AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Hospital Advisory Committee Meeting

Wednesday, 11 October 2017

1.30pm

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

Healthy communities | World-class healthcare | Achieved together

Kia kotahi te oranga mo te iti me te rahi o te hāpori

Published 06 October 2017

Agenda
Hospital Advisory Committee
11 October 2017

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

Time: 1.30pm

Committee Members	**Auckland DHB Executive Leadership**	
Judith Bassett (Chair)	Ailsa Claire	Chief Executive Officer
James Le Fevre (Deputy Chair)	Karen Bartholomew	Acting Director of Health Outcomes – ADHB/WDHB
Jo Agnew	Margaret Dotchin	Chief Nursing Officer
Michelle Atkinson	Joanne Gibbs	Director Provider Services
Doug Armstrong	Naida Glavish	Chief Advisor Tikanga – ADHB/WDHB
Dr Lee Mathias	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Gwen Tepania-Palmer	Fiona Michel	Chief Human Resources Officer
	Riki Nia Nia	General Manager Māori Health
	Dr Andrew Old	Chief of Strategy, Participation and Improvement
	Rosalie Percival	Chief Financial Officer
	Shayne Tong	Chief of Informatics
	Sue Waters	Chief Health Professions Officer
	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff	
	Dr Vanessa Beavis	Director Perioperative Services
	Dr John Beca	Director Surgical, Child Health
	Jo Brown	Funding and Development Manager Hospitals
	Judith Catherwood	Director Long Term Conditions
	Stephen Coombe	General Manager Commercial Services
	Ian Costello	Director of Clinical Support Services
	Dr Mark Edwards	Director Cardiovascular Services
	Dr Sue Fleming	Director Women's Health
	Mr Arend Merrie	Director Surgical Services
	Rachel Lorimer	Director Communications
	Auxilia Nyangoni	Deputy Chief Financial Officer
	Anna Schofield	Director Mental Health and Addictions
	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
	Michelle Webb	Corporate Committee Administrator
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Apologies Members: Nil.

Apologies Staff: Arend Merrie, Fiona Michel, Andrew Old, Shayne Tong.

Agenda

Please note that agenda times are estimates only

1.30pm	**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?
1.35pm	**3.**	**Confirmation of Minutes 30 August 2017**
	4.	**Action Points**
	5.	**PERFORMANCE REPORTS**
1.40pm	5.1	Provider Arm Operational Performance – Executive Summary
1.45pm	5.2	Provider Arm Scorecard
1.50pm	5.3	Clinical Support Services
	5.4	Women's Health Directorate
	5.5	Child Health Directorate
	5.6	Perioperative Services Directorate
	5.7	Cancer and Blood Directorate
	5.8	Mental Health Directorate
	5.9	Adult Medical Directorate
	5.10	Community and Long Term Conditions Directorate
	5.11	Surgical Services Directorate
	5.12	Cardiovascular Directorate
	5.13	Commercial Services
	5.14	Patient Management Services
	5.15	Provider Arm Financial Performance Report
	6.	**INFORMATION REPORTS**
2.40pm	6.1	Adult Community and Long Term Conditions – Did Not Attend (DNA) Action Plan
2.50pm	**7.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting:	Wednesday, 22 November 2017 at 1.30pm A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton

Healthy communities | World-class healthcare | Achieved together

Kia kotahi te oranga mo te iti me te rahi o te hāpori

Attendance at Hospital Advisory Committee Meetings

Members	01 Feb. 17	15 Mar. 17	26 Apr. 17	07 Jun. 17	19 Jul. 17	30 Aug. 17	11 Oct. 17	22 Nov. 17
Judith Bassett (Chair)	c	1	1	#	#	1		
Joanne Agnew	c	1	1	1	1	1		
Michelle Atkinson	c	1	1	1	1	1		
Doug Armstrong	c	X	1	1	1	1		
James Le Fevre (Deputy Chair)	c	1	1	1	1	1		
Lee Mathias	c	1	1	1	1	1		
Gwen Tepania-Palmer	c	1	1	1	1	1		
Key: x = absent, # = leave of absence, c = meeting cancelled								

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
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder)	17.01.2017
Michelle ATKINSON	Evaluation Officer – Counties Manukau District Health Board Director – Stripey Limited Trustee – Starship Foundation	29.03.2017
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Shareholder – Orion Healthcare (no personal beneficial interest as it is held through a Trust) Trustee – Woolf Fisher Trust Trustee- Sir Woolf Fisher Charitable Trust Daughter – Partner Russell McVeagh Lawyers Member – Trans-Tasman Occupations Tribunal	16.01.2017
Judith BASSETT	Trustee - A+ Charitable Trust Shareholder - Fisher and Paykel Healthcare Shareholder - Westpac Banking Corporation Husband – Fletcher Building Husband - shareholder of Westpac Banking Corporation Granddaughter - shareholder of Westpac Corporation Daughter – Human Resources Manager at Auckland DHB	17.05.2017
James LE FEVRE	Board member – Waitemata DHB Emergency Medicine Specialist - Adult Emergency Department, Auckland DHB DHB Representative (Auckland and Waitemata DHBs) – Air Ambulance Codesign Procurement Governance Board Fellow - Australasian College for Emergency Medicine - FACEM Shareholder - Pacific Edge Diagnostics Ltd Trustee - Three Harbours Health Foundation Member – Australasian College for Emergency Medicine Hospital Overcrowding Subcommittee Wife - Medicolegal advisor, Medical Protection Society Wife – Employee Waitemata DHB Department of Anaesthesia and Perioperative Medicine	05.07.2017
Lee MATHIAS	Chair - Health Promotion Agency Chair - Unitec Chair - Health Innovation Hub (until the end of the Viclink contract in line with the director appointment) Director - Health Alliance Limited (ex officio Auckland DHB) 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 Member – New Zealand National Party	20.06.2017

Gwen TEPANIA-PALMER	Board Member - Health Quality and Safety Commission Committee Member - Te Taitokerau Whanau Ora Committee Member - Lottery Northland Community Committee Chair - Ngati Hine Health Trust Life member – National Council of Maori Nurses Alumnus – Massey University	05.07.2017

Minutes
Hospital Advisory Committee Meeting
30 August 2017

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 30 August 2017 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 1.30pm

Committee Members Present		**Auckland DHB Executive Leadership Team Present**	
Judith Bassett (Chair)		Ailsa Claire	Chief Executive Officer [arrived at 2.30pm]
James Le Fevre (Deputy Chair)		Margaret Dotchin	Chief Nursing Officer
Jo Agnew		Joanne Gibbs	Director Provider Services [arrived at 2.30pm]
Michelle Atkinson		Fiona Michel	Chief Human Resources Officer
Doug Armstrong		Rosalie Percival	Chief Financial Officer [arrived at 2.30pm]
Dr Lee Mathias		Shayne Tong	Chief of Informatics [arrived at 1.30pm]
Gwen Tepania-Palmer		Dr Margaret Wilsher	Chief Medical Officer [arrived at 1.36pm]
In attendance:		**Auckland DHB Senior Staff Present**	
Holly Nielson, Maternity Services Consumer Council		Dr Vanessa Beavis	Director Perioperative Services
		Dr John Beca	Director Surgical, Child Health
		Jo Brown	Funding and Development Manager Hospitals
		Judith Catherwood	Director Long Term Conditions
		Ian Costello	Director of Clinical Support Services
		Karin Drummond	General Manager Women's Health
		Dr Mark Edwards	Director Cardiovascular Services
		Mr Arend Merrie	Director Surgical Services
		Alex Pimm	Director Patient Management Services
		Anna Schofield	Acting Director Mental Health and Addictions
		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
		Michelle Webb	Corporate Committee Administrator
		(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. APOLOGIES

The apologies of senior staff members Mark Edwards Director Cardiovascular Services for lateness, and of Sue Fleming, Director Women's Health and Sue Waters, Chief Health Professions were received.

The Chair notified the Committee that the order of business would change to accommodate an emerging priority for Executives and Directors which required them to be absent for part of the meeting.

[Secretarial Note: At the commencement of the meeting senior staff members Ailsa Claire Chief Executive, Jo Gibbs Director Provider Services, Rosalie Percival Chief Financial Officer,

Shayne Tong Chief of Informatics and Margaret Wilsher, Chief Medical Officer were absent. Margaret Wilsher and Shayne Tong joined the meeting at 1.36pm, with the remainder of the absent senior staff joining at approximately 2.30pm]

2. REGISTER AND CONFLICTS OF INTEREST

There were no declarations of conflict of interest for any item on the Open agenda.

3. CONFIRMATION OF MINUTES 19 July 2017 (Pages 8 to 23)

Resolution: Moved Jo Agnew / Seconded Lee Mathias

That the minutes of the Hospital Advisory Committee meeting held 19 July 2017 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Pages 24 to25)

All actions points were either in progress or complete.

5. PERFORMANCE REPORTS (Pages 26 to 148)

[Secretarial Note: Items 5.1 and 5.2 were considered as one item]

5.1 Provider Arm Operational Performance – Executive Summary (Pages 26 to 34)

Margaret Dotchin, Chief Nursing Officer asked that the report be taken as read, emphasising that June and July had been very busy months for the hospital with continuing high levels of activity.

Margaret highlighted the following key points:

- Implementation of the 24/7 Hospital Functioning model of care had delivered improvements in afterhours service delivery. Feedback received from staff and patients had been positive. Recruitment to the new Clinical Nurse Manager roles within the model of care was now complete.
- Whilst workforce deficits remained in Women's Health, there had been a reduction in FTE vacancies and voluntary turnover for the year to date.

5.2 Provider Arm Scorecard (Pages 35 to 36)

It was observed that there were measures in the scorecard appearing as Status red where the commentary indicated that such results were normal variations in rates. Management were aware that this gave a misleading impression and would adjust the way these results were displayed for future reports.

Advice was given that the Executive team undertook weekly monitoring and management of risks and issues including performance that does not meet targets.

When considering performance against the 'AED patients with ED stay of less than 6 hours'

target it was important to note that the 'Shorter Stays in ED' measure is a whole-of-system target rather than specific to the Emergency Department. Whilst it may be possible to determine a patient's required clinical pathway within 6 hours of their admission to the Emergency Department, patients transferred to another service within the hospital may not be suitable for discharge within 6 hours.

[Secretarial Note: Item 5.9 was taken next]

5.3 Clinical Support Services (Pages 37 to 43)

[Secretarial Note: this item was considered after Item 5.9]

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

- Whilst performance against the MRI target had improved slightly for June, staffing issues had impacted on ability to achieve greater results.
- Discussions were occurring across metro-Auckland to scope potential for collaborative work on Pharmacy, Clinical Engineering and Interpreter services.
- International Accreditation New Zealand (IANZ) accreditation for Histology had been restored. All remedial work had been completed. A fuller update on this topic would be provided as part of consideration of Item 6.5 of the Confidential agenda.

5.4 Women's Health Directorate (Pages 44 to 51)

Karin Drummond, General Manager Women's Health asked that the report be taken as read highlighting the following:

- Fertility Plus had undergone an external audit against reproductive technology accreditation and fully achieved required standards.
- A project to implement the Medirosta online medical rostering system was progressing well. There would be improvements and efficiency gains as a result.
- The National Women's Annual Clinical Report launch day had been successful and well attended.

Matters covered in response to questions included:

- The '% Day Surgery Rate' target for the service was 50%. Results appeared to be trending at approximately 30%. The barriers to achieving increased performance against this target included patient comorbidities, limited surgeon availability to address the Greenlane Surgical Unit lists, and increases in demand for acute and complex services.

The Chair expressed interest in the Primary Birthing Rapid Improvement event as detailed on page 45 of the agenda.

Action

That an update on the Primary Birthing Rapid Improvement Event be provided to a future meeting of the Hospital Advisory Committee.

5.5 Child Health Directorate (Pages 52 to 63)

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

- Safe and high quality services had been effectively maintained during significant facilities projects within Starship. This included the refurbishment of Level 5 (which was now complete), the patient lift replacement programme and installation of the Cath lab HVAC
- The Starship Clinical Excellence dashboard presented in the current report included outcomes for the Neurological Services group.

John Beca provided a verbal update on quality research proposals which had been approved by the Starship Foundation earlier this year.

Child Health Quality Research Proposals

Child Health had worked with the Starship Foundation Board to develop strategies for a granting round to the value of $500,000. A research review committee process was used to support decision making. Seven proposals were approved as part of the Starship Foundation Research Training and Education programme.

The seven proposals successfully awarded funding were:

1. Oral health, including tooth decay and loss
2. Psychological morbidity in children
3. High risk intervention in anaesthesia for bronchial procedures in children.
4. Development of a screening programme for congenital heart disease in babies
5. The role blood pressure plays in avoiding brain injury for children undergoing critical heart surgery
6. A retrospective audit of patients diagnosed with mitochondrial disease in New Zealand from 2000 to 2015
7. Genomic technologies in paediatric neurogenetic degenerative diseases

Child Did Not Attend (DNA) Rates

Members queried what activities were currently in progress to address child DNA rates and to identify potential improvements in the current model of outpatient services. Advice was given that:

- The term had been changed from 'Did Not Attend' to 'Was Not Brought' to more accurately reflect the situation for children
- Contributing factors were being considered and analysed. Children with more than two 'Was Not Brought' (WNB) episodes were reviewed and analysis of causes undertaken. Contributors were multi-factorial. Many of the reasons for a WNB were not attributable specifically to Child Health services but to external factors such as care coordination.
- The service currently had a Social Worker focussing on Maori and Pacific WNB to reduce inequity in service access for these groups.

The Committee was reminded that the Outpatient Model of Care Programme was in progress and contained initiatives and activities to address WNB and DNA rates.

5.6 Perioperative Services Directorate (Pages 64 to 71)

Vanessa Beavis, Director Perioperative Services spoke to the report highlighting the following:

- Consultation on the proposed service restructure was in progress. The department had grown by 75% since the time of last review. The current review had identified a deficit in leadership capacity. The proposed new structure contained mechanisms to address these gaps.
- Progress had been made on the Single Instrument Tracking project. A proposal to achieve the critical stabilisation of the 'Tdoc' platform had been approved by the Auckland and Waitemata DHB Boards and was proceeding to implementation. The Central Sterile Supply Department had faced many challenges whilst contractual and legal requirements were being resolved. Contingency plans had worked extremely well. The efforts and achievements of the team in working around these challenges were noted.

The Committee formally acknowledged the efforts and achievements of staff in managing Central Sterile Supply Department activities throughout the delays in the Single Instrument Tracking project. It was agreed that a Board member Health and Safety site tour to the Central Sterile Supply Department would be of interest and value.

Actions

a) **That the formal thanks and recognition of the Hospital Advisory Committee be extended to the Central Sterile Supply Department team for their efforts and achievements in managing activities throughout the delays in the Single Instrument Tracking project.**

b) **That the Committee Secretary requests that the October 2017 Board Member Health and Safety Site Tour Programme be focussed on the Central Sterile Supply Department.**

5.7 Cancer and Blood Directorate (Pages 72 to 78)

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

- Women's Health had made excellent progress towards achieving FCT targets relevant to their services.
- Implementation of the Linear Accelerator continued to progress.
- As part of the adjuvant Herceptin delivery pilot, Auckland DHB was engaged with Waitemata DHB to determine arrangements for commencing Herceptin delivery from North Shore Hospital.

There were no questions.

5.8 Mental Health Directorate (Pages 79 to 89)

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

- Development of the clinical facilities map requested by the Committee was still in progress.
- High levels of service demand continued across mental health services. This reflected an increasing level of unwellness in the community.
- Arrangements were being made to enable the Emergency Department to access mental health notes held in HCC to support more timely and collaborative care to patients.

Matters covered in response to questions included:

- Agreement relating to Midland DHBs longer term investment in Residential Eating Disorder Services remained outstanding. This presented risk to staff when attempting to determine management of patient need in the interim.

[Secretarial Note: Item 5.10 was considered next]

5.9 Adult Medical Directorate (Pages 90 to 96)

[Secretarial Note: this item was considered after Item 5.2]

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

- There had been strong focus on discharging inpatients before 11.00am each day to enable effective patient flow through the Adult Emergency Department.
- The Cellulitis pathway pilot commenced in June. June and July data suggested a 20% reduction in admissions and 35% reduction in length of stay for simple cellulitis cases.
- The Hyperacute Stroke service for stroke and clot retrieval was now active.
- The "right care for you" community advertisements had positively impacted on the appropriateness of presentations to the Adult Emergency Department. The ambulatory care unit had also been developed well.
- Staff fatigue and turnover were of concern to the service.

The Committee acknowledged the maintained levels of quality and safety in the context of a challenging workload.

[Secretarial Note: Item 5.3 was taken next]

5.10 Community and Long Term Conditions Directorate (Pages 97 to 105)

[Secretarial Note: this item was considered after Item 5.8]

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

- Quality and safety levels had been maintained despite increased patient demand.
- The directorate had worked with ACC to introduce a new national model of funding for non-acute Rehabilitation services. This would streamline the process of care for patients needing rehabilitation post-accident.
- Data for the quarter indicated that the service had transferred 88% of Auckland DHB's rehabilitation population into Reablement Services within 7 days of their stroke event which represented a significant improvement.

5.11 Surgical Services Directorate (Pages 106 to 118)

Arend Merrie, Director Surgical Services spoke to the reporting highlighting the following:

- A Service Clinical Director for Orthopaedics had been appointed.
- A Service Clinical Director for Urology had also been appointed. The role would work across Auckland and Counties Manukau DHBs to enable closer clinical working relationships between the two DHBs.
- A regional Bariatric services steering group was being established. It would explore equity of access and regional service delivery.
- Ophthalmology performance was stable and the waitlist continued to decrease.
- A directorate quality forum had been implemented.

5.12 Cardiovascular Directorate (Pages 119 to 126)

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

- Recruitment to cardiothoracic roles to support the new directorate Nursing Educator model had been completed.
- Northland DHB had signalled their intention to develop an Interventional Cardiology service, including a Cardiac Catheter Lab service. Management had entered into an appropriate process with Northland DHB with support from Planning and Funding.
- Consultation on implementation of the service model for Extracorporeal Membrane Oxygenation (ECMO) had been reported as complete. Since that time consultation had been reopened to allow some members of staff who had not had appropriate opportunity to provide input to do so.
- A recent Cardiovascular Grand Round on Respect and Kindness had been extremely positive and highly valued by staff.

[Secretarial Note: Item 5.14 was taken next]

5.13 Non-Clinical Support Services (Pages 127 to 132)

[Secretarial Note: this item was considered after Item 5.15]

Rosalie Percival, Chief Financial Officer spoke to the report briefly highlighting the following:

- Significant work had been occurring around stock, procurement and sustainability with good achievements being made.

- A pilot of hybrid vehicles would be included within the next scheduled fleet replacement.
- Installation of a further car charging station in Auckland City Hospital Car Park 1 was planned.

[Secretarial Note: Item 6.1 was taken next]

5.14 Patient Management Services (Pages 133 to 135)

[Secretarial Note: this item was considered after Item 5.12]

Alex Pimm, Director Patient Management Services asked that the report be taken as read, informing that Patient Management Services was a new portfolio comprised of selected services formerly under Clinical Support and Commercial Services.

Recent key areas of work for the directorate had been supporting changes required to implement the 24/7 Hospital Functioning model of care, and development of a business case for space improvements within the Auckland City Hospital Transition Lounge.

There were no questions.

5.15 Provider Arm Financial Performance Report (Pages 136 to 148)

Rosalie Percival, Chief Financial Officer spoke to the report noting that the figures reported were for June 2017.

The Provider Arm result for the full year was $48.0M unfavourable. The result included provisions for staff liabilities that were actuarially valued at the end of each year and other employee related provisions.

[Secretarial Note: Item 5.13 was taken next]

That the Provider Arm Performance report for August 2017 be received.

6. INFORMATION REPORTS (Pages 149 to 156)

6.1 Patient Experience Report (Pages 149 to 156)

[Secretarial Note: this item was considered after Item 5.13]

Margaret Dotchin, Chief Nursing Officer advised that the report presented was the first of a series which looked at each of the Auckland DHB's values. The report presented considered the value "Welcome │Haere Mai".

Members commented that the format of the report was of excellent quality.

That the Patient Experience reports be received.

8. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 157 to 161)

Resolution: Moved Jo Agnew / Seconded Lee Mathias

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
1. Apologies	As per that stated in the open agenda.	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]
2. Register and Conflict of Interests	As per that stated in the open agenda.	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]
3. Confirmation of Confidential Minutes 19 July 2017	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the New Zealand Public Health and Disability Act [NZPH&D Act 2000]	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** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [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. Oversight Reports	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [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

	s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Orthopaedic Services	**Commercial Activities** Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [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]
6.2 Women's Health Update	**Commercial Activities** Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [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 Transplant Services	**Commercial Activities** Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this	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]

	time [Official Information Act 1982 s9(2)(j)]	
6.4 Security for Safety Programme	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	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 Laboratory and Pathology Services	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	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]
6.6 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)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [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]
7. Quality Report	**Privacy of Persons** Information relating to natural person(s) either living or deceased	That the public conduct of the whole or the relevant part of the

	is enclosed in this report [Official Information Act s9(2)(a)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Complaints	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)] **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [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]
7.2 Compliments	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)] **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [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]
7.3 Incident Management	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)] **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information	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]

	Act 1982 s9(2)(c)]	
7.4 Policies and Procedures (Controlled Documents)	**Commercial Activities** Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Renal Dialysis – Spoke Design and Delivery Update	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [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]

Carried

The meeting closed at 3.51 pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 30 August 2017.

Chair: _____ Date: _____

Judith Bassett

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 11 October 2017

Meeting and Item	Detail of Action	Designated to	Action by
30 Aug 2017 Item 5.4	**Women's Health Directorate:** That an update on the Primary Birthing Rapid Improvement Event be provided to a future meeting of the Hospital Advisory Committee.	K Drummond	7 February 2018
30 Aug 2017 Item 5.6	**Perioperative Services Directorate:** **Central Sterile Supply Department** 1. That formal thanks and recognition of the Hospital Advisory Committee be extended to the Central Sterile Supply Department team for their efforts and achievements in managing activities throughout the delays in the Single Instrument Tracking project. 2. That the Committee Secretary requests that the October 2017 Board Member Health and Safety Site Tour Programme be focussed on the Central Sterile Supply Department.	V Beavis M Webb	4 October 2017 - Complete 4 October 2017 - Complete
7 Jun 2017 Item 5.5	**Child Health Directorate:** **Operative Mortality Rates** That a report on the Operative Mortality Rate Variations in Children be provided to the Confidential Hospital Advisory Committee once available.	J Beca	22 November 2017
26 Apr 2017 Item 5.10	**Community and Long Term Conditions Directorate** That an update on the progress of the DNA Action Plan be provided to the Hospital Advisory Committee meeting when available.	J Catherwood	11 October 2017 – Complete (refer to Item 6.1 of this agenda)
15 Mar 2017 Item 5.3	**Clinical Support Services Report (MRI Update)** That the Hospital Advisory Committee be kept informed of the progress of the MRI accreditation initiative.	I Costello	22 November 2017

15 Mar 2017 Item 5.12	**Cardiovascular Directorate Report (Nursing Education Model)** That regular updates on the progress of the review of the Nursing Education model within Cardiovascular Services be made within the Cardiovascular Directorate report.	M Edwards	11 October 2017
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. *Update: discussions are occurring across the northern region relating to the development of a programme business case. Interim updates provided on 7 June and 19 July 2017.*	R Sullivan	30 August 2017

Provider Arm Performance Report – Executive Summary

Recommendation

That the Hospital Advisory Committee receives the Provider Arm Performance report for October 2017.

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

Glossary

Acronym/term	Definition
ACH	Auckland City Hospital
AED	Adult Emergency Department
AMDOR	Alternative Methods of Delivery of Results to Patients
CED	Children's Emergency Department
CNM	Clinical Nurse Manager
DNA	Did Not Attend
FCT	Faster Cancer Treatment
HQSC	Health Quality and Safety Commission
NEWS	National Early Warning Score
PaR	Patients at Risk
VS	Vital Signs

1. Board Strategic Alignment

Community, whanau and patient-centred model of care	The 24/7 Hospital Functioning model of care will further improve the care we provide 24/7, especially to those patients who are most at risk. Our new model has four areas of focus, which together will enable us to provide safer, more patient-centred care.
Emphasis/investment on both treatment and keeping people healthy	The FCT, ED and elective discharge targets focus on timely access to early interventions and effective treatments.
Service integration and/or consolidation	Our Using the Hospital Wisely programme aims to reduce pressure on our hospital services through improvement to processes, pathways and use of services.
Intelligence and insight	We have developed a database to capture data for the identified measures for the Deteriorating Patients programme.
Evidence informed decision making and practice	By implementing the 24/7 Hospital Functioning model of care we have enhanced clinical leadership 24/7 to support staff and make care for our patients safer, increased the number and capability of clinical leaders in the afterhours team, introduced a 'Patient at Risk' model and streamlined patient flow.
Outward focus and flexible service orientation	Our Outpatients Model of Care work programme aims to review our current model of care to ensure we provide a high quality outpatient service and experience that is patient centric.
Operational and financial sustainability	To provide assurance of delivery of the three year financial savings plan we have introduced the Provider Financial Sustainability programme which has been endorsed by the Finance, Risk and Assurance Committee.

2. Executive Summary

The Executive Team highlight the following performance themes for the October 2017 Hospital Advisory Committee meeting:

- Both Emergency Departments have had another very busy month due to extremely high volumes of patients.
- Sentinel flu rates have reduced over the last few weeks as predicted.
- Overall Auckland DHB Faster Cancer Treatment (FCT) performance is 92.3% with eight tumour streams meeting/exceeding the technically adjusted 90% Faster Cancer Treatment (FCT) target.
- Transplant volumes total 31 August YTD (including renal). When this figure is annualised, it shows a slight decrease in total transplant numbers when compared to 2016/17 numbers.
- Work on a Critical Care Strategy has begun.

3. Progress/Achievements/Activity

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

- Both Emergency Departments have experienced extremely high volumes of patients this winter. The target was not met by AED or CED during August (89.37% and 92.48% respectively) due to high presentation numbers coupled with significant staff sickness.
- AED presentations have increased by 6.8% during Q1 compared to the same period in 2016/17. The priority of patients attending AED has also increased this quarter; we have seen a 12% increase in priority P1 and P2 patients versus Q1 2016/17.
- CED presentations increased by 7.6% during Q1 compared to the same period in 2016/17.
- There are some early signs that activity is falling back to expected levels, with some specialities fully recovered to planned level. However General Medicine remains significantly above expected numbers.
- To ensure that we safely manage the increase in volumes we have implemented a number of initiatives which include:
    - ED surge staffing and accelerating recruitment to vacant positions
    - Postponing elective surgery
    - Hospital decompression
    - Daily capacity meetings
    - Working with residential care, GPs, PHOs and St John to ensure lower acuity patients receive care in the community
- The ongoing commitment of our people to respond to the increased volumes and commitment to patient care is recognised and valued.

Solid Organ Transplant Volumes

- As the table below indicates, transplant volumes August YTD total 31 (including renal). When this figure is annualised, it shows a slight decrease in total transplant numbers when compared to 2016/17 numbers.
- While it has been a quieter start to the year in terms of transplants, the data also highlights the highly variable nature of this service.

Actuals – from coding (based on discharge date once coded)

	14/15 Full Year	15/16 Full Year	16/17 Full Year	17/18 YTD	17/18 YTD Ann'l	17/18 Contract
Heart	12	12	13	3	18	17.1
Lung	17	19	18	2	12	12.2
Liver	46	52	54	8	48	54.3
Sub-Tot	**75**	**83**	**85**	**13**	**78**	**83.6**
Renal	78	95	119	18	108	
Total	**153**	**178**	**204**	**31**	**186**	

2017/18 by month

Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Heart	3												**3**
Lung		2											**2**
Liver	6	2											**8**
Renal	9	9											**18**
Total	**18**	**13**											**31**

Critical Care Strategy

A small leadership group has met to initiate work on the Critical Care Strategy, in line with the NRLTIP work, and the need for a robust capacity plan for all critical care areas at Auckland DHB.

A number of high level principles have been drafted, to guide the conversations and engagement with the clinical teams over the coming months. These are laid out below.

Whilst the future ACH service provision/direction is not yet completely developed within the NRLTIP framework, the patient populations served by the ICUs are most likely to be impacted by general population growth and technology trends. It is anticipated that any changes to ACH service portfolio e.g. through changes in vascular networks or cancer networks, are likely to have only a marginal impact on the intensive care capacity requirements, although will drive significant growth in high dependency care needs.

Further discussions will now be planned to develop the next steps of the strategy development.

Principles	Potential impacts/results
Patient pathways focus	• Importance of development of regional networks • Physically separate ICUs remain (DCCM/CVICU/PICU/NICU) • Potential to realign structures to meet evolving pathway and model of care needs

Principles	Potential impacts/results
Consistency and shared services where possible	Consistency and sharing of: • Equipment • Processes (standardisation, safety) • Policies and guidelines • 'backroom / admin' functions • Staffing • Audit
Continued development of 'ICU without walls'	• 4th and 8th floor space is constrained • Engage across hospital with all specialties • Marginal growth in ICU patient numbers • Some growth in ICU patient bed days due to increasing complexity and availability of therapies • Significant growth in HDU bed need • Need for strong Patient at Risk (PaR) service / ICU collaboration

Faster Cancer Treatment

- Auckland DHB performance is 92.3% overall with eight tumour streams meeting/exceeding the technically adjusted 90% Faster Cancer Treatment (FCT) target.
- Gynae / Women's Health and Head and Neck / ORL continue to be outliers
    - Gynae / Women's Health service improvements are now being realised with performance up to 81.3%. In the July – September period there have been no capacity breaches, and if this continues, the tumour stream will commence quarter 2 at 100%.
    - Head and Neck / ORL has a 90 day plan in place with initial focus on developing the diagnostic phase of the pathway specifically triaging, HSC demand vs capacity planning including template / grid revision, development of GP referral guidance to improve the quality of referrals and development of disease specific pathways.
    - Radiation Oncology has a 90 day plan in place with good gains realised in reduction of the waitlist to <110 through additional clinics and improved clinic scheduling with a target date of 30/09 to achieve a baseline waitlist of >95. The knock-on effect is an improved performance from referral to FSA now at 30%; with a target date of 31/12 to achieve 70%.

24/7 Hospital Functioning Transition

- A lessons learned session has been scheduled to take place in early October. Facilitated by the Director of Organisational Development, this forum will provide an opportunity for those who were involved in the transition to identify areas of project strength, areas for improvement and project specific learning that could be incorporated into future projects.

Provider Services 2017/18 Business Plan

Daily Hospital Functioning

- The programme plan and Terms of Reference have been updated to reflect the revised focus of this programme. Moving forward, the programme will be concentrating on:
    - Improving admission and transfer processes across the organisation to ensure that patients are in the most suitable environment as soon as clinically appropriate
    - Developing and implementing clear escalation pathways to manage peaks in demand across the hospital
    - Developing refreshed operational intelligence to support patient flow, staffing and escalation processes
- Significant work has already taken place on developing new acute admission and patient flow processes as part of the larger 24/7 Hospital Functioning transition. This work continues and will report through to the Daily Hospital Functioning programme board. Further improvements are planned over the next few months based on a review of the data and feedback from people involved in the processes.
- Escalation pathways are currently in development for each individual service. It is proposed that each Directorate takes responsibility for developing internal escalation processes for managing peak demand. This will be supported by a hospital-wide escalation plan to ensure that during periods of peak demand and high activity, patients continue to receive the necessary care and treatment in the most appropriate environment.
- Work has commenced to develop status at a glance dashboards. A meeting has been held to review the information that is likely to be required for the dashboards and, once agreed, the work will be prioritised for Business Intelligence.

Outpatients Model of Care Programme

The vision for this programme is that our outpatient services are easy to access, easy to understand, and available at a time, place and method that meets community needs and reduces unnecessary travel to our hospitals. The programme has the following two streams; the current state stream which focuses on addressing issues within the current model of care, and the transformation stream which will explore redesigning models of care to 2025. The transformation stream has three phases; an update on phase one project activity is outlined in the table below:

Project Name	Description	Directorate	Service	Status
AMODOR	a) substituting in-person follow-up appointments for telehealth where clinically appropriate; b) using telehealth to determine whether follow-up appointments required at all	Adult Medical	Renal Pilot	Executing
Diabetes Satellite DNA Project	Reduce DNAs at community-based satellite Diabetes clinics, improve access to care and make better use of clinical resource. Use co-design to better understand needs of communities at high risk of DNA. Work collaboratively with PHOs/primary care	Community and LTC	Diabetes	Investigating
Diabetes Single Lead Clinician project	Remodel GCC Diabetes service around a single lead clinician responsible for coordinating patient care, reducing duplication and unnecessary appointments	Community and LTC	Diabetes	Initiating
Haematology Model of Care Project	Redesign Haematology outpatients model of care to optimise clinical resource, improve flow and care coordination, reduce unnecessary follow-ups	Cancer and Blood	Haematology	Initiating
Physiotherapy Outpatients Project	Implement Green Belt project solutions including consolidated scheduling, clinician productivity and better DNA management	Clinical Support	Musculoskeletal Physiotherapy	Executing

Project Name	Description	Directorate	Service	Status
Orthopaedic Outpatients Project	Better gatekeep unnecessary referrals for orthopaedic FSA and reduce unnecessary follow-ups, provide patients with faster access to the right care and optimise the right clinical resources at the right time	Clinical Support, Surgical	Orthopaedics	Investigating
TARPS Telehealth project	Increase telehealth utilisation across TARPS services for both clinician-to-clinician support/upskilling and direct clinician-to-patient management. Support local services to deliver local care. Reduce travel and accommodation costs.	Community and LTC	Auckland Regional Pain Service	Investigating
Cardiology Text Service Project	Increase adherence to treatment, reduce unnecessary follow ups and improve health outcomes through utilising text service to provide specific, targeted health messaging and surveillance	Cardiovascular	Cardiology	Initiating
Cardiology Heart Failure telehealth	Reduce unnecessary in-person follow up appointments by providing nurse-led telehealth clinics and surveillance/triage	Cardiovascular	Cardiology	Investigating
Vascular Digital Imaging	Reduce unnecessary in-person follow up appointments by removing barriers to uploading of digital wound images and review on Auckland DHB systems	Cardiovascular	Vascular Surgery	Initiating
Sleep Clinic project	Service-led initiative to redesign model of care and transfer more sleep clinic care/ functions to primary/ community	Adult Medical	Sleep Clinic	Initiating
Redesigning your model of care: Toolkit development	Develop approach toolkit to enable services to develop their own new model of care, steps to follow, data/information to consider Enable services to do more 'pre-project work' to allow better use of project management resource once clinical agreement on future MOC obtained	All	Adult Medical services as test site	Initiating
Capturing Virtual and Telehealth Activity Toolkit	Develop simple tool to enable services to accurately code and capture virtual and telehealth activity	All	Cardiology as test site	Initiating
Ferinject in Primary Care	Utilise primary care and/or POAC to deliver iron infusions in the community, reduce outpatient infusion demand and provide care closer to home	All	Haematology	Investigating
GCC Outpatient Clinic Flow	Improve visibility and planning for GCC outpatient clinic space and optimise clinic room availability	Surgical	Multiple	Investigating
GCC Pre-Admit "One Stop Shop"	Consolidate Pre-Admit processes, assessment and appointments into a single same-day 'one-stop-shop' (NB Surgical Pathways programme-led with crossover to Outpatients)	Surgical	Breast Surgery Pilot	Executing

Using the Hospital Wisely Programme

Using the Hospital Wisely is our programme to ensure the best use of resources to meet the needs of the population safely and effectively. If we do nothing to meet the growing demand, we risk having an over-crowded hospital which has been known to lead to increased risk of patient safety, adverse events, and staff burn out. This work programme aims to reduce pressure on our hospital through improvement to processes, pathways and use of services. The Programme Board has prioritised the initial areas of focus to be discharge planning, clinical pathways, and palliative care. Subsequent work streams to increase Day of Surgery Admissions and to remodel and realign bed allocation have recently commenced.

Discharge Planning Update on select work streams

- A four day long PDSA (Plan Do Study Act) activity was held from 21-24 August to test discharge planning best practices on Wards 31, 66, 68, 75, 77 and 78. The participating wards demonstrated statistically improved performance against key discharging measures when compared with other weekdays since the beginning of 2016.
    - 2nd highest discharges by noon of 35% by noon vs baseline of 21% (note increased discharges by noon directly reduces waiting time for acute admissions from ED as well as need for flex bed capacity)
    - 3rd highest use of transition lounge with 48% via transition lounge via baseline of 28%
    - 3rd earliest average discharge time of 13:10 vs baseline 13:50.

- Ward 66 General Medicine project team continues to test a bundle of discharge planning best practices. Ward 66 has more than doubled the proportion of patients discharged before noon since mid-June. Staff feedback is positive.
- The "Ready to Go Delay" reporting utilisation continues to rise across adult health. Patients identified on this list are proactively supported. In addition, it has allowed analysis of frequent delay reasons resulting in the prioritisation of projects to streamline the PPPandR process and for patients awaiting transfer to residential care.

Pathways Update on select work streams

- The Cellulitis pathway pilot commenced in June. June, July and August data suggests over a 30% drop from 2015/16 in average length of stay for simple cellulitis cases (DRG=J64B) equivalent to 75 bed days in July. There is not yet evidence to suggest a reduction in hospital presentations or a reduction in average length of stay for complex cellulitis cases (DRG=J64A)
- The chronic care pathway for COPD has commenced. Representatives from the COPD project team attended the Chronic Conditions Health Round Table meeting in the final week of August to benchmark with other health systems on COPD and readmissions.
- A steering group across primary and secondary care in Auckland meets for the first time on 18 September to support the COPD project and that of similar opportunities such as the CHF pathway, frailty and other chronic conditions. We are working with staff and patients to improve the way we deliver care and do so efficiently and effectively. Our focus is on health conditions that demonstrate opportunity to provide people-powered care closer to home.

Palliative Care Update

- A work plan has been agreed in three phases. Work streams in Phase 1 continue to make progress and will carry on through 2017/18 with a focus on:
  - Developing an integrated service between providers. A Strategic Clinical Director has been appointed in partnership with hospice and will start on 25 September 2017.
  - Earlier identification of palliative patients
  - Moving to a 7-day model
  - Increased use of locality community service teams for patients with complex palliative care needs.
  - Developing a clear criteria across the various providers - an initial stocktake has been completed and a team is working to refine and/or articulate entry / exit criteria
  - Further support of "Goals of Care" initiative to improve care in hospital – a multidisciplinary team is aiming to pilot a Goals of Care form in General Medicine in October 2017.

Afterhours Inpatient Safety Programme

The purpose of this workstream is to deepen our understanding of the way we deliver care afterhours across all of our Auckland DHB inpatient areas, to identify opportunities for improvement and oversee implementation of a work plan to address weaknesses in current care delivery to ensure patient care and outcomes do not vary by the time of day. This programme has five workstreams; an update regarding each is outlined below.

Information for afterhours staff

- Afterhours staffing resources have been mapped for all areas.
- Intranet pages are now available on our Auckland DHB intranet site for our people who work afterhours in the Adult Hospital, Starship Child Health, Women's Health and Mental Health. Designed by clinical teams in each area of the hospital, the pages provide quick access to the information needed to deliver care afterhours. A communications plan has been implemented to promote the intranet pages to all staff members, especially those who work afterhours. The Starship page was launched in February while the remaining three pages were launched in May.
- The table below provides a breakdown of intranet page usage in terms of total hits and unique users:

Table 1: Afterhours Inpatient Safety intranet page usage

	Starship		**Mental Health**		**Adult Health**		**Women's Health**	
	Hits	Unique users	Hits	Unique users	Hits	Unique users	Hits	Unique users
Feb 2017	28	9						
March 2017	287	166						
April 2017	156	80						
May 2017	277	131	6	1	14	5	59	22
June 2017	392	207	157	70	330	160	182	88
July 2017	286	150	156	72	408	177	82	49
August 2017	22	11	13	7	23	13	0	0
September 2017	183	89	86	40	251	121	21	16

- As the table shows, there were a high number of both hits and unique users for all four pages during the months of June and July. This coincides with the implementation of the communications plan across the organisation. Usage dropped off for all pages during the month of August (which was a particularly busy month for the hospital) but have picked up again during September.
- The Steering Group recognise the importance of maintaining communications regarding the pages to ensure that staff who work afterhours know about the pages and how to access them.

Staffing afterhours

- This programme was one of the three related programmes which resulted in the introduction of the new 24/7 Hospital Functioning model of care.
- The new model of care has seen the introduction of the Clinical Nurse Manager team who provide clinical support for nurses and junior medical staff at all time, and especially afterhours.

Out of hours theatre access and anaesthetic cover

- A business case has been drafted for improved access to theatres afterhours for Obstetric and Gynaecological surgery. An increase in after-hours theatre capacity for acute cases will help to ensure there is appropriate and timely access to theatre, minimise adverse events and meet recommended international best practice standards. The business case is currently being reviewed by The Surgical Board and considered in the context of the broader organisational demand for increased theatre capacity in hours and after hours.

Handover / safety briefings

- Safety briefings have been introduced at both Auckland City Hospital and Starship Children's Hospital as part of the introduction of the 24/7 Hospital Functioning model of care. The purpose of the briefing is to ensure that the night time period is optimally managed from a patient safety perspective. Ongoing monitoring of the briefings will be reported through to the Steering Group.
- The introduction of additional safety briefings at Auckland City Hospital will form the work plan for the programme moving forward.

Oversight of afterhours inpatient safety

- To increase our understanding of the way we deliver care afterhours and identify areas for improvement, an afterhours inpatient safety dashboard has been proposed by the programme Steering Group. It has been proposed that the dashboard includes current patient safety measures but provide detail regarding care afterhours. This will be progressed in conjunction with the Business Intelligence team over the next quarter.
- Other key upcoming actions include revisiting the SWAN tool across the organisation and exploring the addition of a specific question to the patient experience survey regarding care afterhours.

Deteriorating Patients Programme

- The Patients at Risk (PaR) team have been well accepted through both Auckland City Hospital and Starship Children's Hospital. Anecdotal feedback is that clinical staff feel more supported with mangagement of patient deterioration. There is an intent to formally survey staff in the next few months.
- The value of having dedicated clinical leadership of both Adult and Child Health PaR services is becoming clear as the services develop.
- The Health Quality and Safety Commission (HQSC) five year national patient deterioration programme aims to reduce harm from failures to recognise or respond to acute physical deterioration for all adult inpatients (excluding maternity) by July 2021. The current programme timeframe is shown in the table below; we are currently on track:

Workstream one focuses on developing the basis of the system and embedding a robust recognition and response system for managing the care of acutely deteriorating patients. Workstream two focuses on embedding patient, family and whānau escalation processes. Workstream three is around approaches to shared goals of care.

The objectives for workstream 1 are as follows, with an update of progress:

1. Effective clinical governance and leadership for system – we are in the process of consolidating our clinical governance group and, as mentioned above, have clinical leadership role in place.
2. Adopted the National Early Warning Score (NEWS) and Vital Signs (VS) Chart – we are adopting a phased rollout through Auckland City Hospital commencing on October 31.
3. Localised escalation pathway signed off – the escalation pathway has been approved by the clinical governance group.
4. Measuring for improvement – local and system. These measures are in the process of being finalised.
5. Appropriate technical and non-technical training related to NEWS – a train-the-trainer model is being used predominantly involving nurse educators and ward 'champions'. In addition an online learning module will be available.

Auckland DHB Provider Scorecard

for August 2017

	Measure		Target 17/18	Actual	End State Target	Prev Period	Commentary
Patient Safety	% AED patients seen within triage time - triage category 2 (10 minutes)	PR006	>=80%	71.75%	>=80%	67.51%	Not met. Main drive is patient volumes and acuity.
	% CED patients seen within triage time - triage category 2 (10 minutes)	PR008	>=80%	87.65%	>=80%	92.44%	
	Total number of reported incidents			965		1007	
	Number of reported adverse events causing harm (SAC 1&2)	PR084	<=12	17	<=12	10	
	Central line associated bacteraemia rate per 1,000 central line days	PR087	<=1	R/U	<=1	0	
	Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days	PR088	<=0.25	0.15	<=0.25	0.41	
	Healthcare-associated bloodstream infections per 1,000 bed days - Adult	PR089	<=1.6	1.52	<=1.6	1.58	
	Healthcare-associated bloodstream infections per 1,000 bed days - Child	PR090	<=2.4	1.84	<=2.4	1.56	
	Falls with major harm per 1,000 bed days	PR095	<=0.09	0.12	<=0.09	0.06	
	Nosocomial pressure injury point prevalence (% of in-patients)	PR097	<=6%	3.45%	<=6%	2.93%	
	Rate of hospital-onset healthcare-associated Clostridium difficile inpatients >=16 years of age per 10,000 bed days (ACH) (Quarterly) *	PR143	<=4	3.48	<=4	2.49	
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	<=6%	2.57%	<=6%	2.57%	
	% Hand hygiene compliance	PR195	>=80%	84.97%	>=80%	82.11%	
	Unviewed/unsigned Histology/Cytology results >= 90 days	PR290	0	117	0	108	Significant progress over several months. Strategy agreed with Provider Group. Detailed reports sent to Directorates and SCDs. Quarterly review at Provider Group.

Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours	PR013	>=95%	89.37%	>=95%	87.71%	Not met. Severe winter load with staff shortages and high presentation numbers.
	(MOH-01) % CED patients with ED stay < 6 hours	PR016	>=95%	92.48%	>=95%	94.32%	Difficult period for acute patient flow due to high numbers, acuity and significant staff sickness. Maintained patient safety over this period and have
	% of inpatients on Reablement Services Wait List for 2 calendar days or less	PR023	>=80%	93.33%	>=80%	88.02%	
	HT2 Elective discharges cumulative variance from target	PR035	>=1	0.98	>=1	1.01	Acute peak slightly earlier and larger than anticipated. Internal production has since been strong and we are recovering.
	(ESPI-2) Patients waiting longer than 4 months for their FSA	PR038	0%	0.36%	0%	0.47%	
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	PR039	0%	7.68%	0%	7.91%	Ortho recovery plan is under way. Non-ortho measure is orange at 0.63%.
	Cardiac bypass surgery waiting list	PR042	<=108	52	<=111	60	
	% Accepted referrals for elective coronary angiography treated within 3 months	PR043	>=90%	98.62%	>=90%	99.55%	
	% Urgent diagnostic colonoscopy compliance	PR044	>=85%	100%	>=85%	97.44%	
	% Non-urgent diagnostic colonoscopy compliance	PR045	>=70%	90.25%	>=70%	78.42%	
	% Outpatients and community referred MRI completed < 6 weeks	PR046	>=85%	64.11%	>=85%	60.26%	Increased performance due to successful recruitment and completion of training for MRT's.
	% Outpatients and community referred CT completed < 6 weeks	PR047	>=95%	95.96%	>=95%	92.04%	
	Elective day of surgery admission (DOSA) rate	PR048	>=68%	71.69%	>=68%	64.66%	
	% Day Surgery Rate	PR052	TBC	57.14%	>=70%	58.07%	
	Inhouse Elective WIES through theatre - per day #	PR053	>=99	116.63	>=99	135.38	
	% DNA rate for outpatient appointments - All Ethnicities	PR056	<=9%	8.33%	<=9%	9.77%	

Better Quality Care	% DNA rate for outpatient appointments - Maori		PR057	<=9%	18.25%	<=9%	19.58%	Great to see a continual reduction in the numbers of Maori DNA's. He Kamaka Waiora will continue working on the call to remind, and follow up after DNA work.
	% DNA rate for outpatient appointments - Pacific		PR058	<=9%	17.42%	<=9%	20.42%	7 of the 9 directorates showed a decrease in DNA rates.
	Average LOS for WIES funded discharges (days)		PR074	<=3	2.78	<=3	2.88	
	28 Day Readmission Rate - Total	#	PR078	<=8%	11.76%	<=6%	11.01%	Not achieved. Readmissions increase when there are high volumes of patients leading to increased attention on early discharging.
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	#	PR119	<=10%	10.2%	<=10%	8.51%	
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera		PR120	<=21	24.8	<=21	35.9	After last month's spike this month is more in keeping with recent results albeit still a little above target.
	% Very good and excellent ratings for overall inpatient experience		PR154	>=90%	85.5%	>=90%	84.9%	Improvement towards target over quarter.
	Number of CBU Outliers - Adult		PR173	300	410	300	366	Data quality improvements have helped improve reported performance. All areas have seen high volumes therefore wards have been flexed-up to manage demand, rather than outlier patients.
	% Patients cared for in a mixed gender room at midday - Adult		PR175	<5%	19.15%	0%	17.78%	Performance has remained largely static over past few months. Increase in requirement for AOUs, some mixed gender, which will influence performance.
	31/62 day target – % of non-surgical patients seen within the 62 day target	#	PR181	>=90%	91.67%	>=85%	90.00%	
	31/62 day target – % of surgical patients seen within the 62 day target	#	PR182	>=90%	89.29%	>=85%	86.42%	
	62 day target - % of patients treated within the 62 day target	#	PR184	>=90%	90.52%	>=85%	88.20%	
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 2 weeks of referral		PR508	TBC	85.02%	100%	81.65%	
	% Radiation oncology patients attending FSA within 2 weeks of referral		PR509	TBC	61.61%	100%	44.19%	
Improved Health Status	Breastfeeding rate on discharge excluding NICU admissions	#	PR099	>=75%	73.8%	>=75%	73.6%	The trend in reducing breastfeeding rates may be related to the increasing rates of caesarean section and the number of late pre-term infants who are now admitted to the inpatient postnatal ward, rather than NICU, as well as the midwifery staffing shortages.
	% Long-term clients with wellness plans in last 12 months			40%	TBC			
	% Hospitalised smokers offered advice and support to quit		PR129	>=95%	93.91%	>=95%	95.74%	August saw a significant increase of patient discharges from the regular average of 8,000 to over 10,000 discharges. The increase clearly impact staff resulting in not giving brief advice to 83 service users and 215 events not coded.

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

**= Actual is the latest available result prior to August 2017.**

***** **= Quarterly measure**

PR143 (Quarterly)

Actual result is for the period ending June 2017. Previous period result is for period ending March 2017.

Clinical Support Directorate

Speaker: Ian Costello, Director

Service Overview

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

The Clinical Support Services Directorate is led by:

Director:	Ian Costello
General Manager:	Kelly Teague
Director of Nursing:	Jane Lees
Director of Allied Health:	Moses Benjamin
Director of Primary Care:	Dr Barnett Bond

Directorate Priorities for 17/18

In 2017/18 our Directorate will contribute to the delivery of the Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Begin implementation of the agreed 5 year strategies for Pathology and Laboratory Medicine Services, Radiology and Pharmacy and Medicines Management working in collaboration with other Directorates to deliver agreed priorities aligned to Auckland DHB strategy. Develop service strategies for Clinical Engineering, Patient Administration, Contact Centre and Allied Health working in collaboration with other Directorates to deliver agreed priorities aligned to Auckland DHB strategy.
2. Develop leadership structures, workforce, capacity and people plans for each of our services that support quality, efficiency, an engaged and empowered workforce and alignment with Auckland DHB values in delivering the organisational priorities.
3. Implement a Quality and Safety Excellence Programme across the Directorate, building on work already in place and increasing visibility through improved reporting and analysis against agreed priorities with Directorates and other key stakeholders.
4. Develop and maximise research, quality improvement, development and business opportunities through the collaborations with the University of Auckland, in Pharmacy, Pathology and Laboratory Medicine Services and Radiology. To develop further collaborations with AUT and other potential partners to deliver improvement in quality, outcomes, training, research and joint ventures.
5. Identify and progress opportunities for regional collaboration and development of regional clinical networks within our services
6. Achieve Directorate financial savings target for 2017/18.

Q1 Actions – 90 and 180 day plan

Priority	Action Plan
1	• Pharmacy and Medicines strategy- Phase 2 implementation underway • Diagnostic Genetics strategy to be agreed Sept 2017 • Clinical Engineering, Patient Administration, Contact Centre strategies proposed by Dec 17
2	• Leadership appointments in Allied Health and Pharmacy • Laboratory leadership consultation to be issued August 2017 • Radiology leadership structure proposal September 2017 • MOS system established and functional at Directorate and departmental level in the following areas: Pharmacy, Daily Operations, Radiology, Laboratories and Clinical Engineering • Workforce planning completed in Pathology. Model to be applied across specialities and professions within the Laboratory • Data and reports to support capacity and demand planning in Radiology and Laboratories developed by Oct 17.
3	• Introduce regular integrated Clinical Governance and quality meetings at service level –TOR established • Automation of Directorate Scorecard is underway • Pharmacy and Clinical Engineering scorecards to be established • Scope out possibility of Operational forecasting and planning - Production planning integrated with Daily Ops function – supporting weekly Capacity and Demand forum and seasonal plan development by Nov 17
4	• Collaboration Steering Groups with University of Auckland have agreed workplans for Pharmacy, Radiology and Laboratories by Dec 17
5	• Proposals for potential collaboration across the Auckland metro DHBs Pharmacy, Clinical Engineering and interpreter services by Nov 17 • Laboratories and Radiology discussions aligned to LTIP to be underway by Oct 17
6	• Savings plan developed and risk assessed • Financial objectives set for each Department, monitoring and reporting process centralised at Directorate level

Measures

Measures	Current	Target (End 17/18)	18/19
Strategy and priorities agreed for each service with all Directorates	3 of 8 services	6 of 8 services	8 of 8
People plans, Staff and Leadership Development Programme embedded across all services	2 of 8 services	6 of 8	8 of 8
Succession plans in place for key roles	2 of 8 services	6 of 8 services	8 of 8
Workforce, capacity and quality outcome measures developed for all services and agreed with Directorates	2 of 8 services	6 of 8 services	8 of 8
Directorate Safety and Governance structure in place. Quality and safety metrics and scorecard reported routinely	Underway	Completed	Embedded
Measures of UoA collaboration success defined. Teaching, training and research outcomes delivered.	Scoping	Pharmacy, Radiology, Labs defined	Embedded
Regional opportunities scoped, agreed and proposals defined	Scoping discussions begun	Pharmacy and Clinical Engineering	Labs and Radiology (aligned with LTIP)
Breakeven to budget position and savings plan achieved in each service		Balanced budget	

Key achievements in the month

- Business cases completed and to be presented to the Capital Asset Management and Planning Committee in September 2017 for the Histology department upgrade and grossing stations to meet International Accreditation New Zealand (IANZ) accreditation.
- RFP submitted to the Ministry of Justice to place a bid for the National Forensic Pathology contract.
- The first Directorate Clinical Quality and Safe Care forum meeting took place on 19 September 2017.

Key issues and initiatives identified in coming months

- Continue to work through the Corrective Actions from International Accreditation New Zealand (IANZ) for Laboratories and Forensic Pathology.
- Continue to improve the process for patients receiving their appointment letters.
- Continue with implementation of the Interpreter improvement project.
- Radiology waiting list recovery plan and strategic plan for MRT workforce planning.
- Develop Radiology Clinical Leadership consultation.
- Finalise the consultation for the Pathology and Laboratory strategy and leadership structure.
- Develop operational forecasting and planning capability in Radiology and Pathology.
- Support service level implementation of staff engagement action plans.
- Initiate succession planning strategy within services.
- Further develop Clinical Quality and Safe Care strategy within services.

Scorecard

Auckland DHB - Clinical Support Services

HAC Scorecard for August 2017

	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	4
	% Outpatients and community referred MRI completed < 6 weeks	64.11%	>=85%	60.26%
	% Outpatients and community referred CT completed < 6 weeks	95.96%	>=95%	92.04%
	% Outpatients and community referred US completed < 6 weeks	84%	>=95%	83%
Engaged Workforce	Excess annual leave dollars ($M)	$0.5	0	$0.48
	% Staff with excess annual leave > 2 years	6.13%	0%	6.11%
	Number of Pre-employment Screenings (PES) cleared after the start date	1	0	0
	Sick leave hours taken as a percentage of total hours worked	3.83%	<=3.4%	3.76%
	% Voluntary turnover (annually)	10.79%	<=10%	10.36%
	% Voluntary turnover <1 year tenure	5.71%	<=6%	6.72%

Scorecard commentary

Radiology

Overall: Performance against the MoH indicators across modalities has increased in August 2017.

MRI

Performance against the MRI target of 85% of referrals completed within six weeks has improved in August 2017 (64.1%) compared to performance in July 2017 (60.2%). The main dependency for improvement remains the training time required for new appointments to be able to perform MRIs.

Capacity challenges remain in the reporting of congenital cardiac services imaging, due to acute staffing issues. Directorates are working in collaboration to rectify this issue.

The number of adult patients waiting longer than 42 days has reduced from to 189 to 150 patients at the end of August 2017. The total number of patients waiting has also reduced from 684 to 604. The number of paediatric patients waiting longer than 42 days has increased to 33 patients in August 2017 compared to 26 at the end of July 2017. Radiology continues to implement a recovery plan although this will take a couple of months to flow through to the target.

CT

Performance against the MoH indicator of 95% of out-patients completed within six weeks has improved in August 2017 and is currently at 96% compared to 92% in July 2017.

Ultrasound

Performance against this internal target has shown a slight improvement to 84% of out-patients scanned within 6 weeks in August 2017 compared to 83% in July 2017. 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 received in August 2017 compared to 7 in July 2017. All the complaints in August 2017 related to poor communication. We are in the process of implementing customer service training for all booking, scheduling, and Patient Contact Centre staff. The Directorate complaints action plan database ensures that actions are complete and that a 'lessons learnt' approach is adopted and shared across all departments.

Incidents

There were 11 medication incidents reported in August 2017. 5 incidents related to extravasation of contrast media. 4 incidents reported related to wrong documentation or missing information on prescriptions. 2 incidents related to medication supply delay issues. None on the incidents had any adverse clinical consequences for patients.

There were no SAC 1 incidents reported. There was one SAC 2 incident reported in which a cervical smear result may be implicated in a delayed diagnosis but this is still under investigation.

Falls

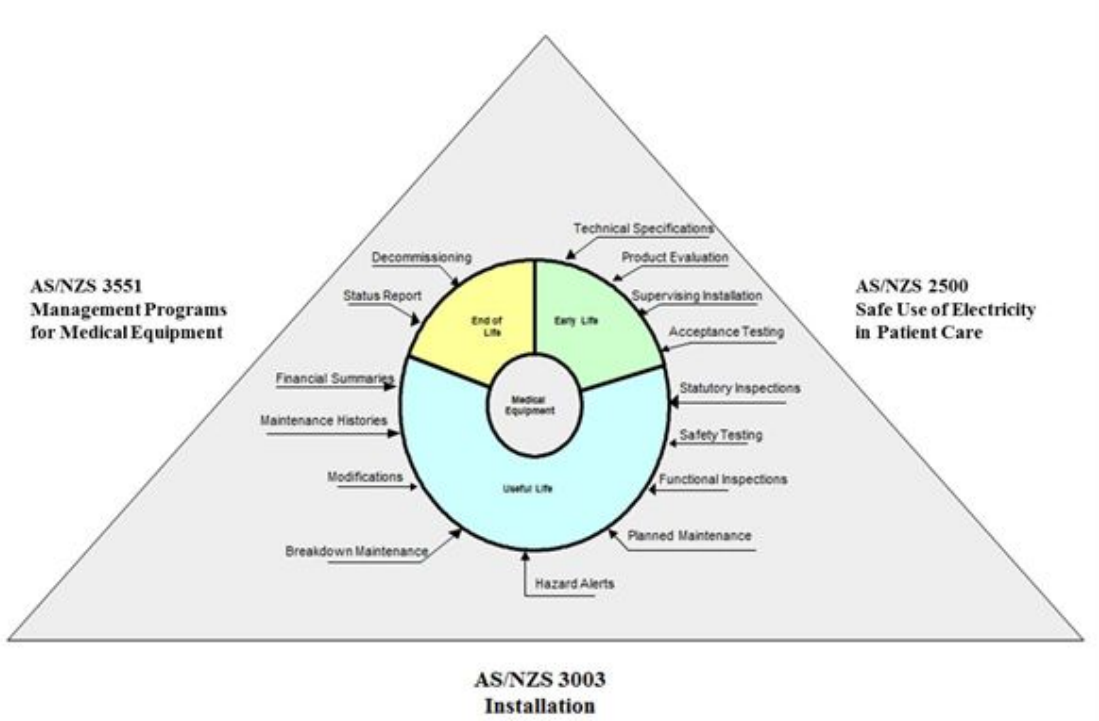
There were no fall incidents reported in August 2017.

Service focus: Clinical Engineering

The Clinical Engineering service supports a wide range of clincial services across the hospital the the managememnt of medical devices, anaesthetic machines, infusion devices, operating tables, CPAP units, hospital beds and linear accelerators. Clinical Engineering is responsible for installation, asset management, maintenance, repair and replacement of this equipment.

In addition the department provides engineering services including repair, design and prototyping of new parts or accessories and also supports design and repair of specialist surgical instruments.

The scope of the service is summarised in the diagram below:

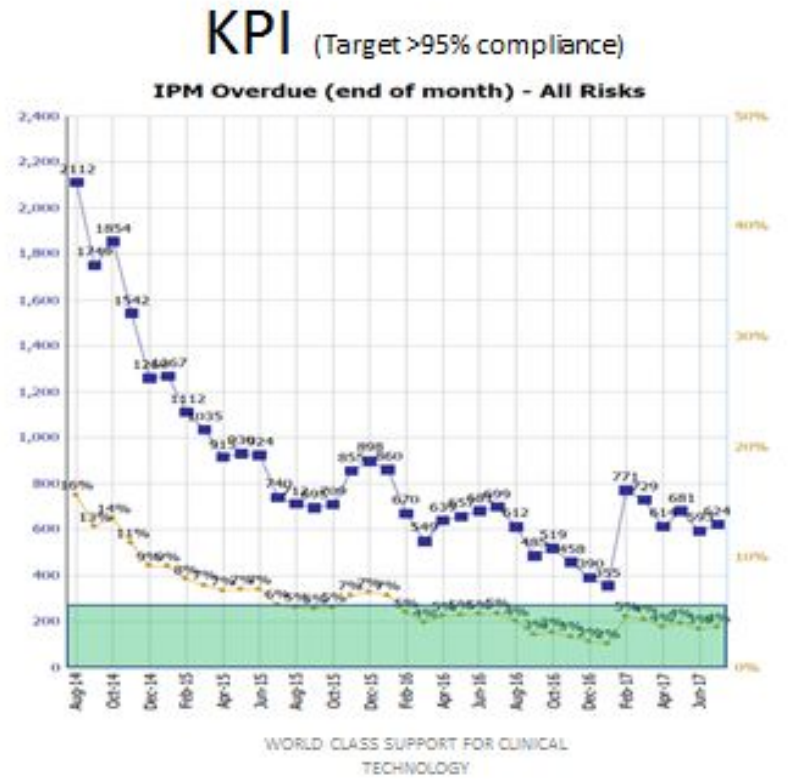


The service currently supports over 31,000 active assets with a value of $202 million. 17,000 of these assets are on a routine inspection and preventive maintenance program (IPM). The service replaces and installs approximately 2,500 new assets per year and disposes of around 2,000 out of service assets. Approximately 32,000 work orders for repair and maintenance are received each year, 60% of which are for equipment maintenance and 35% for repairs. $1.2million is spent on spare parts pa.

The service has delivered cost avoidance and cost savings of approximately $350k in 2016/17.

The service also supports a number of external providers including Mercy Ascot, New Zealand Blood Service and Birthcare with an annual contract value of $600k.

Clinical Engineering's main quality KPI is that 95% of planned preventative maintenance should be achieved within the appropriate timeframe. Clinical Engineering has sustained compliance against the Safety Maintenance programme despite the steady increase in the number of devices, including bringing bed maintenance back in house in 2016. The Clinical Engineering service is ISO accredited, with inspections occurring every 2 years.



Clinical Engineering faces a number of potential changes in the future, in particular the increasing range of technologies that need to be supported and the role of 3D printing and other manufacturing technologies replacing the engineering component of the service. The service is developing strategies and proposals for how to respond to this, including service development opportunities and changes to skill mix.

Financial results

STATEMENT OF FINANCIAL PERFORMANCE
Clinical Support Services

Reporting Date Aug-17

($000s)	MONTH			YEAR TO DATE (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,505	1,457	48 F	3,025	2,874	150 F
Funder to Provider Revenue	3,817	3,749	69 F	7,288	7,288	(0) U
Other Income	1,413	1,246	166 F	2,577	2,547	30 F
Total Revenue	**6,735**	**6,452**	**284 F**	**12,890**	**12,710**	**180 F**
EXPENDITURE						
Personnel						
Personnel Costs	10,724	11,073	349 F	20,254	21,053	799 F
Outsourced Personnel	210	62	(149) U	413	122	(291) U
Outsourced Clinical Services	901	606	(295) U	1,632	1,195	(437) U
Clinical Supplies	4,191	4,196	5 F	7,773	8,188	414 F
Infrastructure & Non-Clinical Supplies	640	507	(133) U	1,237	1,023	(213) U
Total Expenditure	**16,667**	**16,444**	**(223) U**	**31,309**	**31,581**	**273 F**
Contribution	**(9,932)**	**(9,993)**	**61 F**	**(18,418)**	**(18,871)**	**453 F**
Allocations	(8,495)	(8,433)	62 F	(16,440)	(16,372)	68 F
NET RESULT	**(1,437)**	**(1,560)**	**123 F**	**(1,979)**	**(2,499)**	**521 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	140.4	144.0	3.6 F	141.2	143.5	2.3 F
Nursing	27.3	25.8	(1.5) U	26.5	25.8	(0.8) U
Allied Health	808.1	819.9	11.8 F	815.7	819.4	3.7 F
Support	0.0	0.0	(0.0) U	0.0	0.0	(0.0) U
Management/Administration	289.5	281.8	(7.7) U	288.5	281.7	(6.8) U
Total excluding outsourced FTEs	**1,265.3**	**1,271.5**	**6.2 F**	**1,272.0**	**1,270.4**	**(1.6) U**
Total :Outsourced Services	17.4	2.1	(15.3) U	18.8	2.1	(16.7) U
Total including outsourced FTEs	**1,282.7**	**1,273.6**	**(9.1) U**	**1,290.8**	**1,272.5**	**(18.3) U**

Comments on major financial variances

YTD result is $521 K F. The key drivers of this result are;

1. Personnel costs including outsourced were $508K F to budget due to phasing of recruitment.
2. The main contributor to Outsourced Clinical Supplies was MRI scans in Radiology. This is necessary to try and meet Ministry of Health targets of 85% of referrals completed within six weeks. There is a plan in place to reduce this outsourcing in the second half of the year once the new MRT's are fully trained.
3. Infrastructure and non-clinical supplies are $213K U. $101K has offsetting favourable revenue. The remainder is mainly due to one off costs relating to the IANZ accreditation in Laboratories.

Women's Health Directorate

Speaker: Karin Drummond, General Manager

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 within 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 17/18 Q1

1. Demonstrably safer care including after hours (*Deteriorating Patients, Afterhours Inpatient Safety*)
2. Enhanced outcomes for vulnerable populations
3. Strengthened leadership for both operational matters and clinical quality and safety (*Leadership development, New Excellence programme)*
4. An engaged, empowered and productive workforce (*efficient rostering and scheduling, teaching and training,Midwifery workforce strategy*)
5. Pathways of care that are patient focused and maximise value (*Daily Hospital Functioning, Using the Hospital Wisely, Outpatient Redesign, Regional Collaboration*)
6. Develope sustainable delivery models for all services (*address funding shortfalls, public/private revenue opportunitie*s)

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

Q 1 Actions: 90 Day Plan

Priority	Actions	Commentary
1	Demonstrably safer care, including afterhours	• We have completed a business case to strengthen timely access to acute theatres afterhours. We are continue to work with Adult surgical and peri-operative services to enable an affordable model for acute patients.
2	Enhance outcomes for vulnerable populations	• We have developed a Maori Maternity workforce development strategy in collaboration with the Maori Health services. A key aim of this strategy is to strenghten our Maori workforce to provide culturally responsive care for our Maternity population. • Supporting care for pacific women project continues with the focus on improving timely and culturally appropriate care
3	Strengthened leadership for operational , quality and safety	• The Auckland DHB Leadership Programme continues for Women's Health staff. • A Maternity quality and safety plan has been developed with key goals and accountabilities. • The senior management team continue to facilitate 6 weekly Leadership Forums for all level 3 and 4 managers. • Recruitment of Maternity Operation Manager is in progress
4	An engaged , empowered and productive workforce	• We continue to implement the Maternity workforce strategy across the service and to date we have been encouraged by the increase in new graduates applying for positions. • In response to the staff survery we contiunue to focus on 4 areas to strenghten our staff engagement , namely ○ performance conversation development plan ○ quality start ○ career pathway for midwifery ○ speak up implementation
5	Pathways of care that are patient focused and maximise value	• We have appointed a new Maternity quality and safety coordinator who is working closely with our consumer representatives to enhance the consumer voice on our clinical governance group. We are also working to enable the service to recieve real time feedback from our patients. • The redesign of acute gynaecology pathway project is underway • A primary birthing Rapid improvement event is now planned for early November, this is in collaboration with Auckland University of Technology and Birthcare
6	Develop sustainable delivery models for all services	• Gynae Oncology 5 year plan is progressing and determine resources • Fertility services business model project has enabled a growth in private patients and revenue. In line with this project we are also progressing a new IT system which is purpose built for Fertility services . We are expecting this to be rolled out in the next few months. This will be an enabler for the service in ensuring the safe manangement of clinical records as well as assisting in streamlining service delivery processes. • Genetics 5 year plan is in development with key area of focus is the impact of genomics and mainstreaming • The new National Genetics Clinical Director position has been advertised and interviews will take place in the near future • Epsom Day Unity (EDU) redesign projecct continues with the next step developing a business case to progress service improvements

Measures	Current	Target (End 17/18)
Median length of stay after elective CS	2.2	>/=3
FCT targets met (62 day target)	81.3%	90%
Elective surgical targets met	97%	100%
% of category 2 caesarean section patients meeting 60 min. time target	6/12ly measure	95%
Number of unplanned transitions to care	0	0
Nursing and midwifery FTE variance from budget	13.7 (F)	0 FTE
Breakeven revenue and expenditure position	315(F)	Breakeven
Vacancies in midwifery workforce	15.5 FTE	0
Number of women having primary births at BirthCare/month	UA	32

Key achievements in the month

- The Maternity Quality and Safety Programme plan for the 2017-18 financial year has been completed and submitted to the MoH and Planning, Funding and Outcomes.
- The Directorate has been focussing on increasing Fetal Surveillance Education. The RANZCOG Fetal Surveillance Education Programme and online training are being offered to the workforce as options.
- Improving health literacy though health information and championship of key health issues has been a focus this month. Champions for breast feeding, smoking cessation and family violence have been engaged and new resources and performance data have been provided to them to support messaging and service promotion to patients.
- In line with our focus in empowering our level 4 and 3 leaders we held a "Health and Wellbeing for leader's "session, which was well received. Resources were given to the line managers to enable them to use these tools within their own teams.
- We have successfully recruited to a number of key roles
    a. Specialist and generalist SMOs (including a Gynae-oncology specialist and a Clinical Director for our regional maternity service).
    b. Clinical Nurse specialist for Gynae –oncology
    c. Gynaecology Operations Manager
    d. Midwifery Educator
- Further to the service appointments the Womens Health Director role has also been finalised. The Womens health team appreciated having an opportunity to meet the preferred candidate prior to his appointment and are looking forward to him commencing early 2018.
- We held our annual clinical report day on the 11 August, which enabled us to critique our clinical outcomes and identify areas for improvement.

Areas off track and remedial plans

- **Midwifery Staffing:** Our Midwifery Director continues to actively lead the maternity workforce plan which is updated in detail in our Midwifery Recruitment and Retention report
- **Faster Cancer Targets:** Our current performance for the Gynae Tumour Stream is at 81.3%. However, as a result of a number of process improvements, which includes timelier triaging, we will achieve 90% for the July – December period.

Key issues and initiatives identified in coming months

- We were unsuccessful in appointing our Maternity Operations Manager position and so have re-advertised this position; which closes on 24 September. We have had some early interest in the position and are confident we will fill this position.
- We have refreshed our RASCI (Responsibilities, Accountabilities, Supportive, Consult, Information), to include all level 2, 3 and 4 roles. This allows for greater clarity of roles and functions across the service. It also enables the service to understand how the new operations manager roles are integrated into the service
- Women's health has focussed in increasing the use of metrics at a ward level to drive quality improvement initiatives. All inpatient wards now have revamped 'Knowing How We are Doing' performance boards that pay attention to patient safety, efficiency of care, patient experience and staff wellbeing. Staff will be spending the next month looking at patient experience feedback and turning these into improvement initiatives.
- We continue to work with our Metro Auckland DHB Womens Health colleagues as well as the Northern Regional alliance to strengthen our Midwifery workforce strategies. We attended a provisional presentation by Health Workforce NZ reviewing the midwifery workforce data which showed that there will be an increasing demand for Midwives. Further work is being completed to validate the data and understand the demand by region.
- The Medi-roster went live and, with good progress being made towards the implementation of the Medirota eRoster system which is scheduled to be launched this September. Draft RMO rosters that are Schedule 10 compliant are due to be created within the next week in preparation for consultation which is also to take place in September, ready for Q1 rosters to be published on 27 October.
- We are continuing to work with Health alliance to finalise the procurement and implementation of the fertility electronic record.

Scorecard

Auckland DHB - Women's Health

HAC Scorecard for August 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0%	<=6%	0%
	Number of reported adverse events causing harm (SAC 1&2)	2	0	0
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	21	0	14
	Unviewed/unsigned Histology/Cytology results >= 90 days	10	0	9
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.97	>=1	1.11
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0.29%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	9.16%	<=9%	8.74%
	% DNA rate for outpatient appointments - Maori	24.86%	<=9%	17.12%
	% DNA rate for outpatient appointments - Pacific	22.19%	<=9%	22.34%
	Elective day of surgery admission (DOSA) rate	87.14%	>=68%	93.15%
	% Day Surgery Rate	35%	>=50%	32.65%
	Inhouse Elective WIES through theatre - per day	7.1	>=4.5	8.42
	Number of CBU Outliers - Adult	10	300	14
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	83.3%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	86.2%
	Number of complaints received	3	No Target	7
	Number of patient discharges to Birthcare	278	TBC	331
	Average LOS for WIES funded discharges (days) - Acute	1.87	<=2.1	1.85
	Average LOS for WIES funded discharges (days) - Elective	1.41	<=1.5	1.42
	Post Gynaecological Surgery 28 Day Acute Readmission Rate	R/U	No Target	5.96%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	87.95%	>=95%	93.75%
	Breastfeeding rate on discharge excluding NICU admissions	R/U	>=75%	73.8%
Engaged Workforce	Excess annual leave dollars ($M)	$0.38	0	$0.36
	% Staff with excess annual leave > 1 year	29.01%	0%	29.59%
	% Staff with excess annual leave > 2 years	14.5%	0%	14.03%
	Number of Employees who have taken greater than 80 hours sick leave in the past 12 months	128	60	131
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	% Voluntary turnover (annually)	14.8%	<=10%	14.38%
	% Voluntary turnover <1 year tenure	10.71%	<=6%	14.81%

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

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

Post Gynaecological Surgery 28 Day Acute Readmission Rate

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

Breastfeeding rate on discharge excluding NICU admissions

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

Scorecard Commentary

- Our engaged workforce metrics whilst still not meeting targets are fairly stable, despite our high midwifery vacancies. The service is working hard to enable staff to have annual leave where safe to do so.
- We had one patient breaching the 4 month surgical target due to unexpected complexity of the operating list and consequently the last case was cancelled and was not able to be re-booked within the 4 month period
- We are slightly behind our elective discharge target due to not being able to fully cover SMO leave. We expect this to improve when our new SMOs commence later in the year.
- Despite our high level of vacancies our engaged workforce metrics remain stable

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Womens Health Services

Reporting Date **Aug-17**

($000s)	**MONTH**			**YEAR TO DATE (2 months ending Aug-17)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
REVENUE						
Government and Crown Agency	154	182	(28) U	335	365	(30) U
Funder to Provider Revenue	8,438	8,417	21 F	16,379	16,379	0 F
Other Income	167	226	(60) U	299	453	(154) U
Total Revenue	**8,759**	**8,826**	**(67) U**	**17,013**	**17,197**	**(184) U**
EXPENDITURE						
Personnel						
Personnel Costs	3,653	3,696	43 F	6,961	7,202	241 F
Outsourced Personnel	62	77	15 F	130	154	25 F
Outsourced Clinical Services	31	54	23 F	82	108	25 F
Clinical Supplies	532	542	10 F	1,001	1,056	55 F
Infrastructure & Non-Clinical Supplies	112	116	4 F	272	232	(40) U
Total Expenditure	**4,391**	**4,485**	**94 F**	**8,446**	**8,753**	**307 F**
Contribution	**4,368**	**4,341**	**27 F**	**8,567**	**8,444**	**123 F**
Allocations	741	859	119 F	1,476	1,668	192 F
NET RESULT	**3,627**	**3,481**	**146 F**	**7,091**	**6,776**	**315 F**

Paid FTE

	MONTH (FTE)			**YEAR TO DATE (FTE) (2 months ending Aug-17)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medical	69.7	69.4	(0.3) U	67.4	69.4	2.0 F
Midwives, Nursing	241.2	254.9	13.7 F	240.9	254.9	14.0 F
Allied Health	17.6	18.6	1.0 F	17.5	18.6	1.1 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	40.0	45.0	5.0 F	40.6	45.0	4.3 F
Other	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Total excluding outsourced FTEs	**368.5**	**387.9**	**19.4 F**	**366.4**	**387.9**	**21.5 F**
Total :Outsourced Services	3.9	2.6	(1.3) U	3.8	2.6	(1.2) U
Total including outsourced FTEs	**372.4**	**390.5**	**18.1 F**	**370.2**	**390.5**	**20.3 F**

Comments on major financial variances (YTD)

The Directorate's result YTD shows a favourable budget variance of $315k F, mostly from lower personnel costs, lower Labs tests requested and these were offset by lower private patient revenue.

Overall YTD CWD volumes finished on 91% of contract and Specialist Neonates are low at 46% for YTD (FY16/17: 86%).

The Gynaecology and Gynae-Oncology acute WIES finished at 102% YTD of contract, and performance of their electives contract was 92% YTD (of WIES contract value, not discharge target).

Revenue Allocation analysis YTD
The combined DRG and Non-DRG volumes equated to being $1,673k U (last month $692k U) of revenue *below* contract and are not recognised in the financial reporting.

August 17: Year-to-date- financial analysis:

1 Revenue $184k U YTD.

a. Non-Resident & Private patient billing is $145k U to budget, a variance of (33%).

b. Government Revenue is $30k U mostly due to Colposcopy volume lower than budget in last month.

2 Expenses
Expenditure variance is now $499k F YTD; this variance is mostly the net result of:

a. Personnel $241k F, mostly due to continued Nursing, Midwife shortages that show in vacancies. The Directorate resources are stretched due to total FTEs being 20 FTE below budget YTD.

b. Outsourced personnel $25k F; as a result of a continued University vacancy, and this offsets some of the Medical payroll budget variance, above.

c. Clinical supplies $55k F due to correlating lower volumes YTD across the directorate higher than budgeted Fertility Plus recoveries.

d. Infrastructure and Non-Clinical total of $(40k) U due to doubtful debts provisioning, budgeted savings, heavy professional supervisor costs, catchup on Community Clinic rentals.

e. Internal Allocations total $192k F Due to lower Lab charges because of Maternity, Gynaecology and Gynae-Oncology caseweight volumes being below contracted, and Genetics Labs tests volumes for the month have dropped.

COORDINATION BETWEEN HOME, HOSPITAL AND SERVICES

The results in this report are from Women's Health Services inpatients discharged between 01 July 2016 - 30 June 2017

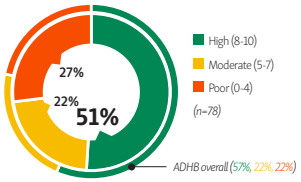
AT A GLANCE

Service integration is a key strategic theme for Auckland DHB.

COORDINATION IS STRONGLY CORRELATED TO OVERALL RATINGS

Despite only 12% of Women's Health Services inpatients telling us coordination matters to them, a moderately strong correlation (.678) means even a small improvement in coordination can make a difference to overall patient experience.

HOW DO WE RATE FOR COORDINATED CARE?

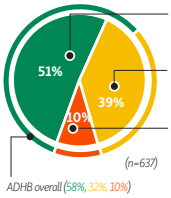


AVERAGE RATING

KEY AREAS

Coordination of services is about seamless integrated services before and after discharge.

WE ASKED WOMEN'S HEALTH INPATIENTS HOW WELL WE PREPARED THEM TO LEAVE HOSPITAL



Half (51%) said they were **very well** prepared.

One third (39%), said they were **quite well** prepared.

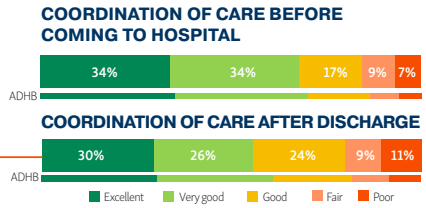
10 percent, or 64 patients, said they were **not** very well prepared at all.

There is a negative 7 percentage point difference in ratings on this measure between Women's Health services and ADHB overall.

The difference is significant (p.<05)

COORDINATION BEFORE AND AFTER DISCHARGE

There has been a **3 percentage point increase in "poor" ratings** (after discharge) since July 2015 - June 2016. The differences are significant (p>.05)



(Prior: n=496; ADHB n=3156. After n=485; ADHB n=3067. NA answers have been removed.)

WOMEN'S HEALTH SERVICES INPATIENTS EXPERIENCES OF COORDINATED CARE

✓ *[Nurses] were a phone call away when I had questions. They gave good advice and were a big help in giving me confidence. They phoned me at regular intervals to see how I was progressing.*

✓ *I was asked to go to a different clinic for follow-up - they were well aware of my situation and I did not need to brief them on anything.*

! *I was told to contact the hospital if anything changed. I called them three times, once when I was bleeding, and no one ever got back to me. I was told that WAU had referred me to [another dept] and I would hear from them soon. I didn't so called them. No one called me back.*

HOW MIGHT WE...

- Ensure every patient leaves hospital with information about what they should or should not do, any danger signals to watch for and who to contact if they are worried?
- Involve patients in after-care plans to ensure that these work for them and are suitable for their needs?
- Work with other DHBs, GPs, LMCs and ACC to ensure good communication between services especially after discharge?
- Find out from the patient what their needs are that might impact or influence appointment scheduling?
- Proactively ensure patients have enough information to confidently manage their condition at home?

OUR PATIENTS SAY AN EXCELLENT EXPERIENCE OF COORDINATED CARE OCCURS WHEN...

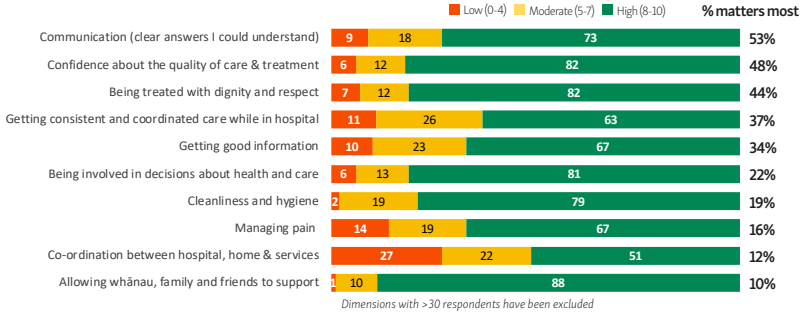
1. Discharge information details what they can (and can't) do at home, what to expect and who to contact or where to go if they have questions or concerns.
2. Information about their condition, care and treatment is shared between services and is well-coordinated.
3. There is follow up after discharge between hospital, GP, and other services like district nurses and occupational therapists.
4. Appointment scheduling processes are efficient and coordinated with other services.
5. Their discharge process is efficient and they are well prepared for leaving hospital.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS (WOMEN'S HEALTH)

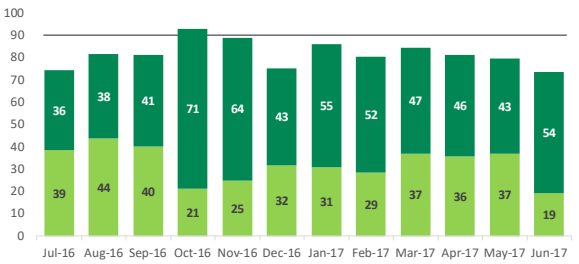
Inpatients are asked to choose and rate the three dimensions of care that are important to them. The ratings below from Women's Health Services inpatients are presented in order of what matters most.



Dimensions with >30 respondents have been excluded

VERY GOOD AND EXCELLENT RATINGS

Women's Health Services has **met or exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **once** in the last 12 months.



(n=657)

June 2017 Outpatient Experience Report

WOMEN'S HEALTH SERVICES

GETTING GOOD INFORMATION

The results in this report are from Women's Health Services outpatients who had appointments between 01 July 2016 - 30 June 2017

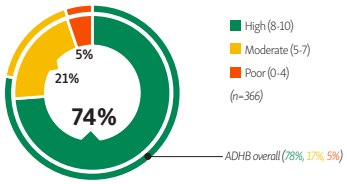
AT A GLANCE

Sharing good, complete and timely information with patients allows them to make informed decisions about their care and treatment.

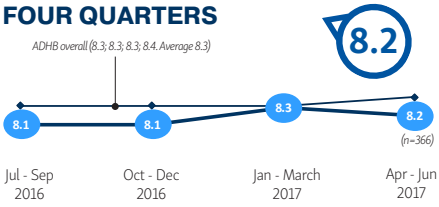
GETTING GOOD INFORMATION MATTERS TO OUR OUTPATIENTS

62% of Women's Health Services outpatients tell us that getting good information is one of the three things that matter most to their care and treatment.

HOW DO WE RATE ON INFORMATION?



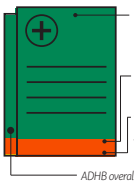
AVERAGE RATING OVER LAST FOUR QUARTERS



KEY AREAS

Information is strongly correlated to overall ratings (.615).

WE ASKED WOMEN'S HEALTH OUTPATIENTS IF THEY GOT ENOUGH INFORMATION



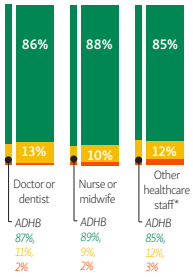
Most (87%) said they got the **right amount.**

11% said they **didn't get enough.**

Only **10** respondents **(2%),** told us they received "too much" information.

ADHB overall (89%, 11%, 1%) (n=614)

CLEAR ANSWERS

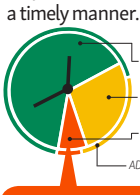


While most Women's Health outpatients **(86%)** say that staff **always** answer their questions in a way they can understand, about one in seven **(12%)** say this happens **sometimes** or **never (2%).**

**Other healthcare staff: staff such as physiotherapist, occupational therapist, optometrist, psychologist (Doctors/dentists n=429; nurses/midwives n=206; other staff n=107)*

TIMELY RESULTS

Women's Health outpatients told us they received x-rays and test results in a timely manner...



always (65%)

sometimes (28%)

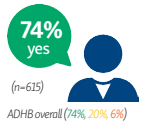
or **never** (8%).

ADHB overall (69%, 25%, 6%) (n=486)

Everything was explained very well and I was given pamphlets with pictures to help explain.

There is a negative 4 percentage point difference in ratings on this measure when compared with the previous 12 months (Jul 2015 - Jun 2016).

DO OUTPATIENTS HAVE THE INFORMATION TO MAKE INFORMED CHOICES?



74% say they **do**

22% say they do, **to some extent**

4% say they **don't.**

I wasn't given any options. Just told the one thing the DHB is willing to do.

HOW MIGHT WE...

- Ensure patients are knowledgable and up to date about their care and treatment?
- Check patients have sufficient information about their procedures and treatment?
- Give consistent information?
- Ensure we always give patients their test results?
- Check patients feel listened to?
- Keep patients better informed about administrative details including waiting times, appointments and time frames?

OUR OUTPATIENTS SAY AN EXCELLENT EXPERIENCE WITH INFORMATION OCCURS WHEN...

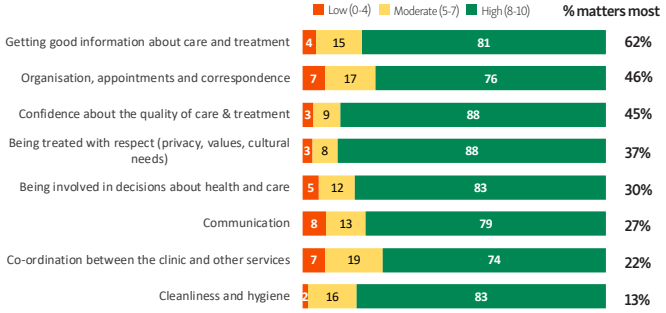
1. We give them thorough and detailed information that is clear, concise and easy to understand, and check their understanding.
2. Doctors give good explanations.
3. Staff fully answer their questions and allow time for new questions that arise
4. Information is provided using different methods and media (information sheets, brochures, websites).
5. They feel they are fully informed about what is happening during and after appointments.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS

Outpatients are asked choose and rate the three dimensions of care that are important to them. The ratings below are from Women's Health outpatients.



MAIN REASON MET?

We asked our Women's Health Services outpatients if the main reason they went to the clinic was dealt with to their satisfaction.

Eight out of 10 say **it was.**

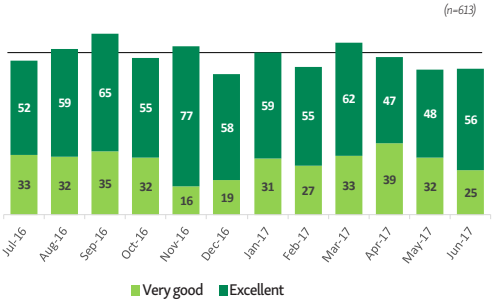
One in seven say it was **to some extent.**

16 outpatients, or 3 percent, say that it was **not** dealt with.

ADHB overall (83%, 13%, 3%)

RATINGS OF OVERALL CARE (%)

Women's Health Services has **met or exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **five times** in the last 12 months.



Child Health Directorate

Speakers: Dr John Beca, Director of Child Health (Surgical) and Dr Michael Shepherd, Director of Child Health (Medical and Community)

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 and Community): Dr Mike Shepherd
General Manager: Emma Maddren
Director of Nursing: Sarah Little
Director of Allied Health: Linda Haultain PhD
Director of Primary Care: Dr Barnett Bond

Directorate Priorities for 17/18

In 2017/18 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 2017/18 Actions – 90 day plan

Priority area	Action plan	Commentary
1.	Excellence programme development within all services	▪ The directorate clinical excellence programme and framework is in place and functioning effectively. Emphasis in 17/18 is on more coordinated clinical excellence reporting and improvement.
1.	Measurement, reporting and benchmarking of clinical outcomes	▪ Services are developing measures and reporting in the standardised format. In 17/18 all services are expected to begin benchmarking and reporting on improvement activity with an emphasis on clinical outcomes.
2.	Ongoing effective financial management – including contract rationalisation and revenue development	▪ Child Health experiences ongoing financial challenges particularly in relation to tertiary services where there is a reliance on service capacity and capability regionally and nationally. ▪ During 17/18 emphasis will continue on revenue (ACC, donations, tertiary services), cost containment and financial initiatives across multiple years to ensure enduring change.
3.	Community service re-design implementation	▪ The community services were re-designed and a locality model introduced in 16/17. Emphasis in 17/18 is on improving outcomes (with a focus on equity) through whanau-centred, community-integrated services.
4.	Pathway development across services – particularly pain and cardiac	▪ Services are currently delivered along ad-hoc somewhat service-led pathways rather than patient pathways, resulting in some duplication, reduced efficiency and lack of standardisation. A consistent pathway methodology is being applied with an emphasis on paediatric chronic pain and paediatric cardiac services initially.
4/5.	Surgical / Operating Room pathways, performance and leadership	▪ There are opportunities for significant improvement in surgical performance through the development of pathways and aligning leadership to the Child Health Directorate. A consultation document is being released in September to seek feedback on integration of Perioperative Services with Child Health.
4/5.	Facilities programme for safety and patient experience	▪ Starship Hospital is undergoing a progressive upgrade to ensure the environment supports safe, high quality care and an improved experience for children and families. Early planning is in progress for Daystay and the Starship Atrium. Outpatients phase 2 and the CED waiting room are currently in the design phase.
5.	Embedding the *patient at risk* model	▪ Emphasis on 17/18 is on embedding the patient at risk model to improve safety and flow within Starship.
5.	Embedding after-hours inpatient safety model – including multidisciplinary handover practice	▪ Hospital operations continue to develop and there is alignment with key organisational workstreams which will enhance hospital functioning and safety.
5.	Acute flow (discharge planning focus)	▪ Discharge planning improvement project continues within 17/18 with a focus on: ▪ Improving use of the EDD (estimated date of discharge) ▪ Criteria led discharge ▪ Improving discharge documentation / process.
6.	Directorate and service level engagement action plans.	▪ The Child Health Directorate has developed an engagement plan to guide and support engagement activity within services. The directorate plan is focused on the three areas of recognition and value, safety and wellbeing and contribution and control. ▪ A psychological safety survey and resultant actions has been completed across Child Health with links to the engagement plan.
6.	Establish HR priorities and programme of work	▪ The Child Health Directorate now has an HR Manager and is developing a programme of work to address priority people issues.

Priority area	Action plan	Commentary
6.	Improved programme of funding for research and training for all Starship Child Health staff	▪ The Starship Foundation research, training and education programme was launched in July with $500k available for the initial round of proposals. ▪ Seven high quality research proposals have been approved for funding in 2017 ▪ A strategy for future funding has been developed with Starship Foundation with an emphasis on support the hospital to deliver workclass healthcare.
7.	Updated and publically available service descriptions	▪ Service descriptions have been developed for all tertiary services. these are being updated and published in 17/18.

Measures

Measures	Current	Target (End 2017/18)	2018/19
1. Quality and Safety metrics established across services	All services are developing metrics and reporting has begun	Further development of clinical outcome metrics	Reporting and improving
1. Quality and safety culture (AHRQ)	Measured and improvements identified	Improved and re-measure	Improved
2. Meet revenue and expenditure targets	Budget met	Budget met	Budget met
2. Complete contract rationalisation and explore new revenue opportunities	Need and methodology identified	Contract rationalisation complete, revenue opportunities identified	Revenue aligned to service delivery costs
3. Community redesign programme	Implementation in progress	Implementation complete	Delivering according to outcome framework
4. Operational structure that follows patient pathways	Includes Allied Health	Includes surgical	Includes all
4. Pain service model	Model developed	New model implemented	Pathway operational
4. Functioning clinical pathways	Pathways in development	Every service has at least one pathway	Every service has multiple pathways
5. Acute Flow metric	92.48%	95%	95%
5. Surgical performance and pathways	Scattered metrics	Balanced safety, performance, efficiency	Improving performance
5. Safety metrics – Code Pink, urgent PICU transfer from ward	Unknown	Defined and improving	Improved
6. New and emerging leaders completed leadership training	23/25	25/25	All current and emerging
6. Staff engagement	Action plans in development	Action plans complete	Measureable improvement in engagement
7. Tertiary services	Report complete	Consultation complete and outcome agreed	Implementation of agreed national approach

Key achievements in the month

- Safe, productive and high quality services maintained during winter with significant increase in volumes and acuity compared with recent years.
- New 24/7 structure successfully launched in July 2017. Increased emphasis on patient safety clear escalation pathways.
- Financial performance within budget.

Areas off track and remedial plans

- Ongoing and significant risk related to provision of allergy safe meals for patients. This is being investigated thoroughly with Compass and a range of mitigations have been put in place. These include nursing staff checking each meal and parent information encouraging their partnership with staff to ensure food and allergy safety.
- Significant risk related to the unreliable function of the link lift 2. This is a sole lift required for safe transfer of patients from 23b (paediatric cardiac ward) to PICU, theatre and radiology. Contingency plans in place for patient transfer. Lift will need to be replaced. Child Health contribution to business case.
- Funding model for community services does not support delivery of improved outcomes for priority populations and produces risk with fixed term employees for successive contract terms.
- Appointment to the Lead Clinician Clinical Excellence role – a suitable candidate has been identified who is likely to commence late-2017.

Key issues and initiatives identified in coming months

- Starship Cath Lab project will continue until October 2017.
- Starship lift replacement programme will continue until September 2017.
- Community Redesign Project – implementation continues through the balance of 2017.
- Continued development of the service-level clinical excellence groups and finalisation of the service-level outcome measures.
- Work with the funding and planning team to develop business cases for:
    - Palliative care – seeking a correction to funded volumes (mostly regional) and agreement about moving to a more complete model of care (mostly national)
    - Consultation liaison – seeking increased core funding to allow appropriate service delivery for increased volumes of patients and increasing patient and family complexity
    - Adult metabolic – seeking funding for an adult metabolic physician (national) to work in the metabolic service which has an increasing number of adult patients.
- Tertiary services proposal to the Ministry of Health timeline and strategy to be agreed.

Starship Clinical Excellence Programme

The Starship Clinical Excellence Programme has been developed to both drive and support the delivery of world class patient and family focussed child health care across Starship Child Health to all the populations it serves. Starship Child Health is developing these measures and the corresponding targets and internationally relevant benchmarks. The measures are developed around the Institue of Medicine (IOM) domains of healthcare quality. We continue to refine these measures and their use to either monitor clinical quality or assist with improvement. It represents a balanced view of quality for the directorate. The following scorecard is for General Paediatrics.

Safety

Metric	Frequency	Actual	Target	Benchmark	Previous
Central line associated bacteraemia rate per 1,000 central line days	Monthly	0	<=1		0
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	Monthly	3%	<=6%		4%
Medication/Fluid Errors causing moderate/severe harm	Monthly	0	Lower		0
Medication and Fluid Error rate reported per 1,000 bed days	Monthly	4.8	Higher	6.6	3.1
Good Catches	Monthly	6	Higher		5
Unexpected PICU admissions	Monthly	11	Lower		12
Ward Code Blue Calls	Monthly	10	Lower		8
% PEWS Compliance	Monthly	96%	>=95%		98%
% Hand hygiene compliance	Monthly	86.1%	100%	>=80%	81.2%
	Starship Best		**Starship Average**		**General Paeds**
Safety Culture – General Paediatrics	**72**		**58**		**52**

Timeliness

Metric	Frequency	Actual	Target	Benchmark	Previous
(MOH-01) % CED patients with ED stay < 6 hours	Monthly	92%	>=95%		94%
Median acute time to theatre (decimal hours) - Starship	Monthly	8.16	Lower		8.04
(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	Monthly	0.8%	0%		1.8%
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Maori	Monthly	0	0		2
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Pacific	Monthly	0	0		0
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Asian	Monthly	2	0		2
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Deprivation Scale Q5	Monthly	3	0		5
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Total	Monthly	6	0		13
(ESPI-2) Patients waiting longer than 4 months for their FSA	Monthly	0.14%	0%		0.22%
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	Monthly	3	0		5
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Maori	Monthly	0	0		0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Asian	Monthly	1	0		0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5	Monthly	0	0		2
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific	Monthly	0	0		0

Efficiency

Metric	Frequency	Actual	Target	Benchmark	Previous
% Day Surgery Rate	Monthly	63%	>=55%	47%	64%
% Adjusted Session Theatre Utilisation	Monthly	75.6%	>=80%	77%	76.9%
Average Occupancy - Child Health	Monthly	93%	>=95%		91%
Inpatient Median LOS – Child Health	Monthly	2.2	Lower		2.1
Inpatient LOS over 30 days – Child Health	Monthly	23	Lower		18
FSA to FU Ratio – Child Health	Monthly	0.3	Higher		0.3

Efficiency					
Pathway Use	Monthly	R/U	Higher		R/U
Laboratory cost per bed day ($) - Child Health	Monthly	$90.30	Lower		$81.70
Radiology cost per bed day ($) - Child Health	Monthly	$114.36	Lower		$98.48
Antibiotic cost per bed day ($) - Child Health	Monthly	$26.75	Lower		$25.51
% of patients discharged on a date other than their estimated discharge date	Monthly	22.6%	Lower		24.9%
PICU Exit Blocks	Monthly	8	0		3

Effectiveness					
Metric	**Frequency**	**Actual**	**Target**	**Benchmark**	**Previous**
28 Day Readmission Rate - Total	Monthly	R/U	<=10%		10.5%
28 Day Readmission Rate - Maori	Monthly	R/U	<=10%		12.4%
28 Day Readmission Rate - Pacific	Monthly	R/U	<=10%		10.8%
28 Day Readmission Rate - Asian	Monthly	R/U	<=10%		7.4%
28 Day Readmission Rate - Deprivation Scale Q5	Monthly	R/U	<=10%		11.8%

Service Outcome and Benchmarking Measures – General Paediatrics					
Metric	**Frequency**	**July-17**	**Target**	**Benchmark**	**June-17**
28 Day Readmission Rate – Lower Respiratory Tract Infection	Monthly	6%	Lower		13%
7 Day Readmission Rate – Lower Respiratory Tract Infection	Monthly	4%	Lower		3%
Median LOS - Lower Respiratory Tract Infection	Monthly	2.1	Lower		2.1
School attendance for patients with pain conditions	Annually	R/U	TBC		R/U

Patient Centred					
Metric	**Frequency**	**Actual**	**Target**	**Benchmark**	**Previous**
% Was Not Brought (WNB) rate for outpatient appointments - All Ethnicities	Monthly	10%	<=9%	10.5%	12%
% Was Not Brought (WNB) rate for outpatient appointments - Maori	Monthly	19%	<=9%	10.5%	24%
% Was Not Brought (WNB) rate for outpatient appointments - Asian	Monthly	6%	<=9%	10.5%	8%
% Was Not Brought (WNB) rate for outpatient appointments - Pacific	Monthly	21%	<=9%	10.5%	23%
% Was Not Brought (WNB) rate for outpatient appointments - Deprivation Scale Q5	Monthly	18%	<=9%	10.5%	20%
Electronic Discharge Summary completion – Child Health	Monthly	97%	>=95%		97%
% Very good and excellent ratings for overall inpatient experience	Monthly	R/U	>=90%		90%
% Very good and excellent ratings for overall outpatient experience	Monthly	R/U	>=90%		88%
% Very good and excellent ratings for coordination of care after discharge	Monthly	R/U	>=90%		64%
Number of compliments received	Monthly	10	Higher		20
Number of complaints received	Monthly	11	Lower		5
Child Health Nursing Family Feedback	Monthly	96%	>=90%		96%

Scorecard

Auckland DHB - Child Health

HAC Scorecard for August 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	4.3%	<=6%	4.2%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	2.8%	<=6%	3.7%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	15	0	10
	Unviewed/unsigned Histology/Cytology results >= 90 days	11	0	10
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.95	>=1	0.95
	(MOH-01) % CED patients with ED stay < 6 hours	92.48%	>=95%	94.32%
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.14%	0%	0.22%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0.81%	0%	1.75%
	% DNA rate for outpatient appointments - All Ethnicities	9.74%	<=9%	12.46%
	% DNA rate for outpatient appointments - Maori	19.38%	<=9%	23.84%
	% DNA rate for outpatient appointments - Pacific	20.69%	<=9%	22.74%
	Elective day of surgery admission (DOSA) rate	66.24%	TBC	65.87%
	% Day Surgery Rate	63.33%	>=52%	63.93%
	Inhouse Elective WIES through theatre - per day	26.26	TBC	25.3
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	89.5%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	88.1%
	Number of complaints received	11	No Target	5
	28 Day Readmission Rate - Total	R/U	<=10%	10.48%
	% Adjusted Session Theatre Utilisation	75.6%	>=85%	76.9%
	Average LOS for WIES funded discharges (days) - Acute	4.34	<=4.2	4.82
	Average LOS for WIES funded discharges (days) - Elective	1.2	<=1.5	1.06
Engaged Workforce	Excess annual leave dollars ($M)	$0.65	0	$0.6
	% Staff with excess annual leave > 1 year	34.46%	0%	32.61%
	% Staff with excess annual leave > 2 years	11.38%	0%	11.54%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	1
	Sick leave hours taken as a percentage of total hours worked	4.37%	<=3.4%	4.38%
	% Voluntary turnover (annually)	12.16%	<=10%	12.39%
	% Voluntary turnover <1 year tenure	8.15%	<=6%	9.49%

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

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Scorecard Commentary

Elective discharges
The Child Health Directorate is at 95% of the target for Auckland DHB discharges at the end of August 2017. Targets for 17/18 have been adjusted to reflect the volume of Auckland DHB patient demand and the proportion of surgical activity for Auckland DHB patients. FSA targets are now in place for all surgical services to ensure weekly Auckland DHB surgical volumes are maintained at target levels.

Elective performance
Elective surgery performance continues to be a central focus for the Child Health Directorate, with 100% compliance achieved for the majority of services for ESPI 1 and 2. There are some residual challenges in ESPI2 and ESPI 5 for some sub-specialties.

ESPI -1 (acknowledgement of referral) 100%

ESPI-2 (Time to FSA) – 0.18% moderately non-compliant, 4 Breached in total; 3 Paed Ortho and 1 Paed Surgery. All other Paeds services were 100% ESPI-2 compliant.

ESPI-5 – (Time to Surgery) 0.78% non-compliant, 6 cases breached (5 Paed Ortho, 1 Paed Surgery) contributing factors include spinal surgery capacity constraints and acute demand. Mitigations include re-allocated theatre sessions and insourced sessions.

DNA rates
The Child Health Was Not Brought Project is in its third month. This project involves telephoning parents in the Auckland DHB catchment who have a scheduled appointment, who have a recorded history of having missed three or more appointments in the previous 12 months. Current resources allow us to contact approximately 40% of parents. The themes emerging from this work include:

- The negative impact of people not being able to book a time that suits them.
- The challenges associated with incorrect data (often parents are reporting having changed a time, rather than not attending, but it is recorded in our system as a Was Not Brought (WNB).
- The impact of practical barriers to attending appointments such as children being unwell, the car breaking down or only having one vehicle.
- The majority of missed appointments appear to have a logical explanation. There are very few examples of children 'falling through the gaps'. A good proportion of parents have significant numbers of appointments and the ratio of attendance is high.
- The majority of families report a very positive experience of Starship and the service they receive. The things that do let us down appear to be primarily administrative in nature.

Excess annual leave usage
Excess annual leave management is continuing and the financial benefits of this work are now being realised with reductions in many services during 2017. In summary the key activity is:

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

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

Staff turnover (annual)

Staff turnover consistently performs just above the organisational target, and fluctuates minimally month on month. Service-level analysis of the turnover data has revealed a small number of services where turnover is of concern. This is being addressed directly with these services and will be strengthened through information gained in the recently completed staff engagement survey and in the leadership development of all Child Health service-level leadership staff. Engagement plans are currently being developed for all Child Health Services.

Sick leave usage

Sick leave hours taken are higher than the target in several services within Child Health. More granular reporting is now being provided to understand trends and areas where greater emphasis needs to be placed on staff wellbeing and / or managing sick leave usage.

Financial results

STATEMENT OF FINANCIAL PERFORMANCE
Child Health Services

Reporting Date Aug-17

($000s)	MONTH			YEAR TO DATE (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	895	1,027	(131) U	1,887	2,053	(166) U
Funder to Provider Revenue	20,622	20,720	(98) U	40,556	40,152	404 F
Other Income	896	1,103	(207) U	2,225	2,206	19 F
Total Revenue	**22,414**	**22,850**	**(436) U**	**44,668**	**44,411**	**256 F**
EXPENDITURE						
Personnel						
Personnel Costs	11,655	11,466	(189) U	21,838	22,283	445 F
Outsourced Personnel	89	125	37 F	237	251	13 F
Outsourced Clinical Services	221	292	71 F	433	584	151 F
Clinical Supplies	2,307	2,298	(9) U	4,205	4,515	310 F
Infrastructure & Non-Clinical Supplies	363	378	15 F	887	755	(132) U
Total Expenditure	**14,634**	**14,559**	**(76) U**	**27,600**	**28,388**	**788 F**
Contribution	**7,780**	**8,291**	**(511) U**	**17,067**	**16,023**	**1,044 F**
Allocations	967	1,000	33 F	1,818	1,925	107 F
NET RESULT	**6,813**	**7,291**	**(479) U**	**15,249**	**14,098**	**1,151 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	223.2	226.1	2.9 F	222.5	226.1	3.5 F
Nursing	642.9	641.3	(1.6) U	638.5	641.3	2.8 F
Allied Health	175.3	188.0	12.6 F	174.9	188.0	13.1 F
Support	0.3	0.3	0.0 F	0.3	0.3	0.0 F
Management/Administration	88.8	93.1	4.2 F	86.8	93.1	6.3 F
Total excluding outsourced FTEs	**1,130.5**	**1,148.7**	**18.2 F**	**1,123.0**	**1,148.7**	**25.7 F**
Total :Outsourced Services	5.2	4.3	(0.9) U	6.6	4.3	(2.3) U
Total including outsourced FTEs	**1,135.8**	**1,153.0**	**17.2 F**	**1,129.5**	**1,153.0**	**23.5 F**

Comments on major financial variances

The Child Health Directorate was $479k U for the month of August, and $1,151k F year to date.

Year to Date revenue is $256k favourable and with total expenditure variance at $895k F for the two months to August. The expenditure upside is primarily in favourable personnel and clinical supplies costs.

Total inpatient WIES for the month was 2.1 % below 16/17 and 10.0 % below contracted volume.
Year to date WIES is 2.5 % more than last year but 9.0 % below budget.
It is likely that the reported WIES figure for both month and year to date will increase as the coded level of cases is still relatively low.

YTD FTEs for Employed/Contracted is 23.5 FTE below budget levels (F)

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

1. Revenue $256k F:
    a. Ministry of Justice revenue for Child Community service is $33k F.
    b. Funder revenue is $400k F – however this requires further investigation, and is likely to be revised down in September.
    c. ACC levels are $171k U – however this will improve significantly in September.

2. Expenditure $895k F:
    a. Personnel and Outsource costs variance is $609k F for the two months to August 2017. This is primarily due to vacancies not yet filled, staff resignations and delayed appointments.
    b. Clinical supply cost as at August 2017 was $310k F, or 93% of budget, driven by low inpatient volumes at 91% of contract (as per current coding).
    c. Infrastructure and non-clinical supplies costs are $122k unfavourable. This is primarily caused by non-payment of outstanding debts being written off in August.
    d. Internal allocations are ahead of budget at $107k F, an impact from lower patient volumes.

3. FTE 23.5 FTE F:
    The year to date result of 23.5fte is favourable and includes vacancies held in medicine, nursing and allied health. This will almost offset the savings targets year to date.

Key strategies currently employed to deliver to the 17-18 budget include the following:

1. On-going focus on revenue streams – Donations and non-residents revenue have started off as budgeted. However, all revenue streams will be carefully monitored.
2. Leave management project to progressively reduce excess leave balances is an on-going exercise. This is reviewed regularly at monthly meetings.
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.

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

COORDINATION BETWEEN HOME, HOSPITAL AND SERVICES

The results in this report are from Child Health Services inpatients discharged between 01 July 2016 - 30 June 2017

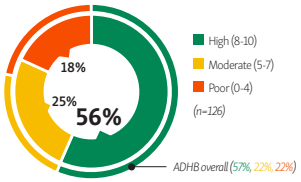
AT A GLANCE

Service integration is a key strategic theme for Auckland DHB.

COORDINATION IS CORRELATED TO OVERALL RATINGS

Despite only 13% of Child Health Services inpatients telling us coordination matters to them, a moderate correlation (.545) means an improvement in coordination can make a difference to overall patient experience.

HOW DO WE RATE FOR COORDINATED CARE?

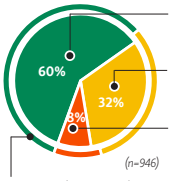


AVERAGE RATING

KEY AREAS

Coordination of services is about seamless integrated services before and after discharge.

WE ASKED CHILD HEALTH INPATIENTS HOW WELL WE PREPARED THEM TO LEAVE HOSPITAL



Most (60%) said they were **very well** prepared.

One third (32%), said they were **quite well** prepared.

8 percent, or 77 patients, said they were **not** very well prepared at all.

There is a positive 2 percentage point difference in ratings on this measure between Child Health Services and ADHB overall.

The difference is significant (p.<05)

COORDINATION BEFORE AND AFTER DISCHARGE

One in five Child Health Services respondents (22%) rate the coordination of care after discharge as either **"poor"** (13%) or **"fair"** (9%).

COORDINATION OF CARE BEFORE COMING TO HOSPITAL

COORDINATION OF CARE AFTER DISCHARGE

(Prior: n=697; ADHB n=3156. After n=319; ADHB n=3067. NA answers have been removed)

CHILD HEALTH SERVICES INPATIENTS EXPERIENCES OF COORDINATED CARE

Excellent service from the physio, wheelchair delivered to house when they said it would be, a very timely manner before 9 the next morning, excellent communication with follow up visits, text and mail service.

Was made to feel comfortable I could contact people if I had any concerns.

It took two days and many phone calls to finally get equipment for home. Nurse said it wasn't her job and I had to talk to doctor. Doctor said he never usually had to arrange equipment. It was a hopeless situation.

HOW MIGHT WE...

- Ensure every patient leaves hospital with information about what they should or should not do, any danger signals to watch for and who to contact if they are worried?
- Involve patients in after-care plans to ensure that these work for them and are suitable for their needs?
- Work with other DHBs, GPs, LMCs and ACC to ensure good communication between services especially after discharge?
- Find out from the patient what their needs are that might impact or influence appointment scheduling?
- Proactively ensure patients have enough information to confidently manage their condition at home?

OUR PATIENTS AND FAMILIES SAY AN EXCELLENT EXPERIENCE OF COORDINATED CARE OCCURS WHEN...

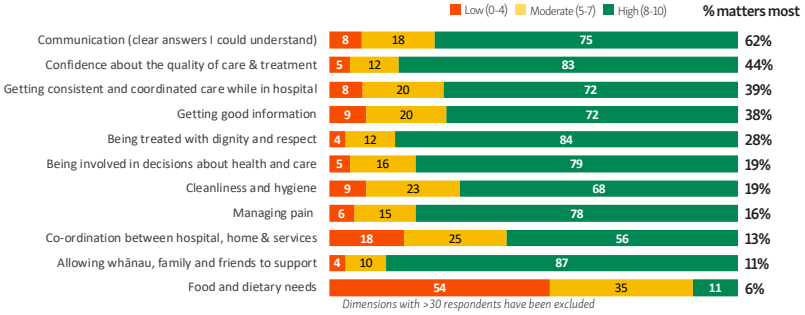
1. Discharge information details what they can (and can't) do at home, what to expect and who to contact or where to go if they have questions or concerns.
2. Information about their condition, care and treatment is shared between services and is well-coordinated.
3. There is follow up after discharge between hospital, GP, and other services like district nurses and occupational therapists.
4. Appointment scheduling processes are efficient and coordinated with other services.
5. Their discharge process is efficient and they are well prepared for leaving hospital.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS (CHILD HEALTH)

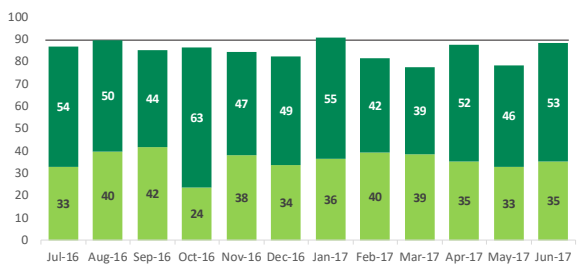
Inpatients are asked to choose and rate the three dimensions of care that are important to them. The ratings below from Child Health Services inpatients are presented in order of what matters most.



Dimensions with >30 respondents have been excluded

VERY GOOD AND EXCELLENT RATINGS

Child Health Services has **met or exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **twice** in the last 12 months.



(n=956)

June 2017 Outpatient Experience Report

CHILD HEALTH SERVICES

GETTING GOOD INFORMATION

The results in this report are from Child Health Services outpatients who had appointments between 01 July 2016 - 30 June 2017

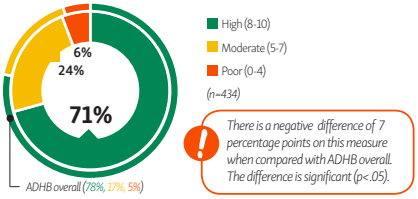
AT A GLANCE

Sharing good, complete and timely information with patients and families allows them to make informed decisions about their care and treatment.

GETTING GOOD INFORMATION MATTERS TO OUR OUTPATIENTS

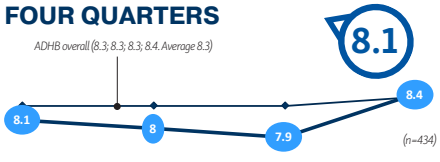
63% of Child Health Services outpatients tell us that getting good information is one of the three things that matter most to their care and treatment.

HOW DO WE RATE ON INFORMATION?



There is a negative difference of 7 percentage points on this measure when compared with ADHB overall. The difference is significant (p<.05).

AVERAGE RATING OVER LAST FOUR QUARTERS



KEY AREAS

Information is strongly correlated to overall ratings (.615).

WE ASKED CHILD HEALTH OUTPATIENTS IF THEY GOT ENOUGH INFORMATION

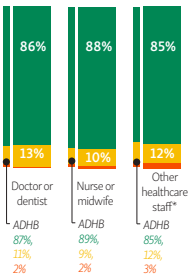
Most (87%) said they got the **right amount.**

13% said they **didn't get enough.**

Only **1** respondent **(.1%),** told us they received "too much" information.

ADHB overall (89%, 11%, 1%) (n=699)

CLEAR ANSWERS

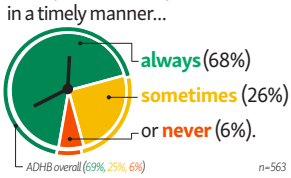


While most Child Health outpatients **(86%)** say that staff **always** answer their questions in a way they can understand, about one in seven **(12%)** say this happens **sometimes** or **never (2%).**

*Other healthcare staff: staff such as physiotherapist, occupational therapist, optometrist, psychologist (Doctors/dentists n=538; nurses/midwives n=164; other staff n=132)

TIMELY RESULTS

Child Health Services outpatients told us they received x-rays and test results in a timely manner...



always (68%)

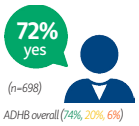
sometimes (26%)

or **never** (6%).

ADHB overall (69%, 25%, 6%) n=563

The doctor gave [the] diagnosis and explained exactly what that meant health wise both now and in the future for my [child].

DO OUTPATIENTS HAVE THE INFORMATION TO MAKE INFORMED CHOICES?



72% say they **do**[1]

23% say they do, **to some extent**

5% say they **don't.**

ADHB overall (74%, 20%, 6%)

[i] felt rushed and not really part of the conversation - talked down to.

There are no significant changes in any of these measures when compared either with ADHB overall or the previous 12 months (Jul 2015 - Jun 2016).

HOW MIGHT WE...

- Ensure patients and families are knowledgable and up to date about their care and treatment?
- Check patients and families have sufficient information about any procedures and treatment?
- Give consistent information?
- Ensure we always give patients and families test results?
- Check patients and families feel listened to?
- Keep patients and families better informed about administrative details including waiting times, appointments and time frames?

OUR OUTPATIENTS SAY AN EXCELLENT EXPERIENCE WITH INFORMATION OCCURS WHEN...

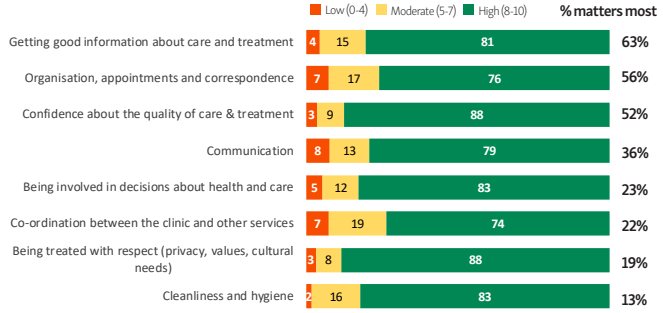
1. We give them thorough and detailed information that is clear, concise and easy to understand, and check their understanding.
2. Doctors give good explanations.
3. Staff fully answer their questions and allow time for new questions that arise
4. Information is provided using different methods and media (information sheets, brochures, websites).
5. They feel they are fully informed about what is happening during and after appointments.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

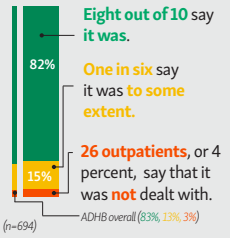
DIMENSIONS OF CARE RATINGS

Outpatients are asked choose and rate the three dimensions of care that are important to them. The ratings below are from Child Health Services outpatients.



MAIN REASON MET?

We asked our Child Health Services outpatients if the main reason they went to the clinic was dealt with to their satisfaction.



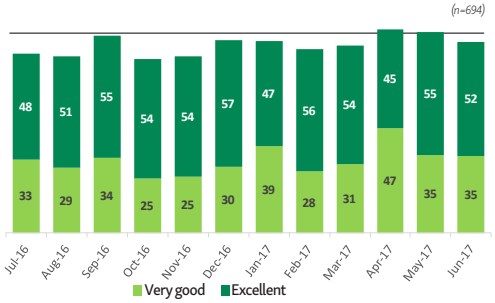
Eight out of 10 say **it was.**

One in six say it was **to some extent.**

26 outpatients, or 4 percent, say that it was **not** dealt with.

RATINGS OF OVERALL CARE (%)

Child Health Services has **met or exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **twice** in the last 12 months.



Perioperative Directorate

Speaker: Dr Vanessa Beavis, Director

Service Overview

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

The Perioperative Directorate is led by

Director: Dr Vanessa Beavis

General Manager: Duncan Bliss

Nurse Director: TBA

Director of Allied Health: Kristine Nicol

Directorate Priorities for 17/18

In 2017/18 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. Respond to the key findings to Directorate results of the 2016 staff engagement survey
2. Address the outstanding financial, production and clinical risk relating to instrument tracking
3. Redesign and integrate pre-admission processes/protocols for elective surgery
4. Quality improvements relating to handover and briefings
5. Assign OR capacity to increasing demand surgery volumes
6. Revision and refresh of the service leadership structure that enables collaboration with other Directorates

Q1 Actions – 90 day plan

1. Respond to the key findings to Directorate results of the 2016 staff engagement survey

Activity	Progress
By use of a 'pulse survey' to perioperative staff by area focusing on the themes of the 2016 engagement survey to establish solutions to improve staff engagement	The 17/18 Perioperative People Plan has been agreed by the leadership team. There is now underway to use this plan as the basis for establishing a 'pulse survey' towards the end of Q1 to see where improvements have been made and the further opportunities that exist to improve engagement. As part of the Perioperative consultation a staff survey has been circulated to gain feedback with over 100 responses on the change proposal.

2. Address the outstanding financial, production and clinical risk relating to instrument tracking

Activity	Progress
Ordering and usage of loan equipment	The RFID tunnel has been procured. It is intended to enable tracking of all loan sets in the Operating Rooms. The hardware has now arrived within CSSD and is installed. We are awaiting the security protocols to be agreed by Health Alliance which should be complete in September 2017.
Instrument Tracking Update	The single instrument tracking project is delayed. At the July Hospital Advisory Committee meeting it was announced that the Waitemata District Health Board have approved the recommendations and the updated proposal will now proceed for implementation.

3. Redesign and integrate pre-admission processes/protocols for elective surgery

Activity	Progress
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 17/18 financial year and beyond. The project group has been formed and work has commenced with the assistance of the performance improvement team. The initial key focus for the group has been reviewing and updating the documentation at service level.

4. Quality improvements relating to handover and briefings

Activity	Progress
Implement a formalised handover from OR to PACU as part of the 4th stage of the Safer Surgery Check List	Staffing model of care has been reviewed as part of the budget setting process for 17/18 with a view to increase PACU cover in line with the increase in acute OR allocation with ASU extending until 10pm from the end of Q2. It is agreed that with this increase there would be a formalised handover between OR and PACU. With the Implementation of Datix there is a request to update the dashboard to increase visibility of incidents linked to handover between OR and PACU.

5. Assign OR capacity to increasing demand surgery volumes

Activity	Progress
SCRUM process	Continue to reallocate sessions through the SCRUM process to reduce the number of sessions unfilled by service/late notice. Session utilisation is currently running at 95.4% YTD against the internal target of 97%

6. Revision and refresh of the service leadership structure that enables collaboration with other Directorates

Activity	Progress
Implement approved leadership structure including consultation and communication to appropriate stakeholders	The leadership team has launched a consultation regarding a proposal for a revised leadership structure for the directorate. Considerable feedback has been received and is now being considered.

Measures

Measures	Baseline	Current	End 2017/18
1. Improved results in employee pulse survey	Positive attitude 46%		65%
2. Implementation of TDOC upgrade	V8	V8	V13
3. Reduction in cancellations on the day linked to pre-admission processes	15%		10%
4. % reduction in incidents related to care and co-ordination incidents	TBA		TBA
5. $ per minute to be within 2% variance of 2016/17 actual costs	$31.78		</= $32.41
6. Implementation of revised leadership structure		Consultation document released	Full implementation

	Action Plan	Owner	Q1	Q2	Q3	Q4
1	By use of a 'pulse survey' to perioperative staff by area focusing on the themes of the 2016 engagement survey to establish solutions to improve staff engagement	Clinical Directors and OR Managers				
1	OR dashboard to include 'engaged workforce' as part of 'knowing how we are doing' across all suites with potential reward structure for continually high performing areas	Clinical Directors and OR Managers				
2	Implementation of TDOC upgrade from Version 8 to Version 13	CSSD Manager				
3	The review criteria admission criteria for surgery at GSU	GSU CD				
3	Review and refresh patient documentation issued at pre-admission	Service Clinical Director				
3	Explore opportunities for 'one stop' services for pre-admission for high clinics with high conversion rates	General Manager				
4	Implement a formalised handover from OR to PACU as part of the 4th stage of the SSCL	Clinical Directors				
5	Substantive recruitment to remaining 'flex' sessions across all OR suites for elective capacity	OR Managers				
5	Increased Acute operating recourse during weekends and public holidays	OR Managers				
5	Substantive recruitment for increased GSU OR capacity on Saturdays	OR Managers				
6	Implement approved leadership structure including consultation and communication to appropriate stakeholders	Service Director				

Key achievements in the month

- On 18 August 2017, three draft proposals for change were released to the Directorate and wider Auckland DHB team, they were:
  - Clinician Leadership and Management of Services for the Perioperative Directorate
  - Central Sterile Supply Services (CSSD)
  - Starship Perioperative Consultation
- Staff across the directorate have provided their feedback via survey monkey and emails with around 200 responses received to date. Feedback closed on Sunday, 17 September. Following this, a decision document is intended to be communicated by October/November 2017.
- The Operating Room Hui took place on 23 August. This event was well attended by the senior nursing staff. Another key event held on 19 August was the Annual Business Meeting and was well attended by anaesthetists across the service. The key focus this year was to highlight the three Consultation documents released on 18 August and a robust discussion took place at both events.
- The Greenlane surgical unit completed their first fundoplication surgery successfully.

Areas off track and remedial plans

- The single instrument tracking project is delayed, but following Auckland and Waitemata DHB approval it is now proceeding. A new project manager has been appointed to oversee the project.

Key issues and initiatives identified in coming months

- Lack of storage rooms for equipment on Level 8 Theatres has resulted in corridors being used instead. It has been identified during fire drills, that this could impact evacuations in an emergency. The OR Occupational Health team will be looking into this issue and report back to the OR management group.
- Increase in late starts was noticed in August at the Greenlane Surgical unit, the key reasons relate to late scheduling changes, and last minute unavailability of surgical staff.

Scorecard

Auckland DHB - Perioperative Services

HAC Scorecard for August 2017

	Measure	Actual	Target	Prev Period
Patient Safety	% Acute index operation within acuity guidelines	75.61%	>=90%	80%
	Wrong site surgery	R/U	0	0
	% Elective prophylactic antibiotic administered <= 60 mins from procedure start	R/U	>=90%	R/U
Better Quality Care	% Unplanned overnight admission	4.1%	<=3%	4.92%
	% Cases with unintended ICU / DCCM stay	0.23%	<=3%	0.26%
	% 30 day mortality rate for surgical events	0.23%	<=2%	0.45%
	% CSSD incidents	3.4%	<=2%	2.9%
Improved Health Status	% Elective sessions planned vs actual	95.4%	>=97%	92.3%
	% Adjusted theatre utilisation - All suites (except CIU)	82.84%	>=85%	82.5%
	% Late starting sessions	7.2%	<=5%	5.4%
Engaged Workforce	Excess annual leave dollars ($M)	$0.46	0	$0.42
	% of Staff with excess annual leave > 1 year < 2 years	31.09%	<=30%	30.64%
	% Staff with excess annual leave > 2 years	12.06%	0%	11.83%
	Sick leave hours taken as a percentage of total hours worked	4.77%	<=3.9%	4.76%
	% Voluntary turnover (annually)	10.54%	<=10%	10.46%
	% Voluntary turnover <1 year tenure	4.88%	<=6%	3.7%

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

Scorecard Commentary

- There were no complaints received for Perioperative services for August 2017.
- No SAC 1 and one SAC 2 incident was reported in the three months from 1 June 2017 to 31 August 2017.
- Recommendations from previous RCAs have been implemented. Formal auditing of the surgical safety check list has recommended this quarter, with good rates of engagement (and compliance).

- There were six medication incidents reported for August 2017, 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.
- August planned vs actual elective session usage was 95.4%, this is attributed to the improved attendance of the SCRUM meeting and the release and reallocation of sessions across departments.
- Unplanned overnight admissions in August were 4.1% against a target of 3%, which is attributed to the acute load and case mix.

Financial Results

Summary Net Result

STATEMENT OF FINANCIAL PERFORMANCE
Perioperative Services

Reporting Date **Aug-17**

($000s)	**MONTH**			**YEAR TO DATE (2 months ending Aug-17)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
REVENUE						
Government and Crown Agency	198	192	6 F	387	384	3 F
Funder to Provider Revenue	13	13	0 F	25	25	0 F
Other Income	18	17	2 F	31	33	(2) U
Total Revenue	**229**	**222**	**7 F**	**443**	**442**	**1 F**
EXPENDITURE						
Personnel						
Personnel Costs	8,302	8,121	(181) U	15,613	16,046	434 F
Outsourced Personnel	56	65	9 F	109	130	21 F
Outsourced Clinical Services	0	0	0 F	(0)	0	0 F
Clinical Supplies	3,947	3,744	(203) U	7,542	7,435	(107) U
Infrastructure & Non-Clinical Supplies	145	154	9 F	313	308	(5) U
Total Expenditure	**12,450**	**12,084**	**(366) U**	**23,576**	**23,919**	**344 F**
Contribution	**(12,221)**	**(11,862)**	**(359) U**	**(23,132)**	**(23,477)**	**345 F**
Allocations	18	20	2 F	27	38	11 F
NET RESULT	**(12,240)**	**(11,883)**	**(357) U**	**(23,160)**	**(23,515)**	**355 F**

Paid FTE

	MONTH (FTE)			**YEAR TO DATE (FTE) (2 months ending Aug-17)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medical	163.5	169.4	5.9 F	162.3	169.4	7.0 F
Nursing	429.3	453.4	24.1 F	427.8	453.4	25.7 F
Allied Health	92.9	112.8	19.9 F	95.1	112.8	17.7 F
Support	104.8	115.3	10.5 F	105.1	115.3	10.2 F
Management/Administration	22.4	15.3	(7.1) U	23.0	15.3	(7.6) U
Total excluding outsourced FTEs	**812.9**	**866.2**	**53.3 F**	**813.2**	**866.2**	**53.0 F**
Total :Outsourced Services	2.7	0.0	(2.7) U	2.9	0.0	(2.9) U
Total including outsourced FTEs	**815.6**	**866.2**	**50.7 F**	**816.1**	**866.2**	**50.1 F**

Comments on major financial variances

Volumes

	Month					Year to date				
	Actual	Budget	Variance to budget	Prior year Actual	Variance year on year	Actual	Budget	Variance to budget	Prior year Actual	Variance year on year
Minutes all theatres	396,379	403,770	98.2%	403,770	98.2%	749,483	771,108	97.2%	771,108	97.2%
Cases	4,425	4,429	99.9%	4,429	99.9%	8,372	8,536	98.1%	8,536	98.1%
Cost per minute	$ 30.88	$ 29.43	104.9%	$ 30.47	101.3%	$ 30.90	$ 30.49	101.3%	$ 31.01	99.7%
Average minutes per case	89.6	91.2		91.2		89.5	90.3		90.3	

Month

The net result for August is an unfavorable variance of $357k.

- Total minutes for August are 98% against Budget and prior year. Average time per case is 1.8% lower than budgeted average with the lower acuity / complexity of cases for the month requiring 7026 fewer minutes. Reduction in case numbers accounted for 365 minutes fewer.
- Clinical supplies for the month are unfavorable $203k due to overspend in disposable supplies and equipment of $132k and $37k in pharmaceutical supplies. There were only 6 weekend elective sessions in August compared to 10 in July.
- Personnel unfavorable variance of $181k is mainly attributable to monthly target savings not achieved.

Year to Date

The year to date result is a favorable variance of $355k. This result reflects the lower production volumes particularly in July.

- The volumes year to date are to 2.8% below budget, with lower complexity cases accounting for 6,810 minutes fewer and 14,815 minutes due to volumes, with 164 fewer cases. Average minutes per case are slightly down on last year to date which will be partly driven by fewer transplant procedures (27 YTD compared to 55 YTD in 2016). Weekend elective cases are also lower (16 YTD compared to 37 YTD in 2016).
- Clinical supplies are unfavorable by $107k attributable mainly to overspend in disposable items in August.

The budgeted cost per minute for Perioperative services for the year 2017/18 is $31.94. The actual cost per minute YTD is $30.90.

Cancer and Blood Directorate

Speaker: Dr Richard Sullivan, Director

Service Overview

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

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

The Cancer and Blood Directorate is led by:

Director: Richard Sullivan

General Manager: Deirdre Maxwell

Director of Nursing: Brenda McKay

Finance Manager: Dheven Covenden

HR Manager: Andrew Arnold

Director of Allied Health: Carolyn Simmons Carlsson

Directorate Priorities for 17/18

In 2017/18 our Directorate will focus on the following Directorate priorities:

1. Tumour stream service delivery (subspecialisation)
2. Improving Our People's experience
3. Faster Cancer Treatment
4. Research enabled
5. Regional Collaboration
6. Financial sustainability

Q1 Actions – Action plan performance

1. Re-organisation and co-location of clinics, and daystay, consistent with Alignment project goals

On 15 September we held a directorate-wide meeting to update our staff with these projects, as we are about to commence clinic room rescheduling as one of our major pieces of work. This will better align current demand to capacity – both staff and clinic rooms – although clinic capacity remains a rate-limiting constraint. This will allow us to better tumour stream activity across our directorate, with up to four streams operational following this work. In addition we continue to work on moving the treatment of acute presentations from Haematology Daystay to our Acutes department, consistent with our wider directorate model of care; and working with pharmacy to set up a distribution point in our outpatient waiting area. An IT subgroup is underway to provide options to utilise existing programmes more effectively within our Directorate, for example the acute dashboard.

2. Haematology Model of Care agreed following demand/capacity modelling

Our Service Clinical Director is working with Production planning and Performance Improvement staff, with baseline information now available. We have appointed a new Medical Lead to work within the Haematology Service, and she is fully engaged in this work also. A strategy session is being planned as a means of engaging the wider haematology service with potential changes in model(s) of care.

Employee survey projects implemented within services

Our Cancer and Blood Directorate is now working on the issues raised through the DHB-wide Employee Survey. Each Service continues to work on their top three priorities and associated plans. The aggregate top three priorities for our Directorate include 'support improved health and well-being', 'improve the situation in relation to inappropriate behaviour including bullying and harassment', and 'improve the way in which we interact together'. We have plans and measures in place to support these directorate-wide.

3. Consistently implement 31 days (ref – treatment) within Cancer and Blood, consistent with Faster Cancer Treatment pathway improvements

We are working with the Business Analysis team to compile the correct data. This activity is consistent with Faster Cancer Treatment imperatives, given that all patients within our service have cancer – we are improving all our pathways with this in mind.

4. Develop/refresh high cost technology plan

The Radiation Oncology Service is reliant on the procurement and planned replacement of costly equipment. Work has commenced to align the strategic intent of the Directorate and Services to ensure a planned and sanctioned approach, with current work focused on the replacement of two linear accelerators.

5. Phase 1 Trials Unit established

The Auckland Clinical Trials Centre has been blessed by kaumatua, and is readying for the first patients/whanau in late September. The establishment of this unit is kindly supported by a philanthropic donor. We expect a formal launch to be actioned in October/November, and will plan this in conjunction with senior leadership and communications staff. In the meantime, an oversight group between Auckland DHB and the University of Auckland has been established consistent with the Auckland Academic Health Alliance agreements, and work continues to ensure compliance with

Auckland DHB research requirements. A number of early phase trials are already underway, under the auspices of the Cancer and Blood Research Service.

6. New Purchase Unit Code established within Radiation Oncology

As previously indicated, Stereotactic ablative radiotherapy (SABR treatment) is radiation therapy in which a few very high doses of radiation are delivered to small, well-defined tumours. Because SABR treatment is so precise, less of the healthy tissue is affected and radiation can be delivered at a much higher doses. This means that treatment can be completed in shorter timeframes than traditional radiation therapy. However, the planning and preparation timeframes remain the same. Currently volumes are small but we expect them to increase, and believe a different funding purchase unit code (with funding) is appropriate. Auckland DHB Revenue staff are working with Business Intelligence staff to develop the appropriate model, for signoff by our service.

8 Regional Collaboration as per regional agreement – Local Delivery of Oncology

- Breast and Bowel Cancer - Chemotherapy Local Delivery: This work has been incorporated into the Long Term Investment Planning process, so we await the outcome of this regional work.
- In the meantime, Pilot Adjuvant Herceptin delivery at Counties Manukau DHB is progressing as planned with full complement of patients receiving treatment (ten treatments on one day per week). Financial evaluation underway and will be presented to the Local Delivery of Oncology Steering Group at its next meeting. This agreement will be key to the region understanding the additional cost of a distributed model of delivery.
- In addition, Pilot Adjuvant Herceptin delivery at Waitemata DHB is progressing with small numbers of patients. Our Auckland DHB Regional service is engaged with Waitemata DHB re herceptin delivery from North Shore Hospital, with current work specifically concerning the nursing education in the regional context.

Measures

Measures	Current	Target (End 2017/18)	2018/19
Clinics co-located and new model of care in daystays as per plan	30%	100%	na
Demand/capacity modelling in haematology and identification of model of care	20%	100%	na
Employee survey projects following confirmation of issues at service level, as per plans	20%	100%	na
Phase 1 Trials Unit operational	No	Yes	na
Refresh replacement plans for high cost technology	5%	100%	na
Auckland DHB meets Faster Cancer Treatment target, including 31 day target within Cancer and Blood (from 2017 April-July building 6 months report)	92%	90%	90%
SABR Purchase Unit Code identified, costed and implemented	No	Yes	na
Breakeven revenue and expenditure position	Current month favourable	Breakeven	

Key achievements in the month

- **Linear Accelerator Implementation underway** – The Steering Group oversees this complex implementation, and reports to Dr Richard Sullivan as Sponsor. This developmental process continues as we work through the best options around IT integration/cloud solutions with healthAlliance support. Current activity is focused on information security issues, and tight planning for ongoing service delivery with the facilities work in removing the old linear accelerators and readying the bunker(s) for the new ones. An update has been provided to the Auckland DHB Board 20th September.

Areas off track and remedial plans

- **Achieving Financial Savings** – We have developed financial savings plans with Service Clinical Directors, and although these are in place they are proving challenging to deliver. We meet 2 weekly with senior leadership to review and manage.
- **Radiation Oncology 90 Day Plan –** Our Radiation Oncology Service has instituted a specific 90 day plan to identify and resolve Faster Cancer Treatment pathway issues for all patients (noting that all patients in this service have cancer). This work is starting to show positive outcomes with increased numbers of patients being seen at FSA within 14 days of receipt of referral.

Key issues and initiatives identified in coming months

- **Welcome Video for Regional Cancer and Blood Service** – We are nearing completion on the production of this Welcome Video. This work has been Dry July funded, and comprises a 14 minute film that will be uploaded to Healthpoint and available via the internet. It portrays the range of services that patients/whanau can expect to see when they come to our service – in the main provided through patient stories and experiences. We hope that this information presented in this way will be welcoming and friendly for people needing to engage with our services.
- **Technical Adjustments to the Faster Cancer Treatment Target (FCT)** – The new FCT target definitions mean that our performance reflects greater target achievement (90.0% adjusted performance 01/04/17 – 04/08/17). Our DHB services continue to focus on improving pathways for patients/whanau with a high suspicion of cancer.

Scorecard

Auckland DHB - Cancer & Blood Services

HAC Scorecard for August 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3.8%	<=6%	3.8%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	0	0	1
	Unviewed/unsigned Histology/Cytology results >= 90 days	0	0	0
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	100%	100%	100%
	% DNA rate for outpatient appointments - All Ethnicities	4.35%	<=9%	4.66%
	% DNA rate for outpatient appointments - Maori	10.68%	<=9%	9.49%
	% DNA rate for outpatient appointments - Pacific	8.71%	<=9%	11.35%
	Number of CBU Outliers - Adult	64	300	30
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	90.9%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	90.7%
	Number of complaints received	3	No Target	0
	28 Day Readmission Rate - Total	R/U	TBC	31.74%
	Average LOS for WIES funded discharges (days) - Acute	4.36	TBC	3.85
	% 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	98.55%	100%	97.47%
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 2 weeks of referral	85.02%	100%	81.65%
	% Radiation oncology patients attending FSA within 2 weeks of referral	61.61%	100%	44.19%
	% Radiation oncology patients attending FSA within 4 weeks of referral	96.21%	100%	95.93%
	% Patients from Referral to FSA within 7 days	29.72%	TBC	22.7%
	31/62 day target – % of non-surgical patients seen within the 62 day target	R/U	>=90%	91.67%
	31/62 day target – % of surgical patients seen within the 62 day target	R/U	>=90%	89.29%
	62 day target - % of patients treated within the 62 day target	R/U	>=90%	90.52%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	87.5%	>=95%	100%
	BMT Autologous Waitlist - Patients currently waiting > 6 weeks	0	0	1
Engaged Workforce	Excess annual leave dollars ($M)	$0.17	0	$0.16
	% Staff with excess annual leave > 1 year	31.64%	0%	30.9%
	% Staff with excess annual leave > 2 years	9.6%	0%	8.43%
	% Staff with leave planned for the current 12 months	R/U	No Target	R/U
	% Leave taken to date for the current 12 months	R/U	No Target	R/U
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.54%	<=3.4%	3.57%
	% Voluntary turnover (annually)	10.91%	<=10%	11.24%
	% Voluntary turnover <1 year tenure	8.57%	<=6%	8.33%

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

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

31/62 day target – % of non-surgical patients seen within the 62 day target
31/62 day target – % of surgical patients seen within the 62 day target
62 day target - % of patients treated within the 62 day target

Results unavailable from NRA until after the 20th day of the next month.

% Staff with leave planned for the current 12 months

% Leave taken to date for the current 12 months

Result unavailable.

Scorecard Commentary

- The Risk Register is updated and monitored at the Quality Forum and Health and Safety meetings, and Quality remains a focus for the Directorate.
- There have been no SAC 1 or 2 events.
- Staff turnover continues to reduce month on month toward the acceptable level.
- Sick leave remains static, and is slightly increased during the winter months, consistent with the wider DHB experience.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Cancer & Blood Services

Reporting Date **Aug-17**

($000s)	**MONTH**			**YEAR TO DATE (2 months ending Aug-17)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
REVENUE						
Government and Crown Agency	1,088	1,292	(204) U	2,138	2,444	(306) U
Funder to Provider Revenue	10,035	10,035	0 F	19,564	19,564	0 F
Other Income	84	42	42 F	86	85	1 F
Total Revenue	**11,208**	**11,370**	**(162) U**	**21,787**	**22,092**	**(305) U**
EXPENDITURE						
Personnel						
Personnel Costs	3,385	3,272	(112) U	6,186	6,311	125 F
Outsourced Personnel	38	78	40 F	79	155	77 F
Outsourced Clinical Services	278	254	(24) U	560	508	(53) U
Clinical Supplies	4,154	4,293	139 F	8,151	8,317	166 F
Infrastructure & Non-Clinical Supplies	150	142	(8) U	315	285	(31) U
Total Expenditure	**8,004**	**8,039**	**35 F**	**15,291**	**15,576**	**285 F**
Contribution	**3,203**	**3,331**	**(127) U**	**6,496**	**6,516**	**(20) U**
Allocations	522	583	62 F	1,095	1,133	37 F
NET RESULT	**2,682**	**2,748**	**(66) U**	**5,401**	**5,384**	**17 F**

Paid FTE

	MONTH (FTE)			**YEAR TO DATE (FTE) (2 months ending Aug-17)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medical	65.5	65.5	0.0 F	67.1	65.5	(1.6) U
Nursing	139.5	144.0	4.6 F	141.2	144.0	2.8 F
Allied Health	89.6	97.0	7.4 F	90.4	97.0	6.6 F
Support	2.1	1.0	(1.1) U	2.4	1.0	(1.4) U
Management/Administration	26.7	26.8	0.1 F	26.7	26.8	0.1 F
Total excluding outsourced FTEs	**323.3**	**334.3**	**11.0 F**	**327.8**	**334.3**	**6.5 F**
Total Outsourced Services	2.9	1.3	(1.5) U	2.8	1.3	(1.4) U
Total including outsourced FTEs	**326.2**	**335.6**	**9.4 F**	**330.5**	**335.6**	**5.1 F**

Financial Commentary

The result for the year to date August is a favourable variance of $ 17k.

Volumes: Overall volumes are 93.9 % of contract. This equates to $ 1,192k below contract (variance is currently not recognised in the Cancer and Blood Provider result).

Note that the Haemophilia Service is included in the Cancer and Blood Directorate. Haemophilia is a demand driven service and is reimbursed by the National Haemophilia Management Group (NHMG) for blood product usage and nursing costs. However the demand for blood products is quite variable and often results in significant variances in the monthly blood product usage and the corresponding revenue reimbursement. This often distorts the Cancer and Blood result but is mainly bottom line neutral.

Total Revenue $ 305k unfavourable - mainly due to:

- Haemophilia blood product reimbursement – demand driven and offset by lower blood product costs

Total Expenditure- $ 322k favourable mainly due to:

- Personnel including Outsourced Personnel $ 202k F – mainly vacancies in Nursing, Allied Health and Admin personnel.
- Clinical Supplies $ 166k F – due to:
  - Haemophilia $ 288k F – reduction in Haemophilia Blood product costs (demand driven and offset by decreased revenue)
  - Cancer and Blood $ 65k U- primarily PCT pharmaceuticals mainly due to phasing

FTE – 5.1 FTE favourable

June 2017 Outpatient Experience Report

CANCER AND BLOOD SERVICES

GETTING GOOD INFORMATION

The results in this report are from Cancer and Blood Services outpatients who had appointments between 01 July 2016 - 30 June 2017

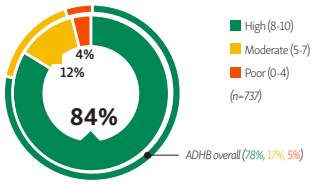
AT A GLANCE

Sharing good, complete and timely information with patients allows them to make informed decisions about their care and treatment.

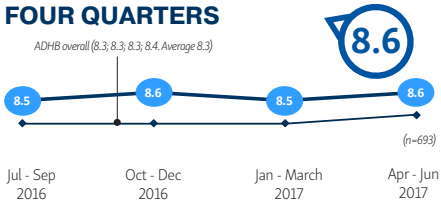
GETTING GOOD INFORMATION MATTERS TO OUR OUTPATIENTS

69% of Cancer and Blood Services outpatients tell us that getting good information is one of the three things that matter most to their care and treatment.

HOW DO WE RATE ON INFORMATION?



AVERAGE RATING OVER LAST FOUR QUARTERS



KEY AREAS

Information is strongly correlated to overall ratings (.615).

WE ASKED CANCER AND BLOOD OUTPATIENTS IF THEY GOT ENOUGH INFORMATION

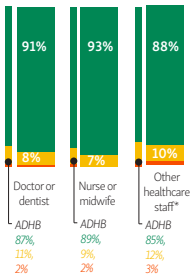
Most (93%) said they got the **right amount.**

6% said they **didn't get enough.**

Only **6** respondents **(1%),** told us they received "too much" information.

ADHB overall (89%, 11%, 1%) (n=1060)

CLEAR ANSWERS

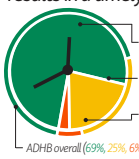


While most Cancer and Blood outpatients **(90%)** say that staff **always** answer their questions in a way they can understand, about one in ten **(8%)** say this happens **sometimes** or **never (2%).**

*Other healthcare staff: staff such as physiotherapist, occupational therapist, optometrist, psychologist (Doctors/dentists n=760; nurses/midwives n=246; other staff n=160)

TIMELY RESULTS

Cancer and Blood Services outpatients told us they received x-rays and test results in a timely manner...



always* (76%)

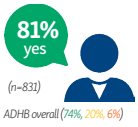
sometimes (21%)

or **never.** (3%)

ADHB overall (69%, 25%, 6%) n=859

I was given up front and honest answers to all my questions in a manner that I was able to understand.

DO OUTPATIENTS HAVE THE INFORMATION TO MAKE INFORMED CHOICES?



81% say they **do.***

17% say they do, **to some extent.**

3% say they **don't.***

I don't get [test] results even though i have asked and provided my email.

There is a positive difference in ratings of between 7 - 9 percentage points on these measures between Cancer and Blood Services and ADHB overall.
The differences are significant (p.<05)

HOW MIGHT WE...

- Ensure patients are knowledgable and up to date about their care and treatment?
- Check patients have sufficient information about any procedures and treatment?
- Give consistent information?
- Ensure we always give patients their test results?
- Check patients feel listened to?
- Keep patients better informed about administrative details including waiting times, appointments and time frames?

OUR OUTPATIENTS SAY AN EXCELLENT EXPERIENCE WITH INFORMATION OCCURS WHEN...

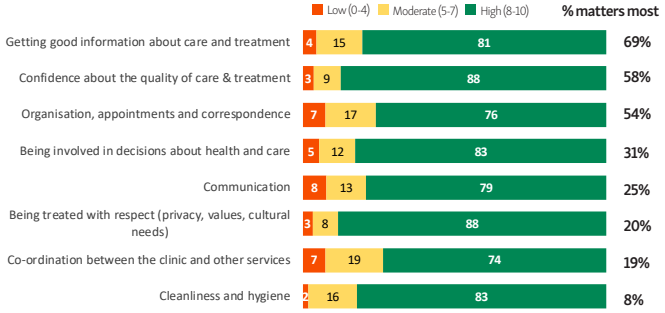
1. We give them thorough and detailed information that is clear, concise and easy to understand, and check their understanding.
2. Doctors give good explanations.
3. Staff fully answer their questions and allow time for new questions that arise
4. Information is provided using different methods and media (information sheets, brochures, websites).
5. They feel they are fully informed about what is happening during and after appointments.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS

Outpatients are asked choose and rate the three dimensions of care that are important to them. The ratings below are from Cancer and Blood Services outpatients.



MAIN REASON MET?

We asked our Cancer and Blood Services outpatients if the main reason they went to the clinic was dealt with to their satisfaction

Nine out of 10 say **it was.***

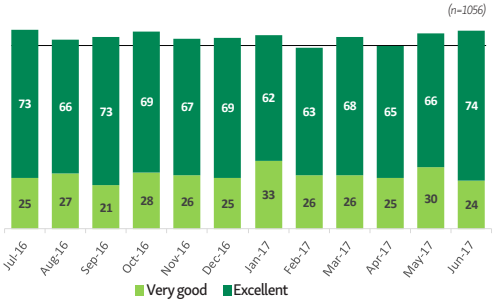
Seven percent say it was **to some extent.**

15 outpatients, or 1 percent, say that it was **not** dealt with.

ADHB overall (83%, 13%, 3%)

RATINGS OF OVERALL CARE (%)

Cancer and Blood Services has **met or exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **eleven times** in the last 12 months.



Mental Health and Addictions Directorate

Speaker: Anna Schofield, Director

Service Overview

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

The Mental Health and Addictions Directorate is led by

Director: Anna Schofield
Director of Nursing: Tracy Silva Garay
Director of Allied Health: Mike Butcher
Director of Primary Care: Kristin Good
Medical Director: Allen Fraser
General Manager: Alison Hudgell

Directorate Priorities for 17/18

In 2017/18 our Directorate will contribute to the delivery of the five Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. AN INTEGRATED APPROACH TO CARE: Develop an implementation plan to align mental health services with the localities approach including the provision of services closer to home and better integrated with other health and social service provision
2. RIGHT FACILITIES IN THE RIGHT PLACE: Strategic facilities plan developed, signed off and implemented, with St Lukes and the residential eating disorder service as priority areas. This inextricably links with the localities approach
3. SAFE CARE ACROSS THE CONTINUUM: We have a safe environment for patients and staff, including on-going assault reduction work and a focus on factors that influence this. The service improvement work will be embedded to ensure it is sustained.
4. RIGHT INTERVENTIONS AT THE RIGHT TIME: Service users have access to the right intensity of psychosocial interventions through implementation of secondary stepped care. Pathways across services, directorates and with external stakeholders, including the Ministry for Vulnerable Children, are developed and implemented.
5. RIGHT PEOPLE TO PROVIDE THE RIGHT CARE: Mental Health workforce practicing at the top of their scope. Up skilling leadership, enabling secondary and support staff to increase scope of work and enable non-clinical support to support this. Innovative recruitment drives to enable a sustainable cross Mental Health workforce and succession planning.

Q1 Actions – 90 Day Plan

1. An Integrated Approach to Care

1.1. Programme Boards

The Mental Health Directorate is an integral part of the Primary and Community Programme Board and continues to engage in working on options for aligning mental health service provision and support to provide services closer to home. The Mental Health Programme Board has an outcome of seamless services that enables people to live well, get well and stay well. The programme of work being developed will ultimately provide oversight for a range of other integration initiatives including INNOVATE (NGO/DHB/PHO providers of mental health services funded by Auckland DHB), the Mental Health Child and Family Governance Group, and the primary/secondary integration work which now sits under the auspices of the Tamaki Well-Being programme.

1.2. Mental Health/Oranga Tamariki Programme

This is a joint initiative between Auckland child and adolescent inpatient and CAMHS services and Oranga Tamariki. The intention is to improve outcomes for children and young people with care and protection and mental health needs that require inpatient care, and to support them transition to and from the community with appropriate care and support to aid their recovery. The Oranga Tamariki secondee is now in role and regular inter-agency steering group meetings for this programme of work are underway.

2. Right Facilities in The Right Place

2.1. Strategic Facilities Plan

There is a need for a Mental Health Directorate Strategic Facilities Plan and this will be informed by the Auckland DHB Mental Health Strategy to be developed by the Mental Health Programme Board.

2.2. St Lukes CMHC

The Board has recently confirmed the lease (subject to due diligence) for an alternative facility for the St Lukes CMHC along with extension of the current lease on the existing building to ensure consistency and continuity of service provision for service users, as well as allowing time for a fit out of the building to meet health and safety standards.

2.3. Tupu Ora Residential Eating Disorders Service

The options for the residential eating disorder service will be progressed once it is understood what the supra-regional requirements are for this service which will, in turn, determine the type and size of facility needed. The lease for the existing facility is until February 2018 with a likely 12 month extension.

2.4. Early Intervention Service

The facility to enable centralisation of the Early Intervention Service for young adults with a first episode of psychosis (18 – 30 year olds) has met due diligence and is approved for lease by the Board.

2.5. Mapping Mental Health Services

Appendix 2 contains maps of the location of Auckland DHB mental health facilities on the Grafton, Greenlane and Point Chevalier sites and those in leased facilities in the community.

3. Safe Care Across the Continuum

3.1. Project Haumaru

Haumaru led by the TWT leadership to enhance patient safety, flow and quality of care is now in its second year and is beginning to see some significant results in particular, a 52% reduction in reported assaults in 2016/17 over 2015/16.

Staff, service user/and family/whanau representatives have been actively engaged in the multiple work streams that sit within the Haumaru framework. The dedicated project support has been key for developing and maintaining the structure, systems and processes required to implement and sustain this improvement project.

As we continue to collect information on barriers to discharge, we are actively engaging with agencies that could assist address identified needs. This includes developing relationships at the right levels across the agencies and an escalation plan where there are blocks to a collaborative approach.

3.2. CFU Service Improvement and Collaborative Work

Since November 2016 the CFU has commenced a formal service improvement plan. This is partly in response to stakeholder feedback and following periods of high occupancy and acuity. Key areas of focus are patient and staff safety, patient flow, systems and infrastructure and a focus on workforce development. Stakeholder feedback, and information provided to them on actions underway are contained in Appendix 1.

3.3. ED Mental Health Model

Progressing the ED/Mental Health interface remains a top priority and ED now has access to HCC notes. The facility for MH clinicians to contribute to the ED discharge summary is currently sitting with ED to enable and this expectation has been signalled to MH SCD's and SMO's.

We are working on a revised and agreed model of care which outlines the respective roles and responsibilities across our Directorates to ensure the most appropriate care for all patients.

Mental Health is involved in the Level 2 Redesign and meetings continue to progress the low stimulus area in ED which is yet to be agreed.

4. Right Interventions at the Right Time

4.1. Specialist Stepped Care

Stepped Care is part of an episodic care approach to the delivery of specialist mental health services and a system of delivering and monitoring treatments to match people's needs to the level of intensity of the intervention, 'stepping up' to intensive or specialist services as clinically required.

Current activities are the ongoing roll out of the workforce skills development framework to support implementation of the programme across CMHCs, with a desire to build on the CMHCs and professional groups who are ken adopters of this change in service delivery is rolled out.

4.2. Primary / Secondary Integration

Primary/secondary integration has been identified in Rising to the Challenge (Ministry of Health, 2012) as a means to provide seamless, effective services across the continuum for people experiencing mental health and addiction issues. Specialist mental health services have committed to

addressing infrastructural barriers to enhance coordination and integration between primary and specialist services.

Three pilots have been initiated to support an improved continuum of care for service users involved with specialist services to ensure a smoother transition for secondary to primary care. This necessarily involves general practices, NGOs and specialist services working together and supporting each other, and the service user, to ensure easy access to the right level of support and service at the right time. A key component of this work is to reduce infrastructural barriers between primary and specialist services. Given the synergies between this work and the Tamaki Mental Health and Wellbeing Project, the CMHC secondary care pilots now sit under the governance of this project for implementation and evaluation.

5. Right People to Provide the Right Care

5.1. Nursing Graduates

With the majority of our services being community based there is a growing appetite to increase the number of new graduate nurses recruited to the community. Employing new graduates into small community mental health services requires additional support to develop the new graduates knowledge, skills and expertise in a structured and supportive way, whilst balancing the on-going needs of the service and their associated service delivery demands, complexity and acuity.

A systematic, structured and targeted process is being developed for more pre-registration student nurses placements, and to increase the number of graduate positions, in the community. Over time, it is hoped that between 40 – 50% of new grads are recruited directly into the community.

5.2. Allied Health NESP

A New Entry to Specialist Practice initiative (NESP) focused primarily on occupational therapists and social workers is being developed to address different levels of support offered to develop mental health skills for those who are new graduates or new to mental health. It aims to systematise the on-boarding process for new graduates who currently enter specialist mental health practice through a variety of pathways, and to provide consistency with academic training, team based mentoring and line manager expectations, as well as enhancing service user care. The NESP funder is engaged re: improving the predictability of funded places and to support forward planning.

6. Balance Clinical Need, Risk and Safety With Fiscal Responsibility

With significant Mental Health funding being FTE based, we continue to address skill mix, including clinical and non-clinical staff. The intention is to move from a contractual arrangement with a private provider for casual non regulated staff to the recruitment of Mental Health Assistants to the permanent staff teams in Te Whetu Tawera whilst continuing to work with the Bureau to ensure a further supply of casual assistants.

With Service Users across our services presenting with increased acuity and complexity, our clinical teams are stretched to deliver at the usual quality of clinical care in the community and our inpatient units where there is significant demand pressure. This impacts on flow and the ability of teams in the community and inpatient services to admit service users in a timely fashion. For adult services, the lack of community based or acute alternatives means caring for people with higher acuity in the community.

We are working on how we can better evidence this increase in complexity and acuity and the impact of this on staff well-being, retention and recruitment. We continue to focus on how to mitigate this, including through action plans informed by the staff engagement survey.

Measures

Measures		Current	Target (End 2017/18)
1. An integrated approach to care	Pilots are initiated and evaluated	To commence	Pilots complete and planning for full roll out underway
2. Right facilities in the right place	Facilities plan developed and signed off	Underway	Facilities plan is implemented
3. Safe care across the continuum	Project Haumaru is sustainably embedded in TWT CFU service improvement plan and an ED/Mental Health Model are developed and implemented	On track Underway	Project Haumaru is BAU All improvement projects implemented
4. Right interventions at the right time	Stepped Care Credentialing is completed Evidence based pathways are developed and implemented for CFU, ED and shared clients	On track Underway	Stepped care is embedded into practice Pathways are implemented
5. Right people to provide the right care	Management certificate pilot and subsequent training programme Identification and development of standardised objectives across professional groups in every service across the directorate Administration support is fit for purpose to meet needs of clinical staff Development and pilot completed of an innovative recruitment strategy	To commence To commence Underway Underway	50% level 3 and 4 managers have completed 2 modules Objectives identified across each professional group Admin review is complete Strategy complete

Key Achievements this Month

Roll Out Of National Early Warning Signs At TWT

In February 2017 TWT was chosen to be part of the Auckland DHB site to pilot the HSQC national early warning score project to strengthen work on improving patient safety after hours and in alignment with the 24/7 change process. This initiative was successfully led by senior nurses who ensured 100% ward uptake through teaching sessions for the nursing staff with a structured feedback loop and audit cycle.

Four Steps to Safety Reduces Assaults at Te Whetu Tawera

The *Four Steps to Safety Reduces Assaults at Te Whetu Tawera* abstract submitted for storyboard/poster presentation at the Quality Improvement Scientific Symposium, to be held on 14 November 2017, was successful in being accepted by the HQSC judging panel.

Areas off track and remedial plans

Demand in Adult Community

The adult community service continues to experience high demand, in particular acute demand. In part this is related to population growth and in part to increasing acuity/complexity. It continues to be particularly noticeable in the Taylor Centre locality serving the CBD (visitor population), international students and apartment dwellers in the CBD and city fringe. This means increasing wait times for people referred for non-acute assessments and also significant wait times for people to access psychological interventions.

Supra- Regional Eating Disorder Service

The Midland DHBs has withdrawn from all but the adult residential component of the supra-regional eating disorder programme as of 1 July 2017. We continue to wait for a response from the Midland DHBs regarding their longer term investment in the residential eating disorders services and revised pathways into this service. The facility required for this service in the future will depend on the outcome of ongoing negotiations.

Ligature Risk at Te Whetu Tawera

Several of the identified ligature risks within TWT have been, or are in the process of, being mitigated in the currently allocated funding. This includes an agreed new prototype for taps and basins in ICU en-suites and an anti-ligature shower rose in the disabled access bathroom.

Key issues and initiatives identified in coming months

Collaborative Interface Work with Community Long Term Conditions (CTLC)

Through the Older Peoples Health Executive Group, and with membership from the CTLC and MH Directorates, work has commenced to map areas of interface between our services, with the intention of improving outcomes for complex and vulnerable older people through a collaborative approach.

Review of Regional Huntington's Disease

This service has a newly appointed SMO and is currently focusing on the mix of current patients, identifying the areas of most need and the development of clear entry and exit criteria and pathways.

MHSOP and OPH Integration Work

Pathways and interface points to ensure the most effective use of resources and identify opportunities to improve and develop joint systems work are being explored through a collaborative Steering Group.

Health Safety Quality Commission (HSQC)

There is a five year national MHA Improvement programme with the following national priorities:

1. minimising restrictive care
2. maximising physical health (equally well)
3. improving medication management and prescribing
4. improving service transitions
5. learning from serious adverse events and consumer experience.

The programme is using collaborative methodology similar to the Scottish Patient Healthcare and Health care Improvement programmes. HQSC has initiated a 9 month national facilitator training and we have two senior nurses involved in programme doing workplace projects on service transitions in BRC and medication management and prescribing in TWT.

Scorecard

Auckland DHB - Mental Health

HAC Scorecard for August 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	1	0	1
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0%	<=6%	0%
	Number of reported adverse events causing harm (SAC 1&2) - excludes suicides	2	0	0
	Seclusion. All inpatient services - episodes of seclusion	4	<=7	2
	Restraint. All services - incidents of restraint	80	<=86	77
	Mental Health Provider Arm Services: SAC1&2 (Inpatient & Non-Inpatient Suicides)	1		1
Better Quality Care	7 day Follow Up post discharge	100%	>=95%	97.67%
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	R/U	<=10%	10.2%
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	24.8	<=21	35.9
	Mental Health Average LOS (All Discharges) - Child & Family Unit	9.1	<=15	22.9
	Mental Health Average LOS (All Discharges) - Fraser McDonald Unit	26.4	<=35	23.8
	Waiting Times. Provider arm only: 0-19Y - 3W Target	71.67%	>=80%	73.4%
	Waiting Times. Provider arm only: 0-19Y - 8W Target	89.43%	>=95%	90.2%
	Waiting Times. Provider arm only: 20-64Y - 3W Target	89.34%	>=80%	89.5%
	Waiting Times. Provider arm only: 20-64Y - 8W Target	94.93%	>=95%	94.9%
	Waiting Times. Provider arm only: 65Y+ - 3W Target	69.33%	>=80%	69.3%
	Waiting Times. Provider arm only: 65Y+ - 8W Target	89.19%	>=95%	89.8%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	95.65%	>=95%	100%
	Mental Health access rate - Maori 0-19Y	6.28%	>=5.5%	6.16%
	Mental Health access rate - Maori 20-64Y	10.22%	>=12%	9.78%
	Mental Health access rate - Maori 65Y+	3.9%	>=4.25%	3.88%
	Mental Health access rate - Total 0-19Y	3.42%	>=3%	3.3%
	Mental Health access rate - Total 20-64Y	3.64%	>=4%	3.53%
	Mental Health access rate - Total 65Y+	3%	>=4%	3.12%
Engaged Workforce	Excess annual leave dollars ($M)	$0.17	0	$0.14
	% Staff with excess annual leave > 1 year	26.3%	0%	26.57%
	% Staff with excess annual leave > 2 years	6.74%	0%	5.78%
	Number of Pre-employment Screenings (PES) cleared after the start date	1	0	2
	Sick leave hours taken as a percentage of total hours worked	4.96%	<=3.4%	4.82%
	% Voluntary turnover (annually)	12.57%	<=10%	11.95%
	% Voluntary turnover <1 year tenure	7.37%	<=6%	10%

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

After a spike last month, August's Average LoS is more in keeping with recent results, albeit still a little above target. Median LoS for August is at 17 days. If one long stayer (175 days) is removed, Average LoS for August is at 22.1 days.

Length of stay remains a key focus with on-going monitoring and reporting continuing. Barriers to discharge are identified regularly and analysis demonstrates that during August the four main barriers were:

- No accommodation option available due to service user complexity
- Lack of available suitable private rental options
- A lack of social accommodation - MSD [HNZ] and CORT [Community Of Refuge Trust]
- Criminal justice interest

As an indication of acuity and complexity, further analysis demonstrates that at any one time the service user profile is liable to include:

- ~25% under the Assertive Community Outreach Service – high on-going risk, disengagement from follow-up, and frequent relapses.
- ~40% will be current or past clients of Forensic Psychiatry
- ~8% will be ex-Mason Clinic clients
- There will be 1-2 service users awaiting placement at the low secure unit (Tamaki Oranga).

Waiting Times

Waiting times remain a challenge for the Older Adult Community Team (MHSOP) and for our Child and Adolescent services. Both services have experienced growth in demand and associated activity in the first half of 16/17FY compared to the same period in 15/16FY and this is showing no signs of abating. This increase in demand and waiting times is occurring for CAMHS services nationally.

Access (DHB-wide)

'Access' is a count of mental health service contact with, or about, Auckland DHB residents in any DHB or NGO services during a 12 month period. This count is calculated as a percentage of the projected population.

Access rates for Auckland DHB residents includes activity within Auckland DHB Provider Arm MH services and the NGO sector, as well as provider arm services contracted by Auckland DHB for delivery via Waitemata DHB (e.g. Community Alcohol and Drug services and Forensic services).

Auckland DHB provider arm delivers only a proportion of the access and this varies across age and ethnic groupings with NGOs, community alcohol and drug services (CADS) and other DHB services delivering the balance. It is challenging, therefore, to understand the relative performance of different parts of this continuum from this broad access data provided by the MoH.

Leave Management

The cost of excess Annual leave in June 2017 was $0.15 (M). The Directorate continues to require that leave plans be agreed for employee with excessing annual leave balances.

Turnover and Recruitment

Voluntary turnover was a small increase to 12.87 % in June 2017. The Directorate is identifying possible initiatives to improve employee morale and increase retention as part of the FY17-18 business planning and current engagement planning processes.

The Directorate is also looking to work closely with the recruitment team to identify opportunities for improving our current approach and administrative processes to reduce the time it takes from identifying a need for recruitment through to making an offer to a successful candidate. Our current vacancies are 34.5 FTE across a mix of skillsets.

Staff Engagement Survey and Action Plans

The Directorate Leadership team has socialised senior clinicians and managers in the Directorate with key Actions that include improving the connection and support between teams within the Directorate and the wider Auckland DHB. Mental Health and Addiction Teams are currently working on their respective Action Plans with Service Clinical Directors. These Action plans may be completed by September 2017.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Mental Health & Addictions

Reporting Date Aug-17

($000s)	MONTH			YEAR TO DATE (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	78	59	19 F	144	118	27 F
Funder to Provider Revenue	9,213	9,213	0 F	18,427	18,427	0 F
Other Income	84	30	54 F	114	60	54 F
Total Revenue	**9,376**	**9,302**	**74 F**	**18,685**	**18,604**	**80 F**
EXPENDITURE						
Personnel						
Personnel Costs	6,770	6,566	(204) U	12,971	13,118	147 F
Outsourced Personnel	182	49	(133) U	276	98	(178) U
Outsourced Clinical Services	58	109	50 F	116	217	101 F
Clinical Supplies	101	90	(10) U	177	181	4 F
Infrastructure & Non-Clinical Supplies	469	385	(84) U	817	758	(59) U
Total Expenditure	**7,579**	**7,199**	**(380) U**	**14,357**	**14,371**	**15 F**
Contribution	**1,796**	**2,103**	**(307) U**	**4,328**	**4,233**	**95 F**
Allocations	1,824	1,852	27 F	3,641	3,703	62 F
NET RESULT	**(28)**	**251**	**(279) U**	**687**	**530**	**157 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	92.0	101.5	9.5 F	93.4	101.5	8.0 F
Nursing	307.9	342.9	35.0 F	310.4	342.9	32.5 F
Allied Health	267.0	296.9	29.9 F	268.2	296.9	28.6 F
Support	7.3	7.4	0.1 F	7.3	7.4	0.0 F
Management/Administration	56.1	19.5	(36.5) U	56.6	18.6	(37.9) U
Total excluding outsourced FTEs	**730.1**	**768.1**	**38.0 F**	**735.9**	**767.2**	**31.3 F**
Total :Outsourced Services	17.4	6.0	(11.4) U	14.1	6.0	(8.1) U
Total including outsourced FTEs	**747.6**	**774.1**	**26.5 F**	**750.0**	**773.2**	**23.2 F**

Comments on Major Financial Variances

Current Month

The result for the month is a loss of $28k against a budgeted surplus of $251k, leaving an unfavourable variance of $279k.

Our personnel costs including outsourced employees were $337k unfavourable in August. This was due to the high cost of vacancies including low annual leave taken, high overtime, premium costs of locums and other outsourced employees and one-off recruitment expenses.

Year to Date:

The directorate is $157k F YTD which is primarily due to low Flexi-funding as the programme is being rolled out and funding is committed but not spent and low nutrition charges. We are exploring the option of Steamplicity in TWT.

We are currently forecasting to meet budget by year end and note:-

- The overall financial pressure is high, especially with the additional costs of paying premium to backfill vacancies through overtime and outsourcing. There are on-going challenges and major risks with increasing demand and increasing clinical complexity. There are also additional facility costs due to high repair and maintenance demands.
- There is on-going review of skill mix and model of care across the entire directorate. Meanwhile, the service is actively recruiting to reduce the backfill premium.

Appendix 2: Mental Health Facilities Location Maps

- A Main Entrance
- B Side Clinic Entrance
- C Side Clinic Entrance
- P Parking
- Bus Stops
- Taxi Stand
- Staff Shuttle
- Staff Parking

Mental Health Services
Greenlane Clinical Centre

Buildings & Services:

14	Level 2		Tupu Ora Regional Eating Disorders Outpatient Service
16	Lower & Ground Floors	Cornwall Complex	Lotofale Pacific CMHC
16	Level 1	Cornwall Complex	Cornwall House
15	Ground Floor	Cornwall Complex	Aronui Ora MMH
13	Ground Floor, Level 1 & Level 2		Kari Centre
13	Level 8		Regional Youth Forensic Service
16	Level 6	Cornwall Complex	Regional Registrar Training Centre
14	Ground Floor		Mental Health Service Old People
7	Level 4		Mental Health Community Management Team

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Mental Health Services
Rehab Plus

A Main Entrance

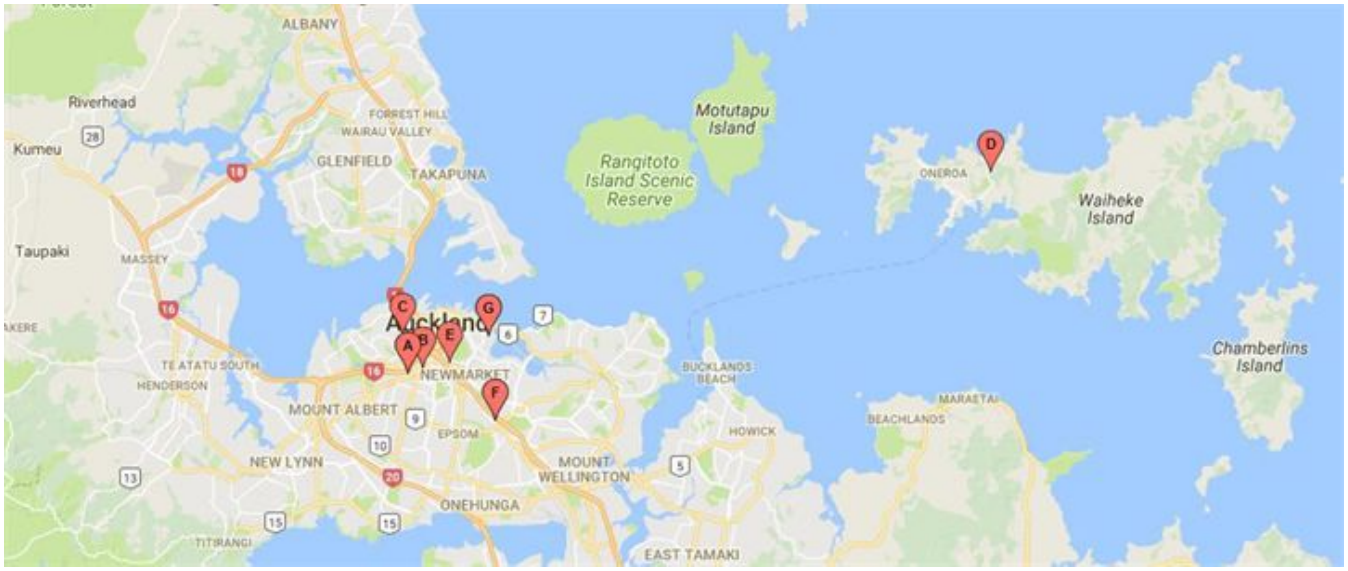
P Parking

Bus Stops

Buildings & Services:

25. Buchanan Clinic
26-34. Cluster Housing
86. Te Ihi
85. Ablution Block
88. Manawanui Meeting House
87. Ahurere - Offices
89. Whare Kai - Dining Hall
90. Rehab Plus
91. Rehab Plus Housing
92. Rehab Plus Housing

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai



MENTAL HEALTH SERVICES BASED IN LEASEHOLD BUILDINGS IN THE COMMUNITY

MENTAL HEALTH SERVICES FACILITIES	PHYSICAL ADDRESS
A. St Lukes CMHC and ACOS (current)	615 New North Road, Morningside, Auckland 1021
B. St Lukes CMHC (future)	5 Porters Avenue, Eden Terrace, Auckland, 1021
C. Taylor Centre	308 Ponsonby Road, Auckland, 1011
D. Taylor Centre Waiheke	61 Ostend Road, Waiheke Island, 1081
E. Segar house	126 Khyber Pass Road, Auckland, 1023
F. Tu Rangatahi (Youth Transition Service)	218 Great South Road, Epsom, Auckland 1051
F. Early Intervention Service	95 Great South Road, Epsom, Auckland 1051
G. Tupu Ora Residential	24-26 Glanville Terrace, Auckland, 1052
G. Tupu Ora Day Programme (current)	27 Glanville Terrace, Auckland, 1052

Adult Medical Directorate

Speaker: Dr Barry Snow, Director

Service Overview

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

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

Directorate Priorities for 17/18

In 2017/18 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:

- Meeting the organisational targets across all specialities.
- Identifying areas of waste within each service and developing a plan to remediate the costly areas of the system.
- Development and implementation of a plan to support the findings from the organisational employee engagement survey and a plan to support the role of the "Speak up" campaign.
- Safe staffing – planning and implementing the new MECA deal and further development and use of Trendcare to predict unsafe staffing levels.
- Plan to deliver all organisational, regional and local service improvement / development projects within each service.

Q1 Actions – 90 day plan

- Weekly team and monthly directorate meetings are working well. Each service developing and delivering MOS.
- Monthly meetings with each service reviewing priority plans, finance information, HR information and newly developed service scorecards with each service.
- Renal indicative business case present and accepted by HAC, FRAC and Board to move to detailed business case. Meeting with social investors and Tamaki regeneration Group to progress the community facility build.
- Construction of CDU on-going. Fully established L2 Redesign Implementation Working Group. 20 work streams with good organisational representation. Reporting to Level 2 Design Board.

- Quality forum delivered. New scorecards for all services developed that include quality items. Scorecards reviewed with services on a monthly basis.
- Target met for gastroenterology/ colonoscopy full delivery.
- Implementation of cellulitis pathway and start-up of sleep service improvement project.
- Implementation of neurology RMO roster which is compliant with schedule10. Two other house officer rosters out for consultation.
- Development and supportive work around feedback from employee engagement survey and the "speak up" campaign.

Measures

Measures	Current	Target (End 2017/18)	2018/19
AED target, ESPI, FCT and FSA and FUs		Fully met	
Business case submissions		Renal BCs	Endoscopy for bowel screening at Greenlane
L2 CDU build completed		Completion	
Action plans across directorate for organisational employee engagement survey and a plan to support the role of the "Speak up" campaign.		Completion	
Use of Trendcare to predict unsafe staffing levels		Completion	Staffing to manage acuity
Planning and implementing the new MECA deal		Following organisational plan	
To deliver all organisational, regional and local service improvement / development projects within each service		Completion	

Key achievements in the month

- Improved and sustained colonoscopy performance meeting all targets in August 2017
- Continued delivery of the contract with Waitemata for Colonoscopy. Monitoring weekly with staff from Waitemata and currently working well. Agreed contract for 17/18
- Construction of CDU on-going. Fully established L2 Redesign Implementation Working Group. 20 work streams with good organisational representation. Reporting to Level 2 Design Board.
- Renal indicative business case present and accepted by HAC, FRAC and Board to move to detailed business case. Meeting with social investors and Tamaki regeneration Group to progress the community facility build.
- Soft launch of Hyperacute stroke ambulance diversion from Waitakere Hospital
- Full successful implementation of hyperacute stroke pathway for clot retrieval for Northern region

Areas off track and remedial plans

- AED target off track due to volumes. Contingency planning developed to adequately manage increase:
    - Increasing our capacity within ambulatory care to manage lower category patients
    - Implementation of the winter plan and implementing flex capacity when necessary.
    - Increase in surge shifts within AED to meet the high demand
    - Implementation of AED escalation plan
    - Weekly capacity and demand meeting assessing impact of high demand and planning for the future week
- DNA rates still an issue but remaining consistent.

Key issues and initiatives identified in coming months

- Progressing development of detailed business case for the community dialysis provision and working collaboratively with Tāmaki Regeneration Company, Social Investors and The Kidney Society for future provision of capacity.
- Plan to achieve and maintain AED target. Need to access In patient short stay beds and improve discharge from in patient areas to enable effective flow through AED
- Monthly priority plan and service performance meetings continuing with good engagement.
- Continuing with Neurology, Gastroenterology and Respiratory capacity and demand planning and maintaining organisational targets.
- Implementation of recommendations from the rapid improvement event in care of cellulitis and maintaining impact.
- Continuing with the delivery of the Regional Hyperacute Stroke service for stroke and clot retrieval.
- Continuing to deliver extra colonoscopy capacity for Waitemata.
- Progressing with L2 redesign project with 20 work streams identified.
- Initiating preparatory work for implementation of bowel screening.
- Finalising project plan for redesign of sleep service with Waitemata.

Scorecard

Auckland DHB - Adult Medical Services

HAC Scorecard for August 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	R/U	<=1	R/U
	Medication Errors with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	5.9%	<=6%	2%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	2.9%	<=6%	3.3%
	Number of falls with major harm	1	0	1
	Number of reported adverse events causing harm (SAC 1&2)	2	0	4
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	1	0	2
	Unviewed/unsigned Histology/Cytology results >= 90 days	0	0	0
Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours	89.39%	>=95%	87.71%
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.1%	0%	0.34%
	% DNA rate for outpatient appointments - All Ethnicities	9.84%	<=9%	12.07%
	% DNA rate for outpatient appointments - Maori	20.53%	<=9%	19.23%
	% DNA rate for outpatient appointments - Pacific	16.84%	<=9%	20.23%
	Number of CBU Outliers - Adult	156	300	152
	% Patients cared for in a mixed gender room at midday - Adult	34.28%	0%	34.63%
	% Patients cared for in a mixed gender room at midday - Adult (excluding APU)	14.68%	TBC	16.13%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	82%
	Number of complaints received	15	No Target	12
	28 Day Readmission Rate - Total	R/U	<=10%	14.43%
	% Urgent diagnostic colonoscopy compliance	100%	>=85%	97.44%
	% Non-urgent diagnostic colonoscopy compliance	90.25%	>=70%	78.42%
	% Surveillance diagnostic colonoscopy compliance	74.64%	>=70%	80.04%
	Average LOS for WIES funded discharges (days) - Acute	3.56	TBC	3.4
Improved Health Status	% Hospitalised smokers offered advice and support to quit	93.76%	>=95%	95.05%
Engaged Workforce	Excess annual leave dollars ($M)	$0.6	0	$0.56
	% Staff with excess annual leave > 1 year	37.78%	0%	37%
	% Staff with excess annual leave > 2 years	12.4%	0%	12.06%
	% Staff with leave planned for the current 12 months	R/U	No Target	R/U
	% Leave taken to date for the current 12 months	R/U	No Target	R/U
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.18%	<=3.4%	4.23%
	% Voluntary turnover (annually)	10.37%	<=10%	10.09%
	% Voluntary turnover <1 year tenure	2.41%	<=6%	2.47%

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

R/U Result unavailable

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

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

Central line associated bacteraemia rate per 1,000 central line days
Result unavailable.

% Staff with leave planned for the current 12 months

% Leave taken to date for the current 12 months
Result unavailable.

Scorecard Commentary

- There has been one fall with harm which occurred in AED. The patient was awaiting ambulance transfer to residential care and sustained a head laceration requiring sutures and a fractured ankle which was conservatively managed.
- There have been two adverse events, one being the fall in AED and the other being multiple nasogastric insertion attempts for a patient in DCCM resulting in an oesophageal rupture requiring surgical repair.
- Maintaining gender appropriate areas remains a challenge in light of hospital occupancy and re-orientation of rooms occurs as soon as possible.
- AED target was 89.39% in August 2017 with unprecedented number of attendance. Other recent activities include:
  - Implementation of the winter plan and implementing flex capacity when necessary
  - Increasing our capacity within ambulatory care to manage lower category patients
  - Increase in surge shifts within AED to meet the high demand
  - Implementation of AED escalation plan
  - Weekly capacity and demand meeting assessing impact of high demand and planning for the future week
  - Messages to our Primary Care teams regarding the high numbers attending ED and admissions to hospital
  - Newsletter articles and information to PHOs advising them of our Community Services (R-CAT) to help avoid unnecessary admissions
  - PHOs focusing on POAC use to avoid admissions - this is now part of the System Level Measures work.
- DNA rate showed a marked improvement across all ethnicities in August 2017.
- Gastroenterology colonoscopy target was met in August 2017.
- Slight reduction in staff with excess of 2 years annual leave although the one year excess has increased. Directorate has being working with each service to reduce and monitors monthly.
- Staff turnover slightly above target. Continuing with action plan to recruit nursing staff across directorate. The low nursing numbers remains on the risk register with a robust mitigation plan which is starting to work with a marked reduction in vacancies across general medicine

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Adult Medical Services

Reporting Date **Aug-17**

($000s)	**MONTH**			**YEAR TO DATE (2 months ending Aug-17)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
REVENUE						
Government and Crown Agency	276	277	(1) U	541	555	(13) U
Funder to Provider Revenue	15,249	15,270	(21) U	29,704	29,704	0 F
Other Income	693	586	108 F	1,175	1,152	23 F
Total Revenue	**16,219**	**16,133**	**86 F**	**31,420**	**31,411**	**9 F**
EXPENDITURE						
Personnel						
Personnel Costs	8,782	8,745	(36) U	16,939	16,962	23 F
Outsourced Personnel	128	98	(30) U	214	196	(18) U
Outsourced Clinical Services	48	54	6 F	101	109	8 F
Clinical Supplies	1,960	2,046	86 F	3,912	3,996	84 F
Infrastructure & Non-Clinical Supplies	203	201	(2) U	425	400	(25) U
Total Expenditure	**11,121**	**11,145**	**24 F**	**21,590**	**21,663**	**72 F**
Contribution	**5,098**	**4,988**	**110 F**	**9,830**	**9,749**	**81 F**
Allocations	2,452	2,338	(114) U	4,718	4,549	(169) U
NET RESULT	**2,646**	**2,650**	**(4) U**	**5,112**	**5,200**	**(88) U**

Paid FTE

	MONTH (FTE)			**YEAR TO DATE (FTE) (2 months ending Aug-17)**		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medical	207.4	200.6	(6.8) U	211.1	198.9	(12.2) U
Nursing	557.7	553.2	(4.4) U	553.8	549.8	(4.0) U
Allied Health	49.1	50.5	1.4 F	48.2	50.5	2.3 F
Support	6.3	6.0	(0.3) U	6.2	6.0	(0.2) U
Management/Administration	55.2	54.7	(0.6) U	54.5	54.7	0.2 F
Total excluding outsourced FTEs	**875.7**	**865.0**	**(10.8) U**	**873.8**	**859.8**	**(14.0) U**
Total :Outsourced Services	4.2	5.0	0.8 F	4.4	5.0	0.6 F
Total including outsourced FTEs	**879.9**	**869.9**	**(10.0) U**	**878.2**	**864.8**	**(13.4) U**

Financial Commentary

The result for the year to date August 2017 is an unfavorable variance of $ 88k.

Volumes: Overall volumes are 103.9 % of contract. This equates to $ 1,164k over contract.

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

FTE

The YTD unfavorable FTE variance is primarily due to AED 16 FTE unfavorable, driven by volume and complexity (AED YTD volumes are over contract by $953k or 121.2% of contract). This was offset by favorable FTE variances across most services.

Although the FTE was unfavorable, the personnel costs (including outsourced personnel) were close to budget at $5k F. This was mainly due to the use of lower cost personnel and savings achieved in Allied Health and Administration personnel costs.

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

COORDINATION BETWEEN HOME, HOSPITAL AND SERVICES

The results in this report are from Adult Medical Services inpatients discharged between 01 July 2016 - 30 June 2017

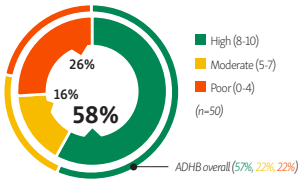
AT A GLANCE

Service integration is a key strategic theme for Auckland DHB.

COORDINATION IS STRONGLY CORRELATED TO OVERALL RATINGS

Despite only one in ten patients (10%) telling us coordination matters to them, a moderately strong correlation (.645) means even a small improvement in coordination can make a big difference to overall patient experience.

HOW DO WE RATE FOR COORDINATED CARE?

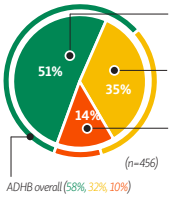


AVERAGE RATING

KEY AREAS

Coordination of services is about seamless integrated services before and after discharge.

WE ASKED ADULT MEDICAL INPATIENTS HOW WELL WE PREPARED THEM TO LEAVE HOSPITAL



Half (51%) said they were **very well** prepared.

One third (35%), said they were **quite well** prepared.

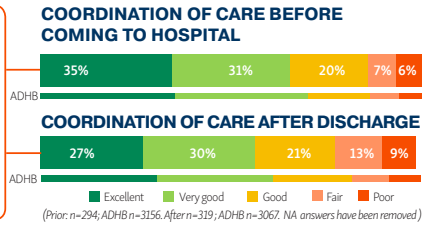
14 percent, or 63 patients, said they were **not** very well prepared at all.

There is a negative 7 percentage point difference in ratings on this measure between Adult Medical Services and ADHB overall.

The difference is significant (p.<05)

COORDINATION BEFORE AND AFTER DISCHARGE

Just over **one fifth** of Adult Medical inpatients tell us we do a **poor** or **fair** job of coordinating their care **after discharge**; compared to one in eight who say this happens prior to admission.



(Prior: n=294; ADHB n=3156. After n=319; ADHB n=3067. NA answers have been removed.)

ADULT MEDICAL INPATIENTS EXPERIENCES OF COORDINATED CARE

Faxing of script to local chemist very helpful. I have received 2 follow up calls to monitor my progress.

The therapy at my home allowed me to leave hospital quickly and helped me recover.

I was offered a homehelp for showering from ACC, it never happened and a district nurse to change dressings on my leg that never happened.

I am under several different departments and they dont seem to talk to each other about me.

HOW MIGHT WE...

- Ensure every patient leaves hospital with information about what they should or should not do, any danger signals to watch for and who to contact if they are worried?
- Involve patients in after-care plans to ensure that these work for them and are suitable for their needs?
- Work with other services such as DHBs, GPs and ACC to ensure good communication between services especially after discharge?
- Find out from the patient what their needs are that might impact or influence appointment scheduling?
- Proactively ensure patients have enough information to confidently manage their condition at home?

OUR PATIENTS SAY AN EXCELLENT EXPERIENCE OF COORDINATED CARE OCCURS WHEN...

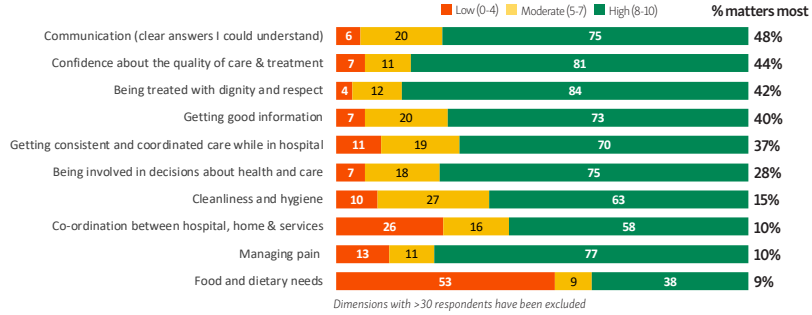
1. Discharge information details what they can (and can't) do at home, what to expect and who to contact or where to go if they have questions or concerns.
2. Information about their condition, care and treatment is shared between services and is well-coordinated.
3. There is follow up after discharge between hospital, GP, and other services like district nurses and occupational therapists.
4. Appointment scheduling processes are efficient and coordinated with other services.
5. Their discharge process is efficient and they are well prepared for leaving hospital.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS (ADULT MEDICAL)

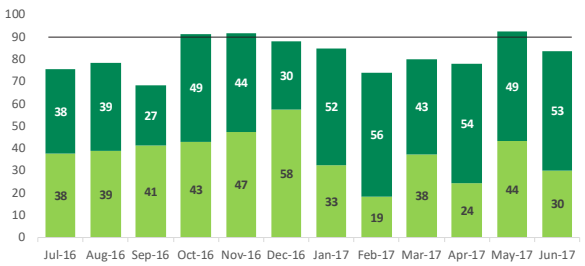
Inpatients are asked to choose and rate the three dimensions of care that are important to them. The ratings below from Adult Medical Services inpatients are presented in order of what matters most.



Dimensions with >30 respondents have been excluded

VERY GOOD AND EXCELLENT RATINGS

Adult Medical Services has **exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **three times** in the last 12 months.



(n=472)

June 2017 Outpatient Experience Report

ADULT MEDICAL SERVICES

GETTING GOOD INFORMATION

The results in this report are from Adult Medical outpatients who had appointments between 01 Oct 2016 - 30 June 2017

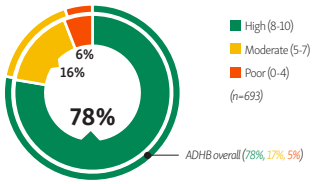
AT A GLANCE

Sharing good, complete and timely information with patients allows them to make informed decisions about their care and treatment.

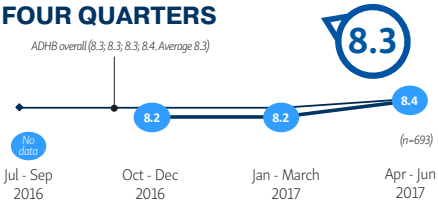
GETTING GOOD INFORMATION MATTERS TO OUR OUTPATIENTS

65% of Adult Medical Services outpatients tell us that getting good information is one of the three things that matter most to their care and treatment.

HOW DO WE RATE ON INFORMATION?



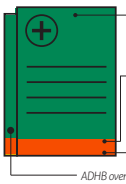
AVERAGE RATING OVER LAST FOUR QUARTERS



KEY AREAS

Information is strongly correlated to overall ratings (.615).

WE ASKED ADULT MEDICAL OUTPATIENTS IF THEY GOT ENOUGH INFORMATION



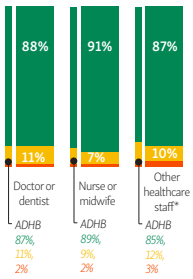
Most (88%) said they got the **right amount.**

11% said they **didn't get enough.**

Only **5** respondents **(.4%),** told us they received "too much" information.

ADHB overall (89%, 11%, 1%) (n=1065)

CLEAR ANSWERS



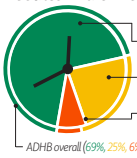
While most Adult Medical outpatients **(89%)** say that staff **always** answer their questions in a way they can understand, about one in ten **(9%)** say this happens **sometimes** or **never (2%).**

*Other healthcare staff: staff such as physiotherapist, occupational therapist, optometrist, psychologist

(Doctors/dentists n=802; nurses/midwives n=194; other staff n=212)

TIMELY RESULTS

Adult Medical Services outpatients told us they received x-rays and test results in a timely manner...



always (68%)

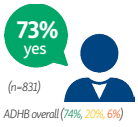
sometimes (23%)

or **never.*** (8%)

ADHB overall (69%, 25%, 6%) n=859

All the info I need in a personal way, easy to understand, sharing computer records with me..

DO OUTPATIENTS HAVE THE INFORMATION TO MAKE INFORMED CHOICES?



73% say they **do**

19% say they do, **to some extent**

8% say they **don't.***

ADHB overall (74%, 20%, 6%)

I left there no more informed than I was when I walked in.

***There is a negative 2 percentage point difference in ratings on these measures between Adult Medical Services and ADHB overall.**
The differences are significant (p.<05)

HOW MIGHT WE...

- Ensure patients are knowledgable and up to date about their care and treatment?
- Check patients have sufficient information about their procedures and treatment?
- Give consistent information?
- Ensure we always give patients their test results?
- Check patients feel listened to?
- Keep patients better informed about administrative details including waiting times, appointments and time frames?

OUR OUTPATIENTS SAY AN EXCELLENT EXPERIENCE WITH INFORMATION OCCURS WHEN...

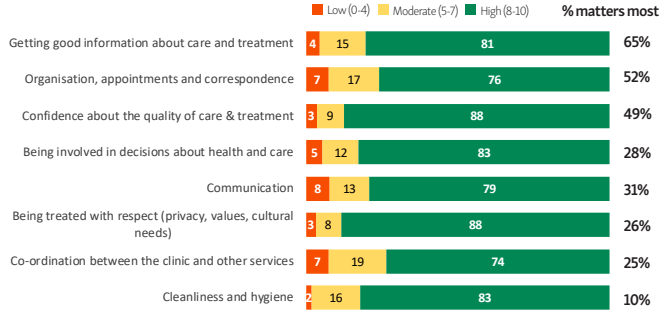
1. We give them thorough and detailed information that is clear, concise and easy to understand, and check their understanding.
2. Doctors give good explanations.
3. Staff fully answer their questions and allow time for new questions that arise
4. Information is provided using different methods and media (information sheets, brochures, websites).
5. They feel they are fully informed about what is happening during and after appointments.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

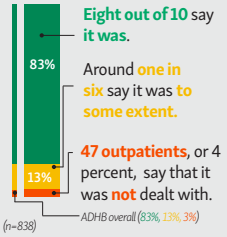
DIMENSIONS OF CARE RATINGS

Outpatients are asked choose and rate the three dimensions of care that are important to them. The ratings below are from Adult Medical Services outpatients.



MAIN REASON MET?

We asked our Adult Medical outpatients if the main reason they went to the clinic was dealt with to their satisfaction



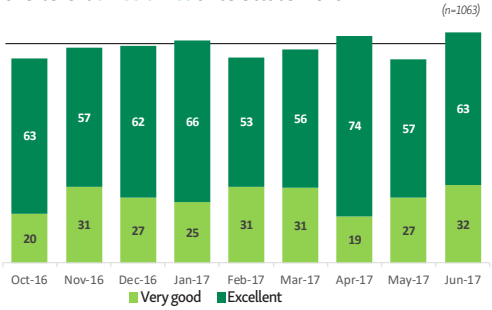
Eight out of 10 say **it was.**

Around **one in six** say it was **to some extent.**

47 outpatients, or 4 percent, say that it was **not** dealt with.

RATINGS OF OVERALL CARE (%)

Adult Medical Services has **met or exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **three times** since October 2016.



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, Sexual Health and Sexual Assault Services and Ambulatory Services for the adult population. The services in the Directorate are structured into six service groups:

- Reablement (in patient adult assessment, treatment and rehabilitation services)
- Sexual Health Services (including adult sexual assault assessment and treatment service)
- Community Services (Chronic Pain Services, Locality Community Teams 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: Jennie Montague
Nursing Director: Jane Lees
Allied Health Director: Anna McRae
Primary Care Director: Jim Kriechbaum
Medical Director: Lalit Kalra

Directorate Priorities for 17/18

In 2017/18 the Directorate will contribute to the delivery of the six Provider Arm work programmes. In addition to this the directorate will also focus on the following priorities:

1. Fully implement the locality model of care and care closer to home services and measure their impact across the system.
2. Implement an integrated needs based Reablement Service to provide patient centred and equitable care for all patients regardless of age.
3. Design sustainable models for outpatient services underpinned by workforce development.
4. Enhance clinical, operational and finance governance, including the implementation of a service review programme.
5. Build engagement within our workforce and with patients and public.
6. Achieve Directorate financial savings target for 2017/18.

Q1 Actions – 90 day plan

1. **Clinical and service governance system is developed and mechanisms for quarterly reviews and visits are embedded. Visibility of leadership is improved.**

A service review and development process is in place and the process of implementation has begun. We have run four service reviews in between July and August 2017 and will complete all services in this first cycle by end of Oct 2017.

2. **Palliative Care integration is embedded and service planning to support community services is put in place.**

The new SCD Integrated Palliative Care and the SLC Hospital Palliative Care positions are now recruited to. Dr Carol McAllum, SCD Integrated Palliative Care commences her role in Sept 2017. Under the Using the Hospital Wisely Programme, the palliative care work has commenced and we are currently in phase 1 of the implementation plan which has three phases. The Palliative Care Outcomes Initiative (POI), which uses the additional funding from the Ministry, has commenced an implementation plan. These will both work together to strengthen the community services in place to support palliative care. A plan to introduce a 7 day model into the hospital palliative care team has commenced.

3. **A plan to fully engage staff and patients/public in service development is created and implemented. We make CLTC a great place to work and receive support or care.**

A quarterly series of all directorate staff information and engagement meetings have commenced with two meetings in July 2017. A further round will be completed in Oct 2017. We have had great feedback from staff about these meetings. A People Plan for the Directorate will be finalised in Sept 2017. This will include work to support wellness, workforce development, leadership development and further engagement and communication plans straddling our whole workforce.

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

Our Directorate continue to support improvements in our stroke pathway. We are currently working to improve the "pull strategy" for patients from WDHB into our stroke rehabilitation pathway and reduce any further delays into rehabilitation services. Currently the quarterly data for June 2017 indicates that we transferred 65% of our total rehabilitation population into Reablement services within 7 days of their stroke, and for our ADHB population this was 77% in July 2017. We continue to work to reduce delays and aim to reach the target of 80% consistently. A planning process is continuing to support the development of an integrated stroke unit in ADHB.

5. **Locality model of care and care closer to home services are fully developed and impact is being measured.**

Our Community Teams transitioned to the full MDT locality model in July 2017. We are currently working on a plan to measure the impact this and the new intermediate care services (R-CAT, Interim care and Early Supported Discharge) are having on the wider hospital and bed utilisation. 7 day service implementation commenced in Sept 2017 and the weekend support offered has created immediate positive feedback. Implementation is phased and continues through to November 2017.

6. Reablement service change is completed and embedded.

A commissioning plan for an all age single site Reablement Service to deliver equitable rehabilitation and frailty services was considered by the Board at their Sept 2017 meeting. A sizing exercise to support the Geriatricians deliver the frailty pathway across the hospital and in community settings is ongoing.

7. Outpatient models of care are fully reviewed and new ways of working are developed.

The Diabetes Services are participating in a piece of work to support the Out Patient transformation programme in their use of tele health options. The Directorate continue to work to increase virtual work in our services to support rapid response to GPs and others. We have seen an increase in virtual work as identified in our measures. Our outpatient patient feedback reports indicate a high overall positive experience. Patient experience is reviewed at our directorate MOS and clinical governance meetings and at service level regularly.

8. Nursing and allied health workforce is developed to work at the top of their scope of practice in outpatient models of care.

Rheumatology Services and Dermatology Services have been reviewed with revised sizes incorporating new nursing roles. Sexual Health Services continue to implement the new workforce model and increase the use of Nurse Practitioners. We will continue to review services and support the development of nursing roles in line with the ADHB Nursing and Midwifery Strategy. Work is ongoing to support the introduction of community health assistants in community services. Delegated models of care within our community services are continuing to evolve.

Measures

Measures	Current	Target (end 17/18)	Previous Period
Proportion of activity undertaken as non-face to face contacts in outpatient services	6.8%	10%	6%
Proportion of outpatient activity delivered by non-medical staff in outpatient clinics	41%	>50%	39%
Number of nurse prescribers	6	12	6
Percentage of applicable stroke patients transferred to inpatient rehabilitation services within seven days of admission	65%	>80%	65%
Percentage of patients transferred to hospice within 24 hours of being clinically ready to transfer	40%	>80%	88%
Utilisation of R-CAT – number of new patients seen per month	55	100	73
Utilisation of Early Supported Discharge Services – number of new patients seen per month	22	>22	17
Number of overdue actions from SAC1 And SAC2 events	TBC	0	-
Voluntary Turnover (rolling 12 months)	14.26 %	<10%	13.7%

Key achievements in the month

- The Directorate has implemented an enhanced R-CAT service to expand 7 day working across all disciplines and introducing a duty team leader roster to complement the provision of enhanced services out of hours in the hospital. The impact of this has been significant, with our clinical teams expressing the value of the duty team leader in supporting teams at the weekend.
- A series of Directorate team leadership events are being held to support team development and new leadership team members. A final session is planned for October 2017.
- We have been successful in obtaining a research funding grant through the Auckland Academic Health Alliance for a stroke rehabilitation study called TWIST: Time to Walking Independently after Stroke. This will create an opportunity to build Allied Health research capacity within ADHB through a 2 year 0.5 FTE secondment.
- We have commenced a piece of work across the DHB to further enhance the interim care bed pathway and streamline processes given its growth in utilisation over the winter period to support patient flow in the hospital.
- Dr Carol McAllum (SCD Integrated Palliative Care) and Dr Kristy Bolter (SCD Reablement Services have commenced their roles in Sept 2017.

Areas off track and remedial plans

- DNA action plan for the Directorate has been developed and is being implemented across all services. A detailed paper on our progress and the challenges is included for this meeting.
- There has been deterioration in the responsiveness of AccessAble who are the provider of specialist equipment and wheelchairs for patients in the community. We are scoping the problem in full at present and aim to address this to enable patients to secure the equipment they need in a timely way and also reduce the bureaucracy our staff are dealing with in securing appropriate specialist equipment for patients.

Key issues and initiatives identified in coming months

- Complete orientation of new staff to the Directorate Leadership team.
- Continue the Directorate Leadership Development Events.
- Embed improved clinical and service governance processes and decision making systems across the Directorate at service level.
- Measure the impact of the locality model within community services, integrating Diabetes Services, Palliative Care and Geriatric Medical Services into the model during 2017/18.
- Orientate the new clinician leaders in the Adult Palliative Care Services across the district and continue to work to integrate specialist palliative care services.
- Implement the outpatient improvement programme in all relevant areas of our directorate.

- Implement the specialist diabetes plan across ADHB and continue to support the DSLA in their work to redesign the care pathway for people with diabetes in Waitemata/Auckland DHB.
- Develop the full business case for the integrated stroke unit.
- Continue the implementation of the recommendations of the Reablement Services clinical review, which will contemporise the rehabilitation model of care and support patients in achieving the most effective outcomes/level of independence.
- 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.
- Complete service sizing in palliative care, geriatric medicine and endocrinology to ensure services remain strategically focussed, responsive and effective.
- Continue to implement the revised staffing model for Sexual Health Services to ensure we have a responsive service to meet the specialist sexual health and sexual assault care needs of the Auckland regional population.
- Continue the implementation of our directorate wide engagement strategy.

Scorecard

Auckland DHB - Adult Community & Long Term Conditions

HAC Scorecard for August 2017

	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)	0%	<=6%	8%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	2.8%	<=6%	2.6%
	Number of reported adverse events causing harm (SAC 1&2)	2	0	2
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	0	0	0
	Unviewed/unsigned Histology/Cytology results >= 90 days	0	0	0
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	11.98%	<=9%	12.4%
	% DNA rate for outpatient appointments - Maori	27.33%	<=9%	30.97%
	% DNA rate for outpatient appointments - Pacific	24.71%	<=9%	28.16%
	% Patients cared for in a mixed gender room at midday - Adult	16.9%	<=2%	13.59%
	% 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%	93.3%
	Number of complaints received	1	No Target	5
	% of inpatients on Reablement Services Wait List for 2 calendar days or less	93.33%	>=80%	88.02%
	% Discharges with Length of Stay less than 21 days (midnights) for OPH and Rehab Plus combined	80%	>=80%	73.83%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	100%	>=95%	95.24%
Engaged Workforce	Excess annual leave dollars ($M)	$0.04	0	$0.04
	% Staff with excess annual leave > 1 year	36.47%	0%	34.68%
	% Staff with excess annual leave > 2 years	4.54%	0%	4.38%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.53%	<=3.4%	3.6%
	% Voluntary turnover (annually)	14.26%	<=10%	15.05%
	% Voluntary turnover <1 year tenure	10.53%	<=6%	10%

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

Scorecard Commentary

There were two significant adverse events in the Directorate in the month of August. Both were falls with harm which is being fully investigated.

Overall there has been a clear downward trend in actual falls in Reablement Services over the last two years 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 continuous improvement and the 12 month rolling average continues within target. There is a daily focus on pressure injury management in all our wards.

We are compliant with ESPI 1 and ESPI 2 standards. Our performance with faster cancer treatment targets has improved significantly and we have achieved and are maintaining delivery to target for all three measures for those with a high suspicion of skin cancer.

We continue to work with services to support improvement in waiting times and are delivering the 3 month target we set for 90% of our patients. Our DNA action plan continues in all services. We remain committed to reducing these rates.

The Directorate remains committed to minimising the number of patients in mixed gender rooms but was above target in August 2017. This was due to an addition enhanced support room, established to meet increased demand for patient safety and flow which was not excluded from the report. No patients were placed in a mixed gender room for more than 24 hours and all patients consented to be placed there rather than wait for admission to our service. We are working to ensure these occurrences are minimised. In august there was a launch of the concept pilot of the Enhanced Support Rooms, this pilot (in collaboration with general medicine ward 68) will test the provision of appropriate care to frail patients with dementia. The concept bundle includes the better brain care pathway, staff training, diversion therapy and colour coded bed spaces. It is the aim to increase the number of enhanced support rooms over time on each ward to enable a single sex environment.

Patient flow targets have been consistently met throughout the winter of 2017. Improved flow remains one of our goals and overall our trajectory is one of improved flow and responsiveness. We continue to work to reduce length of stay and minimise the number of patients who have an extended length of stay that could be avoided through improved discharge planning with stakeholders and other providers.

Complaints are being actively managed within our Directorate and action plans to address any learning points have been created and are being monitored. There was one complaint received in the month of August.

The Directorate has achieved a significant reduction in excess leave but there has been a small increase in the last month. Plans are being made to reduce leave balances over the summer months. Sick leave is monitored monthly and currently just above target and is being actively managed applying the Auckland DHB Wellness Guide. We are re-invigorating the Directorate Wellness Group to support staff health and having changed the focus in our Health and Safety Committee to have a greater focus on staff health and wellness. We are actively working on reducing our turnover. We have reviewed all turnover over of less than 1 year and have identified few regrettable losses; most are fixed term contracts or promotions within ADHB. We will be reviewing our full turnover statistics regularly. It is positive to note all of our senior leadership positions are now filled and the leadership team is now complete.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Adult Community and LTC

Reporting Date Aug-17

($000s)	MONTH			YEAR TO DATE (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,481	1,136	346 F	2,635	2,271	364 F
Funder to Provider Revenue	6,977	7,006	(29) U	13,584	13,584	0 F
Other Income	51	15	36 F	58	30	29 F
Total Revenue	**8,509**	**8,157**	**352 F**	**16,277**	**15,885**	**392 F**
EXPENDITURE						
Personnel						
Personnel Costs	4,419	4,513	94 F	8,280	8,770	490 F
Outsourced Personnel	136	70	(66) U	283	139	(144) U
Outsourced Clinical Services	136	150	14 F	270	299	29 F
Clinical Supplies	917	763	(155) U	1,752	1,502	(250) U
Infrastructure & Non-Clinical Supplies	176	150	(27) U	333	299	(34) U
Total Expenditure	**5,785**	**5,645**	**(140) U**	**10,918**	**11,010**	**93 F**
Contribution	**2,724**	**2,512**	**212 F**	**5,360**	**4,875**	**485 F**
Allocations	482	443	(38) U	922	865	(57) U
NET RESULT	**2,243**	**2,068**	**174 F**	**4,438**	**4,010**	**428 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	74.1	73.2	(0.9) U	73.3	73.2	(0.1) U
Nursing	293.5	288.8	(4.7) U	291.9	288.8	(3.1) U
Allied Health	122.5	141.5	19.1 F	123.2	141.5	18.3 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	37.7	42.6	4.9 F	37.0	42.6	5.6 F
Total excluding outsourced FTEs	**527.8**	**546.1**	**18.3 F**	**525.5**	**546.1**	**20.6 F**
Total :Outsourced Services	16.7	4.2	(12.5) U	17.0	4.2	(12.8) U
Total including outsourced FTEs	**544.5**	**550.3**	**5.7 F**	**542.5**	**550.3**	**7.8 F**

Comments on Major Financial Variances

The current month result for August is $174k F, and the year to date result is $428k F.

Current Month

The significant drivers in the directorate's result are:

Income:

- Crown agency revenue $346k F reflects higher ACC revenue from new contracts started in August which included catch up for patients not discharged at 31 July.

Expenditure:

- Personnel costs, including outsourced were $41k F in August mainly due to a number of Allied Health vacancies within Community Services, offset by low annual leave taken;
- Clinical supplies were $155k U in August:
    - $61k U: pharmaceuticals: notably higher patient volumes in Rheumatology receiving immunosuppressants, and Pharmac rebate timing;
    - $54k U: equipment hire, such as bariatric beds. A project is commencing to review third-party provider processes;
    - $32k U: high use of blood products in Immunology reflects high patient volumes and reimbursements which will be applied in September.

YTD result

Total net result YTD is $428k F. Significant drivers of this are:

- ACC revenue $392k F, as above;
- Personnel costs, including outsourced, $376k F, are due to:
    - vacancies within Reablement and Community Services - mainly for Allied Health workers, CPE adjustments and other credits;
- Clinical supplies are $250k U predominantly due to timing of Pharmac and other rebates, immunosuppressant drug treatments, blood products in Immunology, plus specialised equipment hire costs;
- Allocations are $57k U, mostly in dermatology laboratory testing, which fluctuates. Forecast spend is expected to track to budget.

Volumes

Reported Price Volume Schedule (PVS) volumes are $1,154k (8.5%) below base contract for the year to date. The under-delivery is in the ADHB population, while Inter-district flows (IDF) are over-delivered by $97k. The under-delivery in the ADHB population are mainly due to lower inpatient volumes (non-ACC) in Reablement, although lack of accuracy in the recording of activity in Community Services has also been a factor. The directorate has a programme in place for productivity and activity recording improvements, which will reduce the unfavourable variance.

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

Savings

The directorate's savings remain on track to deliver all savings by year end.

June 2017 Outpatient Experience Report

ADULT COMMUNITY AND LONG TERM CONDITIONS

GETTING GOOD INFORMATION

The results in this report are from Adult Community and Long Term Conditions outpatients who had appointments between 01 July 2016 - 30 June 2017

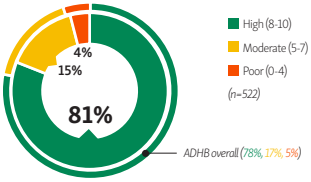
AT A GLANCE

Sharing good, complete and timely information with patients allows them to make informed decisions about their care and treatment.

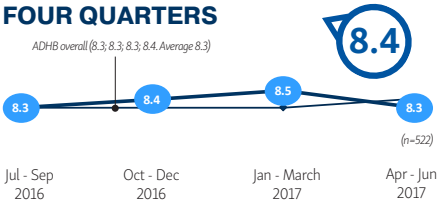
GETTING GOOD INFORMATION MATTERS TO OUR OUTPATIENTS

65% of Adult Community and Long Term Conditions outpatients tell us that getting good information is one of the three things that matter most to their care and treatment.

HOW DO WE RATE ON INFORMATION?



AVERAGE RATING OVER LAST FOUR QUARTERS



KEY AREAS

Information is strongly correlated to overall ratings (.615).

WE ASKED OUR OUTPATIENTS IF THEY GOT ENOUGH INFORMATION

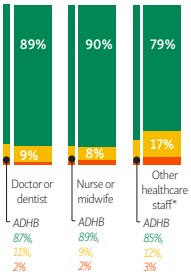
Most (88%) said they got the **right amount.**

12%, said they **didn't get enough.**

Only **6** respondents **(1%)** told us they received "too much" information.

ADHB overall (89%, 11%, 1%) (n=842)

CLEAR ANSWERS



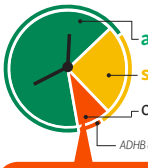
While most outpatients **(86%)** say that staff **always** answer their questions in a way they can understand, about one in eight **(11%)** say this happens **sometimes** or **never (3%).**

**Other healthcare staff: staff such as physiotherapist, occupational therapist, optometrist, psychologist*

(Doctors/dentists n=618; nurses/midwives n=127; other staff n=169)

TIMELY RESULTS

Outpatients told us they received x-rays and test results in a timely manner...



always (66%)

sometimes (25%)

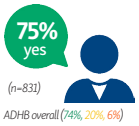
or **never.** (9%)

ADHB overall (69%, 25%, 6%) n=631

The doctor ... provided all the support mechanisms in writing about what I needed to be aware of in future and medication I would need.

There is a negative 3 percentage point difference in ratings on this measure between Adult Community and Long Term Services and ADHB overall.
The difference is significant (p.<05)

DO OUTPATIENTS HAVE THE INFORMATION TO MAKE INFORMED CHOICES?



75% say they **do**

18% say they do, **to some extent**

7% say they **don't.**

ADHB overall (74%, 20%, 6%)

The doctor only asked the basic questions but didn't bother to get to know me or my lifestyle.

HOW MIGHT WE...

- Ensure patients are knowledgable and up to date about their care and treatment?
- Check patients have sufficient information about any procedures and treatment?
- Give consistent information?
- Ensure we always give patients their test results?
- Check patients feel listened to?
- Keep patients better informed about administrative details including waiting times, appointments and time frames?

OUR OUTPATIENTS SAY AN EXCELLENT EXPERIENCE WITH INFORMATION OCCURS WHEN...

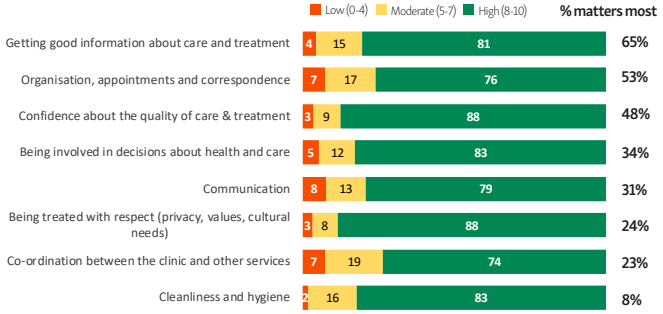
1. We give them thorough and detailed information that is clear, concise and easy to understand, and check their understanding.
2. Doctors give good explanations.
3. Staff fully answer their questions and allow time for new questions that arise
4. Information is provided using different methods and media (information sheets, brochures, websites).
5. They feel they are fully informed about what is happening during and after appointments.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS

Outpatients are asked choose and rate the three dimensions of care that are important to them. The ratings below are from Adult Community and Long Term outpatients



MAIN REASON MET?

We asked our Adult Community and Long Term Conditions outpatients if the main reason they went to the clinic was dealt with to their satisfaction

Eight out of 10 say **it was.**

Around **one in six** say it was **to some extent.**

45 outpatients, or 5 percent, say that it was **not** dealt with.

(n=838)

ADHB overall (83%, 13%, 3%)

RATINGS OF OVERALL CARE (%)

Adult Community and Long Term Conditions has **met or exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **six times** in the last 12 months.

(n=839)

Surgical Directorate

Speaker: Duncan Bliss, General Manager

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	Arend Merrie
General Manager	Duncan Bliss
Nurse Director	Katie Quinney
Director of Allied Health	Kristine Nicol
Director of Primary Care	Kathy McDonald

Supported by Les Lohrentz (HR), and Alison West (Finance).

Directorate Priorities for 17/18

In 2017/18 our Directorate will contribute to the delivery of the Auckland DHB Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Develop a culture of quality and safety that responds to the key themes of the 2016/17 employee engagement survey in line with the Auckland DHB People Strategy.

2. Align surgical capacity with demand for acute and elective services.

3. Establish strategies for sustainable delivery of high quality surgical services focusing on opportunities for closer working across metro Auckland.

4. Establish integrated autonomous clinical business units at service level.

Q1 Actions

1. **Develop a culture of quality and safety that responds to the key themes of the 2016/17 employee engagement survey in line with the Auckland DHB People Strategy.**

Activity	**Progress**
Increase the visibility and approachability of the Directorate leadership	• Schedule Lead Team Meetings with standard agenda items in place from September 2017. • Plan attendance at departmental meetings at all levels for the Directorate Leadership Team. - General Manager attendance at weekly MOS meetings in General Surgery from August. - Director attendance Service Meetings in Urology, ORL and Oral Health through August • Invite staff to shadow a member of the lead team
Reduce the incidence of experienced or observed bullying, harassment and discrimination	• Conduct values training and provide support for services around **Auckland DHB** values based approach to recruitment. • Ensure staff have regular 121's and make clear lines of escalation in the event of dispute.
Improve the level of health and wellbeing amongst staff in the Directorate	• Develop recruitment strategy for filling vacancies for nursing – with Directorate approach. • Encourage staff to take regular short breaks plus a longer annual holiday as part of the workforce planning. Christmas plan for 2017 to be circulated Sept 2017 to allow for adequate planning. - Draft Christmas OR plan presented at Surgical Board in August with formal sign off in September to allow planning for leave within teams. - Draft Summer Bed Plan to be distributed through August and September with plan to extend closure of Ward 62 beyond 2016/17 levels to allow increased leave in advance.

2. **Align surgical capacity with demand for acute and elective services.**

Activity	**Progress**
2017/2018 PVS has been highlighted a gap of over 1600 hours of OR capacity. There are number of workstreams being worked through to ensure capacity for acute load and elective volumes.	• Approval in August to extend an acute OR until 10pm Mon-Fri which will add an additional 27.5hrs per week to meet increased acute demand. This will be recruited to through Q2 with planned implementation by the beginning of Q3. - Recruitment underway from August 2017

	• Established facilities agreement with provide provider for Oral Health elective volumes from Q1. • Work commenced through August 2017 with 3 sessions per week run through Quay Park as a facilities agreement. • Outsourcing commenced for Orthopaedic Electives at the end of July 2017. This plan allows the internal capacity to deliver the out-turn actual volumes of 16/17. As of 18 September 2017 – 68 Auckland DHB elective cases have been completed within private providers.

3. Establish strategies for sustainable delivery of high quality surgical services focusing on opportunities for closer working across metro Auckland.

Activity	Progress
Urology Regional Service	Urology Service Clinical Director (SCD) role was advertised, interviewed for and contract is currently being arranged. The new SCD will take on a duel role as SCD for Urology at both Counties Manukau DB and Auckland DHB.
Ophthalmology Services	Utilisation of Outpatients at Waitakere Hospital has continued to increase by 40% throughout August. The service is also on plan to deliver reduction of follow-ups for patients with a risk score of over 3 by the end of September 2017.
Oral Health	Regional Steering group has been established with project resource funded from the Northern Regional Alliance which will be in place from September 2017.
Bariatric Services	A regional steering group is being established with clinical representation from the Director of Surgical Services. The first meeting is being established in August 20017.

4. Establish integrated autonomous clinical business units at service level

Activity	Progress
Budget setting process for 2017/18	The directorate budget is planned around the outturn financial position of services with % increase in-line with Price Volume Schedule (PVS) growth in demand. This is to allow for achievable budgets to be set at service level to allow for greater accountability.
PVS planning	The 2017/18 PVS has been established with service input to ensure there are plans to deliver against plan.
Establishment of directorate quality forum	The directorate has established a monthly quality forum for service quality leads to share learning, cascade quality priorities for the service.

Scorecard

Auckland DHB - Surgical Services

HAC Scorecard for August 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	2%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	1.3%	<=6%	1.3%
	Number of reported adverse events causing harm (SAC 1&2)	6	0	2
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	53	0	38
	Unviewed/unsigned Histology/Cytology results >= 90 days	96	0	89
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.96	>=1	0.93
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	85.7%	100%	71.4%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.69%	0%	0.87%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	9.82%	0%	10.09%
	(ESPI-8) Proportion of patients prioritised using nationally recognised processes or tools	99.79%	100%	99.89%
	% DNA rate for outpatient appointments - All Ethnicities	8.12%	<=9%	9.73%
	% DNA rate for outpatient appointments - Maori	17.12%	<=9%	20.81%
	% DNA rate for outpatient appointments - Pacific	16.18%	<=9%	19.89%
	Elective day of surgery admission (DOSA) rate	83.27%	>=68%	75.46%
	% Day Surgery Rate	60.2%	>=70%	65.67%
	Inhouse Elective WIES through theatre - per day	68.1	TBC	54.07
	Number of CBU Outliers - Adult	103	300	83
	% Patients cared for in a mixed gender room at midday - Adult	13.88%	TBC	11.09%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	82.3%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	88.6%
	Number of complaints received	17	No Target	17
	28 Day Readmission Rate - Total	R/U	<=10%	11.54%
	Average LOS for WIES funded discharges (days) - Acute	3.03	TBC	3.62
	Average LOS for WIES funded discharges (days) - Elective	1.25	TBC	1.06
	31/62 day target – % of non-surgical patients seen within the 62 day target	R/U	>=90%	91.67%
	31/62 day target – % of surgical patients seen within the 62 day target	R/U	>=90%	89.29%
	62 day target - % of patients treated within the 62 day target	R/U	>=90%	90.52%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	95.58%	>=95%	97.68%
Engaged Workforce	Excess annual leave dollars ($M)	$1.34	0	$1.31
	% Staff with excess annual leave > 1 year	32.66%	0%	32.08%
	% Staff with excess annual leave > 2 years	17.21%	0%	17.04%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.69%	<=3.4%	3.67%
	% Voluntary turnover (annually)	12.1%	<=10%	11.96%
	% Voluntary turnover <1 year tenure	1.1%	<=6%	3.33%

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

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

31/62 day target – % of non-surgical patients seen within the 62 day target
31/62 day target – % of surgical patients seen within the 62 day target
62 day target - % of patients treated within the 62 day target

Results unavailable from NRA until after the 20th day of the next month.

Key achievements in the month

- Continued improved Day of Surgery Admission (DOSA) rate due to successful implementation across services bringing patients in on day of surgery.
- Slight reduction of day surgery rates through August due to the increase in complex inpatient surgery that was cancelled due to winter pressures in July 2017.
- Increased activity and monitoring for the "follow up pending list" in Ophthalmology and on track to deliver the Ministry of Health target of all patients with a risk score of 3+ being seen by the end of September.
- Removal of all patients in Ophthalmology with a risk score of over 6 from the follow-up pending list.
- Improvement in ESPI 2 on Orthopaedics - which continues to improve into September and remaining moderately non-compliant status with plans for compliance by October 2017.
- Continued recruitment to Waitemata DHB Waitakere site to improve Ophthalmology clinic capacity resulting in increased utilisation of rooms by 40%.
- Removal of the preadmission waiting list in August for Orthopaedics.

Key issues and initiatives identified in coming months

- Continued high volumes in acute surgical volumes adding risk to the delivery of the elective health target.
- To explore service models and collaborative provision of Urology services with Counties Manukau DHB
- To explore new recruitment initiatives with a directorate approach so that suitable candidates are considered for all vacancies across the services.
- Work with colleagues at WDHB to explore opportunities around using potential OR space to meet population needs closer to home.
- Recruit to key senior positions across the Directorate for Charge Nurses and Nurse Educator
- Continued usage of Waitakere Outpatients for Ophthalmology.

Ophthalmology Follow-Up Outpatients

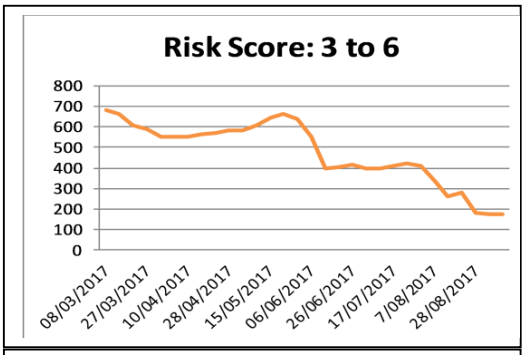
Overdue Follow Up

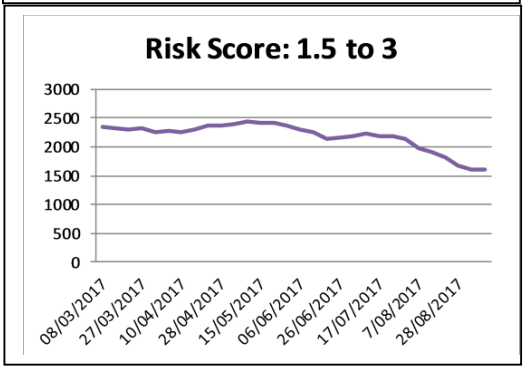
This report details overdue patients with an associated risk stratification score. The service deems that any patient with a score greater than 1.5 to be at clinical risk.

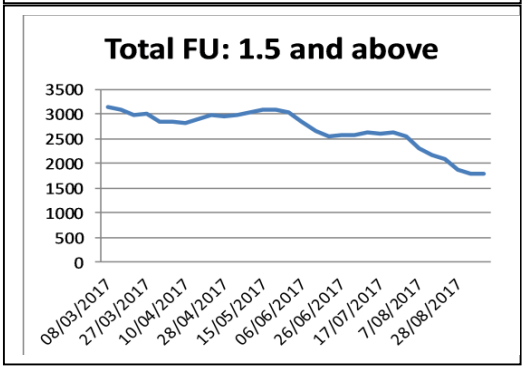
The below table shows the current status of the service overdue follow up.

Risk Score	08/03/2017	31/03/2017	28/04/2017	29/05/2017	26/06/2017	31/07/2017	21/08/2017	11/09/2017
6 and over	**108**	32	0	8	3	4	0	0
3 to 6	**682**	552	579	635	414	411	282	176
1.5 to 3	**2339**	2255	2364	2376	2166	2132	1801	1603
Total (1.5 and over)	**3129**	**2839**	**2943**	**3019**	**2583**	**2547**	**2083**	1779
1 - 1.5	**2245**	2164	2088	1929	1962	1877	1813	1945
< 1	**4750**	4835	4847	5093	5547	6376	6715	6925
Total (under 1.5)	**6995**	**6999**	**6935**	**7022**	**7509**	**8253**	**8528**	8870
Grand Total	**10124**	**9838**	**9878**	**10041**	**10092**	**10800**	**10611**	**10649**

The data above is a rolling set of figures. Each day patients may move up a risk band, however the overall number of overdue patients continues to decline. The rate of decline will be proportional to the clinics opening at Waitakere, and both regular and additional clinics run at Greenlane Eye Clinic.





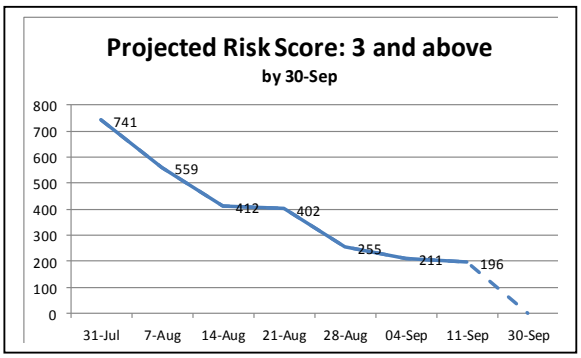


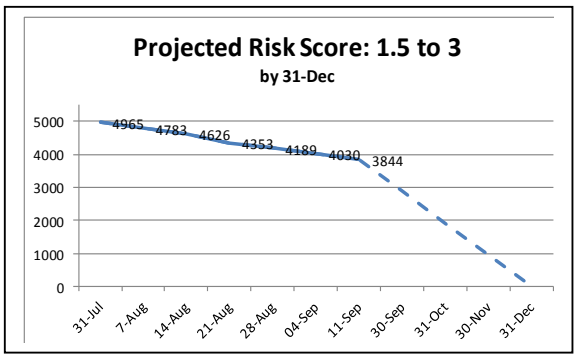
- On track to reduce the number of patients with a risk score ≥ 3 to zero by end of September.
- Planned some extra clinics in September to see neuro subspecialty patients with a risk score ≥3.
- In September paediatric services will commence at the Waitakere clinic.
- Additional nurse (NP/NS) led clinics including Glaucoma Stable Monitoring Clinic are planned to start in September/October.
- Some glaucoma patients are being discharged to community optometrists following review of patient notes by clinicians.

Summary of patients currently with a Risk Score ≥1.5 by subspecialty

Sub Spec	08/03/2017	31/03/2017	26/04/2017	29/05/2017	26/06/2017	31/07/2017	21/08/2017	11/09/2017
Glaucoma	954	837	909	1031	989	929	658	555
Med Retina	511	510	549	609	477	507	360	329
Paediatric	603	457	412	417	274	246	211	144
Corneal	222	190	233	216	208	227	199	228
Ocular Plastics	235	237	268	232	176	182	195	173
Neuro	347	352	347	320	254	255	248	146
General	116	114	117	115	116	119	120	108
Cataract	62	42	43	45	49	52	57	67
Orthoptist	28	43	57	1	10	1	2	13
Uveitis	22	25	4	7	4	2	6	5
EDD	22	24	26	26	25	27	27	24
Gilenya	4	4	4	0	0	0	0	0
Visual Fields	0	1	1	0	0	0	0	0
Optom	2	2	0	0	1	0	0	0
Awaiting Triage	1	0	0	0	0	0	0	0
Vitreo Retinal	0	1	0	0	0	0	0	0
Total	3129	2839	2970	3019	2583	2547	2083	3724

Projected number of patients with a risk score of ≥ 3 to clear by end of September 2017 and ≥1.5 by December 2017





The following targets of clearing patients with a risk score of ≥3 by end of September and ≥1.5 by end of December are self-imposed. As at 11 September 2017, to clear those patients with an "at risk" score of ≥3 by end of September, a total of 196 patient appointments are being projected. A further 3844 appointments are currently projected for October to December, to clear those patients that will be "at risk" of between 1.5 and 3.

Employee Survey Action Plans

Increase the visibility and approachability of the Directorate leadership
Lead Team meetings are held weekly led either by the General Manager or Director. All attendees are given the opportunity to brief the lead team on points of concern, risk and interest to ensure consistency of approach and the cascading of information to the various teams in the Directorate.

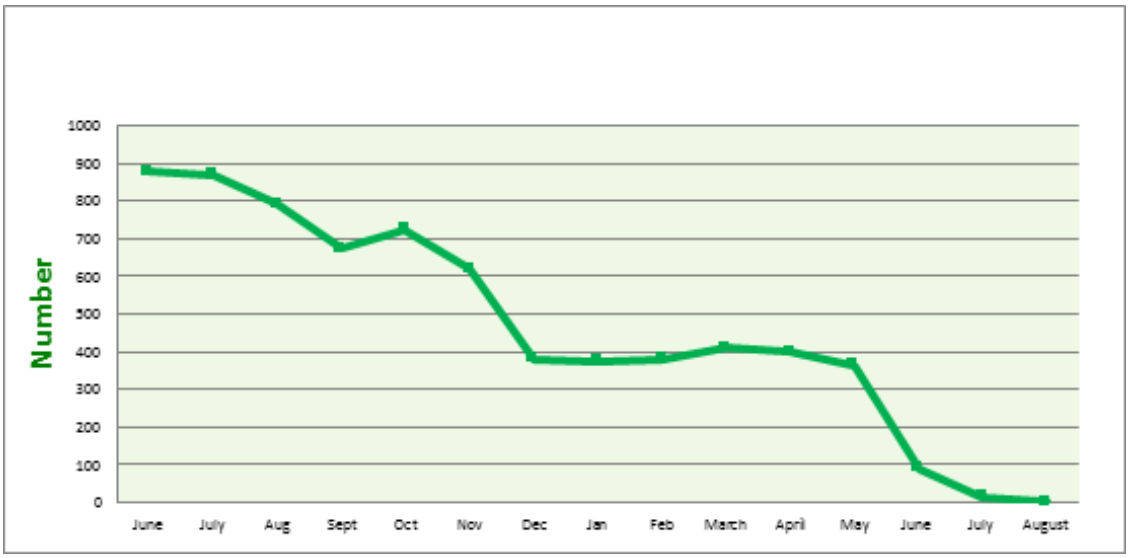
Reduce the incidence of experienced or observed bullying, harassment and discrimination
The number of formal complaints raised about poor behaviour in the Directorate remains low.

Improve the level of health and wellbeing amongst staff in the Directorate
The vacancies in the leadership team which have impacted progress in this area have almost all been filled. The new Nurse Director as well as two new Nurse Unit Managers, are now in place. Appointments have also been made to three Service Director roles (in Orthopaedics, Urology and NIFS), all of whom will be commencing shortly. An additional Business Manager to work in Urology starts on 25 September. These appointments will assist in making further progress in this area.

Service Quality and Governance

Highlight

After approximately 14 months of work our un-reviewed risk pros have now all been reviewed and closed. This was celebrated at the weekly business meeting and the monthly directorate quality meeting. A Healthcare excellence submission was completed for this work. Our opportunity at this point is to build on the momentum, interest and engagement to ensure our incidents are managed in a timely manner within the new system. We are aware we are not applying SAC score or review status in the expected timeframe at the moment and we have work in progress to address this.



We have a monthly dashboard that is visible for all leadership team members and quality leads at directorate and service level. We will be adding to this dashboard following discussion at our directorate quality meeting. Datix training continues and every service now has a date planned in the near future for the service leadership team to complete this together

Complaints

We received 17 complaints during August and have again reviewed our processes to streamline the communication and provide a timely response.

Verified email addresses and patient feedback

For inpatient services 80% of respondents rated their experience as very good or excellent. For outpatient services 87% of respondents rated their experience as very good or excellent. Our verified email address percentage is continued a slow and steady increase – with August at approximately 30%.

As part of releasing time to care (RTC) walk-around inpatient wards are displaying specific patient feedback comments and actions taken because of this.

Quality and Leadership visibility

An RTC walk around and a medicine safety governance walk around took place on ward 77 during August.

Financial Results - Summary Net Result (Surgical Services)

STATEMENT OF FINANCIAL PERFORMANCE
Surgical Services

Reporting Date Aug-17

($000s)	MONTH			YEAR TO DATE (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	802	773	30 F	1,562	1,546	17 F
Funder to Provider Revenue	24,483	24,366	117 F	46,859	46,859	0 F
Other Income	529	423	106 F	735	847	(111) U
Total Revenue	**25,814**	**25,562**	**253 F**	**49,157**	**49,251**	**(95) U**
EXPENDITURE						
Personnel						
Personnel Costs	8,338	8,250	(88) U	15,763	16,487	724 F
Outsourced Personnel	416	377	(39) U	827	754	(72) U
Outsourced Clinical Services	372	214	(158) U	324	428	103 F
Clinical Supplies	2,770	2,439	(331) U	5,261	4,859	(402) U
Infrastructure & Non-Clinical Supplies	203	408	205 F	476	520	44 F
Total Expenditure	**12,099**	**11,688**	**(411) U**	**22,651**	**23,048**	**397 F**
Contribution	**13,716**	**13,874**	**(158) U**	**26,506**	**26,204**	**302 F**
Allocations	2,578	2,535	(44) U	4,859	4,953	94 F
NET RESULT	**11,137**	**11,339**	**(202) U**	**21,647**	**21,251**	**396 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	211.6	211.6	0.0 F	211.0	211.6	0.6 F
Nursing	493.8	487.6	(6.2) U	493.5	487.6	(5.9) U
Allied Health	40.2	44.4	4.1 F	39.9	44.4	4.4 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	72.7	77.4	4.8 F	70.9	77.4	6.5 F
Total excluding outsourced FTEs	**818.3**	**821.0**	**2.7 F**	**815.4**	**821.0**	**5.6 F**
Total :Outsourced Services	20.1	19.4	(0.7) U	19.4	19.4	0.0 F
Total including outsourced FTEs	**838.4**	**840.4**	**2.0 F**	**834.7**	**840.4**	**5.7 F**

Comments on major financial variances

Surgical Services unfavourable $202k for August and year to date $396k F.

Month

Inpatient WIES volumes at month end were at 95% of contract. Revenue wash up has not taken place at service level so is not reflected in the financials.

Year to date

The key driver to the result are:-

- Expenditure including Internal Allocations $491k F U due to due mainly to favourable personnel costs resulting from vacancy and more annual leave taken than accrued (school holidays in July contributed to this).

Please refer to the more detailed analysis on the separate reports:

- Surgical excluding Orthopaedics
- Orthopaedics

Summary Net Result (Surgical Services – Orthopaedics)

STATEMENT OF FINANCIAL PERFORMANCE

Orthopaedics

Reporting Date Aug-17

($000s)	MONTH			YEAR TO DATE (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	108	213	(105) U	327	425	(98) U
Funder to Provider Revenue	4,125	4,125	0 F	7,745	7,745	0 F
Other Income	23	15	8 F	56	29	27 F
Total Revenue	**4,255**	**4,352**	**(97) U**	**8,127**	**8,199**	**(72) U**
EXPENDITURE						
Personnel						
Personnel Costs	1,457	1,515	58 F	2,755	3,030	275 F
Outsourced Personnel	0	3	3 F	0	6	6 F
Outsourced Clinical Services	6	3	(4) U	9	5	(4) U
Clinical Supplies	1,048	972	(76) U	1,974	1,945	(30) U
Infrastructure & Non-Clinical Supplies	77	27	(49) U	156	55	(101) U
Total Expenditure	**2,589**	**2,520**	**(68) U**	**4,895**	**5,041**	**146 F**
Contribution	**1,667**	**1,832**	**(165) U**	**3,232**	**3,158**	**74 F**
Allocations	480	445	(35) U	900	868	(32) U
NET RESULT	**1,186**	**1,386**	**(200) U**	**2,332**	**2,290**	**42 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	39.5	42.9	3.4 F	39.3	42.9	3.6 F
Nursing	100.1	97.1	(3.0) U	100.7	97.1	(3.7) U
Allied Health	0.2	0.2	0.0 F	0.2	0.2	0.0 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	5.9	5.5	(0.4) U	5.5	5.5	0.0 F
Total excluding outsourced FTEs	**145.7**	**145.7**	**(0.0) U**	**145.7**	**145.7**	**(0.0) U**
Total :Outsourced Services	0.0	0.5	0.5 F	0.1	0.5	0.4 F
Total including outsourced FTEs	**145.7**	**146.2**	**0.5 F**	**145.8**	**146.2**	**0.4 F**

Comments on major financial variances

The Orthopaedics service is $200k U for August and $42k F year to date.

Month

ACC revenue is lower than expected for the month $105k U. Volumes against contract are over delivered by 11% for August through acute and outpatients with elective volumes slightly below contract. This has resulted in an overspend of clinical supplies $76k although this is partly offset by favourable personnel costs $58k. An increased provision for non-resident doubtful debts has resulted in an unfavourable variance of $49k for infrastructure costs. A new pathway to facilitate better triaging of spine patients has led to higher than usual MR costs from radiology during August resulting in $45k U variance against the budget this will be monitored but is expected to reduce back to budgeted level.

Year to Date

YTD volumes are over delivered by 8% predominantly driven by high acute patients. ACC revenue is $98k U against budget. Clinical supplies are over spent by $30k due to high Orthotics costs. Infrastructure cost overspend relates to $97k U provision for doubtful debt relating to non-resident treatment. YTD allocations relates to the August overspend on MR (noted above).

Summary Net Result (Surgical Services Excluding Orthopaedics)

STATEMENT OF FINANCIAL PERFORMANCE

Surgical Services (excl Orthopaedics)

Reporting Date Aug-17

($000s)	MONTH			YEAR TO DATE (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	695	560	134 F	1,236	1,120	115 F
Funder to Provider Revenue	20,358	20,241	117 F	39,115	39,115	0 F
Other Income	507	409	98 F	679	817	(138) U
Total Revenue	**25,814**	**25,562**	**253 F**	**49,157**	**49,251**	**(95) U**
EXPENDITURE						
Personnel						
Personnel Costs	6,881	6,735	(146) U	13,008	13,457	449 F
Outsourced Personnel	416	374	(42) U	826	748	(78) U
Outsourced Clinical Services	365	211	(155) U	315	422	107 F
Clinical Supplies	1,722	1,467	(255) U	3,287	2,914	(372) U
Infrastructure & Non-Clinical Supplies	127	381	254 F	320	465	145 F
Total Expenditure	**9,510**	**9,168**	**(343) U**	**17,756**	**18,007**	**251 F**
Contribution	**16,304**	**16,394**	**(90) U**	**31,401**	**31,245**	**156 F**
Allocations	2,098	2,090	(9) U	3,959	4,085	126 F
NET RESULT	**14,206**	**14,304**	**(99) U**	**27,442**	**27,160**	**282 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	172.1	168.7	(3.4) U	171.7	168.7	(3.0) U
Nursing	393.7	390.5	(3.2) U	392.8	390.5	(2.2) U
Allied Health	40.0	44.2	4.1 F	39.7	44.2	4.4 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	66.8	71.9	5.1 F	65.5	71.9	6.4 F
Total excluding outsourced FTEs	**672.6**	**675.3**	**2.7 F**	**669.7**	**675.3**	**5.7 F**
Total :Outsourced Services	20.1	18.9	(1.2) U	19.3	18.9	(0.4) U
Total including outsourced FTEs	**692.7**	**694.2**	**1.5 F**	**688.9**	**694.2**	**5.3 F**

Comments on major financial variances

Surgical Services (excluding Orthopaedics) is $99k U for August and $282k F year to date**.**

Month

Revenue

Funder revenue is $117k F for the month due to a late adjustment to the PV schedule. Favourable revenue from MoH Oral Health contract $124k and Trial revenue (cost recovery) $138k offset by lower than expected non-resident and other DHB revenue.

Volumes under delivered for August at 95% of contract however this has not been reflected in the financial reports as the revenue has not been "washed up" for under and over delivery at service level.

Expenditure including internal allocations

Personnel costs over budget for the month mainly due to high use of internal bureau nursing to cover patient attender shifts particularly in Transplant and Neurosurgery. Outsourced costs employee costs over budget due to additional resource in Urology and General Surgery. Outsourced Clinical Services is high for the month due to an adjustment.

Clinical supplies overspend driven by blood products ($102k U) resulting from some complex surgeries and high cost pharmaceuticals costs for Transplant ($69k U) and Ophthalmology ($87k U) which are being investigated to determine the reason behind the increase.

Year to date

Revenue
Total patient volumes are 95% of contract for the year however this has not been reflected in the financial reports as the revenue has not been "washed up" for under and over delivery at service level.

Expenditure
Overall expenditure including internal allocations is $377k F YTD.
Personnel costs are $449k F due mainly to vacancy and annual leave.
Outsourced costs employee costs over budget due to additional resource in Urology and General Surgery.

Clinical supplies overspend driven by blood products ($76k U) resulting from some complex surgeries and high cost pharmaceuticals costs for Transplant ($167k U) and Ophthalmology ($161k U) which are being investigated to determine the reason behind the increase.

GETTING GOOD INFORMATION

The results in this report are from Surgical Services outpatients who had appointments between 01 July 2016 - 30 June 2017

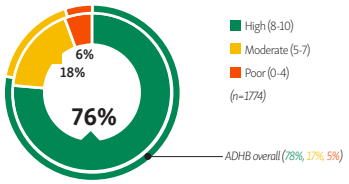
AT A GLANCE

Sharing good, complete and timely information with patients allows them to make informed decisions about their care and treatment.

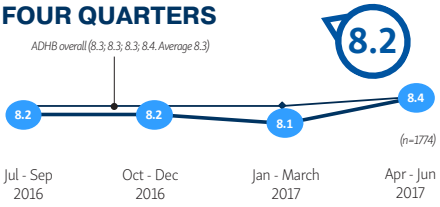
GETTING GOOD INFORMATION MATTERS TO OUR OUTPATIENTS

68% of Surgical Services outpatients tell us that getting good information is one of the three things that matter most to their care and treatment.

HOW DO WE RATE ON INFORMATION?



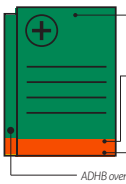
AVERAGE RATING OVER LAST FOUR QUARTERS



KEY AREAS

Information is strongly correlated to overall ratings (.615).

WE ASKED SURGICAL SERVICES OUTPATIENTS IF THEY GOT ENOUGH INFORMATION



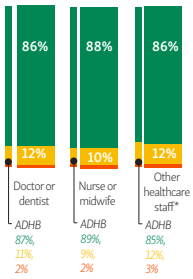
Most (88%) said they got the **right amount.**

12% said they **didn't get enough.**

Only **12** respondents **(.4%),** told us they received "too much" information.

ADHB overall (89%, 11%, 1%) (n=2659)

CLEAR ANSWERS

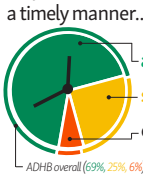


While most Surgical Services outpatients **(87%)** say that staff **always** answer their questions in a way they can understand, about one in eight **(11%)** say this happens **sometimes** or **never (2%).**

**Other healthcare staff: staff such as physiotherapist, occupational therapist, optometrist, psychologist (Doctors/dentists n=1986; nurses/midwives n=541; other staff n=651)*

TIMELY RESULTS

Surgical Services outpatients told us they received x-rays and test results in a timely manner...



always (68%)

sometimes (26%)

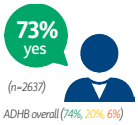
or **never** (6%).

ADHB overall (69%, 25%, 6%) (n=2205)

The questions I asked were responded to so that I understood the answers.

I have been given lots of information, but it was too much to take in. Now I have lots of questions ... Who do I talk to?

DO OUTPATIENTS HAVE THE INFORMATION TO MAKE INFORMED CHOICES?



73% say they **do**

22% say they do, **to some extent**

5% say they **don't.**

There are no significant changes in any of these measures when compared either with ADHB overall or the previous 12 months (Jul 2015 - Jun 2016).

HOW MIGHT WE...

- Ensure patients are knowledgable and up to date about their care and treatment?
- Check patients have sufficient information about their procedure and post-op care?
- Give consistent information?
- Ensure we always give patients their test results?
- Check patients feel listened to?
- Keep patients better informed about administrative details including waiting times, appointments and time frames?

OUR OUTPATIENTS SAY AN EXCELLENT EXPERIENCE WITH INFORMATION OCCURS WHEN...

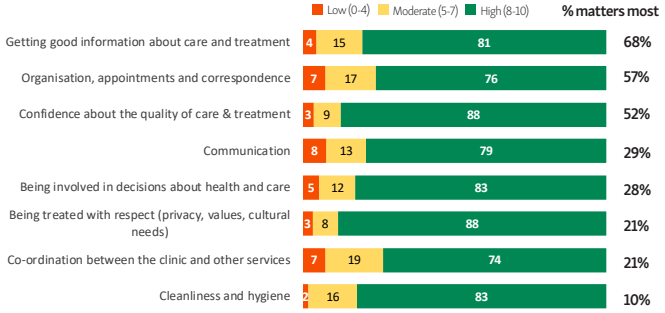
1. We give them thorough and detailed information that is clear, concise and easy to understand, and check their understanding.
2. Doctors give good explanations.
3. Staff fully answer their questions and allow time for new questions that arise
4. Information is provided using different methods and media (information sheets, brochures, websites).
5. They feel they are fully informed about what is happening during and after appointments.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS

Outpatients are asked choose and rate the three dimensions of care that are important to them. The ratings below are from Surgical Services outpatients.



MAIN REASON MET?

We asked our Surgical Services outpatients if the main reason they went to the clinic was dealt with to their satisfaction.

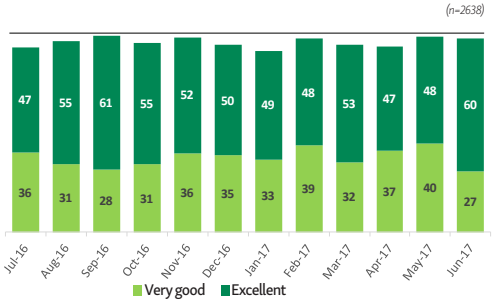
Eight out of 10 say **it was.**

One in seven say it was **to some extent.**

94 outpatients, or 4 percent, say that it was **not** dealt with.

RATINGS OF OVERALL CARE (%)

Surgical Services has **not** met or exceeded the ADHB target of 90 percent or more of patients rating their care as very good or excellent in the last 12 months.



COORDINATION BETWEEN HOME, HOSPITAL AND SERVICES

The results in this report are from Surgical Services inpatients discharged between 01 July 2016 - 30 June 2017

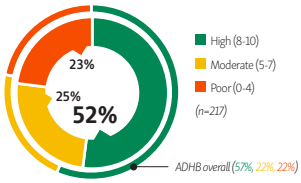
AT A GLANCE

Service integration is a key strategic theme for Auckland DHB.

COORDINATION IS STRONGLY CORRELATED TO OVERALL RATINGS

Despite only 14% of Surgical Services patients telling us coordination matters to them, a moderately strong correlation (.610) means even a small improvement in coordination can make a difference to overall patient experience.

HOW DO WE RATE FOR COORDINATED CARE?

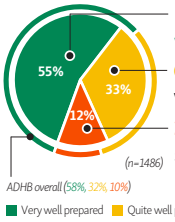


AVERAGE RATING

KEY AREAS

Coordination of services is about seamless integrated services before and after discharge.

WE ASKED SURGICAL SERVICES INPATIENTS HOW WELL WE PREPARED THEM TO LEAVE HOSPITAL



Half (55%) said they were **very well** prepared.

One third (33%), said they were **quite well** prepared.

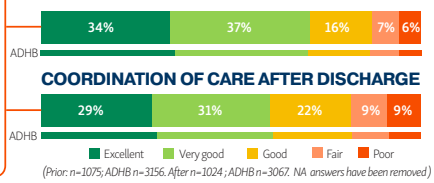
12 percent, or 183 patients, said they were **not** very well prepared at all.

There is a negative 3 percentage point difference in ratings on this measure between Surgical Services and ADHB overall.

The difference is significant (p.<05)

COORDINATION BEFORE AND AFTER DISCHARGE

Just under **one fifth** of Surgical Services inpatients tell us we do a **poor** or **fair** job of coordinating their care **after discharge**; compared to one in eight who say this happens prior to admission.



(Prior: n=1075; ADHB n=3156. After n=1024 ; ADHB n=3067. NA answers have been removed)

SURGICAL SERVICES INPATIENTS EXPERIENCES OF COORDINATED CARE

From beginning to end I believe the entire team involved with my treatment and care have come together and presented an amazing level of co ordination in seeing myself right. Outstanding.

I was informed before time that I will be discharged according to plan and that was what happened.

I have had to initiate care for my daughter both on admission and post hospital. There was no co-ordination of care for her, I was the one reaching out and muddling my way through the system to get the treatment she required.

HOW MIGHT WE...

5.11

- Ensure every patient leaves hospital with information about what they should or should not do, any danger signals to watch for and who to contact if they are worried?
- Involve patients in after-care plans to ensure that these work for them and are suitable for their needs?
- Work with other services such as DHBs, GPs, and ACC to ensure good communication between services especially after discharge?
- Find out from the patient what their needs are that might impact or influence appointment scheduling?
- Proactively ensure patients have enough information to confidently manage their condition at home?

OUR PATIENTS SAY AN EXCELLENT EXPERIENCE OF COORDINATED CARE OCCURS WHEN...

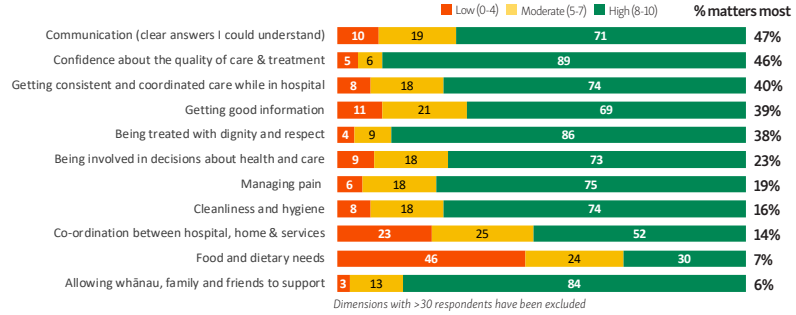
1. Discharge information details what they can (and can't) do at home, what to expect and who to contact or where to go if they have questions or concerns.
2. Information about their condition, care and treatment is shared between services and is well-coordinated.
3. There is follow up after discharge between hospital, GP, and other services like district nurses and occupational therapists.
4. Appointment scheduling processes are efficient and coordinated with other services.
5. Their discharge process is efficient and they are well prepared for leaving hospital.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS (SURGICAL SERVICES)

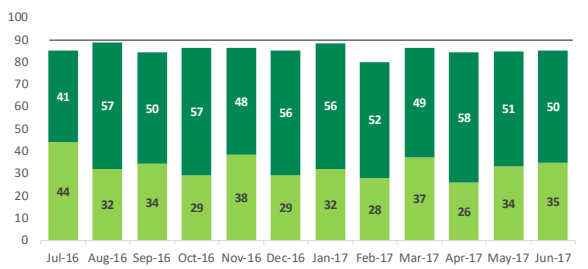
Inpatients are asked to choose and rate the three dimensions of care that are important to them. The ratings below from Surgical Services inpatients are presented in order of what matters most.



Dimensions with >30 respondents have been excluded

VERY GOOD AND EXCELLENT RATINGS

Surgical Services has **not met** the ADHB target of 90 percent or more of patients rating their care as very good or excellent in the last 12 months.



(n=1511)

Cardiovascular Directorate

Speaker: 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:	Jo Wright
Allied Health Director:	Kristine Nicol
Primary Care Director:	Dr Jim Kriechbaum
General Manager:	Sam Titchener

Directorate Priorities for 17/18

In 2017/18 our Directorate will contribute to the delivery of the Provider Arm work programmes. In addition to this we will also focus on the following Directorate priorities:

1. Continue to embed the Clinical Governance model and quality frameworks supported by our Clinical Leadership model.
2. Reconfigure service delivery for patient pathway(s) with a particular focus on cardiac and thoracic surgery and cardiology pathways.
3. Ensure equitable and clinically appropriate access for acute/elective flow for patients accessing services within cardiovascular, working in collaboration and integration with the region.
4. Plan for future service delivery – Identify resource and structure to support areas of growth within the Cardiovascular Directorate, in particular heart/lung Transplant, TAVI, lead extraction and cardiovascular critical care strategy.
5. Focus on building meaningful action plans identified from the employee survey, to develop strong team culture and engagement.
6. Ensure financial resources are appropriately allocated for delivery of safe high quality care.

Q1 Actions – 90 day plan

1. **Continue to embed Clinical Governance model and quality frameworks supported by our Clinician Leadership model**

   Development of accountability and clinical leadership continues with a quality focus; a team charter has been agreed for the cardiovascular leadership team in line with the Auckland DHB values.

   Vendor selection for the Cardiac Surgical Database has been completed, business case development is underway.

2. **Reconfigure service delivery for patient pathway(s) with a particular focus on cardiac and thoracic pathways.**

   The decision document is now complete for the care coordination of cardiothoracic patients. Recruitment into Nurse Specialist's positions for pre admission, thoracic pathways and discharge coordination roles is complete. The project planning phase and work stream development is underway.

   Recruitment has been completed to support the new Nurse Educator model. The team will now work together to develop a Cardiovascular Directorate Nursing Education Strategy. A stocktake of current education programmes and resources has been undertaken and a Cardiovascular Directorate educational working group has been set up to provide an educational framework for the directorate.

3. **Equitable and clinically appropriate access for acute/elective flow patients.**

   All services within Cardiovascular have remained ESPI 2 and 5 compliant for Q1. Scheduling and waitlists projects are underway in both Electrophysiology and Vascular services.

   Improvement recommendations for waitlist management and scheduling have been identified in the Electrophysiology service and will now be aligned with the Electrophysiology operational external review recommendations.

   Vascular services are involved in the wider organisations outpatients' improvement project. This project is currently in the data collection and analysis phase. A Green Belt project looking at vascular scheduling is progressing well and some recommendations have been implemented.

4. **Planning for future service delivery**

   Work has started with Ernst & Young on developing the approach to transplantation capacity needs over the next 5 years for the heart and lung transplant service. Phase one of the project is now underway with stakeholder interviews to inform current state. A two phased modelling approach has also commenced, looking at a retrospective cohort-view, to understand activity along transplantation pathways. This will form the basis of sizing current and future activity load.

   Reviewing revenue and costs with regards to lead extraction procedures has been completed; a co-payment application is ready for submission; MOH are reviewing the lead extraction service with the intention of progressing a national plan to ensure we have a sustainable service in place for all DHB populations.

The Hybrid governance group has endorsed the out of hour's capability for the CTSU/Cardiology teams. The preparation for the Vascular Service and Interventional Radiology acute work requires more planning and discussion, this process is underway.

Work has commenced on the development of service improvement plans as a result of the external operational review for the adult Electrophysiology Service at Auckland DHB. Clinician engagement in the change process and implementation of the recommendations related to waitlist management and referral are well underway.

The Service Model for ECMO is now finalised following sector wide consultation and feedback. Implementation will commence once Endorsement from the National Service Governance group and General Managers planning and funding has been agreed.

The Government's Strategy paper on Increasing Deceased Organ Donation was released on 29 June 2017. Work is now underway progressing the establishment of a national agency and developing options with Organ Donation New Zealand for increasing ICU donation specialist capacity.

A discussion paper has been developed and is now under review looking at potential recruitment and retention strategies for cardiac physiologists. A concerted recruitment drive has identified several qualified and trainee candidates. Regular meetings including workshops with staff have identified non clinical tasks to devolve to other areas to ensure our focus is on maintaining clinical safety and service delivery.

5. **Employee survey and speak up campaign.**

   Speak up and values workshops are taking place with CVICU nursing staff. Most teams within the directorate have developed action plans with a focus on promoting a safe, healthy environment for all staff and patients. The plan based activities and events are taking place.

6. **Financial sustainability**

   Please refer to the financial results section

Measures

Measures	Current	Target	Status
2. Nursing Education model	Started	Delivered according to framework- Implemented by Q3 17/18	On Track
2, 4 Number of recommendations implemented- EP operational review – 15 recommendations	Start Q1	Total 10 recommendations implemented- complete 17/18	On Track
2, 4 CTSU pathway service redesign ,number of pathways implemented- 6 Pathways-pre admission, discharge coordination , routine/non routine pathways, thoracic and ward coordination	To commence Q2	Total 3 pathways implemented- complete 17/18	Yet to commence
3. All 6 surgical waitlists across the directorate to be validated and working within access, booking and choice policy framework.	2 Waitlists commenced	All 6 waitlists validated	On Track

Measures	Current	Target	Status
4. National cardiothoracic database selected and implemented	Commenced Q1	Fit for purpose database Implemented	Off Track, delay in Health Alliance process
4. Implementation of ECMO service model.	To commence Q1	Delivered according to service model	Yet to commence Awaiting final endorsement of model
5 Number of employee engagement survey action plans developed and implemented- 15 Action plans in total	On track	Action plans developed implemented 100%	On Track
6. Meet revenue and expenditure	Budget met	Budget met	Off Track

Key achievements in the month

- The directorate has remained ESPI 2 and ESPI 5 compliant In Q1.
- The waitlist for cardiothoracic continues to remain stable.
- Electrophysiology (EP) scheduling project continues; the waitlist remains stable and the cohort of long waiting patients is reducing. This work will now link in with implementation of the external operational review recommendations. A key outcome will be the introduction of newly efficient processes around accepting referrals, wait listing patients and scheduling them for their procedure.
- The Electrophysiology (EP) waitlist has decreased overall with the cohort of longest waiting patients reducing.
- Socialisation of the external operational review recommendations to the teams has been completed.
- Employee survey action plans are now progressing with activities as planned responses to the hot spot issues.
- Recruitment into the Nurse Specialists positons to support the care coordination of cardiothoracic patients has been completed.
- The local hero award in August was received by a Cardiac Sonographer in the ECHO service.

Areas off track and remedial plans

- Continued close monitoring of the Haemodynamic monitoring project is required, time frames remain critical to the project due to an unsupported system after 31 December 2017. Contingency timelines have been consumed and we are closely monitoring vendor progress with go live 20 November 2017.
- Physiology vacancies continue to challenge service delivery; however recruitment initiatives have identified several new candidates which will assist the service in maintaining delivery in the coming months.
- The perfusion procurement project has been placed on hold due to restructuring in health alliance; NZ Health Partnerships will be managing this moving forward and will commence an RFP a project group has been selected.

- Development of the RASCI both at senior leadership and directorate leadership levels to assist in defining roles and responsibilities has made slow progress, the service remains committed to developing this over the next 6 months.
- The development of metric dashboards across the directorate is delayed until the end of September due to an upgrade within the Business Objects team.
- The perfusion working group has agreed on 2 work streams, leads have been identified and implementation of recommendations to commence. The work stream meetings have been delayed this month due to staffing constraints in perfusion.

Key issues and initiatives identified in coming months

- Planning and design has commenced for EP room 4 Upgrade. An RFP has closed and vendor selections including site visits are underway.
- Monitoring of progress for the new Haemodynamic System due to risk of unsupported system after 31 December 2017.
- Development of work streams and project plans to support the new nursing care coordination across the cardiothoracic surgery patient pathway.
- Supporting the implementation of the new 24/7 structure; working with the leadership team in the directorate to support the transition to 24/7 hospital functioning model of care.
- Development of Transplant strategy.
- Implementation of recommendations as a result of EP external operational review.
- Ongoing management of the Echo waitlist; procedural codes have been designed and patients with planned dates > 6 months will now be flagged appropriately. A new automated waitlist is parked for design with BI.

Scorecard

Auckland DHB - Cardiovascular Services

HAC Scorecard for August 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	2.25	<=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)	9.1%	<=6%	2.9%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3.3%	<=6%	3%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	0
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	2	0	3
	Unviewed/unsigned Histology/Cytology results >= 90 days	0	0	0
Better Quality Care	HT2 Elective discharges cumulative variance from target	1.04	>=1	1.05
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	100%	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	9.41%	TBC	10.35%
	% DNA rate for outpatient appointments - Maori	22.06%	TBC	18.49%
	% DNA rate for outpatient appointments - Pacific	20.1%	TBC	24.37%
	Elective day of surgery admission (DOSA) rate	15.96%	TBC	11.34%
	% Day Surgery Rate	3.49%	TBC	1.8%
	Inhouse Elective WIES through theatre - per day	24.84	TBC	28.83
	Number of CBU Outliers - Adult	63	300	50
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	90.7%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	94.3%
	Number of complaints received	6	No Target	7
	28 Day Readmission Rate - Total	R/U	TBC	12.16%
	% Adjusted Session Theatre Utilisation	81.4%	>=85%	77.2%
	% Theatre Cancellations	R/U	TBC	9.09%
	Average LOS for WIES funded discharges (days) - Acute	5.59	No Target	5.58
	Average LOS for WIES funded discharges (days) - Elective	2.4	No Target	3.12
	Cardiac bypass surgery waiting list	49	<=111	60
	% Accepted referrals for elective coronary angiography treated within 3 months	98.62%	>=90%	99.55%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	93.64%	>=95%	95.1%
	Vascular surgical waitlist - longest waiting patient (days)	R/U	<=150	116
	Outpatient wait time for chest pain clinic patients (% compliant against 42 day target)	100%	>=70%	95.56%
Engaged Workforce	Excess annual leave dollars ($M)	$0.7	0	$0.65
	% Staff with excess annual leave > 1 year	36.17%	0%	35.74%
	% Staff with excess annual leave > 2 years	15.55%	0%	15.52%
	Number of Pre-employment Screenings (PES) cleared after the start date	1	0	0
	Sick leave hours taken as a percentage of total hours worked	4.34%	<=3.4%	4.31%
	% Voluntary turnover (annually)	14.63%	<=10%	13.66%
	% Voluntary turnover <1 year tenure	1.25%	<=6%	2.67%

R/U Result unavailable

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Scorecard Commentary

- There were no SAC 1 events for August for the Cardiovascular Directorate.
- There was one SAC 2 relating to failure to escalate. A case review is underway
- A second adverse event was commissioned in August. The incident occurred in January 2017 and the review has resulted from a complaint by a family member which was received in August. This relates to an unexpected death following discharge from septicaemia.
- There were six complaints received in August. Three related to concerns around invoicing for care for non-eligible patients and the remainder to communication concerns. All have been resolved.
- Pressure injuries, medication errors and falls remain within previous trends.
- There were no Stage 3 or 4 pressure injuries reported, no medication errors resulting in harm and no falls resulting in serious harm
- At the end of August the cardiac surgery eligible bypass waitlist had decreased from 70 patients to 63; the service has had sustained production through the month. The service performed 1 heart transplant and 2 lung transplants in August and cared for 3 x extracorporeal membrane oxygenation (ECMO) patients.
- Vascular surgery continues to meet ESPI 2 and 5.
- The Vascular service is working through service improvement processes and is seeing increased utilisation of theatre sessions as a result. This is one of the countermeasures to address the challenge of managing increasing acute volumes and the need to maintain elective throughput.
- ESPI2 in Cardiology continues to meet 4 month targets due to the reduced clinic cancellations and a change in clinic FSA to follow-up ratios. The service awaits implementation of patient focussed booking as part of the outpatient redesign project to help reduce DNA rates.
- The Cardiology Electrophysiology waitlist has reduced due to improved scheduling processes and validating long waiting patients.
- The Cardiology Interventional waitlist is increasing but patient wait times meet MoH targets. Analysis to understand reasons for the increase are underway.
- Annual leave plans for excess annual leave continue to be a focus at an operational level and there is progress on the SMO's developing leave plans and therefore reducing their leave balances. Absenteeism through winter months has precluded any real action being progressed with Nurses' excess annual leave and as a result there is continued increase of excess annual leave.
- Speak Up workshops are planned for the directorate.
- Progress is being made on the physiologist vacancy rate with success in the recruitment of two qualified physiologists along with some trainees.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE							
Cardiovascular Services					Reporting Date		Aug-17
($000s)		MONTH			YEAR TO DATE (2 months ending Aug-17)		
	Actual	Budget	Variance		Actual	Budget	Variance
REVENUE							
Government and Crown Agency	73	102	(29) U		184	204	(20) U
Funder to Provider Revenue	12,689	12,689	0 F		24,040	24,040	0 F
Other Income	445	708	(263) U		1,177	1,416	(240) U
Total Revenue	**13,207**	**13,499**	**(292) U**		**25,401**	**25,661**	**(260) U**
EXPENDITURE							
Personnel							
Personnel Costs	5,920	6,031	111 F		11,216	11,767	551 F
Outsourced Personnel	24	49	25 F		81	98	17 F
Outsourced Clinical Services	22	29	7 F		35	58	22 F
Clinical Supplies	3,155	3,119	(36) U		5,913	5,922	10 F
Infrastructure & Non-Clinical Supplies	92	151	59 F		412	302	(110) U
Total Expenditure	**9,213**	**9,378**	**165 F**		**17,657**	**18,146**	**489 F**
Contribution	**3,994**	**4,120**	**(127) U**		**7,744**	**7,514**	**229 F**
Allocations	1,161	1,112	(49) U		2,290	2,165	(125) U
NET RESULT	**2,833**	**3,008**	**(175) U**		**5,454**	**5,350**	**104 F**
Paid FTE							
	MONTH (FTE)				YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance		Actual	Budget	Variance
Medical	93.0	95.3	2.2 F		93.9	95.3	1.4 F
Nursing	342.7	338.1	(4.6) U		338.1	338.1	0.0 F
Allied Health	63.7	66.6	2.9 F		63.7	66.6	2.9 F
Support	2.7	2.7	0.0 F		2.7	2.7	0.0 F
Management/Administration	31.1	35.2	4.1 F		31.6	35.2	3.6 F
Other	0.0	0.0	0.0 F		0.0	0.0	0.0 F
Total excluding outsourced FTEs	**533.2**	**537.8**	**4.6 F**		**529.9**	**537.8**	**7.9 F**
Total Outsourced Services	2.3	1.7	(0.6) U		5.1	1.7	(3.3) U
Total including outsourced FTEs	**535.5**	**539.5**	**4.04 F**		**535.0**	**539.5**	**4.57 F**

Comments on Major Financial Variances

The year-to-date result is $104k F – driven by revenue lower than budget offset by favourable Personnel costs

Total year to date inpatient WIES are 7% higher than 2016 17 and 103% of budget. Overall year-to-date WIES activity has cardiology at 106%, cardiothoracic at 100% and vascular at 104% of budget.

YTD FTE Employed/Contracted is 4.6 FTE favourable.

1. Revenue

Overall revenue variance year to date is $260k U due in the main to additional (IDF) WIES revenue not met (savings target), however overall contract delivery is over-delivered by $650k.

2. Expenditure

Total Expenditure (including Allocations) for the year is $364k F, this is mainly due to:

- Personnel and Outsourced personnel costs being net $568k F; primarily due to vacancies not filled across all personnel groups.
- Outsourced Clinical is $22k F for the year. There has been significant discipline about refraining from outsourcing wherever possible with no outsourcing in the first two months. The only material costs incurred in this area relate to the Safety and Quality Program external resource.
- Clinical Supplies is $10k F. There are two key drivers:
    - Cardiology clinical supply costs at $204k U (106%) are impacted by both volume (106%) and cost drivers. In Cardiac Electrophysiology (EP), catheters are 134% of budget ($152k U). A further review is underway to determine if price or volume driven.
    - Cardiothoracic costs $198k favourable (88%), mainly in Treatment Disposables and Pharmaceuticals. The main driver is low Heart and Lung Transplants numbers (1 heart and 3 lungs ytd) compared to a total of 11 for the same period last year
    - Vascular $15k U (WIES 104% of budget)
    - Clinical equipment depreciation is $12k F.
- Infrastructure & Non-Clinical Supplies is $110k U due to Bad Debts and Doubtful Debts. Internal Allocations are $125k U due to Vascular Radiology charges.

Key actions to date include:

- Completing CPS non-resident pricing increase from January 2017 – now actioned. Relationship visit in June to develop on-going business and activity.
- TAVIs pricing via an alternate vendor device is now implemented and there is a significant uptake of the cheaper device. ICD and Pacemaker negotiations are now complete and pricing improved for 17/18.
- Compiling a case for co-payment for lead extractions under-way
- Strategy and savings plan clearly articulated for 17/18. Budget clearly aligns with strategy and will be carefully monitored for early warning signs of financial risk.

June 2017 Outpatient Experience Report

CARDIOVASCULAR SERVICES

GETTING GOOD INFORMATION

The results in this report are from Cardiovascular Services outpatients who had appointments between 01 July 2016 - 30 June 2017

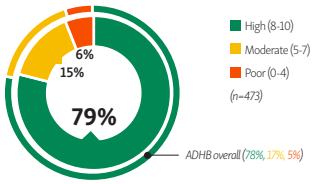
AT A GLANCE

Sharing good, complete and timely information with patients allows them to make informed decisions about their care and treatment.

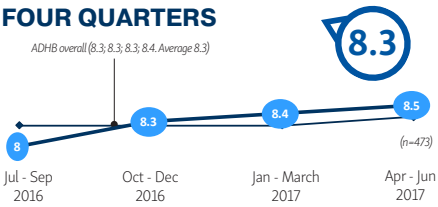
GETTING GOOD INFORMATION MATTERS TO OUR OUTPATIENTS

73% of Cardiovascular Services outpatients tell us that getting good information is one of the three things that matter most to their care and treatment.

HOW DO WE RATE ON INFORMATION?



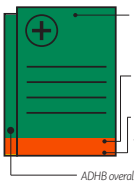
AVERAGE RATING OVER LAST FOUR QUARTERS



KEY AREAS

Information is strongly correlated to overall ratings (.615).

WE ASKED CARDIOVASCULAR OUTPATIENTS IF THEY GOT ENOUGH INFORMATION



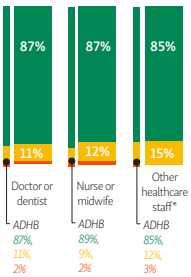
Most (89%) said they got the **right amount.**

11% said they **didn't get enough.**

Only **3** respondents **(.4%),** told us they received "too much" information.

ADHB overall (89%, 11%, 1%) (n=700)

CLEAR ANSWERS

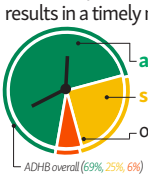


While most Cardiovascular outpatients **(86%)** say that staff **always** answer their questions in a way they can understand, about one in seven **(12%)** say this happens **sometimes** or **never (2%).**

*Other healthcare staff: staff such as physiotherapist, occupational therapist, optometrist, psychologist (Doctors/dentists n=538; nurses/midwives n=164; other staff n=132)

TIMELY RESULTS

Cardiovascular Services outpatients told us they received x-rays and test results in a timely manner...



always (68%)

sometimes (25%)

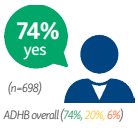
or **never** (7%).

ADHB overall (69%, 25%, 6%) n=621

My questions were answered in "my language" and not "medical jargon".

Waited over 6 months for this appointment. Saw doctor for about 3 minutes or less. [They] did not ask me if I had any questions. Just walked away out of the room.

DO OUTPATIENTS HAVE THE INFORMATION TO MAKE INFORMED CHOICES?



74% say they **do***

18% say they do, **to some extent**

8% say they **don't.**

ADHB overall (74%, 20%, 6%)

***There is a positive 8 percentage point difference in ratings on this measure when compared with the previous 12 months (Jul 2015 - Jun 2016).**
The difference is significant (p.<05)

HOW MIGHT WE...

- Ensure patients are knowledgable and up to date about their care and treatment?
- Check patients have sufficient information about any procedures and treatment?
- Give consistent information?
- Ensure we always give patients their test results?
- Check patients feel listened to?
- Keep patients better informed about administrative details including waiting times, appointments and time frames?

OUR OUTPATIENTS SAY AN EXCELLENT EXPERIENCE WITH INFORMATION OCCURS WHEN...

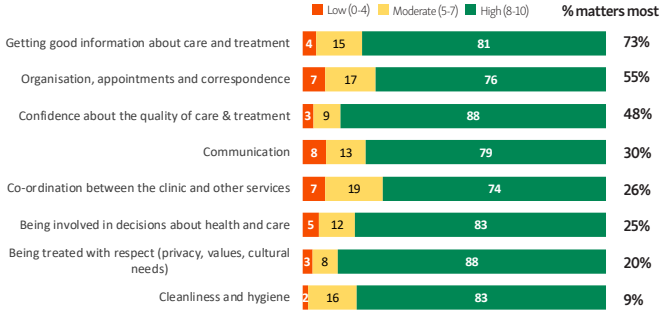
1. We give them thorough and detailed information that is clear, concise and easy to understand, and check their understanding.
2. Doctors give good explanations.
3. Staff fully answer their questions and allow time for new questions that arise
4. Information is provided using different methods and media (information sheets, brochures, websites).
5. They feel they are fully informed about what is happening during and after appointments.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS

Outpatients are asked choose and rate the three dimensions of care that are important to them. The ratings below are from Cardiovascular Services outpatients.



MAIN REASON MET?

We asked our Cardiovascular Services outpatients if the main reason they went to the clinic was dealt with to their satisfaction.

Eight out of 10 say **it was.**

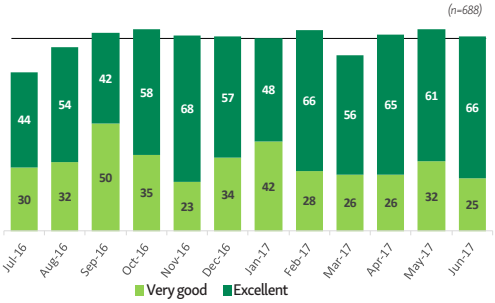
One in seven say it was **to some extent.**

18 outpatients, or 3 percent, say that it was **not** dealt with.

ADHB overall (83%, 13%, 3%)

RATINGS OF OVERALL CARE (%)

Cardiovascular Services has **met or exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **nine times** in the last 12 months.



AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

COORDINATION BETWEEN HOME, HOSPITAL AND SERVICES

The results in this report are from Cardiovascular Services inpatients discharged between 01 July 2016 - 30 June 2017

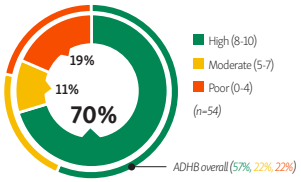
AT A GLANCE

Service integration is a key strategic theme for Auckland DHB.

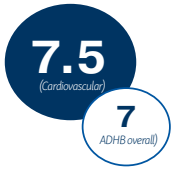
COORDINATION IS CORRELATED TO OVERALL RATINGS

Despite only 9% of Cardiovascular Services inpatients telling us coordination matters to them, a moderate correlation (.481) means an improvement in coordination can make a difference to overall patient experience.

HOW DO WE RATE FOR COORDINATED CARE?



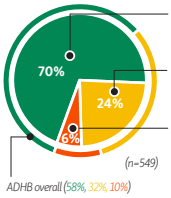
AVERAGE RATING



KEY AREAS

Coordination of services is about seamless integrated services before and after discharge.

WE ASKED CARDIOVASCULAR INPATIENTS HOW WELL WE PREPARED THEM TO LEAVE HOSPITAL



Most (70%) said they were **very well** prepared.

One quarter (24%), said they were **quite well** prepared.

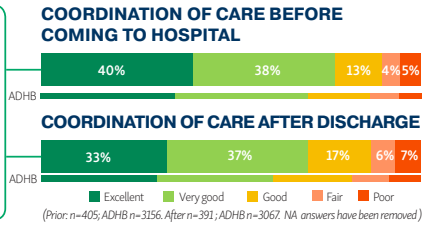
6 percent, or 33 patients, said they were **not** very well prepared at all.

There is a positive 12 percentage point difference in ratings on this measure between Cardiovascular Services and ADHB overall.

The difference is significant (p.<05)

COORDINATION BEFORE AND AFTER DISCHARGE

Inpatients rate Cardiovascular Services **significantly higher** on coordination of care before admission (4 points) and after discharge (7 points) than ADHB overall (p<.05).



(Prior: n=405; ADHB n=3156. After n=391; ADHB n=3067. NA answers have been removed.)

CARDIOVASCULAR SERVICES INPATIENTS EXPERIENCES OF COORDINATED CARE

All the information given by [hospital staff] made a great impact on me, both before and following my discharge. I thought, and still do, think that I couldn't have had better care.

Correspondence between the hospital and my G.P. has been excellent ... I feel that the hospital has gone the extra mile in handling my health condition.

I was given half an hour to vacate the bed and was given a discharge form. I didn't get to talk to the person that wrote out my release form. My pain relief wasn't discussed or any home help.

HOW MIGHT WE... 5.12

- Ensure every patient leaves hospital with information about what they should or should not do, any danger signals to watch for and who to contact if they are worried?
- Involve patients in after-care plans to ensure that these work for them and are suitable for their needs?
- Work with other services such as DHBs, GPs, and ACC to ensure good communication between services especially after discharge?
- Find out from the patient what their needs are that might impact or influence appointment scheduling?
- Proactively ensure patients have enough information to confidently manage their condition at home?

OUR PATIENTS SAY AN EXCELLENT EXPERIENCE OF COORDINATED CARE OCCURS WHEN...

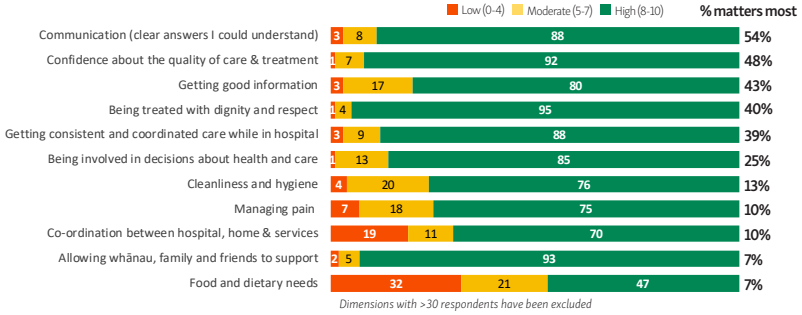
1. Discharge information details what they can (and can't) do at home, what to expect and who to contact or where to go if they have questions or concerns.
2. Information about their condition, care and treatment is shared between services and is well-coordinated.
3. There is follow up after discharge between hospital, GP, and other services like district nurses and occupational therapists.
4. Appointment scheduling processes are efficient and coordinated with other services.
5. Their discharge process is efficient and they are well prepared for leaving hospital.

OVERALL RESULTS

To find out more about patient experience results go to the Patient Experience page on HIPPO or contact Jing Yin (jingy@adhb.govt.nz) for more information

DIMENSIONS OF CARE RATINGS (CARDIOVASCULAR)

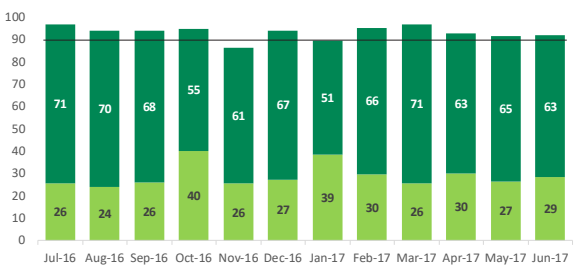
Inpatients are asked to choose and rate the three dimensions of care that are important to them. The ratings below from Cardiovascular Services inpatients are presented in order of what matters most.



Dimensions with >30 respondents have been excluded

VERY GOOD AND EXCELLENT RATINGS

Cardiovascular Services has **met or exceeded** the ADHB target of 90 percent or more of patients rating their care as very good or excellent **11 times** in the last 12 months.



(n=559)

Commercial Services Directorate

Speaker: Stephen Coombe, General Manager, Commercial Services

Service Overview

Commercial Services is responsible for service delivery and management of Linen and Laundry, Car-parking, Motor Vehicle Fleet, Property Leases, Retail Space Management, Delivery Dock Management, Commercial Contracts, Clinical Education Centre, Sustainability, Mailroom, Food and Nutrition, Health Alliance Procurement and Supply Chain (including NZ Health Partnerships Ltd, Pharmac and Ministry of Business Innovation and Employment) and Security for Safety programme.

The Directorate has undergone a review of its services which 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. Procurement and Supply Chain
4. Sustainability

The leadership team of Commercial Services Directorate is led by:

- General Manager
- Operations Manager Business Improvement
- Operations Manager Commercial Contracts
- Operations Manager Procurement and Supply Chain
- Sustainability Manager
- Finance

Directorate Priorities for 17/18

In 2017/18 our Directorate will contribute to the delivery of the Finance and Business Support Services long term plan with a focus on the following key priorities:

1. Proactively manage and develop partnerships with our key suppliers
2. Improve our communications and engagement with our customers and partners
3. Develop and embed the key principles of sustainability
4. Manage and improve change through improved project and contract management processes
5. Support and develop our workforce to align with our objectives and goals
6. Embed best practice Health and Safety across the team
7. Improve our planning by inclusive planning and engagement with other Directorates
8. Identification of commercial revenue generation and other value for money opportunities
9. Develop and improve policies, strategies, and guidelines
10. Identifying and developing regional collaborative opportunities

Key Actions – 17/18

The following actions are currently being progressed to ensure delivery of Strategic Initiatives for Commercial Services.

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1.	Update Commercial Services intranet pages	MJ/SC				
2.	Create annual communication plan for Commercial Services	MJ/DH				
3.	Review of HandS practices and develop training plan	SC				
4.	Enhance and develop our policies, strategies, and guidelines	All				
5.	Contract management plans identified and developed for key suppliers	All				
6.	Training and development plan created for Commercial Services	All				
7.	Review business deliverables and volumes with a view to plan resource requirements for FY18/19	SC/TT				

Scorecard

Note – due to the recent changes in reporting lines, the Commercial Services scorecard has not been presented this month due to the data not being available.

Key achievements in the month

Security for Safety Programme

Key progress points:

- Access control upgrade completed for A32 (except level 4), A15 (Fraser MacDonald) and A31 (LabPlus)
- Code Black - Abduction response plans developed ready for approval
- Access Plans being completed for Long Term Conditions, Women's Health, Medical and Surgical services.
- Business requirements for Lone Worker alarms being completed.

Supply Chain Review

- The Supply Chain Transformation Programme is to refine the framework and processes to improve procurement, inventory management, costs to serve, and updating catalogue items.
- Regional policies for inventory management, returns, back-orders, procurement and purchasing are being finalised.
- Onelink contract negotiations (the regional third party logistics provider) are on track.
- A three month regional trial to centralise the management of credits and returns has been implemented with Auckland DHB using the Greenlane site for a trial. The number of product returns by Auckland DHB is currently significantly less than the other DHBs in the region. The trial will give Auckland DHB visibility of the returns and help gain an understanding of why rates are so low.
- Auckland DHB participated in the review of the Clinical Product co-ordinator regional service currently provided by health Alliance. The review is being conducted by Ernst and Young, and interim report is expected towards the end of September.

Inventory Management Directorate Reviews

- This programme will be continued by health Alliance as a regional inventory reduction project.

Pandemic stock

- A procurement process is to be undertaken by health Alliance.

Procurement

- A procurement Service Level Agreement (SLA) is under consultation with the region and is progressing through final stages.

Savings

- HealthAlliance has forecast procurement projects to deliver annualised operating expenditure savings of $3.68m and capital expenditure savings of $1.04m for 2017/18. To date, the current annualised savings is $1.41m and capital expenditure savings $7k.
- HealthAlliance will be the key lead as aggregator for the regional procurement services provided Pharmac, MBIE and NZHPL.
- The DHB procurement and supply chain team have identified key projects for prioritisation for the 17/18 saving programme.

Training and people development

- Oracle Training completed for level 9 theatres.

Car Parking

- Monitoring and removal of all infringing vehicles is on-going.

Sustainability

- Waste recycling and segregation continues to be a focus for waste minimisation including general waste training following implementation of stainless steel recycling bins and desk cubes for staff desks.
- PVC recycling volumes continues to trend upwards with training. To date, over 4 tonnes from Grafton and approximately 1 tonne from Greenlane Clinical Centre has been collected for recycling.

Parking and Shuttle Service

- Public parking pricing review is underway.
- Auckland University car-park lease expires in 30 September 2017. An alternative carpark option at the Newmarket Davis Crescent site has been offered to the 58 affected staff.
- The shuttle service performance review is underway following complaints from staff on the service. Awaiting a report and agreement by the service provider on key actions to improve the service level.

Property Leases

- St Luke's Community Mental Health lease expires in October 2017 The Board has approved renewing the lease and also approved leasing 5 Porters Ave as a replacement site which is subject to due diligence.
- A suitable replacement site for the Mental Health Early Intervention Team has been identified at Level 1, 95 Great South Road. A lease agreement has been approved by the Board subject to a credible seismic certification of greater than 67%. Beca has reassessed the seismic rating of this building at 70%. Fit out of the building is underway and the service will occupy as soon as the IMTS equipment is installed.
- Manaaki House (Glen Innes) Community Mental Health lease expires in April 2018. Awaiting Board approval at its September 2017 meeting. The landlord will undertake refurbishment works.

Property Other

- Rent for New Zealand Blood Bank building extension has been agreed (per business case) and licence to occupy is being prepared.

Retail Space Management

- Paper Plus opened its "Pop-Up" bookshop on 15 May 2017. A 6-week debrief with Paper Plus provided positive feed-back with a positive return. A new long term lease agreement is being prepared for negotiation with Paper Plus.
- Two proposals from florist have been received. However, the interested parties requested a closed shop and that the DHB pay for the fit out. A strategy is being developed for a florist shop concept in alignment with the overall Level 5 look and feel. Make good of the area previously occupied by Planet Espresso is now underway.
- There are on-going discussions with 2Degrees to install suitable communication equipment on Auckland City Hospital site to improve connectivity. A paper will be submitted to the Executive Leadership team for approval.
- The Subway lease expires in February 2018 and discussions are underway to extend the lease for a 1-year period. This will give time for Subway to prepare a refurbishment plan that is in alignment with the DHB's refurbishment of the Grafton's cafés.

Clinical Education Centre

- In August, CEC had a total of 234 sessions and 9,424 attendances. Clinical teaching represented 61%, revenue generation 12.4% and non-educational 26.6%.

Fleet Management

- There are currently 348 vehicles in the Auckland DHB fleet, of which 206 are over the age of 5 years and 25 are 10 years or older.
- The vehicle leasing RFP (run by hA), has nearly reached its conclusion with commercial negotiations now focusing on a review of conditions in Master Lease agreements.

Contract Management
Linen

- The linen supply and utilisation rate at Auckland City Hospital for the month of July was 94% and 80%, respectively. The supply target was 98% and utilisation target was 85%. The figures for August are not yet available.
- Sustainability and environmental responsibility is a high priority for Taylors. Various new projects including heat exchange units and filtering systems has reduced water usage (30%), energy usage (5%) with significant reduction in waste water into the main sewage system.
- Lean Bed Making Policy will be implemented at the end of November 2017 with a projected savings of $500K. This savings initiative has been devised by looking at the way beds are currently made at Auckland DHB which uses 4 line items. This will be reduced to 3 line items.
- The Sterile Linen Project is underway. Stock audits are being completed on the sterile products that have reached their expiry date. At present, the expiry is 30 days which is expected to be extended to 90 days once the audit has been completed to confirm that linen samples maintain their sterility. The projected savings are estimated to be $60K.

Food and Nutrition Services

- Implementation of the Auckland DHB Healthy Food and Drink Policy has seen the removal of all confectionery and the sale of compliant cookies, cereal/ fruit bars and savoury snacks only. An extension to January 2018 has been given for the removal of confectionery within baked items.
- Priority 1 (P1) processes have been implemented which will have patients with allergies being served first on tray line in an enclosed tray. These will be double checked, delivered separately and checked for a third time once they reach the ward. In addition, allergy smart cards are now being sent with every meal tray to Starship to raise allergy awareness.

- Compass Group has implemented an 8-Step Process to mitigate the risk of foreign contamination. This is continuously being monitored by both the DHB and Compass Group staff members.
- Feedback regarding quality of service delivery continues to be closely monitored with weekly operational meetings with Compass Group.
- Results from joint KPI audits commenced for tray accuracy (between Compass and Auckland DHB) show a significant decrease in accuracy compared with previous months.

Hygiene and Pest Control Services

- Improvements to the standard operating procedure have been adopted and audit completed with technical input.
- There were no call-backs or complaints in the month of August.
- Rentokil conducted an audit in the main kitchen in mid-August. They made several recommendations to maintain good standards.

Print Services

- Rationalisation of the Konica Minolta printers has commenced together with an audit and mapping of all printers across ACH and GCC sites.

Uniforms – Fashion Uniforms

- Fittings are almost complete. There has been positive feedback on the overall look of the new uniforms.

Financial results – Commercial Services

STATEMENT OF FINANCIAL PERFORMANCE
Non-Clinical Support Services

Reporting Date Aug-17

($000s)	MONTH			YEAR TO DATE (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	0	0	0 F	0	0	0 F
Funder to Provider Revenue	0	0	0 F	0	0	0 F
Other Income	956	807	149 F	1,636	1,614	23 F
Total Revenue	**956**	**807**	**149 F**	**1,636**	**1,614**	**23 F**
EXPENDITURE						
Personnel						
Personnel Costs	123	144	21 F	249	270	21 F
Outsourced Personnel	6	0	(6) U	45	0	(45) U
Outsourced Clinical Services	0	0	0 F			0 F
Clinical Supplies	0	0	0 F	1	1	0 F
Infrastructure & Non-Clinical Supplies	1,032	977	(55) U	1,992	1,954	(38) U
Total Expenditure	**1,162**	**1,122**	**(40) U**	**2,287**	**2,224**	**(63) U**
Contribution	**(206)**	**(315)**	**109 F**	**(651)**	**(611)**	**(40) U**
Allocations	0	0	0 F	0	0	0 F
NET RESULT	**(206)**	**(315)**	**109 F**	**(651)**	**(611)**	**(40) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Nursing	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Allied Health	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	11.9	13.6	1.7 F	12.7	13.6	0.9 F
Total excluding outsourced FTEs	**11.9**	**13.6**	**1.7 F**	**12.7**	**13.6**	**0.9 F**
Total :Outsourced Services	-0.2	0.0	0.2 F	3.1	0.0	(3.1) U
Total including outsourced FTEs	**11.7**	**13.6**	**1.9 F**	**15.8**	**13.6**	**(2.2) U**

Comments on major financial variances – Non- Clinical Support Services

The result for the year to date to August 2017 is an unfavourable budget variance of $40k primarily driven by target savings not being fully achieved.

Patient Management Services

Speaker: Alex Pimm, Director Patient Management Services

Service overview

Patient Management Services was formed as a separate Directorate in June 2017 and includes services previously under the governance of the Clinical Support Directorate and Commercial Services. As such some information, including finance and HR reports, are not available at Directorate level. The Directorate provides a range of clinical and non-clinical support services to ensure that the hospital is able to function effectively, including:

- 24/7 Hospital Functioning team
- Orderlies and equipment pool
- Transition lounge and transit care team
- Temporary staffing bureau and resource nursing team
- Chaplaincy liaison
- Security
- Cleaning
- Waste management
- Staff residences
- Operational management of food services contract

The Patient Management Services Directorate is led by

Director: Alex Pimm
Nurse Director: Jane Lees
Patient Flow Manager: Gareth Stanney
Operations Manager, Non-Clinical Support Services: Shankara Amurthalingham

Key achievements in the month

24/7 Hospital Functioning team orientation
All Adult Clinical Nurse Manager (CNM) roles are now fully recruited to. We are awaiting the start dates for two of the external recruits; in the interim two of the exiting Duty Managers will remain in post until November to provide on-going support.

Two vacancies remain for the Child Health CNM roles. Selection and recruitment to these roles is on-going.

All CNMs are being taken through an orientation process which consists of four components:

1. Clinical competence
2. Professional leadership with focus on coaching conversations
3. Standard of practice and policy
4. Organisational requirements

Patient flow processes

Two multidisciplinary working groups have been established reporting to the Daily Hospital Functioning Steering Group. The patient flow workgroup will ensure that the new structure and process is constantly monitored and reviewed to ensure that patients move to an appropriate clinical area safely and quickly. The second workgroup will review the organisational escalation policy and build a framework for escalation and de-escalation that can be used at a Directorate level. The working groups will support the development of the integrated operations dashboards for the organisation.

Cleaning services

The combined average audit score for August was 93 per cent. Patient experience scores of cleaning standards remain positive, with an average score of eight out of 10 reported.

The Leadership Training course continues to progress well with positive feedback from participants who are using the techniques and tools in their everyday work. A graduation ceremony is planned to take place after the course ends in September.

During the month of August, Pasifika Celebrations were held for the Cleaning staff to celebrate the diversity within our workforce.

Security

A proactive presence is being trialled in high usage departments and wards to assist in reducing code orange calls, improve familiarisation and interaction with the security team (for staff, patients and visitors), and to build positive outcomes that add value to the patient experience. Adult Emergency Department and Child Emergency Department are the first departments to trial this and it has met with very favourable comments from staff in these areas.

The First Security Branch Manager is now meeting regularly with the Auckland DHB Security Manager to ensure that the level of service provided to Auckland DHB is in line with demand and also to share any concerns in a timely manner.

Parking

In August 122 cars were towed from the Grafton campus due to dangerous or inappropriate parking. On 15 September 2017, 19 staff cars were towed from Car Park B. All cars were parked in tow away zones / disabled spaces; however the incident highlighted a number of issues. The following actions have been taken as a result:

- Generate a further 18 official car parking spaces in car park B – expected to take place within 2 weeks maximum. During this period there will be no towing of cars in the identified new parking areas unless parked dangerously or blocking other vehicles safe entry or exit
- From now, all cars parked in non-allocated parking bays will be warned with a flyer that will indicate parking alternatives (1 warning per vehicle only)
- Cars will be towed from site if they are parked in a disabled bay, in a zero tolerance approach.
- Options are being considered for staff, for emergency contact so that vehicle registration and personnel details can be added/updated in the new security system.
- The Communication team are preparing a refreshed campaign around parking.

Upcoming activities

- Ongoing trialling of additional security presence in Adult Emergency Department for a period of 4 weeks (Friday 08:00 to Monday 03:00).
- Integrated operations and occupancy dashboards – work is underway to create a dashboard to view current real time operational status of the Hospital and short term forecast including staffing, patient acuity, demand ED activity etc.
- Development of the summer plan in conjunction with the Directorate leadership teams for the period 1 December 2017 to 28 February 2018.
- Code Orange Training programme for security and Site CNMs being delivered through September and October.
- "Getting Red Right" escalation working group focusing on the triggers and actions for the organisation.
- Patient admission and transfer process – new Patient Flow Facilitator role to be trialled in October.
- Transition team - cease use of pagers and convert to requests being made via mobile phone from 2 October.
- Quarterly Generator test taking place on 20 September and Major IT outage planned for 19 October. Both have major incident planning and risk assessments in place.

Scorecard

Scorecard Commentary

The majority of excess annual leave >1 year sits within Cleaning Services. The Directorate HR team will work with the Operations Manager for this area to establish plans to reduce this over the coming months.

Auckland DHB - Patient Management Services

HAC Scorecard for August 2017

Better Quality Care	Number of complaints received	3	No Target	R/U
Engaged Workforce	Excess annual leave dollars ($M)	$0.21	0	R/U
	% Staff with excess annual leave > 1 year	38.48%	0%	R/U
	% Staff with excess annual leave > 2 years	16.23%	0%	R/U
	Sick leave hours taken as a percentage of total hours worked	3.73%	<=3.4%	R/U
	% Voluntary turnover (annually)	12.98%	<=10%	R/U
	% Voluntary turnover <1 year tenure	15.69%	<=6%	R/U

R/U Result unavailable

Financial results – Patient Management Services

STATEMENT OF FINANCIAL PERFORMANCE
Patient Management Services

Reporting Date **Aug-17**

($000s)	MONTH			YEAR TO DATE (2 months ending Aug-17)		
	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	47	47	0 F
Other Income	89	96	(7) U	170	192	(22) U
Total Revenue	**112**	**119**	**(7) U**	**217**	**239**	**(22) U**
EXPENDITURE						
Personnel						
Personnel Costs	1,124	1,640	516 F	2,452	3,172	720 F
Outsourced Personnel	460	0	(460) U	851	0	(850) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	51	25	(26) U	78	49	(29) U
Infrastructure & Non-Clinical Supplies	1,647	1,627	(20) U	3,107	3,255	147 F
Total Expenditure	**3,283**	**3,292**	**10 F**	**6,488**	**6,477**	**(12) U**
Contribution	**(3,171)**	**(3,173)**	**3 F**	**(6,271)**	**(6,238)**	**(33) U**
Allocations	(1,214)	(1,236)	(21) U	(2,379)	(2,471)	(92) U
NET RESULT	**(1,956)**	**(1,938)**	**(19) U**	**(3,892)**	**(3,767)**	**(125) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Nursing	30.5	48.2	17.7 F	46.7	48.2	1.4 F
Allied Health	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Support	255.1	294.0	38.9 F	255.0	294.0	39.1 F
Management/Administration	32.0	32.5	0.6 F	31.1	32.5	1.4 F
Total excluding outsourced FTEs	**317.5**	**374.7**	**57.2 F**	**332.8**	**374.7**	**41.9 F**
Total :Outsourced Services	51.1	0.0	(51.1) U	48.7	0.0	(48.7) U
Total including outsourced FTEs	**368.6**	**374.7**	**6.1 F**	**381.5**	**374.7**	**(6.8) U**

Comments on major financial variances

YTD result is $125 K U. The key drivers of this result are:

1. Personnel costs are $720K F due to vacancies. The majority of these are in the cleaning service and offset by outsourced personnel costs. Costs were higher than budget due to the busy winter period but are expected to smooth out over the year.
2. Infrastructure and Non–Clinical Supplies are $147K F. The main driver of this is food costs being below budget which also results in our allocations being below budget as fewer costs are charged out.

Provider Arm Financial Performance

Consolidated Statement of Financial Performance - August 2017

Provider	Month (Aug-17)			YTD (2 months ending Aug-17)		
$000s	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Income						
Government and Crown Agency sourced	8,641	8,271	371 F	16,656	16,415	242 F
Non-Government & Crown Agency Sourced	7,954	7,553	401 F	14,990	15,143	(153) U
Inter-DHB & Internal Revenue	1,216	1,942	(726) U	841	3,908	(3,067) U
Internal Allocation DHB Provider	109,294	109,334	(40) U	218,587	218,184	404 F
	127,105	**127,100**	**5 F**	**251,075**	**253,649**	**(2,574) U**
Expenditure						
Personnel	78,550	78,742	191 F	150,486	154,476	3,990 F
Outsourced Personnel	2,272	1,162	(1,109) U	4,326	2,324	(2,003) U
Outsourced Clinical Services	2,618	3,256	639 F	4,858	5,687	829 F
Outsourced Other	4,350	4,674	324 F	9,032	9,348	316 F
Clinical Supplies	24,379	23,846	(533) U	46,244	46,103	(141) U
Infrastructure & Non-Clinical Supplies	16,096	16,154	58 F	32,997	31,998	(998) U
Internal Allocations	487	528	40 F	1,055	1,055	0 F
Total Expenditure	**128,752**	**128,363**	**(390) U**	**248,998**	**250,991**	**1,994 F**
Net Surplus / (Deficit)	**(1,647)**	**(1,263)**	**(384) U**	**2,077**	**2,658**	**(581) U**

Consolidated Statement of Financial Performance – August 2017

Performance Summary by Directorate

By Directorate $000s	Month (Aug-17)			YTD (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Adult Medical Services	2,646	2,650	(4) U	5,112	5,200	(88) U
Adult Community and LTC	2,243	2,068	174 F	4,438	4,010	428 F
Surgical Services	11,137	11,339	(202) U	21,647	21,251	396 F
Women's Health & Genetics	3,627	3,481	146 F	7,091	6,776	315 F
Child Health	6,812	7,292	(479) U	15,249	14,098	1,152 F
Cardiac Services	2,833	3,008	(175) U	5,454	5,350	104 F
Clinical Support Services	(1,437)	(1,560)	123 F	(1,979)	(2,499)	521 F
Non-Clinical Support Services	(1,956)	(1,938)	(19) U	(3,892)	(3,767)	(125) U
Perioperative Services	(12,240)	(11,883)	(357) U	(23,160)	(23,515)	355 F
Cancer & Blood Services	2,682	2,748	(66) U	5,401	5,384	17 F
Operational - Other	(1,639)	(1,557)	(83) U	(255)	3,418	(3,673) U
Mental Health & Addictions	(28)	251	(279) U	687	530	157 F
Ancillary Services	(16,327)	(17,163)	836 F	(33,716)	(33,578)	(138) U
Net Surplus / (Deficit)	**(1,647)**	**(1,263)**	**(384) U**	**2,077**	**2,658**	**(581) U**

Consolidated Statement of Personnel by Professional Group – August 2017

Employee Group $000s	Month (Aug-17)			YTD (2 months ending Aug-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical Personnel	30,382	29,101	(1,281) U	56,876	56,850	(26) U
Nursing Personnel	25,409	25,565	157 F	50,088	50,841	753 F
Allied Health Personnel	12,666	12,891	225 F	24,233	25,382	1,149 F
Support Personnel	1,608	1,805	198 F	3,235	3,469	234 F
Management/ Admin Personnel	8,486	9,379	893 F	16,054	17,934	1,881 F
Total (before Outsourced Personnel)	**78,550**	**78,742**	**191 F**	**150,486**	**154,476**	**3,990 F**
Outsourced Medical	969	857	(112) U	1,848	1,712	(136) U
Outsourced Nursing	335	42	(293) U	624	84	(541) U
Outsourced Allied Health	126	98	(28) U	230	196	(34) U
Outsourced Support	171	26	(145) U	307	52	(255) U
Outsourced Management/Admin	672	140	(532) U	1,318	280	(1,038) U
Total Outsourced Personnel	**2,272**	**1,162**	**(1,109) U**	**4,326**	**2,324**	**(2,003) U**
Total Personnel	**80,822**	**79,904**	**(918) U**	**154,812**	**156,800**	**1,987 F**

Consolidated Statement of FTE by Professional Group – August 2017

FTE by Employee Group	Month (Aug-17)			YTD (2 months ending Aug-17)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Medical Personnel	1,375	1,378	3 F	1,377	1,380	2 F
Nursing Personnel	3,593	3,639	46 F	3,596	3,636	39 F
Allied Health Personnel	1,833	1,934	102 F	1,846	1,938	92 F
Support Personnel	383	429	46 F	383	429	46 F
Management/ Admin Personnel	1,240	1,372	132 F	1,233	1,373	140 F
Total (before Outsourced Personnel)	**8,423**	**8,752**	**329 F**	**8,435**	**8,755**	**319 F**
Outsourced Medical	32	27	(6) U	30	27	(4) U
Outsourced Nursing	9	6	(3) U	6	6	() U
Outsourced Allied Health	10	4	(6) U	10	4	(5) U
Outsourced Support	47	0	(47) U	46	0	(46) U
Outsourced Management/Admin	111	19	(92) U	108	19	(90) U
Total Outsourced Personnel	**209**	**55**	**(153) U**	**200**	**55**	**(145) U**
Total Personnel	**8,632**	**8,808**	**176 F**	**8,635**	**8,810**	**175 F**

Consolidated Statement of FTE by Directorate – August 2017

Employee FTE by Directorate Group (including Outsourced FTE)	Month (Aug-17)			YTD (2 months ending Aug-17)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Adult Medical Services	880	870	(10) U	878	865	(13) U
Adult Community and LTC	545	550	6 F	542	550	8 F
Surgical Services	838	840	2 F	835	840	6 F
Women's Health & Genetics	372	390	18 F	370	390	20 F
Child Health	1,136	1,153	17 F	1,130	1,153	23 F
Cardiac Services	538	540	1 F	536	540	3 F
Clinical Support Services	1,283	1,274	(9) U	1,291	1,272	(18) U
Non-Clinical Support Services	369	375	6 F	381	375	(7) U
Perioperative Services	816	866	51 F	816	866	50 F
Cancer & Blood Services	326	336	9 F	331	336	5 F
Operational - Others	0	(1)	(1) U	0	9	9 F
Mental Health & Addictions	748	774	27 F	750	773	23 F
Ancillary Services	782	840	58 F	775	840	65 F
Total Personnel	**8,632**	**8,807**	**175 F**	**8,635**	**8,809**	**174 F**

Month Result

The Provider Arm result for the month is $0.4M unfavourable. This result is driven by unfavourable expenditure, primarily Personnel costs reflecting lower levels of annual leave taken versus accrued during the month (but year to date Personnel costs remain below budget).

Overall volumes are reported at 93.8% of base contract, however the latest coding update gives total contract performance at 96.1% - this equates to $4.2M below contract (not recognised in the month result). While overall volume performance was below contract for the month, medical services were above contract and surgical services below contract, reflecting the need to cancel elective surgery on a number of days in order to free up beds for medical patients.

Provider arm revenue for the month is very close to budget. Within this there were offsetting favourable variances for miscellaneous revenue streams and unfavourable variances for additional revenue assumed for budget initiatives not yet received.

Total expenditure is $0.4M (0.3%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs $0.9M (1.1%) unfavourable. FTE were 178 (2.0%) below budget but the favourable variance generated by this was offset by particularly low levels of annual leave taken versus accrued during the month combined with costs for MECA settlement higher than budget assumption.
- Outsourced Clinical Services $0.6M (19.6%) favourable, reflecting outsourced volumes for Orthopaedics elective surgery below the phased contract – this variance is reflected in the overall Provider performance for the month contract at 96.1%.
- Clinical Supplies $0.5M (2.2%) unfavourable – this variance is not volume related, it reflects abnormally high one off cost during the month for equipment lease, maintenance and depreciation expenses that are expected to return to budgeted levels.

Year to Date Result

The Provider Arm result for the year to date is $0.6M unfavourable. This result is revenue driven, with the key variance being provision for IDF washup due to year to date IDF volumes below contract.

Overall volumes (for total Auckland DHB and IDF funders) are reported at 95.7% of the seasonally phased contract - this equates to $9.0M below contract year to date. However the latest coding update indicates 97.0% performance, equating to $6.2M below contract, and this is likely to improve with further coding updates. Of this, $1.4M has been recognised in the result as a provision for IDF washup.

While overall volume performance is below contract for the year to date, medical services are above contract and surgical services below contract, reflecting the need to cancel elective surgery on a number of days in order to free up beds for medical patients.

Total revenue for the year to date is $2.6M (1.0%) unfavourable. This unfavourable variance is due to a combination of $1.4M for the provision for IDF washup and $1.2M for additional revenue assumed for budget initiatives, including transplant pricing, not yet received.

Total expenditure is $2.0M (0.8%) favourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs $2.0M (1.3%) favourable - this variance primarily reflects FTE 174 (2.0%) below budget.
- Outsourced Clinical Services $0.8M (14.6%) favourable, reflecting year to date outsourced volumes for Orthopaedics elective surgery below the phased contract – this variance is reflected in the overall Provider performance for year to date contract at 97%.
- Infrastructure & Non Clinical Supplies $1.0M (3.1%) unfavourable, with the key variance being facilities costs $0.7M unfavourable due to higher than expected maintenance costs, driven by asbestos removal and Health & Safety legislation compliance work.

FTE

Total FTE (including outsourced) for August were 8,632 which was 176 FTE below budget. This is consistent with the trend throughout 2017 with FTE averaging 8,622 between January and August.

2017/18 Savings Programme

The 2017/18 full year savings target for the Provider Arm is $18.8M. The August year to date savings achieved is $1.76M against target of $1.91M, an unfavourable variance of $0.15M. The Provider Arm is forecasting to deliver the full year savings in line with agreed budgets.

Summary Position

2017/18 Savings Programme	Ytd Actual	Ytd Target	Ytd Variance	Full Year Forecast	Full Year Target	Full Year Variance
Bring Outsourcing In-House	120	72	48	1,068	1,068	0
Capex - Invest to Save	143	100	43	1209	1,209	0
Clinical Pathway	44	64	-20	1209	1,209	0
Cost Containment	463	526	-63	3984	3,984	0
Procurement & Supply Chain	265	396	-131	4478	4,478	0
Revenue Growth	723	753	-30	5333	5,333	0
Using the Hospital Wisely	0	0	0	1560	1,560	0
Total	1,758	1,911	-153	18,841	18,841	0

Detail by Workstream

- **Bring Outsourcing In-House [YTD $48k F]**
  The aim of this stream is to increase the capability and capacity to bring in-house some of the services that are being delivered externally. The favourable variance for the year to date relates to lower than planned cardiac volumes being outsourced. This is a result of the strengthening of production planning and utilisation of theatres but also due to additions to waiting list. Reduction in Laboratories sendaway tests as a result of tighter volume management has also delivered this favourable variance.

- **Capex - Invest to Save [YTD $43k F]**
  This stream includes projects where capital investment will be required to deliver benefits and cost containment. The favourable variance year to date relates to savings on consumables from the upgrade and expansion of the automation analytical platform in LabPlus.

- **Clinical Pathway [YTD $20k U]**
  This stream includes Directorate led initiatives (that are not part of the Using the Hospital Wisely programme) to reduce pressure on hospital services and reduction in clinical supplies costs through review of clinical pathways. The unfavourable variance year to date is due to the delayed review of clinical pathways in Child Health. This is being progressed, with work underway to scope the areas and associated cost containment

- **Cost Containment [YTD $63k U]**
  These are savings initiatives aimed at reducing the current spend to budgeted levels through increased monitoring of service contracts, resourcing of bed capacity and identify opportunities to achieve business as usual savings. The unfavourable variance year to date relates to the under delivery of savings mainly in the clinical supplies management. Overall, $463k of savings has been achieved against budgeted year to date savings of $526k.

- **Procurement & Supply Chain [YTD $131k U]**
  This area relates to healthAlliance, Pharmac, MBIE and DHB led procurement and supply chain savings. The initiatives include efficiencies in stock management, product rationalisation and procurement savings. The unfavourable variance reported year to date predominantly arises from unrealised healthAlliance savings of $119k for the month. However, healthAlliance are forecasting full recovery by year end.

- **Revenue Growth [YTD $30k U]**
  These are opportunities identified by the Directorates to increase revenue through new contracts or through growing volumes within directorates. For the year to date, the overall revenue growth was unfavourable by $301k. The key driver was the lower than planned revenue of $301k due to IDF volumes below contract. This was significantly influenced by high acute volumes, and was partially offset by increased revenue of from non-resident volumes and maximisation of revenue opportunities.

- **Using the Hospital Wisely**
  This Provider Arm Programme aims to reduce pressure on the hospital services through improved processes, pathways and use of services. High level projects include: Cellulitis Pathways, Palliative Care, Day of Surgery Admission (DOSA), and Discharge Planning. These savings are expected to deliver in the second half of the year.

Volume Performance

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

		Aug 2017				YTD (2 months ending Aug-17)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	Ambulatory Services	1,135	1,145	10	100.9%	2,253	2,355	102	104.5%
	Community Services	2,041	1,773	(268)	86.9%	3,927	3,601	(326)	91.7%
	Diabetes	541	548	7	101.3%	1,050	1,028	(22)	97.9%
	Palliative Care	39	39	0	100.0%	79	79	0	100.0%
	Reablement Services	2,688	2,079	(608)	77.4%	5,186	4,447	(739)	85.8%
	Sexual Health	562	498	(63)	88.7%	1,090	921	(169)	84.5%
Adult Community & LTC Total		**7,006**	**6,083**	**(923)**	**86.8%**	**13,584**	**12,431**	**(1,154)**	**91.5%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,254	2,254	0	100.0%	4,496	5,449	953	121.2%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	13,015	12,846	(170)	98.7%	25,208	25,418	211	100.8%
Adult Medical Services Total		**15,270**	**15,100**	**(170)**	**98.9%**	**29,704**	**30,868**	**1,164**	**103.9%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	9,968	8,844	(1,124)	88.7%	19,248	17,419	(1,829)	90.5%
	N Surg, Oral, ORL, Transpl, Uro	10,349	10,039	(310)	97.0%	20,018	19,037	(981)	95.1%
	Orthopaedics Adult	4,125	4,852	727	117.6%	7,744	9,015	1,271	116.4%
Surgical Services Total		**24,441**	**23,735**	**(706)**	**97.1%**	**47,011**	**45,472**	**(1,539)**	**96.7%**
Cancer & Blood Services		**10,035**	**9,516**	**(519)**	**94.8%**	**19,564**	**18,372**	**(1,192)**	**93.9%**
Cardiovascular Services		**12,689**	**12,665**	**(24)**	**99.8%**	**24,040**	**24,688**	**648**	**102.7%**
Children's Health	Child Health & Disability	1,003	999	(3)	99.7%	1,991	1,991	(1)	100.0%
	Medical & Community	8,178	7,315	(862)	89.5%	15,979	14,451	(1,528)	90.4%
	Paediatric Cardiac & ICU	4,904	4,291	(613)	87.5%	9,838	7,764	(2,074)	78.9%
	Surgical & Community	5,074	4,678	(396)	92.2%	9,704	9,840	136	101.4%
Children's Health Total		**19,158**	**17,283**	**(1,875)**	**90.2%**	**37,512**	**34,046**	**(3,467)**	**90.8%**
Clinical Support Services		**3,786**	**3,569**	**(217)**	**94.3%**	**7,364**	**6,980**	**(384)**	**94.8%**
Non-Clinical Support		**23**	**23**	**0**	**100.0%**	**47**	**47**	**0**	**100.0%**
DHB Funds		**7,295**	**6,098**	**(1,197)**	**83.6%**	**14,002**	**12,195**	**(1,807)**	**87.1%**
Perioperative Services		**13**	**3**	**(11)**	**19.8%**	**25**	**5**	**(20)**	**20.6%**
Public Health Services		**131**	**131**	**0**	**100.0%**	**261**	**261**	**0**	**100.0%**
Support Services		**102**	**102**	**0**	**100.0%**	**204**	**204**	**0**	**100.0%**
Women's Health	Genetics	328	306	(22)	93.3%	632	615	(18)	97.2%
	Women's Health	8,089	7,085	(1,005)	87.6%	15,747	14,563	(1,184)	92.5%
Women's Health Total		**8,417**	**7,390**	**(1,026)**	**87.8%**	**16,379**	**15,178**	**(1,202)**	**92.7%**
Grand Total		**108,367**	**101,698**	**(6,669)**	**93.8%**	**209,699**	**200,747**	**(8,951)**	**95.7%**

2) Total Discharges for the YTD (2 Months to August 2017)

		Cases Subject to WIES Payment		All Discharges			Same Day discharges		Same Day as % of all discharges	
		Inpatient								
Directorate	**Service**	**2017**	**2018**	**Last YTD**	**This YTD**	**% Change**	**Last YTD**	**This YTD**	**Last YTD**	**This YTD**
Adult Community & LTC	Ambulatory Services	308	399	369	469	27.1%	348	449	94.3%	95.7%
	Reablement Services	0	0	386	462	19.7%	3	12	0.8%	2.6%
Adult Community & LTC Total		308	399	755	931	23.3%	351	461	46.5%	49.5%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,296	3,120	2,301	3,121	35.6%	1,666	2,367	72.4%	75.8%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,391	3,734	3,445	3,771	9.5%	572	637	16.6%	16.9%
Adult Medical Services Total		5,687	6,854	5,746	6,892	19.9%	2,238	3,004	38.9%	43.6%
Cancer & Blood Total		842	835	956	925	(3.2%)	527	448	55.1%	48.4%
Cardiovascular Services Total		1,438	1,496	1,501	1,536	2.3%	367	413	24.5%	26.9%
Children's Health	Medical & Community	2,673	2,735	2,885	2,934	1.7%	1,592	1,765	55.2%	60.2%
	Paediatric Cardiac &	373	328	403	343	(14.9%)	84	63	20.8%	18.4%
	Surgical & Community	1,492	1,584	1,612	1,662	3.1%	764	781	47.4%	47.0%
Children's Health Total		4,538	4,647	4,900	4,939	0.8%	2,440	2,609	49.8%	52.8%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	2,949	3,147	3,390	3,479	2.6%	1,877	2,000	55.4%	57.5%
	N Surg, Oral, ORL, Transpl, Uro	2,005	2,019	2,159	2,161	0.1%	854	936	39.6%	43.3%
	Orthopaedics Adult	734	861	768	885	15.2%	127	143	16.5%	16.2%
Surgical Services Total		5,688	6,027	6,317	6,525	3.3%	2,858	3,079	45.2%	47.2%
Women's Health Total		3,750	3,510	3,900	3,647	(6.5%)	1,482	1,366	38.0%	37.5%
Grand Total		**22,251**	**23,768**	**24,075**	**25,395**	**5.5%**	**10,263**	**11,380**	**42.6%**	**44.8%**

3) Caseweight Activity for the YTD (2 Months to August 2017 (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		**133**	**168**	**35**	**655**	**829**	**174**	**126.6%**	**22**	**22**	**0**	**106**	**107**	**1**	**101.0%**	**155**	**190**	**36**	**762**	**937**	**175**	**123.0%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	621	855	234	3,057	4,207	1,149	137.6%	0	0	0	0	0	0	0.0%	621	855	234	3,057	4,207	1,149	137.6%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,325	3,459	134	16,361	17,021	660	104.0%	3	0	(3)	14	0	(14)	0.0%	3,327	3,459	131	16,375	17,021	646	103.9%
Adult Medical Services Total		**3,946**	**4,313**	**368**	**19,418**	**21,227**	**1,809**	**109.3%**	**3**	**0**	**(3)**	**14**	**0**	**(14)**	**0.0%**	**3,949**	**4,313**	**365**	**19,432**	**21,227**	**1,795**	**109.2%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	1,695	1,543	(152)	8,342	7,595	(747)	91.0%	1,374	1,210	(164)	6,760	5,954	(806)	88.1%	3,069	2,753	(316)	15,102	13,549	(1,553)	89.7%
	N Surg, Oral, ORL, Transpl, Uro	1,586	1,662	76	7,807	8,180	373	104.8%	1,331	1,118	(214)	6,552	5,501	(1,051)	84.0%	2,918	2,780	(138)	14,359	13,681	(678)	95.3%
	Orthopaedics Adult	913	1,081	169	4,491	5,322	830	118.5%	491	577	86	2,416	2,839	423	117.5%	1,404	1,658	255	6,908	8,161	1,253	118.1%
Surgical Services Total		**4,194**	**4,287**	**93**	**20,640**	**21,096**	**457**	**102.2%**	**3,196**	**2,905**	**(291)**	**15,728**	**14,294**	**(1,434)**	**90.9%**	**7,390**	**7,192**	**(199)**	**36,368**	**35,391**	**(977)**	**97.3%**
Cancer & Blood Services		**1,029**	**1,133**	**104**	**5,062**	**5,574**	**512**	**110.1%**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**	**1,029**	**1,133**	**104**	**5,062**	**5,574**	**512**	**110.1%**
Cardiovascular Services		**2,597**	**2,698**	**101**	**12,778**	**13,277**	**499**	**103.9%**	**1,790**	**1,819**	**29**	**8,809**	**8,950**	**141**	**101.6%**	**4,387**	**4,517**	**130**	**21,587**	**22,227**	**640**	**103.0%**
Children's Health	Medical & Community	2,253	2,028	(225)	11,087	9,982	(1,105)	90.0%	0	0	0	0	0	0	0.0%	2,253	2,028	(225)	11,087	9,982	(1,105)	90.0%
	Paediatric Cardiac & ICU	988	811	(178)	4,862	3,989	(874)	82.0%	466	343	(123)	2,293	1,689	(604)	73.7%	1,454	1,154	(300)	7,155	5,677	(1,478)	79.3%
	Surgical & Community	848	959	111	4,174	4,720	546	113.1%	859	787	(73)	4,229	3,871	(358)	91.5%	1,708	1,746	38	8,403	8,591	188	102.2%
Children's Health Total		**4,089**	**3,798**	**(291)**	**20,124**	**18,691**	**(1,433)**	**92.9%**	**1,325**	**1,130**	**(195)**	**6,521**	**5,559**	**(962)**	**85.2%**	**5,414**	**4,928**	**(487)**	**26,645**	**24,250**	**(2,395)**	**91.0%**
Women's Health Services		**1,931**	**1,775**	**(156)**	**9,503**	**8,734**	**(769)**	**91.9%**	**388**	**326**	**(62)**	**1,911**	**1,605**	**(306)**	**84.0%**	**2,319**	**2,101**	**(218)**	**11,414**	**10,339**	**(1,075)**	**90.6%**
Grand Total		**17,919**	**18,172**	**254**	**88,181**	**89,429**	**1,248**	**101.4%**	**6,724**	**6,201**	**(523)**	**33,090**	**30,516**	**(2,574)**	**92.2%**	**24,643**	**24,373**	**(269)**	**121,271**	**119,945**	**(1,326)**	**98.9%**
Excludes caseweight Provision																						

Acute

Performance to contract is up 1.4%, even though the contract has increased by 4% on last year's contract. The discharge numbers have increased by 13% which has been driven by the change in Emergency Department coding practice (where a greater number of ED cases in the adult ED are now coded). Notwithstanding that change, there has also been a big increase in demand in a number of other services, with Respiratory, Orthopaedics, Urology and General Medicine all seeing discharges up by 10% for the first two months of the financial year.

Activity by service type:

- Acute medical is driving the increase in discharges, with 22% more coded discharges for the first two months of this financial year compared to the same period in 2016/17. This is being driven by the change in ED coding practice. The counter effect of this change has been a drop in average WIES of nearly 6% (due to the high number of low WIES discharges). LOS has dropped for the same reason.
- Obstetric discharges are dropping from the peak average of 1,456 per month for the first six months of last financial year. The average number of discharges tends to lie in the range of 1300-1350 per month over the past few years. The average WIES is up reflecting further adjustments in the casemix model. Newborn discharges are lower, but the average WIES is higher.
- Acute surgical discharges are up 5.7% on the same period last year. In addition, the average WIES is up 4.7% reflecting a higher than usual number of discharges over 20 WIES (21 for the first 2 months compared to 9 in the previous period last year, representing over 8% of the total WIES for Jul/Aug compared to 5% last year).

Elective

The performance to contract is 92% for elective services. The full year contract increased by 2.3% from last year, but the phasing is higher for the first two months of the year. The increase in contract is not for the Auckland DHB population which has seen a slight drop. Auckland DHB population performance to contract is up 15% on the same period last year, although still behind contract. The main increase in contract is for Counties Manukau DHB (with a 633 WIES increase). This is a 300 WIES increase on actual performance in 2016/17.

4) Non-DRG Activity (ALL DHBs)

		Aug 2017				YTD (2 months ending Aug-17)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	Ambulatory Services	780	697	(83)	89.3%	1,491	1,418	(73)	95.1%
	Community Services	2,041	1,773	(268)	86.9%	3,927	3,601	(326)	91.7%
	Diabetes	541	548	7	101.3%	1,050	1,028	(22)	97.9%
	Palliative Care	39	39	0	100.0%	79	79	0	100.0%
	Reablement Services	2,688	2,079	(608)	77.4%	5,186	4,447	(739)	85.8%
	Sexual Health	562	498	(63)	88.7%	1,090	921	(169)	84.5%
Adult Community & LTC Total		**6,651**	**5,635**	**(1,016)**	**84.7%**	**12,823**	**11,494**	**(1,329)**	**89.6%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	721	746	24	103.4%	1,439	1,243	(196)	86.4%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	4,594	4,449	(144)	96.9%	8,833	8,398	(435)	95.1%
Adult Medical Services Total		**5,315**	**5,195**	**(120)**	**97.7%**	**10,272**	**9,641**	**(631)**	**93.9%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	2,165	2,021	(145)	93.3%	4,147	3,871	(276)	93.3%
	N Surg, Oral, ORL, Transpl, Uro	2,893	2,696	(197)	93.2%	5,659	5,356	(303)	94.6%
	Orthopaedics Adult	436	476	40	109.1%	837	854	18	102.1%
Surgical Services Total		**5,494**	**5,192**	**(302)**	**94.5%**	**10,642**	**10,081**	**(561)**	**94.7%**
Cancer & Blood Services		**7,469**	**6,642**	**(827)**	**88.9%**	**14,501**	**12,798**	**(1,703)**	**88.3%**
Cardiovascular Services		**1,257**	**1,227**	**(31)**	**97.6%**	**2,453**	**2,462**	**8**	**100.3%**
Children's Health	Child Health & Disability	1,003	999	(3)	99.7%	1,991	1,991	(1)	100.0%
	Medical & Community	2,531	2,267	(263)	89.6%	4,892	4,469	(423)	91.4%
	Paediatric Cardiac & ICU	1,367	1,124	(243)	82.2%	2,683	2,086	(596)	77.8%
	Surgical & Community	678	696	18	102.6%	1,301	1,249	(52)	96.0%
Children's Health Total		**5,579**	**5,087**	**(492)**	**91.2%**	**10,867**	**9,795**	**(1,072)**	**90.1%**
Clinical Support Services		**3,786**	**3,569**	**(217)**	**94.3%**	**7,364**	**6,980**	**(384)**	**94.8%**
Non-Clinical Support		**23**	**23**	**0**	**100.0%**	**47**	**47**	**0**	**100.0%**
DHB Funds		**6,098**	**6,098**	**0**	**100.0%**	**12,195**	**12,195**	**0**	**100.0%**
Perioperative Services		**13**	**3**	**(11)**	**19.8%**	**25**	**5**	**(20)**	**20.6%**
Public Health Services		**131**	**131**	**0**	**100.0%**	**261**	**261**	**0**	**100.0%**
Support Services		**102**	**102**	**0**	**100.0%**	**204**	**204**	**0**	**100.0%**
Women's Health	Genetics	328	306	(22)	93.3%	632	615	(18)	97.2%
	Women's Health	2,249	2,132	(117)	94.8%	4,333	4,224	(109)	97.5%
Women's Health Total		**2,576**	**2,437**	**(139)**	**94.6%**	**4,966**	**4,839**	**(127)**	**97.4%**
Grand Total		**44,495**	**41,341**	**(3,154)**	**92.9%**	**86,621**	**80,802**	**(5,819)**	**93.3%**

Year to date non DRG performance to contract is 93%. Some of this is due to the switch from non DRG to coded DRG activity for the adult ED ($180k). Community and Long Term Conditions is below contract although the contract variation has shifted from outpatient activity to inpatient activity with a rehabilitation $500k below contract.

Oncology is also below contract, but it is difficult to predict the outcome of this as it depends on the type of patients presenting as to the flow on impact into chemotherapy and radiotherapy which make up the majority of the outpatient revenue.

Adult Community and Long Term Conditions – Did Not Attend (DNA) Action Plan Update

Recommendation

That the Hospital Advisory Committee:

1. **Receives the report.**
2. **Notes progress on the DNA action plan in the Community and Long Term Conditions Directorate.**

Prepared by: Jennie Montague (General Manager) and Judith Catherwood (Director Community and Long Term Conditions)
Endorsed by: Endorsed by: Joanne Gibbs (Director Provider Services)

Glossary

DNA	Did Not Attend – Patient did not attend the clinic as planned

1. Executive Summary

Did Not Attend (DNA) rates for medical clinic appointments have consistently exceeded the Auckland DHB goal of <9% for Community & Long Term Conditions Services. Furthermore, DNA rates for Maori and Pacific clients are often significantly higher, sometimes exceeding 25%. This leads to our patients not receiving the support they may need and a significant waste of clinician and clinic resources.

In 2014 a project identified some actions to be taken specifically in the Diabetes service where it was identified that there was a DNA rate of over 30% for first medical appointments.

Over the last 15 months the whole directorate have taken a number of actions to reduce the rate of DNA. The actions have fallen in to broadly 2 categories:

- Making it easy to attend your appointment
- Understanding the value of attending your appointment

A further focus has been on all appointments that are attended by patients, not just medical appointment. (e.g. nurse led appointments).

Overall across the directorate there has been a reduction in the DNA rate for medical appointments from **15.2% in June 2016 to 11.4% in August 2017.**

2. Background

Some patients referred to secondary services do not attend their appointment. This is a long-term and challenging problem. This means reduced capacity for the services to see patients overall and may have impact on health outcomes.

In the Adult Community and Long Term Conditions Directorate our largest concerns are in the Diabetes service. Currently 24% of all diabetes appointments are not attended, meaning that people affected by diabetes are not accessing care that would help them to better manage their condition, resulting in poorer health outcomes and morbidity. This is a particular issue for young people and people from Pasifika and Maori communities where there is a higher DNA rate. There is good data to support a positive health outcome legacy effect to accessing good health advice and management early in the disease management process. The Directorate is highly motivated to reduce DNA rates across our services.

Making it easy to attend your appointment

A key component of whether a patient attends their appointment depends on whether we have given them the right information, in a timely way about their appointment and whether they have some choice in where and when they attend.

We have made progress in this area by implementing a robust scheduling processes, including:

- When and how appointments are booked.
- Improved text reminding.
- Improving the information provided to patients before they attend.

Scheduling and booking has a significant impact on the likelihood of patients attending a clinic. To address that as a directorate we have set standards for the services and the scheduling team. Our directorate scheduling standards are attached. These were implemented in January this year and align with the organisational Access, Booking, and Choice Policy that will be rolled out later this year across Auckland DHB.

Where we have been able to sustain good adherence to our standards, and support from the scheduling teams we have made the most significant improvements. Notably in Endocrinology, Dermatology and Rheumatology where there has been a consistently lower DNA rate i.e. below 9%.

In Diabetes we have moved the scheduling forward significantly in some areas (notably medical and nurse led appointments) however these improvements have not been sustained for more than a few months due to changes in the scheduling team. Overall the DNA rate for first specialist appointments for Diabetes patients has reduced from over 30% in July 2016 to 21% in August 2017. The biggest gain was made through a change in policy to call every new patient to negotiate the appointment time. This is a patient focussed booking approach which is evidenced based but requires careful implementation and skilled scheduling techniques.

Automatic texting reminders to patients, both 7 days and 1 day before the appointment were implemented across all services except Sexual Health. Patients report this as a useful reminder.

Another opportunity for engaging the patient in the booking process will be the planned work for enhancements to the patient appointment letters. This initiative is being led by Patient Administration Services; when this is introduced we hope to see further improvements.

Understanding the value of attending your appointment

Patients and clinicians also need to understand the value of attending their appointments and as such our clinicians have been asked to make sure that all appointments that are made for patients are purposeful and necessary.

For many patients, receiving copies of the letters relating to the clinic appointments can serve as a reminder about what happened at the appointment, and there is some indication from the literature that receipt of these letters can improve patient self-management with their medication and follow up.

Taking this into account the work in this area has included:

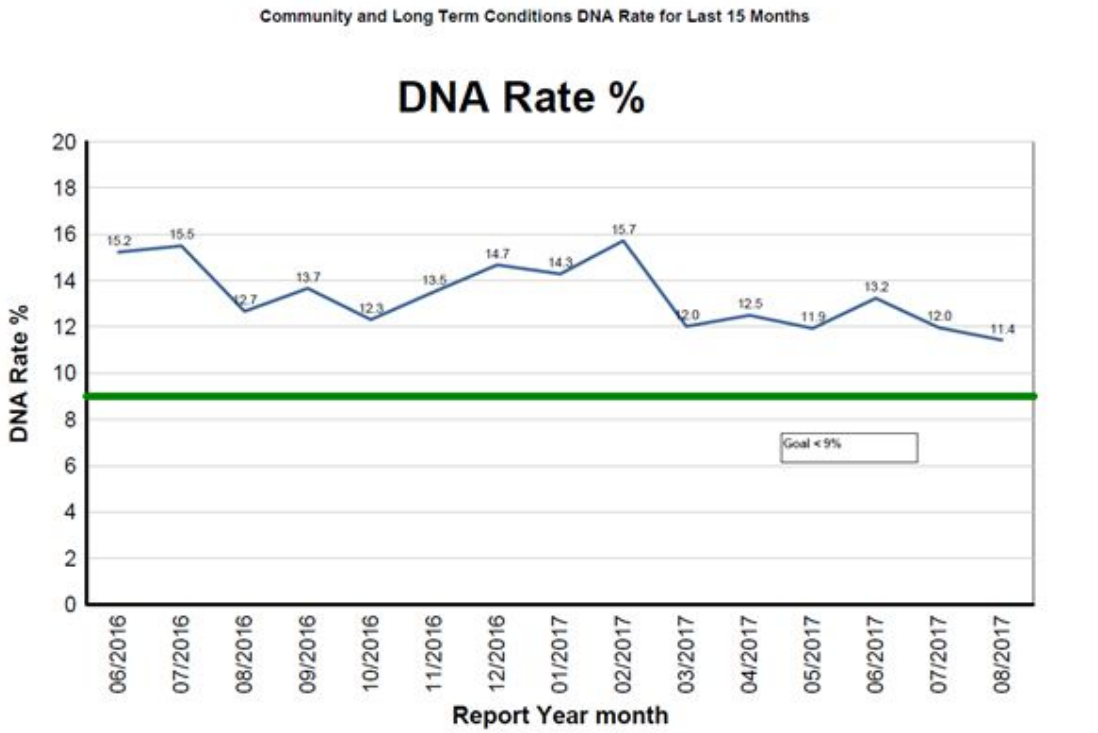
- Clinicians considering other modes of delivery with face to face, only when truly required.
- Clinicians documenting in clinic out comes letter the reason for follow up.
- Embedding the culture of 'no such thing' as a routine follow up

An audit and review of practice in Rheumatology found 15-30% of patients follow-ups could have been completed in a different way. A protocol change in this service has seen the discharge to primary care increase by 5% over the last 6 months and an increase of non-contact follow ups. In August 2017 23% of the medical activity completed by the service was non-contact or phone contact review.

Overall the Directorate has seen a month on month increase in non-contact activity across all services and will exceed our goal of 10% of activity undertaken as non-face to face contacts in outpatient services by year end.

3. Conclusion

Over the last 15 months we have applied a range of activities to reduce our DNA rate. We have achieved a reduction of 3.8% in the overall directorate DNA rate.



A number of our attempts to improve the booking and scheduling of patients have been hampered by capacity/capability in our booking and scheduling team or delays in the outpatient improvement programme not in our control. Our Directorate remain committed to continual improvement and are now active in the Out Patient Improvement Programme and supporting ongoing change in the delivery of outpatient services. The Diabetes Service are currently reviewing the clinical model of care more fully, to further enhance the outcomes for our population by using their skills in different ways. Part of this includes further work with primary care.

Effective administration and scheduling – Essential to the patient pathway

Key to delivering great outcomes for our patients is effective administration and scheduling. Getting the right patient in front of the right clinician at the right time is one of the most important things we do. We will make sure our scheduling is based on the following principles:

- We work in a **patient centred** way
- We have **transparent and consistent** processes
- We measure **quality and outcomes**

Patient Centred

- We engage patients and their primary care service by keeping them regularly informed along the way
- We are easy to deal with and patients are clear about their expectations

Transparent and Consistent

- We have clear and consistent processes.
- Everyone is clear of their role and expectations
- We use consistent terminology and naming conventions.

Quality and outcomes

- We have defined service outcomes from a patient and business perspective.
- We have processes and reporting that allows service levels to monitored easily.

6.1

	Outpatient Clinic Set Up	Referrals and Triage	Wait list Management	First Appointment	Follow up Appointments	Rescheduling	DNA / Discharge
Scheduling/Admin Expectations	• Contact centre staff route calls to the service according to information provided • Schedulers book appointments according to clinic template and timeframes • Clinics are booked up to 6 weeks in advance	• Referrals are available for triage within 1 business day of receipt. • Patient eligibility issues are highlighted to clinician. • Scanned referrals are uploaded within 1 business day of receipt • Patient demographic details are updated at point of referral from e-referral or paper referral. • Declined referrals are updated with 24 hours of receipt from triage and letters generated	• Referrals are prioritised and waitlisted according as required. • Referral accepted response generated and sent to patient GP and referrer (if not GP referral) unless appointment is made within the timeframe • Service is updated about our ability to keep our maximum waits for each priority • Urgent (including FCT) patients are booked immediately	• Routine patients are given at least 6 weeks notice of appointment • Appointments made with patient via telephone. • Appointment letters are confirmed via post, text or email according to patient choice • Appointments with other services are considered before appointment made. • Text reminders are sent 7 days before and 1 day before for those who choose it • Patient demographic details are updated at point of contact • Appointment outcomes are entered within 24 hours of appointment	• Follow up patients are given at least 6 weeks notice of appointment • Appointments made with patient via telephone when possible. • Appointment letters are confirmed via post, text or email according to patient choice • Text reminders are sent 7 days before and 1 day before for those who choose it • Patient demographic details are updated at point of contact • Appointment outcomes are entered within 24 hours of appointment • Urgent follow ups are booked with patient at reception	• Contact centre maintains a service level that allows patients to reschedule appointments. • Patient demographic details are updated in CMS at point of contact. • Late reschedules are notified via email to clinician as well as receptionist. • Gaps created by patients rescheduling should be attempted to be filled up until the day of the clinic. • Patients are rescheduled according to rescheduling criteria and escalated to clinician when appropriate.	• Patients who DNA are updated before the clinic ends.
Service Expectations	• Service provides contact info to call centre. • Clinic templates are updated with approval via ops manager. • Clinic schedules/rosters are provided 6 weeks in advance. • Clinics are changed or cancelled with approval.	• Service has defined triage criteria and this information is available on health point. • Referrals are triaged every day • Clinicians indicate clearly any special instructions for booking at triage	• Service prioritises clinically when capacity is outstripped by demand. Responses to schedulers in a timely way. • All waitlists are managed in the relevant system (no paper waitlists)	• Clinic outcome forms are completed full on the day of the clinic and provided to the receptionist including for virtual appointments. • For HCC services the clinician to update to required standard.	• Clinic outcome forms are completed full on the day of the clinic and provided to the receptionist including for virtual appointments. • For HCC services the clinician to update to required standard.	• Rescheduling criteria for each service. • Responses the scheduling team in a timely way.	• Service has defined DNA criteria • Clinic outcome forms are completed full on the day of the clinic and provided to the receptionist • Clinicians adhere to the service DNA policy

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
1. Apologies	As per that stated in the open agenda.	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]
2. Register and Conflict of Interests	As per that stated in the open agenda.	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]
3. Confirmation of Confidential Minutes 30 August 2017	**Confirmation of Minutes** As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the New Zealand Public Health and Disability Act [NZPH&D Act 2000]	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** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [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. Oversight Reports	**Commercial Activities** Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was	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

	made public [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	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 Orthopaedic Services	**Commercial Activities** Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [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]
6.2 Women's Health: Maternal Request Caesarean Sections Update	**Commercial Activities** Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	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 Women's Health: Midwifery Recruitment and Retention Update	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] **Negotiations** Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]s	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. Quality Report	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Complaints	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)] **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [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]
7.2 Compliments	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)] **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [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]
7.3 Incident Management	**Privacy of Persons** Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)] **Obligation of Confidence** Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)] **Prejudice to Health or Safety** Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

7.4 Policies and Procedures (Controlled Documents)	**Commercial Activities** Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [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. Information Reports - NIL		