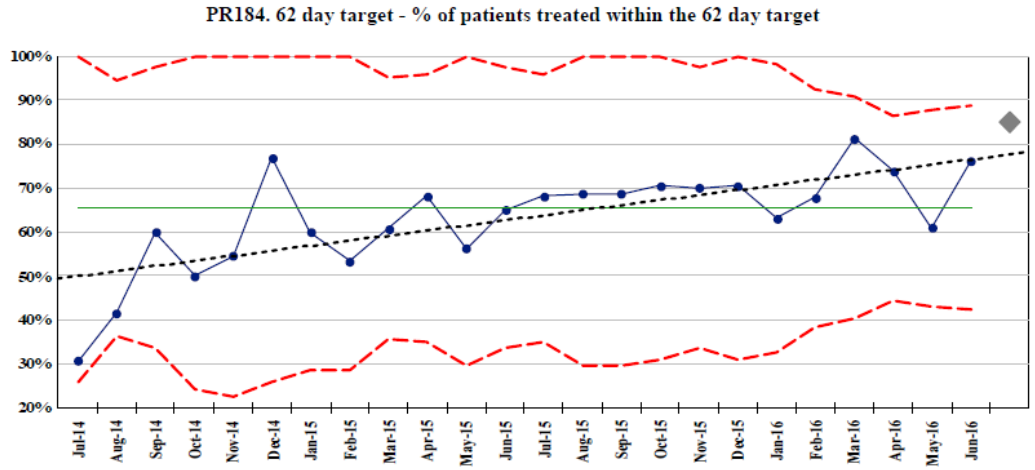
Current/Planned Improvements

- Sessions will continue to be recycled as much as possible to mitigate against a shortfall in Orthopaedics delivery.
- Urology will continue to increase their throughput at Greenlane.

Faster Cancer Treatment - 62 day target

Target: 85% of patients who received their first treatment for cancer within 62 days of being referred with a high suspicion of cancer.

Target Champion – Barbara Cox



Current Target Performance

- ADHB's provisional coverage at 30 June 2016 is 76.6% which is 8.4% below the national health target of 85%. It is higher than the current national coverage rate of 73.9%. There is an equity gap for Maori 67% and Pacific Island 65%; conversely Asian is 87% with European at 79%.
- Jan – Jun 2016 HSC volumes were 40% of the 31day FCT volume, which is in line with MoH expectations and reflects the NHS experience. This is the highest in the Northern Region with an improvement of 20% over the year; in effect doubling the 62day volumes.

Current/Planned Improvements

- Introduction of Month 1 Diagnostic/Month 2 Treatment concept; creating greater equity in the 62 day pathway. Month 2 Treatment is initiated at the 'wait list added' stage rather than the 'decision to treat'; significant change to the 31 day policy priority 'decision to treat' to 'first treatment' which ADHB has maintained circa 85% for five+ years.
- Increased visibility of HSC patients referred across ADHB services and cross-DHB for treatment; patients are transferred as confirmed cancer however are still on the pathway to first treatment. A daily report pulled from the regional FCT database now

provides PAS with Oncology and Surgery data to ensure visibility within the treating services.

- Medical Oncology whole of service review triggered by HSC target; significant service improvement for all cancer patients being seen within 14days for FSA from 48% 17 December 2015 to 76% on 28 June 2016. Next stage is for production planning for day stay chemotherapy treatments.
- Radiation Oncology whole of service review triggered by HSC target; demand/capacity planning complete, tumour streaming and, maximising RMO capacity in progress.
- Referrals/Triage – Focus has been on enabling eTriage:
    - Opload all paper referrals to the eReferral platform.
    - CRO convert all email/scanned referrals to the eReferral platform.
    - eTriage roll-out and training has been expedited to enable online grading.
    - Services are progressively introducing daily rosters to achieve the target 48 working hour triage.
    - Monitoring of triage timelines fo immediate mitigation if services are not meeting the 48 working hours target.
- Radiology – Focus has been on:
    - Monitoring use of HSC flag within ROERS; instances of inappropriate use are being reviewed/facilitated within Services.
    - Daily monitoring of the 'to be triaged' and 'to be booked' dashboards to improve timeliness of internal processes.
    - Demand/capacity planning in progress informed by FCT HSC data to identify volumes by modality/tumour stream for HSC cases.
    - Development of Radiology tracking report to improve visibility of status of HSC imaging requests.
- Pathology - FCT Pathology Group initiatives include:
    - HSC included on all referral request forms & widely disseminated.
    - Daily Histology FCT HSC status report including performance of turnaround times (TAT) for reported and interim specimens.
    - Oncology Diagnostic testing pathways for Lung and Lymphoma under clinical review.

- Audit of all cases arriving in Labs – 11% between 4 – 5.00pm, 5.5% after 5.00pm, 35% have no collection time on the form. Note samples from GCC are batched for ease of transport, alternative use of runners still under discussion.
- Potential to reprioritise capital spend to enable an upgrade to system version 9 that will provide Delphic LIS modifications to allow ordering of tests for other Labplus depts. in AP and resulting back into AP; visits to MMH / NSH for team to become familiar with new system and assess opportunities.

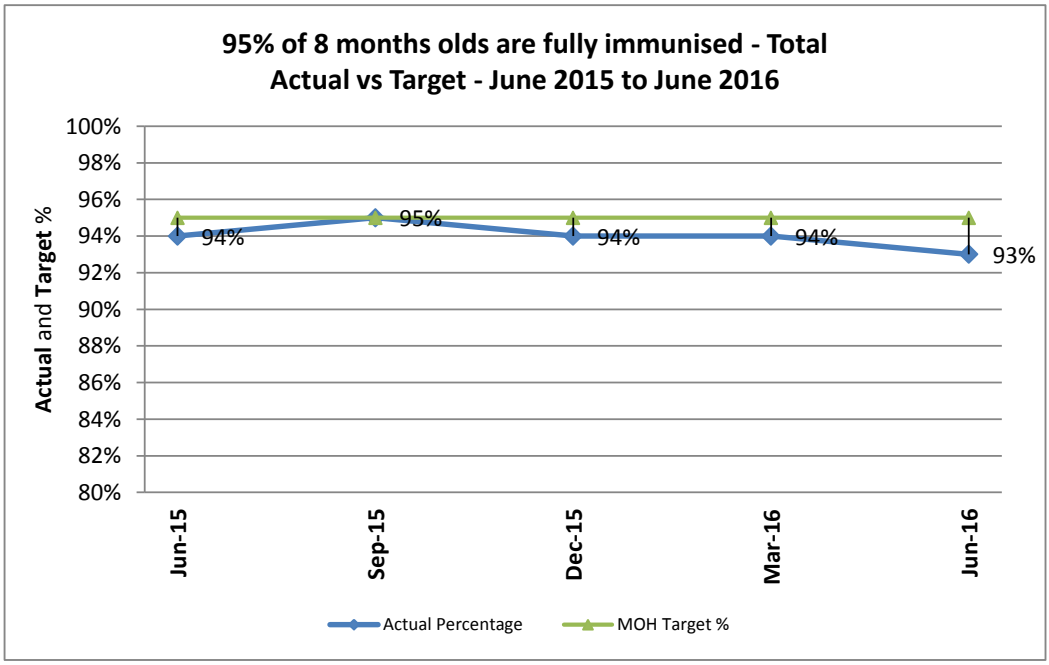
- Orion CWS cancer prospective tracking system development is progressing well with output data confirmed as meeting the regional format for submission to MoH. Next stage of development will involve both Lung (complex pathway) and Breast (high volume referrals) TS clinicians to ensure proposed data capture and methodology is appropriate from a clinical perspective. Implementation on track for December 2016.

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 provisional coverage at 30 March 2016 is 93% which is 2% below the national health target of 95%. It is in line with current national coverage rate of 92.7%. An equity gap remains for Maori 89% and Others 84%. The target is exceeded for Pacific 96% and Asian 97%. Coverage for NZE is 94.0%.
- The decline- opt/off rate increased this quarter to >3% which makes achieving the target more difficult.

Current/Planned Improvements

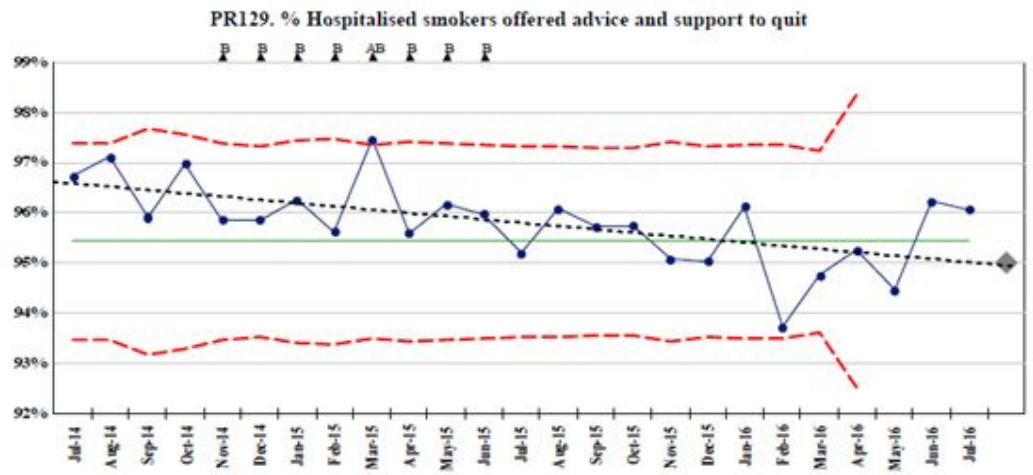
- An Immunisation reference group has been established in collaboration with Ngati Whatua, WCTO, Oral Health and DHB partners to share information and agree actions to support Maori whanau and tamariki who have overdue immunisations.
- The Six Month Milestone Plan current focus is on improving immunisation coverage to 85% at 6 months and new-born enrolment (NBE) processes to ensure all babies are enrolled with a GP by 3 months of age. A regional NBE Workshop was held in April to investigate and share improvement strategies. PHOs follow up on all children whose new born nomination is not actioned at the practice level within 3 days.
- The four Northern DHBs are developing a Business Case for NCHIP (National Child Health Information Platform).
- Education sessions are continuing for maternity services staff.
- Education sessions have commenced for Primary Care staff, including on Waiheke Island, and include sessions on working with vaccine hesitant parents.
- PICU vaccinators are offering opportunistic immunisation to eligible siblings of inpatients and the ADHB renal team are increasing immunisation services available on site to their clients. The Gateway programme are planning to provide opportunistic immunisation to their clients which include the most vulnerable and transient children.
- A summer studentship study to investigate Immunisation Practice for children admitted to Starship: and flow-on effect on primary care systems and immunisation status has been completed. Findings still to be presented during 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. 90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.

Target Champions – Stephen Child, Margaret Dotchin, Karen Stevens



Current Target Performance

- Target 1: Over the months May to July we have attained the target each month. The average for the 3 months was 95.6%.
- Target 2: We continue to meet the 90% target, especially in relation to Maori and Pacific pregnant women. In Q4 2015-2016 we were commended for giving 100% of pregnant women who were smoking brief advice and an offer of help and support to quit.

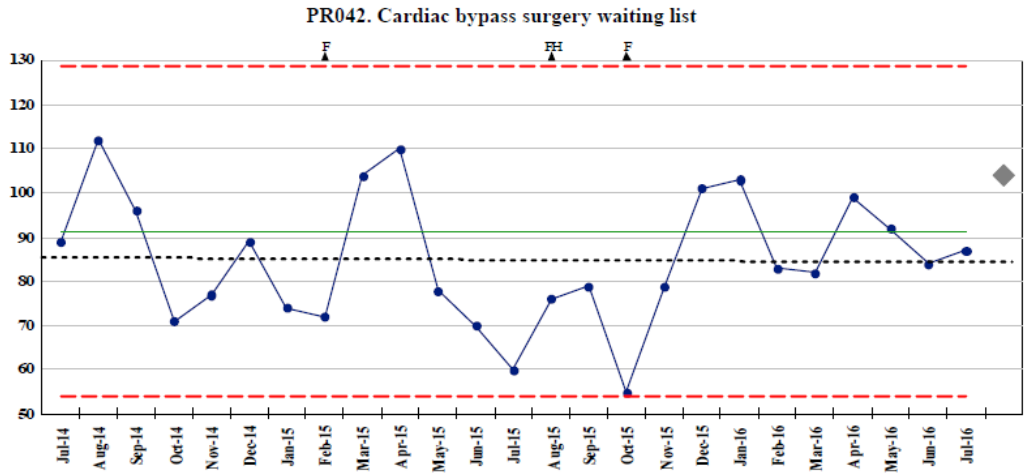
Current/Planned Improvements

- With the change in primary care service provider to Procare taking the lead, we will be working together to reach the stipulated target figure for smokers to achieve a 4 week quit rate. We will focus on enhancing referrals to the service to pass on to the primary care providers. We will be seeking to see patients at the bedside. We will also ask our IT service to provide date and location of known smokers who have been admitted.

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, 1078 bypasses should be completed in 2016/2017.

Target Champion – Dr Mark Edwards



Current Target Performance

- During July the service delivered 76 eligible procedures against a plan of 82. The service had 91 new patients added to the waiting list in July which was higher than the planned expectation of 78.
- The service saw a very slight increase in the waitlist numbers from 84 in June to 87 at the end of July. This was mainly due to the larger than expected inflows onto the waitlist. There were also 7 ECMO patients and 4 transplants during July.
- The service has had a total of 13 cancellations due to managing acute work overnight impacting on elective cases the following day.
- At month end, there were 16 patients waiting in hospital, 71 waiting up to 90 days and 0 patients waiting between 90 and 120 days.
- Fortnightly teleconferencing with the MOH to update them on the service performance and production continues.
- The challenge for the service over the next month will be managing the P2 patients which have seen an increase in patient waiting times due to the high number of P1 and the acute work in the service. The service has remained ESPI2 and ESPI5 compliant.

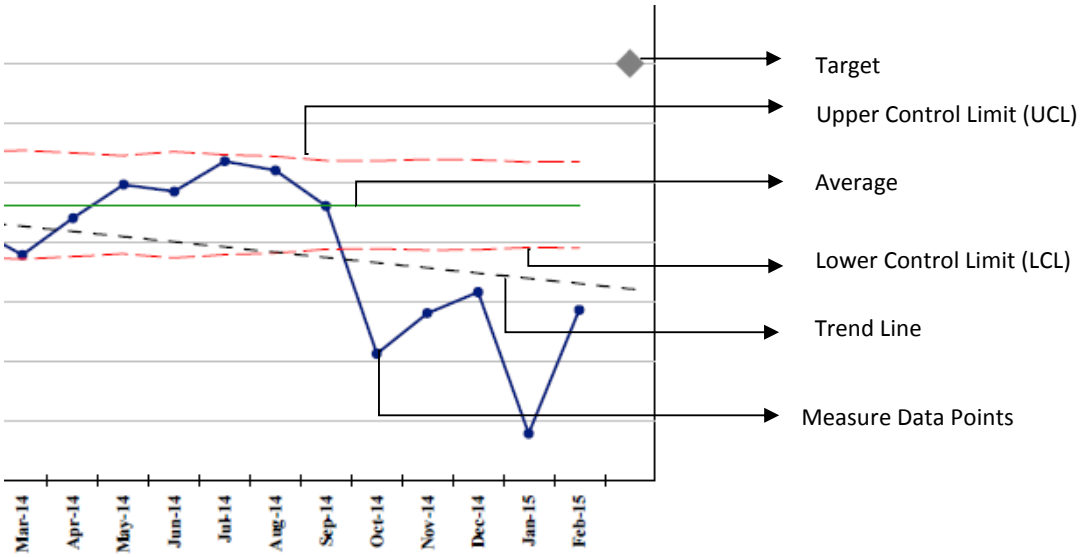
- ICU capacity will also be a challenge for the service, again attributed to the transplant work and high number of ECMO patients.

Current/Planned Improvements

- The ward 42 project is complete with the wound review patients now being seen in ward 38 with all activity captured on a booking grid and patients being seen at set appointment times.
- The service is now in consultation phase for changing the junior doctors work patterns and rosters across the directorate, if agreed this will provide additional coverage of junior doctors in CTSU at the weekends.
- The consultation document regarding the model of care and structure for ward 42 has been drafted and is being reviewed, once agreed the service will commence consultation.

Trend Information

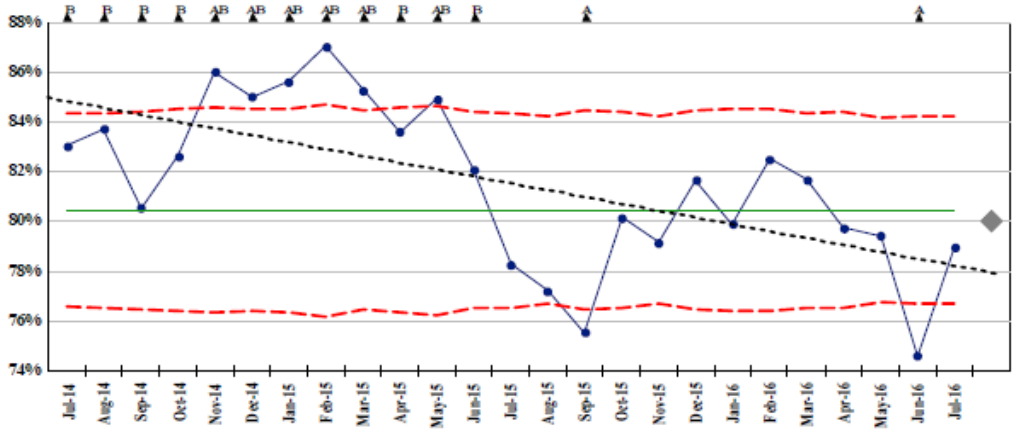
The following control charts plot process data in a time-ordered sequence to identify common cause and special cause variation.



- **Expected Variation Region**
  The area between the lower and upper control limits (LCL and UCL), where the process is expected to perform. This is also known as common cause variation and refers to occurrences that contribute to the natural variation in any process.
- **Unexpected Variation Region**
  The area beyond the control limits, also known as special cause variation. Special causes are unusual occurrences that are not normally (or intentionally) part of the process and create instability.

% AED patients seen within triage time - triage category 2 (10 minutes) (PR006)

The percentage of Triage 2 presentations who receive treatment within Australasian College of Emergency Medicine (ACEM) time guidelines



Current Target Performance

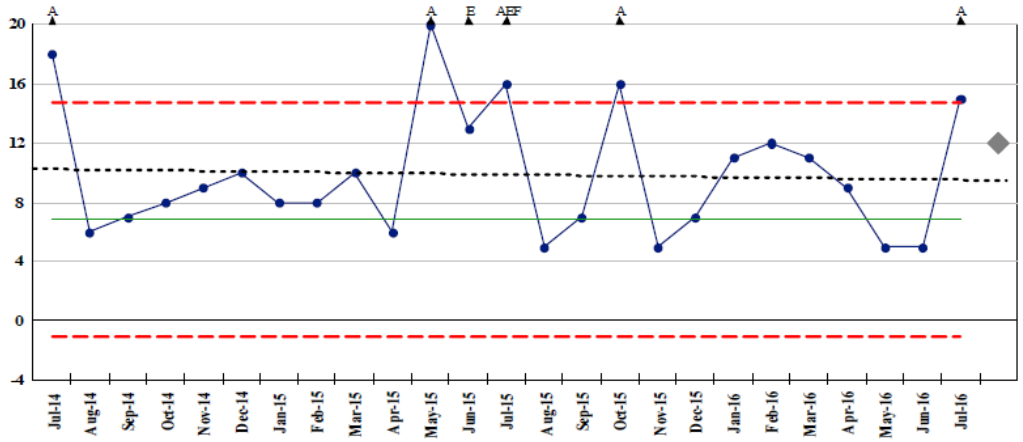
- Target not met due to a number of factors. Overall growth in AED continues. This is across all triage categories and all types but there is an increase in primary care referrals and rest home referrals not referred to in-patient teams (referred patients can bypass AED and therefore reduce the load).

Current/Planned Improvements

- Education of medical staff last month resulted in an improved performance. Nurse education is controlled separately and therefore cannot be commented on.
- The SCD has been advised of some options to improve compliance (staffing, roles, and staff distribution).

Number of reported adverse events causing harm (SAC 1&2) (PR084)

The number of incidents causing significant harm to patient, staff member or visitor



Current Target Performance

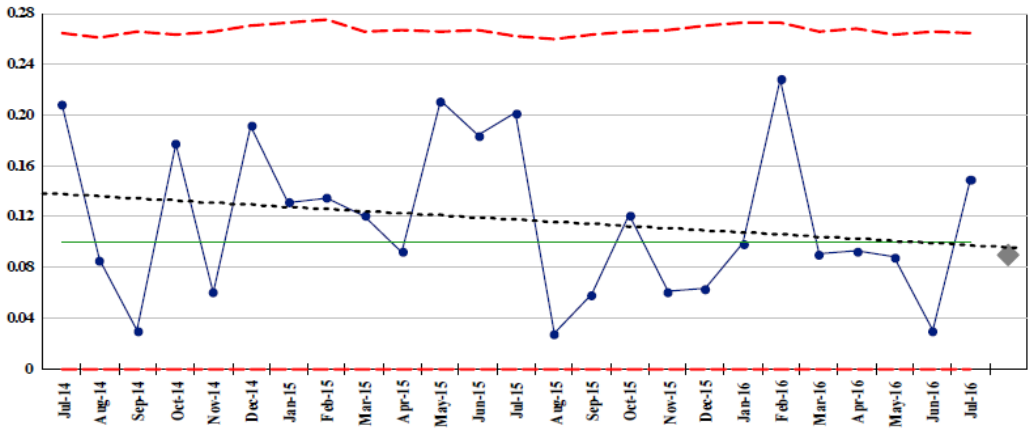
- Moderate variability in monthly reported event rates, but underlying trend remains stable.

Current/Planned Improvements

- Scoring, prioritisation and reporting to HQSC is likely to change in 2017 when the National Reportable Events policy revisions are confirmed.

Falls with major harm per 1,000 bed days (PR095)

The rate of falls resulting in major harm (SAC 1 or 2) per 1000 bed days



Current Target Performance

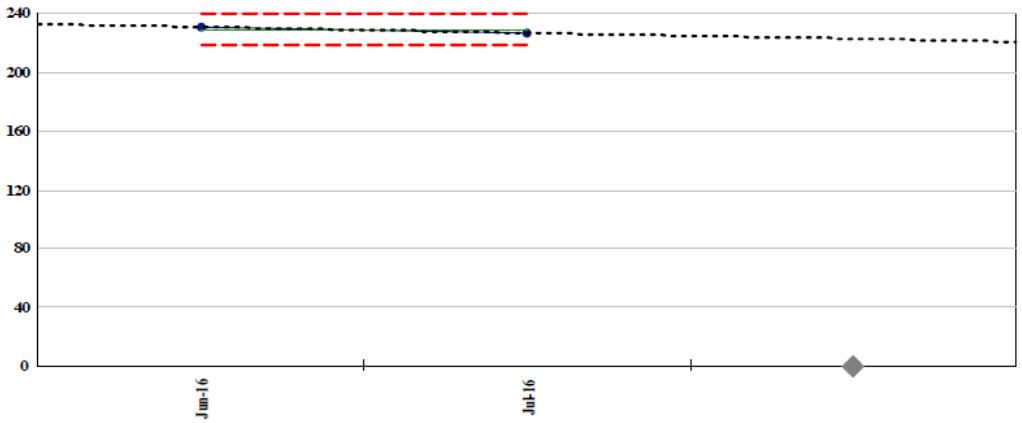
- There is considerable variation in the number of falls with major harm by month meaning looking at individual months data is not useful. Based on trend data for the last 12 months we are currently just failing to meet target.

Current/Planned Improvements

- There is considerable work going on to reduce the number of Falls with Major Harm, particularly in the two directorates that contribute the majority of the major harm falls.
- Adult Community and Long Term Conditions have had a statistic measures reduction in their falls with harm over the last six months and these results will continue to contribute to the overall reduction in Falls with Major Harm.
- Adult Medical has also been focusing on reducing the number of Falls with Major Harm in their Medical Wards and this has led to a reduction from 13 in the 2014/15 financial year to 5 in the 2015/16 financial year.
- The current Falls Assessment and Careplan form is being reviewed to simplify the content and to ensure that individualised plans are developed. This will follow the HQSC methodology of Ask, Assess, Plan, and Act.

Unviewed/unsigned Histology/Cytology results < 90 days (PR289)

A monthly count of unviewed/unsigned Histology/Cytology results which are less than 90 days



Current Target Performance

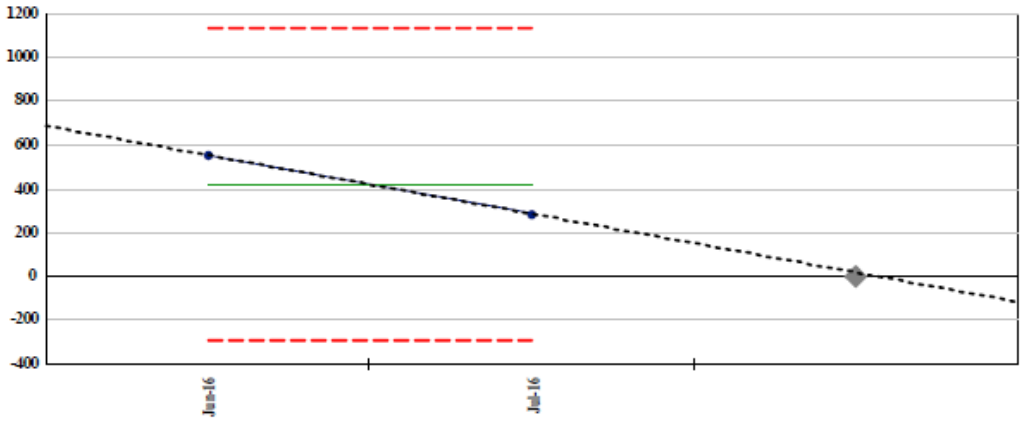
- Improvement towards target over several months.
- Rate of improvement slowed in July.
- 4 Directorates maintaining very low rates and 1 Directorate with significant improvement in July.
- Two Directorates account for the majority of remaining results.

Current/Planned Improvements

- Summary information re unsigned Histology/Cytology results provided every month to Provider Directors for review and action.
- Scorecard visibility.
- The IM team is continuing to work with services to enable electronic sign off and stop the distribution of paper results for all services. Remaining Services expected to be turned off by 31 October.

Unviewed/unsigned Histology/Cytology results > 90 days (PR290)

A monthly count of unviewed/unsigned Histology/Cytology results which are greater than 90 days



Current Target Performance

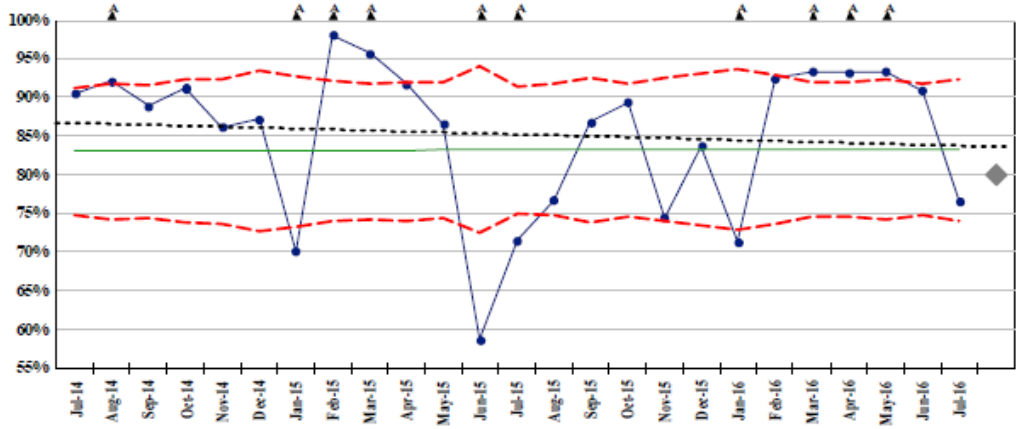
- Improvement towards target over several months.
- Rate of improvement slowed in July.
- 3 Directorates maintaining very low rates and 2 Directorate with significant improvement in July.
- Two Directorates account for the majority of remaining results.

Current/Planned Improvements

- Summary information re unsigned Histology/Cytology results provided every month to Provider Directors for review and action.
- Scorecard visibility.
- The IM team is continuing to work with services to enable electronic sign off and stop the distribution of paper results for all services. Remaining Services expected to be turned off by 31 October.

% Inpatients on Older Peoples Health waiting list for 2 calendar days or less (PR023)

The percentage of Inpatients to Older Peoples Health on the waiting list for 2 calendar days or less



Current Target Performance

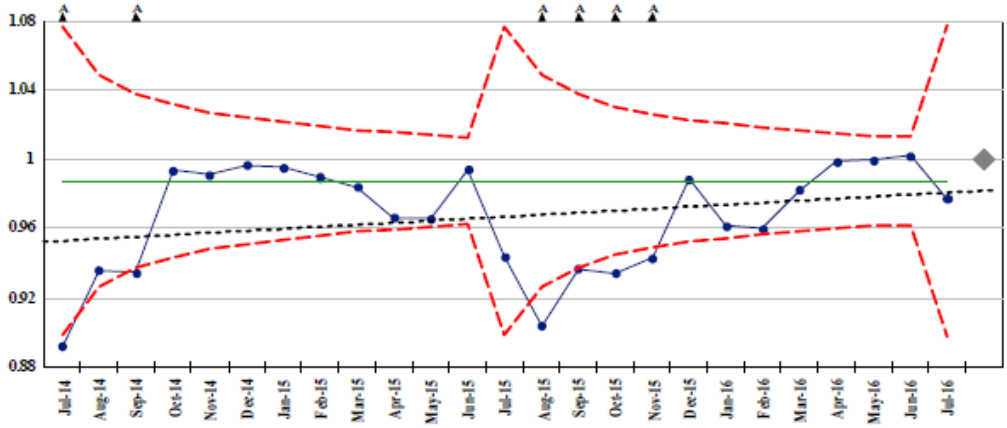
- Due to additional service demand over winter combined with the need to support safe staffing to meet patient acuity, our performance to the 2 day target has not been met in full in July.

Current/Planned Improvements

- The target in 2015/16 has been stretched from 2 business days to 2 working days and will be working to earlier transfer where ever possible.
- We expect performance to improve and are working to ensure no waiting list for Reablement Services, including patient transfers on the day of being medically suitable for transfer.
- We are working on strategies including using direct admissions to minimise delays and expanding community service options including intermediate care services to further increase flow.

Elective discharges cumulative variance from target (PR035)

The Actual Elective WIES funded discharges cumulative variance from target.



Current Target Performance

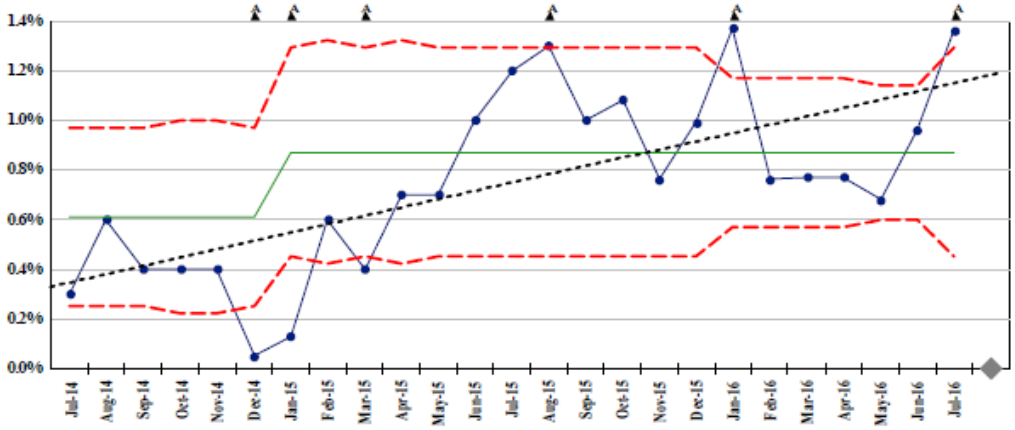
- 98% of planned production.
- Unfilled Orthopaedics sessions are being covered by other services as much as possible to reduce the discharge shortfall.

Current/Planned Improvements

- Sessions will continue to be recycled as much as possible to mitigate against a shortfall in Orthopaedics delivery.
- Urology will continue to increase their throughput at Greenlane.

(ESPI-5) Patients given a commitment to treatment but not treated within 4 months (PR039)

The percentage of waitlisted patients not treated within four months for elective surgery



Current Target Performance

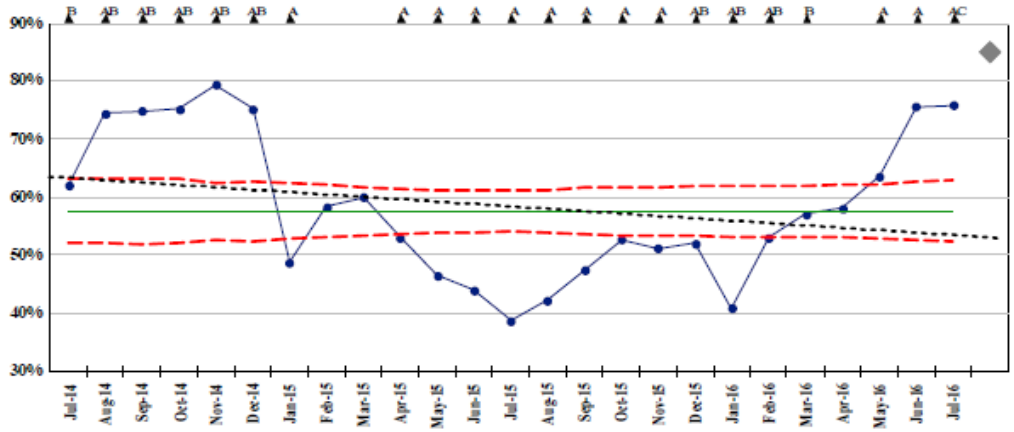
- 1.36% - RED.
- Orthopaedic production issues have caused the waitlist to grow beyond a sustainable level.

Current/Planned Improvements

- Options to address the current shortfall in Orthopaedics are being discussed with the service.

% Outpatients & community referred MRI completed < 6 weeks (PR046)

The percentage of accepted Outpatient & Community referred MRI's completed within six weeks.



Current Target Performance

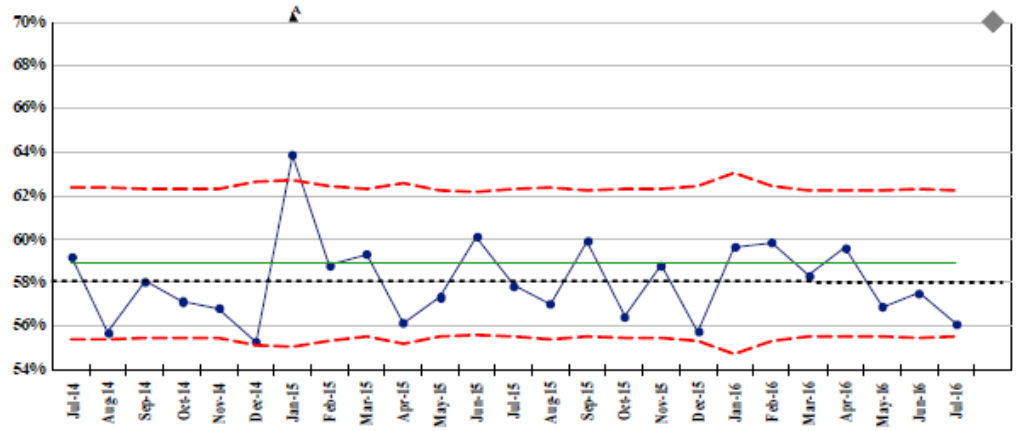
- Current performance 75.9%, improved from last month 75.6%.

Current/Planned Improvements

- Adult MRI currently performing at 85.1%.
- Paediatric MRI currently performing at 50.9%.
- Minimal improvement from last month – unable to provide as many extended hours shifts due to staff leave. We currently have 2.1% vacancy.
- Outsourcing to private providers discontinued from the end of July, no increase in waitlist seen to date; this is being monitored on a weekly basis.
- Detailed weekly report now identifies all patients waiting longer than 4 weeks, thereby allowing sufficient time to identify patients at risk of non-compliance and put plans in place to achieve compliance.
- Paediatric MRI waitlist is reducing month on month, the waitlist now has a total of 92 patients waiting compared with 134 in June.
- The majority of the non-compliant Paediatric patients are for procedures under GA. Additional Saturday GA sessions are currently being carried out.
- Continue to source additional GA sessions during normal working hours, by collaborating with Cardiology and CAMRI.

% Day Surgery Rate (PR052)

The percentage of WIES funded elective surgical procedures that are daycases.



Current Target Performance

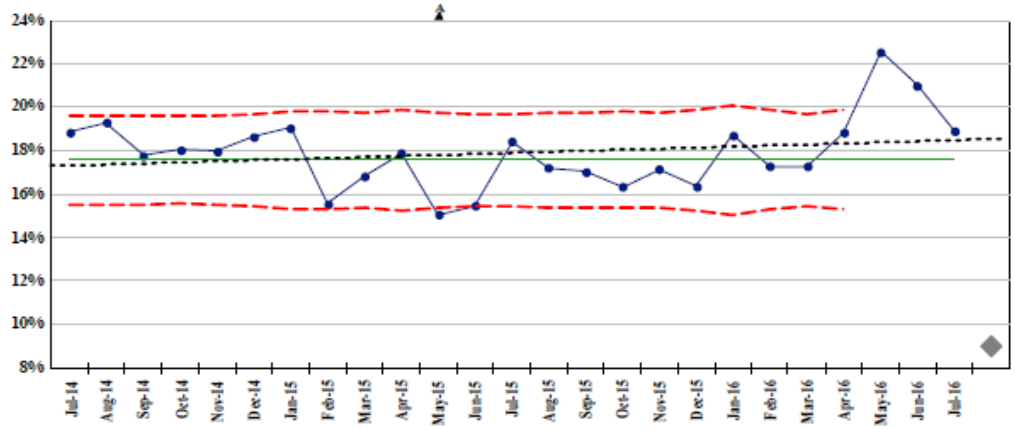
- 56.12% compared to 57.51% for the previous month across all services.

Current/Planned Improvements

- Urology (Adult Surgical Services) has increased their capacity at Greenlane and is in the process of moving more cases. This will increase throughout Q1 and Q2 as the OR and ward staff become more familiar with the case mix and the equipment comes on line to allow for more complex cases to be performed.
- Using the Urology model more surgical services are being encouraged to move more activity to Greenlane.

% DNA rate for outpatient appointments – Maori (PR057)

The percentage of appointments booked for Maori where the patients Did Not Attend (DNA).



Current Target Performance

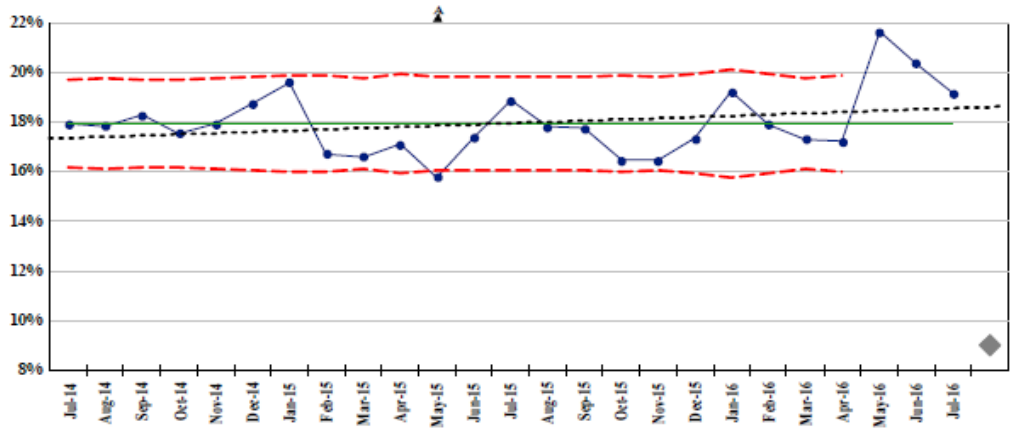
- The data shows an improvement of 2% across all the service areas except Adult Community & Long term Conditions and continued improvement in Women's Health, Cancer & Blood, Cardiovascular Services and Child Health.

Current/Planned Improvements

- Our priority continues in the Cardiac space i.e.; ring to remind, and working with service areas around new initiatives that develop out of the recently approved DNA strategy across both DHBs.

% DNA rate for outpatient appointments – Pacific (PR058)

The percentage of appointments booked for Pacific People where the patients Did Not Attend (DNA).



Current Target Performance

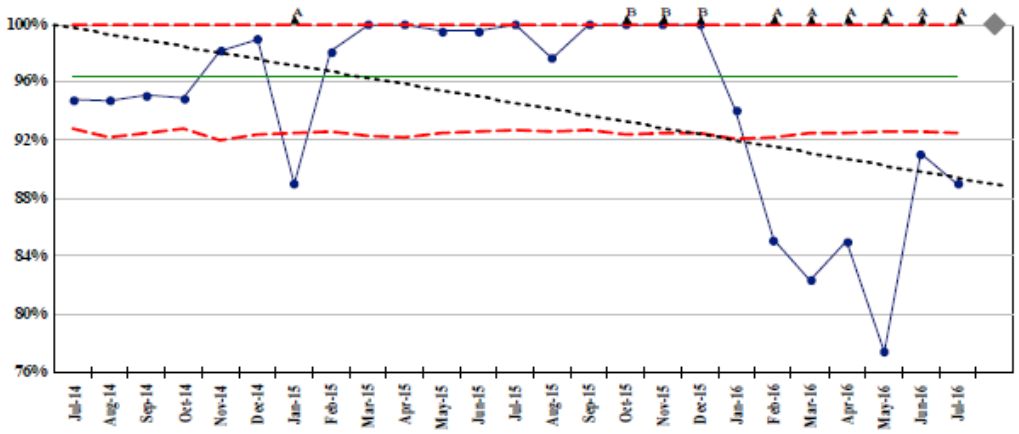
- It has been trending downwards since the spike in March 2016. Would have to explore the reasoning behind the spike in March as we suspect an administration error. The Tautai Team continues to call back Pacific patients for oncology clinics with support from the cancer navigators.

Current/Planned Improvements

- Supporting the wider DNA strategy lead by Dr. Karen Barthomlew/Julie Helean commissioned by Manawa Ora.

% Radiation oncology patients attending FSA within 4 weeks of referral – (PR064)

The percentage of patients attending Radiation Oncology First Specialist Assessment (FSA) within four weeks of referral



Current Target Performance

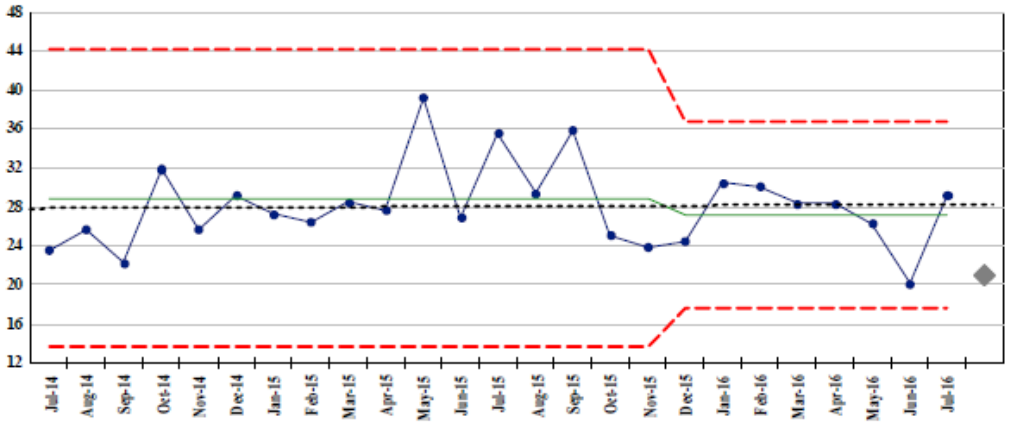
- The service is responding to difficulties with SMO availability and increased referral numbers. The two service areas under pressure are breast and genito-urinary clinics.

Current/Planned Improvements

- We are operating recovery plans for both clinics – these involve close monitoring of clinic attendance, the GU tumour stream SMOs agreeing to see additional FSAs over the next three months and a temporary increase in FTE of one SMO. Our SMOs are engaged in this work, and have agreed to see additional patients FSAs where possible.

Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera (PR120)

The monthly average length of stay (LOS) for Mental Health Adult Acute Unit - Te Whetu Tawera (limited to discharges meeting National KPI definition for inclusion).



Current Target Performance

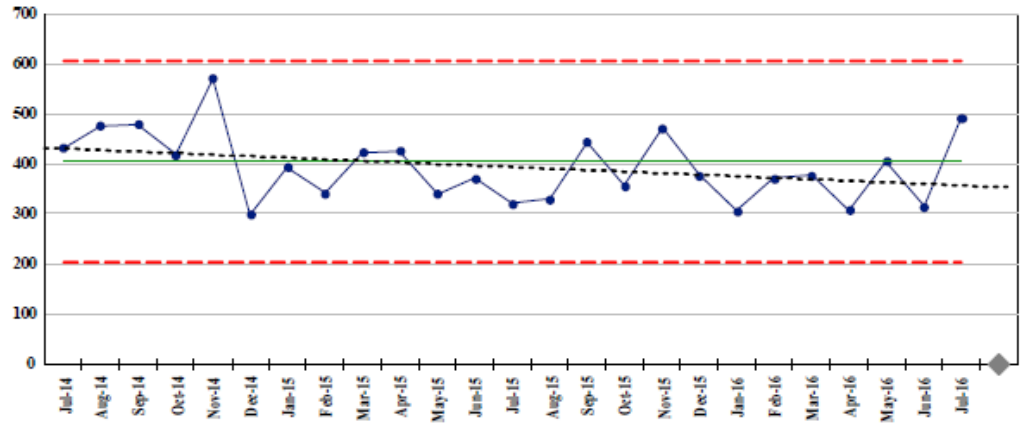
- Remains above target. Last month's very low result was an outlier.
- Average LoS for July was 29.1 days; median LoS was 21 days.
- One discharge was >100 days (117) and 7 more were >50 days.

Current/Planned Improvements

- Issues around casemix, acuity and alternative placements continue to affect length of stay. Alongside these, slow responses from Taikura Trust regarding placement of patients with ID and autistic spectrum disorders is also contributing to TWT's high ALOS. All such issues emphasise the need to work with the Funder to increase/re-configure NGO residential capacity.
- Length of stay continues to be a key focus with a range of initiatives and monitoring are in place.

Number of CBU Outliers – Adult (PR173)

The number of patients with an assigned CBU (Clinical Business Unit) that is not the CBU of the ward the patient was admitted or transferred to.



Current Target Performance

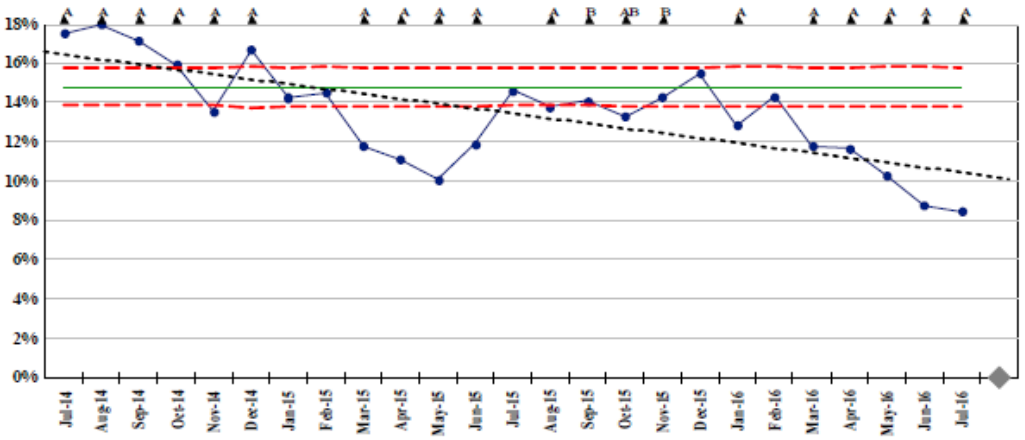
- Increased number of General Medical patients through July has seen flex capacity being used resulting in this affecting the outlier numbers.

Current/Planned Improvements

- Likely continued use of flex areas throughout August. Plan to review the areas and exclude from reporting.

% Patients cared for in a mixed gender room at midday – Adult (PR175)

The percentage of patients cared for in a mixed gender room based on census at midday – Adult.



Current Target Performance

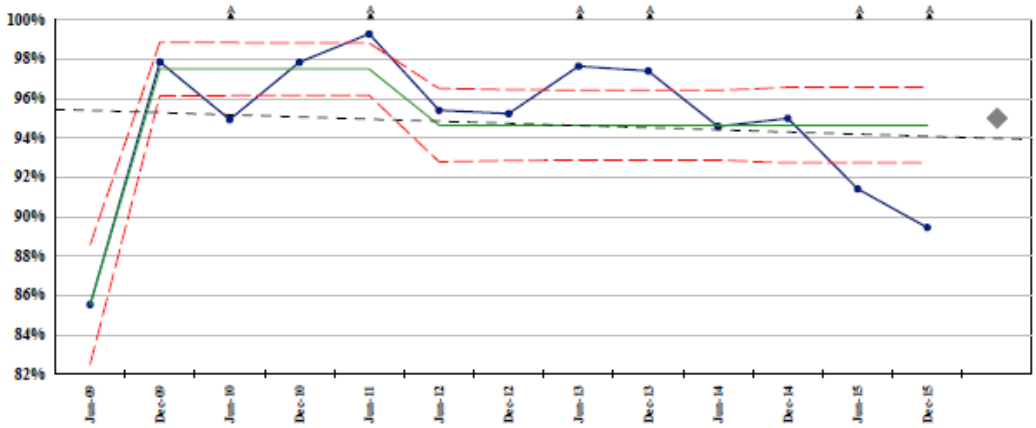
- Positive trend, continued focus on a daily and ward basis.

Current/Planned Improvements

- Maintain focus through daily review by Nurse Unit Managers and Charge Nurses.

Mental Health % long-term clients with relapse prevention plans in last 12 months (PR125)

The proportion of Long Term Service users with an up-to-date Relapse Prevention Plan



Current Target Performance

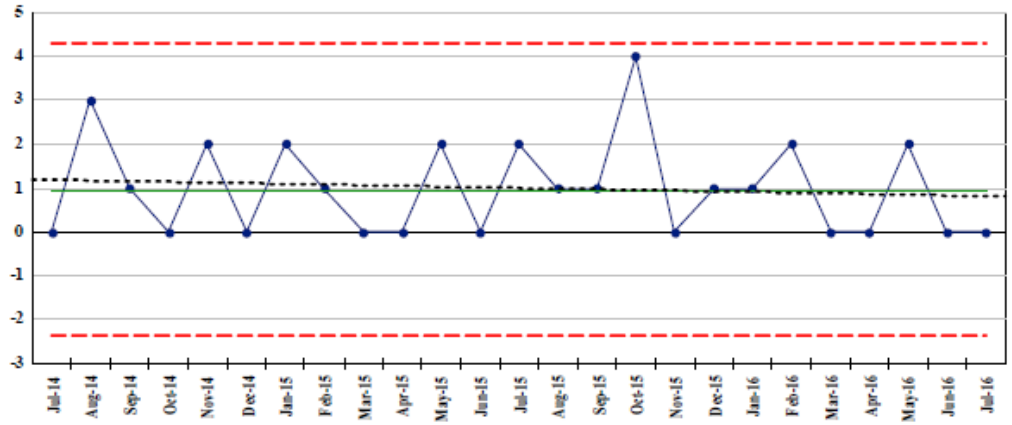
- Below target.

Current/Planned Improvements

- New Ministry reporting goals and processes around "wellness plans" will replace this relapse planning target from 1 July 2016. Services are currently transitioning to a range of new tools and processes to meet these requirements. Technical work has begun to capture and report on wellness planning data, but they are not yet fully developed and in place.

Mental Health Provider Arm Services: SAC1&2 (Inpatient & Non-Inpatient Suicides) (PR194)

A monthly count of suicides/suspected suicides advised to MH services and meeting the definition for SAC1 or SAC2



Current Target Performance

- Nil of note but reported to HAC as per request.

Current/Planned Improvements

- On-going monthly reporting to HAC by control chart as per request.

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

	Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 Food Services	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.3 Acute Flow Performance	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.4 Security for Safety Programme Report	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7. Risk Register Report	**Obligation of Confidence** The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] **Prevent Improper Gain** The disclosure of information would not be in the public interest because of the greater need to prevent the disclosure or use of official information for	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]

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