AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Hospital Advisory Committee Meeting

Wednesday, 12 February 2020

1:30pm

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

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Published 23 January 2020

Agenda
Hospital Advisory Committee
12 February 2020

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

Time: 1.30pm

Committee Members	**Auckland DHB Executive Leadership**	
William (Tama) Davis (Interim Chair)	Ailsa Claire	Chief Executive Officer
Pat Snedden (Board Chair) ex officio	Karen Bartholomew	Acting Director of Health Outcomes – ADHB/WDHB Margaret
Jo Agnew	Dotchin	Chief Nursing Officer
Michelle Atkinson	Joanne Gibbs	Director Provider Services
Doug Armstrong	Dame Naida Glavish	Chief Advisor Tikanga – ADHB/WDHB
Zoe Brownlie	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB
Peter Davis	Mel Dooney	Acting Chief People Officer
Fiona Lai	Riki Nia Nia	General Manager Māori Health
Bernie O'Donnell	Rosalie Percival	Chief Financial Officer
Michael Quirke	Meg Poutasi	Chief of Strategy
Ian Ward	Dr Mark Edwards	Chief Quality, Safety and Risk 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
	Ian Costello	Director of Clinical Support Services
	Suzanne Corcoran	Director Participation and Insight
	Dr Kalra Lalit	Acting Director Community & Long Term Conditions
	Rachel Lorimer	Director Communications
	Mr Arend Merrie	Director Surgical Services
	Duncan Bliss	General Manager Surgical Services and Perioperative Services
	Kieron Millar	Acting General Manager Commercial Services
	Auxilia Nyangoni	Deputy Chief Financial Officer
	Alex Pimm	Director Patient Management Services
	Anna Schofield	Director Mental Health and Addictions
	Dr Michael Shepherd	Director Medical, Children's Health
	Dr Barry Snow	Director Adult Medical
	Dee Hackett	General Manager Adult Medical
	Dr Robert Sherwin	Director Women's Health
	Dr Michael Stewart	Director of Cardiovascular
	Joanne Bos	Acting General Manager of Cardiovascular
	Dr Richard Sullivan	Director Cancer and Blood
	Emma Maddren	General Manager Children's Health
	Deirdre Maxwell	General Manager Cancer and Blood
	Deborah Pittman	Director Midwifery Women's Health
	Mark O'Carroll	Clinical Lead for Heart and Lung Transplant
	Marlene Skelton	Corporate Business Manager
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Agenda

Please note that agenda times are estimates only

1.30pm	**1.**	**Attendance and Apologies** Members: Senior Staff: Shayne Tong
	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 27 November 2019**
	4.	**Action Points**
1:40pm	**5.**	**PERFORMANCE REPORTS**
	5.1	Provider Arm Operational Performance – Executive Summary
	5.2	Provider Arm Scorecard
	5.3	Adult Medical Directorate
	5.4	Child Health Directorate
	5.5	Community and Long Term Conditions Directorate
	5.6	Commercial Services
	5.7	Māori Health Services
	5.8	Mental Health and Addictions Directorate
	5.9	Patient Management Services
	5.10	Provider Arm Financial Performance Report
2.25pm	**6.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting:	Wednesday, 18 March 2020 at 1.30pm A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton

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Attendance at Hospital Advisory Committee Meetings

Members	12 Feb 2020	18 March 2020	29 April 2020	10 June 2020	22 July 2020	2 Sept 2020	14 Oct 2020	25 Nov 2020
William (Tama) Davis (Chair)								
Joanne Agnew								
Michelle Atkinson (Deputy Chair)								
Doug Armstrong								
Zoe Brownlie								
Peter Davis								
Fiona Lai								
Bernie O'Donnell								
Michael Quirke								
Pat Snedden								
Ian Ward								
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, majority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	30.07.2019
Michelle ATKINSON	Director – Stripey Limited Trustee – Starship Foundation Contracting in the sector Contracting Role – Shea Pita and Associates Chargenet, Director & CEO – Steve West - Partner	10.06.2019
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Shareholder – Green Cross Health Ltd Trustee – Woolf Fisher Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest – I have no beneficial or financial interest)* Trustee- Sir Woolf Fisher Charitable Trust *(both trusts are solely charitable and own shares in a large number of companies some health related. I have no beneficial or financial interest – I have no beneficial or financial interest)* Member – Trans-Tasman Occupations Tribunal Daughter – Partner Russell McVeagh Lawyers *(daughter practices as a Barrister and may act for health related parties from time to time)*	22.01.2020
Zoe BROWNLIE	Director - Workplace Programme – YWCA Auckland Unless Consulting - Director Partner – CAYAD, Auckland Council Director – Belong Global Director – YWCA Auckland Member – RockEnrol Steering Committee	21.01.2020
William (Tama) DAVIS	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei Director – Comprehensive Care Limited Board Director – Comprehensive Care PHO Board Board Member – Supporting Families Auckland Chair Mana Whenua Working Group – Auckland Council Te Kete Rukuruku Board Member – Freemans Bay School Board Member – District Maori Leadership Board Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa	12.12.2019
Peter DAVIS	Retirement portfolio – Fisher and Paykel Retirement portfolio – Ryman Healthcare Retirement portfolio – Arvida, Metlifecare, Oceania Healthcare, Summerset, Vital Healthcare Properties	19.11.2019
Fiona LAI	Member – Pharmaceutical Society NZ Pharmacist – Auckland DHB Member – PSA Union Puketapapa Local Board Member – Auckland Council Member – NZ Hospital Pharmacists' Association	10.12.2019
Bernie O'DONNELL	Manager – Manukau Urban Maori Authority Chair – Board of Trustees – Waatea School	11.12.2019

	Deputy Chair – Marae Trustees – Nga Whare Waatea marae Executive Member – Secretary – Te Whakaruruhau o Nga Reo Iriangi Maori Director – Maori Media Network Te Matawai Funding Panel – Te Pae Motuhake o Te Reo Tukutuku	
Michael QUIRKE	Chief Operating Officer – Mercy Radiology Group Convenor and Chairperson – Child Poverty Action Group	12.12.2019
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Trustee - Recovery Solutions Trust Director – Recovery Solutions Services Limited Director – Emerge Aotearoa Limited and Subsidiaries Director – Mind and Body consultants Ltd Director – Mind and Body Learning & Development Ltd Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiakalani Education Trust Chair – National Science Challenge Programme – A Better Start Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd Director – Waimarama Orchards Ltd Chair – Auckland District Health Board Director – Ports of Auckland Ltd Board Member – Counties Manukau DHB Chair – Counties Manukau Audit, Risk and Finance Committee Board Member – Kainga Ora – Homes and Communities Board	03.12.2019
Ian WARD	Member – Ward Consulting Services Beneficiary – Trust Holding Shares CFO – Oceania Healthcare – Son Oceania Healthcare investments - wife	20.11.2019

Minutes
Hospital Advisory Committee Meeting
27 November 2019

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 27 November 2019 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
Jo Agnew	Mel Dooney	Chief People Officer
Michelle Atkinson (Deputy Chair)	Margaret Dotchin	Chief Nursing Officer
Doug Armstrong	Mark Edwards	Chief Quality, Safety and Risk Officer
Dr Lee Mathias	Rosalie Percival	Chief Financial Officer
Gwen Tepania-Palmer (Deputy Board Chair)	Meg Poutasi	Chief of Strategy, Participation and Improvement
	Dr Margaret Wilsher	Chief Medical Officer
	Auckland DHB Senior Staff Present	
	Angela Beaton	General Manager Women's Health
	Dr Vanessa Beavis	Director Perioperative Services
	Duncan Bliss	General Manager Surgical and Perioperative Services
	Jo Brown	Funding and Development Manager Hospitals
	Ian Costello	Director of Clinical Support Services
	Kimmo Karsikas-Genet	Personal Assistant
	Dr Arend Merrie	Director Surgical Services
	Katie Quinney	Nurse Director Surgical Services
	Dr Robert Sherwin	Director Women's Health
	Dr Michael Stewart	Director Cardiovascular
	Dr Richard Sullivan	Director Cancer and Blood and Deputy Chief Medical Officer
	Marlene Skelton	Corporate Business Manager
	Jacob Toner	Director Enterprise Portfolio Management Office
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. APOLOGIES

That the apology of the Board Chair, Pat Snedden be received.

That the apologies of Executive Leadership Team members Jo Gibbs, Director Provider Services, Shayne Tong, Chief of Intelligence and Informatics and Sue Waters, Chief Health Professions Officer be received.

2. REGISTER AND CONFLICTS OF INTEREST

Doug Armstrong requested the following changes to be made to his interest register: Orion Healthcare to be removed and Green Cross Health to be added.

There were no conflicts of interest with any item on the open agenda.

3. CONFIRMATION OF MINUTES 16 October 2019 (Pages 8 - 17)

Resolution: Moved Jo Agnew / Seconded Gwen Tepania-Palmer

That the minutes of the Hospital Advisory Committee held on 16 October 2019 be approved.

Carried

4. ACTION POINTS (Page 18)

All action points were either complete or in progress.

5. PERFORMANCE REPORTS (Pages 19 - 105)

5.1 Provider Arm Operational Performance – Executive Summary (Pages 19 - 21)

In the absence of Jo Gibbs, Director Provider Services; Ailsa Claire, Chief Executive asked that the report be taken as read, advising in brief that:

- The new Integrated Operations Centre has opened and the Ward 51 Integrated Stroke Unit build is underway.
- The target was not met by Adult and Children Emergency Departments (EDs) during September 2019 (81.24% and 87.75% respectively). While ongoing work continues to improve whole of hospital function including ED, it is likely that this problem will persist given both patient numbers and available resources.
- Bed realignment of medical and surgical beds is due to take place on the weekend of 14/15 December 2019 in order that additional capacity can be created for general medicine patients and allow more elective surgical patients to access their care.

There were no questions.

5.2 Provider Arm Scorecard (Pages 22 - 23)

In the absence of Jo Gibbs, Director Provider Services; Ailsa Claire, Chief Executive asked that the report be taken as read, advising in brief that the position had not changed significantly from that last reported.

There were no questions.

5.3 Cancer and Blood Directorate (Pages 24 - 34)

Dr Richard Sullivan, Director Cancer and Blood and Deputy Chief Medical Officer asked that the report be taken as read, raising three points:

- There is on-going pressure on providing infusional chemotherapy mainly due to the introduction of new drugs which have added people to the lists for these therapies and therefore placing additional pressure on the service.

- There remain challenges providing radiation therapy. Two additional late shifts will commence in the new-year to address this. The waitlist remains stable enabling the service to hold its own. The radiation/oncology plan is being reviewed.
- To get change required there is a need for electronic enablers and there is regional work on-going in relation to this. Currently a business case is being developed for an e-prescription enabler.

The following points were covered in discussion:

- Judith Bassett asked if an improvement in patient's quality and length of life can be seen due to the new treatments being used. Richard Sullivan replied that the incidence of cancer in Auckland keeps going up as the population grows and ages but people are living longer and drugs are much less toxic.
- Doug Armstrong asked where the biggest benefits could be achieved in terms of cost highlighting especially access to the latest drugs. Richard Sullivan replied that the biggest benefits could be achieved by putting more emphasis on prevention, diagnostics and screening, as drugs only prolong life and do not cure.
- Gwen Tepania-Palmer enquired about the work on equity for Māori as well as Pacific patients. Richard Sullivan commented that with Dame Naida Glavish's oversight the Directorate is looking into how services are being delivered making sure that Maori data is front and centre.
- Judith Bassett drew attention to the scorecard on page 29 of the agenda highlighting that all measurements are not equally important to all patients. She also noted that the score for the coordination of care after discharge is now nearly up to the target. It is important that the work continues on that as, patients need to feel safe and cared for after discharge.

5.4 Cardiovascular Services Directorate (Pages 35 - 47)

Dr Michael Stewart, Director Cardiovascular asked that the report be taken as read, advising in brief that:

- The Directorate is very focused on improving and recovering its financial position, being aware that it is behind in its plan for revenue to date. The MIT strike has had a very big impact on Cardiovascular Services affecting both revenue and waitlist.
- The work continues on vascular and thoracic patient pathways. Extending opening hours of the day unit is being piloted, with assistance of staff volunteers. CVICU early discharge rates and enhanced recovery pathways to relieve pressures are also being investigated.
- He was very pleased how with well the DHB strategy in relation to Māori and Pacific is working. There has been development of leadership within teams. This has overall, created a good atmosphere and environment.

The following points were covered in discussion:

- Gwen Tepania-Palmer wanted to acknowledge the work the Directorate had done and Judith Bassett commented on the encouraging progress being made overall.

5.5 Clinical Support Directorate (Pages 48 - 57)

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

- Due to the MIT strike MRI performance has deteriorated, although on a positive note the service has managed to secure some external staff to run weekend sessions in January/February 2020 which will provide more flexible access for patients.
- The Department of Forensic Pathology has received accreditation from the National Association of Medical Examiners and is only the second department to receive such accreditation outside USA.
- Remote temperature monitoring of refrigerators containing medication and breast milk is now operational across the hospital. Pharmacy's on call service is able to alert teams to any issues.

The following points were covered in discussion:

- Judith Bassett acknowledged how important the accreditation for the Department of Forensic Pathology was. She asked that the Committee's appreciation for the work undertaken around this be conveyed to the whole team.
- Judith Bassett also wanted to draw attention to page 55 of the agenda and the proactive approach on building better health outcomes and culture, seeing the visits to Auckland Girls Grammar being a useful opportunity to encourage future recruits.

5.6 Perioperative Directorate (Pages 58 - 66)

Dr Vanessa Beavis, Director of Perioperative Services asked that the report be taken as read, advising in brief that:

- National Anaesthesia Day was celebrated on 16 October with a display in the main foyer which generated interest during the day.
- The first bariatric patient has been operated on at the Greenlane Surgical Unit.
- Recruitment is proceeding well and the recent recruitment trip to the UK was successful.
- A directorate Māori Workforce Hui is being held on Friday 29 November.

The following point was covered in discussion:

- Jo Agnew wanted to know about the impact on staffing due to the changes in the anaesthetic technician training degree. Dr Vanessa Beavis advised that AUT will stop training via the diploma route and the last intake will be next year. The new format is still unclear. There will be a meeting in December in regards to this and the directorate will inform the Committee of developments.

5.7 Pacific Health Auckland (Pages 67 - 73)

Bruce Levi, General Manager for Pacific Health Auckland asked that the report be taken as read, advising in brief that:

- Pacific Week which took place in September had attracted several good speakers i.e. Honourable Jenny Salesa. There was also a lot of engagement with Pacific staff and the Tonga kava performance was an important event.
- The Pacific Health Strategy presented to Auckland and Waitemata DHBs' leadership includes five foci; Pacific Intelligence Engine, Pacific patient experience, Cultural excellence, Multi-skilled Pacific workforce and Community.

The following points were covered in discussion:

- Judith Bassett wanted to know more about the support and advisory role in regards to the measles epidemic. Bruce Levi advised that they had been working closely with the Director of Communications Rachel Lorimer on this issue. The challenge was to get messaging out quickly and in a way that it is easily understood. Community leaders also need to be identified and there will be a meeting coming up with church leaders and representatives to enable this to occur. There is also a need to get the messaging right before the holiday season.
- Meg Poutasi wanted to emphasise that it is important that the Pacific team aligns itself with the organisational outcomes and the correct ELT process needs to be followed.
- Gwen Tepania-Palmer acknowledged the existence of the Pacific Health Strategy stating that there was a range of activity being undertaken across numerous sites. Overall, Pacific Health has grown with time and she wanted to acknowledge the team and the work that had been done.

5.8 Surgical Services Directorate (Pages 74 - 85)

Dr Arend Merrie, Director of Surgical Services asked that the report be taken as read, advising that:

- It had been a very busy time for the directorate and staff had been highly engaged in increasing the scope and opportunities around working at Greenlane.
- ESPI 5 position has been worsening across Urology, Ophthalmology, ORL, Orthopaedics, Oral Health and Neurosurgery with recovery plans in place and shared with the Ministry of Health. All services are currently on track to deliver against recovery plans in December despite the impact of industrial action.
- Total volumes delivered are 100% of contract for the YTD. Demand for acute services is 103.1% and elective volumes at 96.1% against contract YTD.
- Personnel cost continues to create pressure and there has been a lot of robust conversation around staffing and recruitment. Nursing teams in particular have been

engaged in a productive way.

- There has been significant work done on the bed realignment planned for December 2019 and the work done by Nurse Director Katie Quinney should be acknowledged. Chief Nursing Officer Margaret Dotchin introduced Katie Quinney to the Committee Members.

The following points were covered in discussion:

- Judith Bassett wanted to acknowledge and have the committee note the information outlined on page 83 of the agenda. Gwen Tepania-Palmer wanted to acknowledge the report and say how impressed she has been with the work undertaken by Katie Quinney.

5.9 Women's Health Directorate (Pages 86 - 95)

Dr Robert Sherwin, Director of Women's Health and Angela Beaton, General Manager asked that the report be taken as read, advising as follows:

- New appointments in Christine Mellor, Associate Director of Midwifery and Associate Nurse Director Lisa Middelberg had been made.
- The midwifery paper had been well received by staff.
- Significant work has been done around the issue of midwifery incentive and retention with a new initiative to be formally communicated to all staff and implemented.
- The Midwifery Leadership Consultation and Te Manawa o Hine Consultation Processes have been completed.
- There have been improvements on staff metrics around sickness, overtime and turnover.

The following points were covered in discussion:

- Dr Lee Mathias wished to point out that women "birth" a baby they do not "deliver" a baby asking that this be taken into consideration when writing future reports.
- Rob Sherwin provided clarification in relation to the Scorecard's breastfeeding rate advising that breastfeeding rates are measured at discharge from Auckland DHB. This may be 12 hours after birth or later. Hence, the published breastfeeding rates are not measures of on-going or long term breastfeeding.

5.10 Provider Arm Financial Performance Report (Pages 96 - 105)

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

- Total performance YTD as at 2 October 2019 is favourable in expenditure but unfavourable in terms of revenue. Strike action had affected activity and thus revenue potential.

There were no questions.

Resolution: Moved Lee Mathias / Seconded Gwen Tepania-Palmer

That the Provider Arm performance reports for the month of September 2019 be received.

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 106 - 109)

Resolution: Moved Lee Mathias / Seconded Gwen Tepania-Palmer

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, 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.

Carried

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	N/A	N/A
2. Conflicts of Interest	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 16 October 2019	**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]
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]
5.1 Change and Sustainability Benefits	**Commercial Activities** **Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of

Realisation Report	**disadvantaged if that information was made public** [Official Information Act 1982 s9(2)(i)]	information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 ADHB Data Governance Oversight Report Benefits Realisation Report	**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]
6.2 Auckland Cardiology Electrophysiology Services Oversight Report	**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)] **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.	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 Clinical Support Oversight Report – MRI Capacity	**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)] **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.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.4 Head and Neck Oversight Report	**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)] **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.	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 Perioperative Services – Shortage of Perioperative Workforce Oversight Report	**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)] **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.	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 Radiotherapy Workforce Oversight Report	**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)] **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.	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]
6.7 Security for Safety	**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)] **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.	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]
6.8 Women's Health – Midwifery Recruitment and Retention Oversight Report	**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)] **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.	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 Clinical Quality and Safety Service Report	**Commercial Activities** **Information contained in this report is related to commercial activities and**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of

	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.	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 Policies and Procedures (Controlled Document Management)	**N/A**	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

The meeting closed at 3.25pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday 27 November 2019

Chair: _____ Date: _____

Judith Bassett

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 27 November 2019

Meeting and Item	Detail of Action	Designated to	Action by
13 Jun 2018 Item 5.11	**Site Visits** That a site visit for the Hospital Advisory Committee to view the improvements achieved from the co-location of Mental Health and Addictions and Community and Long Term Conditions teams at the Point Chevalier site be scheduled.	K Lalit, A Schofield	TBA in 2019 when build is complete
24 July 2019 Item 6.4	**DNA's** Children's Health to provide a progress report on DNAs by 27th November 2019	John Beca/Michael Shepherd	12 February 2020 **Item 5.4**
16 October 2019 Item 5.4	**Inpatients with Social Complexity – Deep Dive** That a deep dive be provided to the new Board on "inpatients with social complexity."	Jo Gibbs	10 June 2020

Provider Arm Operational Performance – Executive Summary

Recommendation

That the Hospital Advisory Committee receives the Provider Arm Operational Performance – Executive Summary for February 2020.

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

1. Executive Summary

The Executive Team highlight the following performance themes for the February 2020 Hospital Advisory Committee Meeting:

- The daily focus on patient flow and hospital occupancy continues, with an exceptionally busy start to the new year. The Integrated Operations Centre opened in November 2019. This space provides a hub for the daily hospital/24 hour team as well as a place for the wider hospital team to agree daily capacity and demand and staffing response plans.
- Workforce and recruitment issues continue to be a challenge in a number of specialty areas, notably Midwifery, Radiology (Medical Imaging Technicians) and Mental Health.
- We acknowledge upcoming industrial action by APEX union Medical Sonographers in the metropolitan Auckland region from Saturday 18 January to Saturday 11 April.

2. Progress/Achievements/Activity

- The target was not met by Adult and Children Emergency Departments during December 2019 (84.83% and 92.24% respectively).
- Overall hospital occupancy continues to remain high and the hospitals are exceptionally busy for the time of year. During 2019 there was an increase of 3.0% midnight occupancy – this equates to over 7,000 bed days (or 22 beds at 90% occupancy). There was a 4.9% increase in acute occupancy, this was partially offset by a 0.7% reduction in planned care occupancy.
- The daily focus on patient flow and hospital occupancy continues and will continue throughout the summer period. There is a concerted effort to manage supplementary staffing to ensure that resources match current levels of demand.
- The summer plan commenced in December 2019 and is working well. Occupancy is broadly tracking to the forecast, although there has been a steep increase since 18 January 2020. A detailed plan for winter 2020 is being prepared, which will require a further step increase in bed availability.
- The organisation assisted in the national response to the Whakaari/White Island incident. Two patients from the incident were admitted to adult critical care before being transferred to the national burns unit at Middlemore Hospital. Other non-burns critical care patients were transferred to Auckland DHB critical care units to create capacity in several other DHBs. A small number of acute surgical patients have been transferred for their operations to release theatre capacity at Middlemore Hospital.

- Bed realignment took place on 14 and 15 December 2019. This was aimed at streamlining the surgical and medical floors. We are continuing with team development across new areas and are supporting staff during this transition. Changes that took place include:
    - Ward 61 is now new looking after General Medicine beds and patients; HASU and ASU beds and patients; Neurology beds and patients
    - Ward 81 is now looking after General Surgical beds and patients
    - Ward 83 is now looking after Neurosurgery beds and patients, including the current Ward 83 HDU; Neurosurgery HDU beds and patients (based on Ward 81); Neurology (video monitoring) beds and patients (two bedded room based on Ward 81)
    - Ward 62 - bed base has increased from 10 to 15
    - Ward 74 - bed base has increased from 23 to 27
- Performance against the MRI target of 95% of referrals completed within six weeks has deteriorated in December 2019 to 35.8% (34.7% general and 71.4% for Cardiac MRI) compared to performance in November 2019 of 44.9%. The department currently has a significant number of Medical Imaging Therapist vacancies which is starting to significantly impact capacity. The majority of new recruits (within the last 6 months) are recent graduates who require a further six months post-graduate training to be able to perform MRIs. Locum Medical Imaging Therapists are being sought to support the increased demand. MRI continues to be a critical service, in spite of a pro-active recruitment plan, no further appointments have been made over the last 2 months.
- Performance against the MoH CT indicator of 95% of out-patients completed within six weeks has improved to 89.5% in December 2019 compared to 81.3% in November 2019. CT continues to grow at 8% per year.
- Whilst there is an internal Ultrasound target (95%) we are mindful of the importance of patient access to service and safe waitlist management. Performance against this target has deteriorated to 55.6% of out-patients scanned within 6 weeks at the end of December 2019 compared to 63.6% in November 2019. Under performance against MoH targets is reflective of the strike action over the last 3 months for both the MIT and Sonography workforce. Recovery from the MIT strikes will likely take 3-4 months taking into consideration summer closures. The sonography strike action continues and performance against targets may deteriorate further until these are completed.

Transplants

- The FY 2019/20 coded transplant volumes are shown below. The YTD volumes for Liver (30 vs 27) and Renal transplant (69 vs 65) are higher than for the same year but overall transplant volumes are slightly lower (123 vs 127).

Solid Organ Transplant Volumes

From Coding (based on discharge date once coded)

By Month	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Heart	1	0	4	1	2	0
Lung	3	1	3	1	2	6
Liver	4	5	5	4	6	6
Total Nat Funded	**8**	**6**	**12**	**6**	**10**	**12**
Renal	10	10	12	8	16	13
Total	**18**	**16**	**24**	**14**	**26**	**25**

Year to Date	14/15 YTD	15/16 YTD	16/17 YTD	17/18 YTD	18/19 YTD	19/20 YTD
Heart	6	6	3	15	14	8
Lung	7	13	10	7	21	16
Liver	24	22	30	30	27	30
Total Nat Funded	**37**	**41**	**43**	**52**	**62**	**54**
Renal	41	51	59	68	65	69
Total	**78**	**92**	**102**	**120**	**127**	**123**

Full Year	14/15 Full Year	15/16 Full Year	16/17 Full Year	17/18 Full Year	18/19 Full Year	19/20 Contract
Heart	12	12	13	21	22	
Lung	17	19	18	18	32	
Liver	46	52	54	51	52	
Total Nat Funded	**75**	**83**	**85**	**90**	**106**	**115**
Renal	78	95	119	115	119	
Total	**153**	**178**	**204**	**205**	**225**	

- There has been no change to the clinical FTE position for the current financial year and planning has started for the 2020/21 financial year. The year to date organ transplant volumes are slightly below the 2018/19 volumes and this has mitigated any clinical risk associated with non-approval of clinical FTE requests for the current financial year.
- The Australian and New Zealand Paired Kidney Exchange commenced operations at Auckland City Hospital on 31 October 2019. This initiative will increase the potential for patients to find a suitable live donor via a matched exchange programme (i.e. it expands the donor pool and increase the volume of live donor renal transplants) and therefore renal transplant volumes. A

letter of thanks has been received from National Renal Transplant Service for Auckland DHB's commitment to this exchange.

- Along with this increase in renal transplants, the transplant board expects overall transplant volumes to increase in the coming year and is expecting additional FTE requests for the 2020/21 financial year to support this increase in volume.
- The critical care capacity strategy work is near completion and the final document is due to be presented to the board in February 2020. Once approved by the Board, a plan to implement the strategy will be developed. The document has the following focus areas;
    - Adult critical care demand drivers and capacity needs
    - Adult critical care workforce
    - Allied health and clinical support services
    - Other considerations
    - Adult critical care priorities.

Financial Sustainability

- Work continues to respond to current budget pressures through eliminating unnecessary waste, making the best use of resources, and finding smarter ways to do the things that matter most. The focus is now on Planned Care, increasing surgical discharges – where most benefits can be realised from patient waiting time, patient experience and financial gain. More than 60 people attended a planning session where four areas of work were identified to increase utilisation of Greenlane Operating Rooms:
    - Surgical Integrated Operations Centre
    - All day operating lists
    - Reviewing our surgical booking process
    - Eliminating inequity for Māori patients
    - Eliminating inequity for Pacific patients

Good progress is being made on the first two workstreams:

- **The Integrated Operations Centre** is now up and running. This comprises an underlying operational process and review sessions to drive earlier planning, transparency, accountability and issue mitigation.
- This process will continue to be refined over the coming weeks.
- Feedback is positive with staff appreciating the increased transparency and ability to escalate.
- **The surgical booking process** to support the Surgical Integrated Operations Centre, using the 'T7+1' process is now up and running. This is about getting surgical booking information confirmed earlier, with more certainty around surgical lists for patients, clinical and operational teams and making the most of our theatre capacity.
- For surgical bookers this provides more notice to book released sessions, reduce rework and reduce late cancellations. It also creates transparency around where there are gaps that impact the utilisation of our resources.

- Feedback from our surgical bookers has been positive, particularly in creating a safe space to highlight issues or challenges early, and a pathway to escalate these.

Next areas of work include:

- Preadmission and the quality, timing and methods of communication to support patients to be ready for surgery.
- Continued discussions and planning for all day operating lists.
- Identifying some tangible things we can do to eliminate inequities.

Building for the Future Programme

- Ward 51 (Integrated Stroke Unit) site establishment is complete, demolition is near completion and impact planning is underway. Recommendations as a result of assessing acceleration and further contingency bed options are being finalised with reablement beds progressing. Model of care and clinical pathways are being endorsed.
- The Programme case with Capital required was reviewed by central agencies and submitted to CAMPC whilst the whole of life costs are finalised. The Tranche 1 case has been updated as a result of the Business Case Review Group review and submitted to CAMPC whilst the financial case is finalised. Procurement of Tranche 1 design team is in progress.

Auckland DHB - Provider

HAC report for December 2019

Equitable - equity is measured and reported on using stratification of measures in other domains

Safety

Metric			Actual	Target	Previous
Number of reported incidents		PR083	1,383		1,353
Number of reported adverse events causing harm (SAC 1&2)		PR084	9	Lower	9
Central line associated bacteraemia rate per 1,000 central line days		PR087	R/U	<=1	R/U
Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days		PR088	0.2	<=0.25	0.25
Healthcare-associated bloodstream infections per 1,000 bed days - Adult		PR089	2.06	<=1.6	1.48
Healthcare-associated bloodstream infections per 1,000 bed days - Child		PR090	2.9	<=2.4	2.54
Falls with major harm per 1,000 bed days		PR095	0	<=0.09	0.06
Nosocomial pressure injury point prevalence (% of in-patients)		PR097	1.79%		2.07%
Rate of HO-CDI per 10,000 bed days (ACH)	*	PR143	2.67	<=4	1.52
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)		PR185	2.02%		2%
% Hand hygiene compliance		PR195	84.62%	>=80%	86%
Unviewed/unsigned Histology/Cytology results >= 90 days		PR290	240	Lower	217

Patient-centred

Metric			Actual	Target	Previous
% DNA rate for outpatient appointments - All Ethnicities		PR056	8.47%	<=9%	9.47%
% DNA rate for outpatient appointments - Māori		PR057	17.17%	<=9%	19.7%
% DNA rate for outpatient appointments - Pacific		PR058	17.62%	<=9%	19.82%
% Very good and excellent ratings for overall inpatient experience	#	PR154	86.27%	>=90%	85.44%
Number of CBU Outliers - Adult		PR173	543	<=300	524
% Patients cared for in a mixed gender room at midday - Adult		PR175	22.05%	Lower	24.84%
Breastfeeding rate on discharge excluding NICU admissions	#	PR099	R/U	>=75%	75.86%
% hospitalised smokers offered advice and support to quit		PR129	96.21%	>=95%	95.69%

Timeliness

Metric			Actual	Target	Previous
(MOH-01) % AED patients with ED stay < 6 hours		PR013	84.83%	>=95%	82.38%
(MOH-01) % CED patients with ED stay < 6 hours		PR016	92.24%	>=95%	91.29%
% of inpatients on Reablement Services Wait List for 2 calendar days or less		PR023	99.29%	>=80%	92.72%
(ESPI-2) Patients waiting longer than 4 months for their FSA		PR038	1.86%	Lower	1.34%
(ESPI-5) Patients given a commitment to treatment but not treated within 4 months		PR039	9.39%	Lower	7.54%
Cardiac bypass surgery waiting list		PR042	81	<=115	67

% Accepted referrals for elective coronary angiography treated within 3 months	PR043	96.84%	>=90%	95.35%
% Urgent diagnostic colonoscopy compliance	PR044	96.49%	>=90%	97.3%
% Non-urgent diagnostic colonoscopy compliance	PR045	40.25%	>=70%	45.8%
% Outpatients and community referred MRI completed < 6 weeks	PR046	35.84%	>=95%	44.89%
% Outpatients and community referred CT completed < 6 weeks	PR047	89.55%	>=95%	81.32%
31/62 day target - % of non-surgical patients seen within the 62 day target	PR181	93.48%	>=90%	94.59%
31/62 day target - % of surgical patients seen within the 62 day target	PR182	100%	>=90%	100%
62 day target - % of patients treated within the 62 day target	PR184	96.18%	>=90%	96.75%
% Chemotherapy patients (Med Onc and Haem) attending FSA within 2 weeks of referral	PR508	74.57%	100%	55.17%
% Radiation oncology patients attending FSA within 2 weeks of referral	PR509	39.49%	100%	35.06%

Effectiveness

Metric		Actual	Target	Previous
28 Day Readmission Rate - Total	# PR078	10.27%	<=6%	10.62%
Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	# PR119	5.88%	<=10%	4.44%

Efficiency

Metric		Actual	Target	Previous
HT2 Elective discharges cumulative variance from target	PR035	0.92	>=1	0.92
Elective day of surgery admission (DOSA) rate	PR048	71.26%	>=68%	72.81%
% Day Surgery Rate	PR052	53.83%	>=70%	53.21%
Inhouse Elective WIES through theatre - per day	# PR053	137.54	>=99	125.21
Average LOS for WIES funded discharges (days)	PR074	2.44	<=3	2.82
Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	PR120	37	<=21	36.9

Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Safety: Avoiding harm to patients from the care that is intended to help them.

Patient-centred: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Timeliness: Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Effectiveness: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

Efficiency: Avoiding waste, including waste of equipment, supplies, ideas, and energy.

#	Actual is the latest available result prior to December 2019
*	Quarterly
	PR143 (Quarterly)
	Actual result is for the period ending September 2019. Previous period result is for period ending June 2019.
R/U	Result Unavailable
	Breastfeeding rate on discharge excluding NICU admissions
	Central line associated bacteraemia rate per 1,000 central line days
	Results Unavailable

Adult Medical Directorate

Speaker: 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 of: Adult Emergency Department, Short Stay Inpatient, Clinical Decision Unit, Department of Critical Care Medicine, General Medicine, Infectious Diseases, Gastroenterology, Respiratory, Neurology and Renal.

The Adult Medical Directorate is led by:

Director:	Barry Snow
General Manager:	Dee Hackett
Director of Nursing:	Brenda McKay
Director of Allied Health:	Cheryl Orange

Directorate Priorities for 2019/20

In 2019/20 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. Ensuring that our services are equitable and fair to all
2. Ensuring our staff are well trained and supported to work at the top of their scope and enabled to do their life's best work
3. Developing innovative models of care to improve how we manage patients
4. Delivering care in functional and up to date facilities
5. To effectively manage risk across the directorate
6. Effectively managing our resources and ensuring we are able to sustain the directorate income

Glossary

Acronym/term	Definition
ED	Emergency Department
SAC	Severity Assessment Code
EWS	Early Warning Score

Q2 Actions

- Building consent for Kererū – renal community building
- Commenced construction ward 51
- Ward 51 development – reviewing bed occupancy and length of stay to understand if Neurology can move with Stroke
- Routine target not met for Colonoscopy for Q1. Recovery and sustainability plan for the endoscopy waiting list is being implemented and is monitored weekly by ELT and Gastroenterology. Continuing to book the longest waiter first
- Bowel Screening Programme – information paper for ELT and Board to review financial contribution
- Staffing to Adult Emergency Department (ED) both medical and nursing – Adult ED target currently improving but marginally
- General Medicine development – starting to explore clinical leadership and structure of General Medical medicine and nursing workforce

Scorecard

Auckland DHB - Adult Medical Services

HAC report for December 2019

Equitable - equity is measured and reported on using stratification of measures in other domains

Safety

Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Nosocomial pressure injury point prevalence (% of in-patients)	PR097	2.4%		2.2%
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	1.8%		1.4%
Number of falls with major harm	PR199	0	Lower	2
Number of reported adverse events causing harm (SAC 1&2)	PR084	4	Lower	0
Unviewed/unsigned Histology/Cytology results >=30 days	PR596	24	Lower	15
% Hand hygiene compliance	PR195	83.31%	>=80%	84.22%
Central line associated bacteraemia rate per 1,000 central line days	PR087	R/U	<=1	R/U

Patient-centred

Metric		Actual	Target	Previous
% Patients cared for in a mixed gender room at midday - Adult	PR175	27.95%	Lower	31.28%
% Patients cared for in a mixed gender room at midday - Adult (excluding Level 2)	PR196	22.25%	TBC	25.89%
Number of CBU Outliers - Adult	PR173	134	Lower	148
% hospitalised smokers offered advice and support to quit	PR129	95.71%	>=95%	96.53%
% DNA rate for outpatient appointments - Māori	PR057	23.15%	<=9%	26.82%
% DNA rate for outpatient appointments - Pacific	PR058	18.3%	<=9%	21.37%
% DNA rate for outpatient appointments - All Ethnicities	PR056	10.99%	<=9%	13.21%
% DNA rate for outpatient appointments - Deprivation Scale Q5	PR338	17.58%	<=9%	19.01%
% Very good and excellent ratings for overall inpatient experience	# PR154	85.7%	>=90%	85.5%
% Very good and excellent ratings for overall outpatient experience	# PR179	88.7%	>=90%	91.4%
% Very good and excellent ratings for coordination of care after discharge	# PR493	69.2%	>=90%	63.3%
% Response rate to ADHB patient experience inpatient survey	# PR315	R/U	>=25%	19%

Timeliness

Metric		Actual	Target	Previous
(MOH-01) % AED patients with ED stay < 6 hours	PR013	84.83%	>=95%	82.37%
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific	PR330	0	Lower	0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	PR328	5	Lower	2
% Urgent diagnostic colonoscopy compliance	PR044	96.49%	>=90%	97.3%
% Non-urgent diagnostic colonoscopy compliance	PR045	40.23%	>=70%	45.8%
% Surveillance diagnostic colonoscopy compliance	PR183	59.67%	>=70%	64.63%

Effectiveness				
Metric		**Actual**	**Target**	**Previous**
28 Day Readmission Rate - Māori	# PR079	**12.39%**	<=6%	12.39%
28 Day Readmission Rate - Pacific	# PR080	**14.41%**	<=6%	15.9%
28 Day Readmission Rate - Total	# PR078	**12.29%**	<=10%	13.13%
28 Day Readmission Rate - Deprivation Scale Q5	# PR322	**14.91%**	<=6%	14.69%

Efficiency				
Metric		**Actual**	**Target**	**Previous**
Average LOS for WIES funded discharges (days) - Acute	PR219	2.87	TBC	3.64

Equitable:	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
Safety:	Avoiding harm to patients from the care that is intended to help them.
Patient-centred:	Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
Timeliness:	Reducing waits and sometimes harmful delays for both those who receive and those who give care.
Effectiveness:	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
Efficiency:	Avoiding waste, including waste of equipment, supplies, ideas, and energy.

#	Actual is the latest available result prior to December 2019
R/U	Result Unavailable
	Central line associated bacteraemia rate per 1,000 central line days
	% Response rate to ADHB patient experience inpatient survey
	Results Unavailable

Scorecard Commentary

- There have been four Severity Assessment Code (SAC) 2 Adverse Events reported in December 2019:
    - A patient had a repeated nasogastric insertion in Adult ED resulting in a pneumothorax and respiratory distress. This has now been downgraded to a SAC 3
    - A patient had a declining Early Warning Score (EWS) on Ward 61 and EWS escalation processes were not followed. This was reported twice and is currently being reviewed
    - A patient had a declining EWS on Ward 68 and EWS escalation processes were not followed. Currently being reviewed
- There were two Grade 2 pressure injuries in Ward 65
- There were no falls with harm or medication errors resulting in harm in December 2019
- Hand hygiene for December 2019 was 83.3%

Key achievements in the month

- Bed realignment – increase in General Medical bed base and co-locating HASU, ASU and Neurology. Move successfully completed on 14 and 15 December 2019
- Successful consultation to staff for bed realignment – great opportunity for directorates to work together
- Successful recruitment to Ward 51 project manager
- Development of Vision and MOC paper for ward 51

- Successful presentation and outcomes from the general medical nursing improvement work – presented to oversight committee
- Successful recruitment to interim operational manager
- Good progress with the delivery of Regional Out of Hours Stroke Service. Excellent engagement with St John's and Counties Manukau DHB
- Developing the model of care to inform the design of a mental health area in Adult ED and an area for patients who have behaviours that are challenging
- Continuing to develop a robust risk culture within the Directorate. Each individual service now has their own risk register and all risks are thoroughly discussed at the priority plan meetings. A Directorate risk register is also being developed and is reviewed and discussed at the weekly Senior Leadership Team meeting. Training is being planned to support directorate leadership to manage service risks on the Safety Management System (Datix)
- Completion of L2 SSIP area refurbishment now operating as CDU across L2

Areas off track and remedial plans

- Routine colonoscopy target still not met. Progressing with recovery plan and predicted routine target achievement is forecast in October 2019. We have been treating the patients waiting the longest first and meet weekly to monitor recovery plan performance
- Adult ED target off track. Very busy period with increased attendance. New money to support increase in medical staff but phased funding throughout year
- Mental health admissions delay due to in patient bed capacity
- NASO negotiations – complexity with numerous issues

Key issues and initiatives identified in coming months

- Recovery and sustainability plan for the endoscopy waiting list is being implemented and is monitored weekly by ELT and Gastroenterology. Continuing to book the longest waiter first.
- Developing and using our risk register to effectively mitigate our risk
- Continue to progress the community dialysis provision and working collaboratively with Tāmaki Regeneration Company, Social Investors and the Kidney Society for future provision of capacity
- Implementation of the new Adult ED model of care. In the pilot the model resulted in vast improvement in the Adult ED target
- 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. Meeting weekly to ensure ESPI 2 targets are being met and the right patients are being booked
- Continuing with the delivery of the Regional Hyper Acute Stroke Service for stroke and clot retrieval that went live across all metro on 3 September 2018
- Starting consultation process for ward 51
- Security and safety actions being progressed within Adult ED. Seed funding secured for a behavioural assessment area, review of triage and a mental health area. Action plan developed following a review

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Adult Medical Services

Reporting Date Dec-19

($000s)	MONTH			YEAR TO DATE (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	258	278	(20) U	1,835	1,668	167 F
Funder to Provider Revenue	14,338	14,338	(0) U	97,174	97,613	(439) U
Other Income	811	653	158 F	3,808	3,919	(111) U
Total Revenue	**15,407**	**15,269**	**138 F**	**102,817**	**103,200**	**(383) U**
EXPENDITURE						
Personnel						
Personnel Costs	11,156	10,507	(649) U	65,183	64,920	(263) U
Outsourced Personnel	105	94	(11) U	483	563	81 F
Outsourced Clinical Services	21	50	30 F	179	301	122 F
Clinical Supplies	2,544	2,056	(487) U	14,398	13,922	(476) U
Infrastructure & Non-Clinical Supplies	297	292	(5) U	1,876	1,755	(120) U
Total Expenditure	**14,123**	**13,000**	**(1,123) U**	**82,119**	**81,463**	**(656) U**
Contribution	**1,284**	**2,269**	**(985) U**	**20,698**	**21,737**	**(1,040) U**
Allocations	2,587	2,622	34 F	17,046	17,357	310 F
NET RESULT	**(1,303)**	**(352)**	**(951) U**	**3,651**	**4,380**	**(729) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	225.4	216.8	(8.6) U	218.3	216.8	(1.4) U
Nursing	668.6	670.2	1.6 F	687.7	670.2	(17.5) U
Allied Health	54.3	51.3	(2.9) U	54.8	51.3	(3.5) U
Support	6.6	6.0	(0.6) U	6.3	6.0	(0.3) U
Management/Administration	71.1	67.7	(3.5) U	71.0	67.7	(3.3) U
Total excluding outsourced FTEs	**1,026.1**	**1,012.0**	**(14.0) U**	**1,038.1**	**1,012.0**	**(26.0) U**
Total :Outsourced Services	4.5	4.5	0.0 F	3.7	4.5	0.8 F
Total including outsourced FTEs	**1,030.5**	**1,016.5**	**(14.0) U**	**1,041.7**	**1,016.5**	**(25.3) U**

Comments on Major Financial Variances

The result for the year to date December 2019 is an unfavourable variance of $729k. This is primarily due to unfavourable clinical supplies $476k and the unfavourable funder to provider revenue wash up (monthly in arrears) $439k.

Volumes: Overall volumes are 100.2 % of contract.

Total Revenue - $383k unfavourable. This is mainly due to:

- The funder to provider revenue wash up (one month in arrears) $439k U - mainly Neurology under contract.

Total Expenditure (including allocations) - $346k unfavourable. This is driven by

- Personnel costs (including outsourced) $182k unfavourable (this is slightly over budget at 0.03 % over).

- Clinical Supplies $476k unfavourable - mainly Gastroenterology due to treatment disposals and pharmaceutical costs.
- Internal Allocations (Service Billing) $310k favourable - mainly due to reduced radiology costs in Neurology $278k F driven by volumes.

Full-time Equivalent (FTE) – 25.3 FTE unfavourable primarily due to the Adult Emergency Department (AED) which is 25 FTE unfavourable. There are several factors contributing to this variance mainly being extra Registered Nurses required due to bed blocks and cover for long term sick leave.

Child Health Directorate

Speakers: John Beca, Director of Child Health (Surgical) and 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 are provided within two Directorate portfolios:

Surgical Child Health: Paediatric and Congenital Cardiac Services, Paediatric Surgery, Paediatric ORL, Paediatric Orthopaedics, Paediatric Intensive Care, Neonatal Intensive Care, Neurosurgery and Starship Operating rooms

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 Emergency Department, 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 Michael Shepherd
General Manager:	Emma Maddren
Director of Nursing:	Sarah Little
Director of Primary Care:	Dr Barnett Bond

Directorate Priorities for 2019/20

In 2019/20 our Directorate will contribute to the delivery of the Provider Services strategic programmes. In addition to this we will also focus on the following Directorate priorities:

1. Clinical Excellence
2. Service and Facility redesign to deliver improved equity and effectiveness
3. Wellbeing of our people
4. Starship @ (standardised national service delivery)
5. Financial sustainability

Glossary

Acronym/term	Definition
ESPI	Elective Services Patient Flow Indicator
WNB	Was Not Brought

Q3 Actions – 90 day plan

Priority	Action Plan	Commentary
1	Clinical pathways established in all services	Clinical Pathways are under development in most child health services. This work is funded by Starship Foundation. A standardised methodology to design clinical pathways has been developed and is currently being tested in multiple services. Information technology applications are being identified and analysed as enablers to outcome data capture and standardising of clinical management.
1	Measure, report, benchmark and improve clinical outcomes	Three clinical excellence work streams will be launched in 2020: 1. Developing a culture of reporting and learning from clinical excellence 2. Understanding and improving how, what and when we communicate with patients and whānau during their patient journey 3. Complex care coordination (building on previous work undertaken). Reporting on patient safety measures is established and incorporated into directorate and service level clinical excellence scorecards. Patient Safety Culture Score is incorporated into directorate and service level clinical excellence scorecards. Some services have begun benchmarking and reporting on improvement activity with an emphasis on clinical outcomes. Speak out for safety has been launched in NICU, PICU and Children's ED and will be rolled out to all other areas in Starship in 2020. Speaking out is about encouraging staff to have confidence to express their concerns related to patient safety or quality of care clearly and effectively and a response framework to ensure concerns are fully explored and resolved. Pilot completed of the National Paediatric Toolkit (Fabio the Frog), as a tool to capture children's feedback to influence future improvement initiatives. Following the pilot, further development of the Starship Children and Young Person in Hospital survey is underway and we are starting to explore options for how to undertake the actual survey process for inpatients.

1	Equity focus for Clinical Excellence and outcome measures	The development of an outcomes measurement and reporting framework is commencing with the intention of creating a continuous improvement environment within pathways and services. Where possible data is stratified by ethnicity. A summary of child health equity initiatives is provided in this report.
2	Develop further equity focused community model - first 1000 days	Starship Community has a well-established and integrated locality based model of delivery and is committed to achieving health equity through implementation of the first 1000 days approach. This would be delivered through the Intensive Well Child Tamariki Ora contract which provides wrap around healthcare and holistic support to approximately 820 children and their whānau with high health and social needs. The service has refined the model of delivery, intensified visiting for priority families and established geo-hubs to further define geographical areas of visit intensity. The full reach and intensity of service intended by the first 1000 days approach, to an additional 300 children aged 0-5 years (based on population modelling) will require additional staffing resource.
2	Patient Focused Booking (PFB) implementation with effective Was Not Brought (WNB) response	• Patient Focused Booking (PFB) has rolled out in Endocrinology, Diabetes, Respiratory, Gastroenterology, Immunology and Neurology. It will be extended to a further eight services in early 2020. This will include General Paediatrics and Dermatology, which will provide good insights into the impact on larger services. • WNB rates continue to reduce with the work of the WNB schedulers as well as the 'WNB avoidance' aspects of Patient Focused Booking. • Re-scheduling rates continue to reduce in services that have adopted Patient Focused Booking. • Concerns from clinicians that high WNB rates would be replaced by high Was Not Scheduled rates has not been the experience to date. This is likely due to the additional effort put into engaging with families who have not responded to a reminder invite to contact letter to schedule an appointment (or discharging them from the service if appropriate). • The flexibility of the process appears to be working well if families need to come to clinic on a specific date, or families request we send them a letter with an appointment date rather than invite to contact. • The escalation process is providing greater transparency about short notice clinic cancellations for planned leave; these are being mitigated where possible. • An example of recent family feedback - *We <u>LOVE</u> the patient focussed booking. Attending appointments when child should be sleeping etc. used to result in it being very difficult to effectively communicate with the doctor. Being able to choose a time that results in a happy child is infinitely better. Thanks for the brilliant initiative.*

2	Priority whānau project focused on inpatients with social complexity	A two year project (funded by Starship Foundation) to effect sustainable change and improve outcomes for priority whānau and tamariki across Starship. Key actions include: • Providing assistance, support and intervention in partnership with priority whānau for identifying complexity, vulnerability and risk. • Early, effective and skilled responses to housing needs for priority whānau. • Development of effective multidisciplinary and multiagency communication and processes which are geared to active and timely collective decision making and intervention. • Effective and consistent implementation of the published medical neglect guidelines. • Clear and consistent escalation pathways in relation to at risk patients and whānau and addressing staff wellbeing. Completed activity in the first year of this project includes: 1. Memoranda of understanding regarding specific roles with external. agencies. Information/training to communicate these to teams. 2. Information sharing and documentation between agencies, in line with memoranda of understanding, agreed with processes being developed. 3. Socialisation of the Neglect of Medical Care Guidelines commenced. 4. Psychosocial assessment tool identified for implementation. 5. Escalation pathways, including multiagency processes, progressing. 6. Starship-wide staff wellbeing steering group established with initiatives in development. 7. Engaging effectively with Māori – sessions well -attended.
2	Plastic surgery pathway and service development together with Counties Manukau Health (CMH)	The aim is to develop an integrated, one-service, two-site model for paediatric plastic surgery to achieve centralisation of services at Starship for children where: • Subspecialty support will enhance care • Outcomes will be improved This work will focus on: • Providing equitable, sustainable service • Aligning to existing surgical services at Starship The service will be supported by clinicians from both organisations and developed using a phased approach to ensure smooth transition. Work on this model has commenced in close discussions with clinicians and leaders from Counties Manukau DHB.
2	Pain service model	This review will lead to the development of a pain service

	review and improvement	structure and model of care that is innovative, supports clinical excellence and is sustainable long term. The review commenced in December 2019, a Steering Group has been established and the service review outline drafted.
2	Implement the facilities programme for safety, patient experience and long term planning, including PICU expansion and atrium development	Day Stay refurbishment, complete – July 2019 Phlebotomy refurbishment, complete – July 2019 Outpatients refurbishment, complete – October 2019 PICU expansion project, in progress – preliminary design in progress Atrium development (enable PICU expansion), in progress – preliminary design in progress
3	Ensure Trendcare and Care Capacity and Demand Management (CCDM) is fully implemented within inpatient wards/departments with appropriate response	Child Health CCDM Steering group work completed. Variance Indicator Scoring (VIS) successfully implemented in October 2019. FTE calculations in line with organisational timeframes. FTE calculations are complete in oncology and medical specialties, however there are ongoing difficulties meeting new FTE requirements due to registered nurse workforce shortages. Core data set workshops planned for early 2020.
3	Develop Directorate and service level wellbeing plans and actions	The majority of services have developed and advanced their action plans. In line with the Directorate focus on wellbeing, all services have been asked to include at least one action related to wellbeing. At a directorate level a Wellbeing A3 plan has been shared for feedback and a Wellbeing steering group has been established. Mindfulness Based Stress Reduction training was introduced for staff in 2019 and has been well-received by staff as a means of reducing stress and building resilience.
3	Improved programme of research, innovation and training for all our staff	There are currently 175 ethically approved research studies open to recruitment across 24 specialty areas in Starship. Clinical Trial Infrastructure is a key priority for continued growth in our capacity and capability to deliver excellent research in our population. Initiatives include: • A new clinical trial management tool (EDGE) for operational oversight in respect of real time data collection, performance metric review, and financial management. Current trial in progress. • Approved central resource operations hub structure to support Investigator teams Directorate wide. Flexible infrastructure comprised of biostatistician, clinical trial administration and research practitioner increasing research activity across clinical specialties. • Increasing commercial trial capacity through partnership with ACS in the delivery of commercial trials in children and adolescents.
4	Develop a standardised model of delivery	This work will align quality of service, resources and support delivered in off-site locations with those delivered at Starship.

	('Starship @') of procedural and outreach support in non-Starship Children's Hospital facilities to ensure equity of quality, outcomes and efficiency	A review of clinic optimisation, patient accessibility, equity and cost effectiveness has highlighted the benefits of repatriating some clinics. A plan is being developed to repatriate clinic activity in early 2020. Clinic reviews are progressing, a repatriation matrix has been established to ensure priority clinics are repatriated first and that all support services (clinical and non-clinical) are in place to support clinic operations.
4	Measure and report the performance of 'Starship @' services	This action will be targeted in 2020 following development of the standardised Starship@ model.
5	Sustained and effective financial management across financial years with balanced cost/revenue emphasis	Child Health experiences on-going financial challenges particularly in relation to tertiary services where there is a reliance on service capacity and capability regionally and nationally.
5	Seek national position on adequate funding mechanism	This is being discussed and an approach agreed with the executive leadership team.

Scorecard

Auckland DHB - Child Health

HAC report for December 2019

Equitable - equity is measured and reported on using stratification of measures in other domains

Safety

Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Nosocomial pressure injury point prevalence (% of in-patients)	PR097	0%		7.5%
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	3.25%		3.61%
Number of falls with major harm	PR199	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2)	PR084	0	Lower	0
Unviewed/unsigned Histology/Cytology results >=30 days	PR596	9	Lower	11
% Hand hygiene compliance	PR195	93.64%	>=80%	93.56%
Central line associated bacteraemia rate per 1,000 central line days	PR087	R/U	<=1	2.07
Number of Central line associated bacteraemia reported	PR600	R/U		3
Medication/Fluid Errors causing moderate/severe harm	PR486	R/U		0
Medication and Fluid Error rate reported per 1,000 bed days	PR415	R/U		7.69
Good Catches	PR334	R/U		15
Unexpected PICU admissions	PR374	R/U		20
Paediatric Code Blue Calls	PR335	2		3
% PEWS score documented	PR355	R/U	>=95%	91.25%

Patient-centred

Metric		Actual	Target	Previous
% WNB rate for outpatient appointments - Māori	PR057	18.18%	<=9%	19.41%
% WNB rate for outpatient appointments - Pacific	PR058	20.57%	<=9%	22.17%
% WNB rate for outpatient appointments - All Ethnicities	PR056	8.89%	<=9%	10.31%
% WNB rate for outpatient appointments - Deprivation Scale Q5	PR338	17.46%	<=9%	18.73%
% Very good and excellent ratings for overall inpatient experience	# PR154	92.55%	>=90%	84.62%
% Very good and excellent ratings for overall outpatient experience	# PR179	87.59%	>=90%	87.15%
% Very good and excellent ratings for coordination of care after discharge	# PR493	60.29%	>=90%	62.5%
% Response rate to ADHB patient experience inpatient survey	# PR315	R/U	>=25%	17%
Electronic Discharge Summary completion – Child Health	PR439	96.62%	>=95%	96.37%
Child Health Nursing Family Feedback	PR376	R/U	>=90%	96.97%

Timeliness

Metric		Actual	Target	Previous
(MOH-01) % CED patients with ED stay < 6 hours	PR016	92.24%	>=95%	91.29%
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Māori	PR329	30	Lower	23
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific	PR330	34	Lower	24
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	PR328	201	Lower	153
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5	PR332	49	Lower	36
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Māori	PR323	18	Lower	13
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Pacific	PR324	11	Lower	9
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Total	PR327	77	Lower	54
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Deprivation Scale Q5	PR326	24	Lower	18
Median acute time to theatre (decimal hours) - Starship	PR034	4.56		7.46

Effectiveness

Metric		Actual	Target	Previous
28 Day Readmission Rate - Māori	# PR079	8.53%	<=10%	11.28%
28 Day Readmission Rate - Pacific	# PR080	7.32%	<=10%	9.28%
28 Day Readmission Rate - Total	# PR078	9.54%	<=10%	10.01%
28 Day Readmission Rate - Deprivation Scale Q5	# PR322	9.32%	<=10%	8.48%

Efficiency

Metric		Actual	Target	Previous
Elective day of surgery admission (DOSA) rate	PR048	64.62%	TBC	69.63%
% Day Surgery Rate	PR052	48.43%	>=52%	54.18%
Average LOS for WIES funded discharges (days) - Acute	PR219	3.58	<=4.2	4.01
Average LOS for WIES funded discharges (days) - Elective	PR220	1.1	<=1.5	1.03
% Adjusted Session Theatre Utilisation	PR198	77.29%	>=85%	79.96%
Average Occupancy	PR444	86.81%	90%	89.58%
Inpatient Median LOS	PR437	2.04		1.98
Inpatient LOS over 30 days (discharged)	PR438	24		20
FSA to FU Ratio – Child Health	PR440	R/U		0.3
Laboratory cost per bed day ($) - Child Health	PR441	R/U		88.98
Radiology cost per bed day ($) - Child Health	PR442	R/U		105.9
Antibiotic cost per bed day ($) - Child Health	PR443	R/U		22.61
% of patients discharged on a date other than their estimated discharge date	PR375	22.06%		17.64%
PICU Exit Blocks	PR333	R/U	Lower	11

Equitable:	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
Safety:	Avoiding harm to patients from the care that is intended to help them.
Patient-centred:	Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
Timeliness:	Reducing waits and sometimes harmful delays for both those who receive and those who give care.
Effectiveness:	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
Efficiency:	Avoiding waste, including waste of equipment, supplies, ideas, and energy.

#	Actual is the latest available result prior to December 2019
R/U	Result Unavailable

Antibiotic cost per bed day ($) - Child Health

Central line associated bacteraemia rate per 1,000 central line days

Child Health Nursing Family Feedback

FSA to FU Ratio – Child Health

Good Catches

Laboratory cost per bed day ($) - Child Health

Medication and Fluid Error rate reported per 1,000 bed days

Medication/Fluid Errors causing moderate/severe harm

Number of Central line associated bacteraemia reported

% PEWS score documented

PICU Exit Blocks

Radiology cost per bed day ($) - Child Health

% Response rate to ADHB patient experience inpatient survey

Unexpected PICU admissions

Results Unavailable

Health equity

Starship Child Health acknowledges the significant health inequities for Māori and Pacific patients and whānau and the need to commit to systemic and sustainable change which result in improved access and outcomes for these populations. A programme of work is in progress with actions specific to health equity and these include:

- **Engaging effectively with Māori.** This three-part training programme provides participants with the knowledge and skills to more effectively engage with Māori. To date 500+ staff and people working closely with Starship have participated in at least one 3 hour workshop.
- **Clinical excellence programme.** This programme measures clinical outcomes for patients, with stratification used to determine equity of outcomes. Service and directorate wide improvements are then developed to improve clinical outcomes including seeking to eliminate inequity.
- **Improving outcomes for priority whānau and tamariki.** This project (supported by funding from the Starship Foundation) is focused on specific actions across the wider system of care that result in improved engagement with Māori , more effective multidisciplinary and inter-agency working and early and active supports around housing and broader social complexities which many whānau experience.

- **Patient focused booking.** This project (supported by funding from the Starship Foundation) provides whānau with an invitation to contact services to negotiate a time to attend appointments. This is closely aligned with other initiatives such as was not brought. Early data indicates encouraging rates of whānau engagement and decreased re-schedule rates and fewer non attended appointments.
- **Was not brought (WNB).** This work is addressing the significant rates of Starship patients not being brought to appointments. Specific actions include accurate reporting for individual services and clinic locations, greater understanding of the factors which prevent whānau from attending appointments, specific interventions for patient groups, close alignment to patient focused booking, accurate information on whānau we work with and a was not brought scheduler to engage with and support whānau to attend appointments when there are challenges. Transport, clinic locations and inter-DHB work are important areas of focus also.
- **Puawaitahi** – Work to implement the recommendations of the Puawaitahi (Child Protection Multi-agency Centre including Police, Oranga Tamariki and Starship) review is continuing, including implementation of detailed recommendations from a comprehensive needs assessment. A five year strategic plan has been drafted; Health – Oranga Tamariki escalation pathways are being reviewed; and a pilot for intra-building referrals is in development. Work continues to develop a Business Case for dedicated Kaiāwhina roles, and formulate detailed recommendations for access to therapeutic services.
- **Child development gateway service improvement** – enhanced assessment and access to therapy for priority children presenting via the Gateway Programme (approximately 50% Māori).
- **Pathways and outcomes programme with an emphasis on areas of health inequities** – this is linked to the clinical excellence programme and involves the development of a number of clinical pathways that focus on standardising care, particularly in areas where health inequities are significant, for example cellulitis.
- **Workforce** – Starship Child Health is participating in the wider Auckland DHB efforts to increase Māori and Pacific staff in all clinical and non-clinical roles.
- **Emerging initiatives** – Starship Child Health is progressing and supporting a range of new initiatives with a health equity focus in 2020 including whānau feedback, research and improved data and clinical excellence activity.

Scorecard Commentary

Elective performance

Elective surgery performance continues to be a central focus for the Child Health Directorate; with 100% compliance achieved for some services for Elective Services Patient Flow Indicator (ESPI) 1 and 2. There are significant challenges in ESPI 2 and 5 for orthopaedic and paediatric surgery sub-specialties.

- ESPI 1 (acknowledgement of referral): Compliant
- ESPI 2 (time to First Specialist Assessment): 7.67% non-compliant, 211 breached in total (134 paediatric surgery, 60 paediatric orthopaedics, 2 paediatric renal, 1 adult congenital heart disease, 1 paediatric cardiac, 9 paediatric endocrinology, 3 paediatric respiratory, 1 paediatric

brain and nerve clinic). The breaches in medical services are highly unusual and are related to a mix of capacity constraints and the initial impact of introducing patient focused booking and they are expected to be resolved in the near future.

- ESPI 5 (time to surgery): 9.3% non-compliant, 74 cases breached in total (27 Electrophysiology and Pacing, 8 paediatric cardiac, 7 Adult Congenital Heart Disease, 16 Paediatric Orthopaedics and 16 Paediatric Surgery). Contributing factors include spinal surgery constraints, acute demand, intensive care bed capacity and acute demand. Mitigations include re-allocated theatre sessions and insourced sessions.

The Child Health Directorate achieved 82% of the target for Auckland DHB discharges at the end of December 2019. Recovery plans include additional Clinics and operating sessions.

Health and safety

The Child Health directorate has a well-established health and safety structure and representation. There is now an opportunity to extend health and safety activity through the following priorities set out in the health and safety strategy for 2019/20:

Key priorities	Where we are now	Where we want to be
1. Governance and leadership	• Directorate Health and Safety Strategy is not well described and is only partially aligned with Auckland DHB Health and Safety Strategy. • Safe365 and Deloitte Health and Safety Audit in late 2018 highlighted areas of improvement required including development of a strategy. • Varying levels of manager capability, with lack of visibility of manager training and knowledge of risk management.	• Strategy developed and well described, including aligned to ADHB strategy. • Safe365 self-assessment results show that areas currently amber status are now at least green compliant level. • All managers have competent understanding and capability to manage Health and Safety in their area.
2. Worker engagement and participation	• Health and Safety Representatives (HSRs) have inconsistent understanding regarding the role and responsibilities with lack of time to undertake the role and low morale.	• HSRs have a good understanding of the importance of their role, are competent in health, safety & wellbeing knowledge with high morale and are supported. • HSRs and managers are working together to implement Starship Health and Safety.
3. Risk management	• Inconsistent knowledge of hazard identification and risk management, lack of visibility at Service or Directorate level. • Inconsistent identification and	• Managers and HSRs have a good understanding of hazards and risks in their area. • Directorate key hazards and risks, currently identified as

Key priorities	Where we are now	Where we want to be
	management of key Health and Safety risks • Blood and Body fluid accident • Lone worker • Workplace violence • Inconsistent recording and completion of induction process	workplace violence, lone worker and needle sticks have adequate control plans implemented and are reviewed regularly • Health and Safety hazard & risk registers (Datix) are in place at service and directorate level.
4. Staff wellbeing	• Incidents, literature and staff feedback have highlighted Wellbeing as an important issue for staff. • Starship has pockets of excellent activity and some developing pieces of work in this area but does not have a systematic or comprehensive approach.	• Wellbeing strategy and action plan developed and implemented. • Improved mind health and general wellbeing of staff. • Staff better equipped to deal with the environment we work in.

Nursing commentary

- Nursing continues to achieve well above Auckland DHB and national hand hygiene targets (80%), currently achieving 92% audited compliance.
- Pressure injury prevention work continues with the Child Health Pressure Injury Steering group focusing on the associated bundle of care. Nursing scorecard results show assessment at 92% and improved bundle of care at 87%.
- Paediatric Early Warning Sign (PEWS) targets have been set high within Child Health. We continue to consistently perform over 90%.
- Nursing receives consistently high family feedback scores. The aggregated totals for family feedback for nursing range from 92 -100%. Nursing compliments remain high with up to 85 per month.
- Variance indictor scoring was successfully implemented in October in all areas except the Children's Emergency Department. CCDM and Trendcare are on track for FTE calculations in line with organisational timeframes. This should assist in ameliorating overtime and bureau utilisation with nursing FTE meeting actual care delivery and capacity requirements. This will also aid nursing staff wellbeing by reducing overtime demands and increase the ability of staff to take annual leave.
- Nursing Clinical Governance Council introduced a Satellite group to enhance connection and information sharing from the Council to every area in Starship. Representation is from all nursing areas of Starship Child Health and provides an opportunity for professional growth and contributions.

- Nursing Care Planning project group for Child Health nursing has worked with families to understand what is important for us to know when providing nursing care. This information has assisted in progressing the review of current nursing documentation.
- December is an important month for whānau engagement and the nursing teams have been actively involved in a range of activities to celebrate the festive season and support whānau with children requiring care during this period. Ward decorations, virtual reality experiences and performances within the hospital are some of the examples of this engagement.

Key achievements in this reporting period

- Safe and appropriate management of the measles outbreak in Auckland. This included increased infection prevention and control measures, altered flows within inpatient and outpatient areas, increased immunisation coverage and patient-specific measures to reduce the risk of exposure, particularly for immune compromised patients. Starship also provided clinical support to Samoa during the measles epidemic, particularly supporting intensive care and immunisation programmes.
- Provided support to our colleagues nationally through the transfer of High Dependency Unit patients to Starship to free up local Intensive Care capacity in the wake of the White Island eruption.
- Summer plan is in action and going well. This has ensured safe services, adequate patient flow, and a mix of both planned and opportunistic leave for staff.
- Industrial action throughout 2019 impacted most services and required considerable planning. Whilst this has had some production impact, services have been delivered safely and we wish to acknowledge the work of the radiology and consultation liaison teams in particular for maintaining safe care for our tamariki.

Areas off track and remedial plans

- Critical care demand in Starship continues to exceed resourced capacity. This has had considerable impact for both NICU and PICU. Several initiatives are in progress to help address these pressures including the preliminary design of additional bed capacity for PICU and the development of a transitional care model for neonates.
- Recruitment challenges resulting in recruitment delays and a limited volume of candidates for nursing roles. This has contributed to overtime and bureau costs year to date and has continued throughout 2019.
- On-going and significant risk related to the provision of allergy safe meals for patients. This has been investigated thoroughly with Compass and a range of immediate mitigations have been put in place.
- Significant risk related to the unreliable function of the link lift 2. This is the sole lift required for safe transfer of patients from the Paediatric Cardiac Ward (23b) to PICU, Theatre and Radiology. Contingency plans are in place for patient transfer. The replacement is currently is currently in progress and due for completion in May 2020.

- Delays completing the installation of the air handling unit and associated facilities upgrade to ensure the paediatric cardiac investigation unit is able to function at theatre standard. Facilities and Development has commissioned remedial work but this is not yet finalised.
- Funding for Rheumatic fever prevention has ceased and further investment in Auckland DHB child health community services has not occurred. It has also become clearer that significant unmet need is present in Auckland DHB child health population and science has evolved to make it even clearer that investing in the first 1000 days of life is critical to lifelong health.

Key issues and initiatives identified in coming months

- Development of a transitional care model in collaboration with Women's Health. Transitional Care is a model which empowers and supports mothers to care for their own baby in a safe setting aligned to neonatal and women's health services. This model of care is suited to babies requiring care in excess of normal newborn care but who do not need to be in an intensive care environment. Transitional care has the potential to prevent admissions to NICU, reduce lengths of stay for some who are admitted and also help ensure a smooth transition to discharge home.
- Re-development of Paediatric Intensive Care to increase physical bed capacity in line with current and future demand. This is a significant project which will be staged to ensure safe and appropriate care is maintained throughout.
- Development of the service-level clinical excellence groups and finalisation of the service-level outcome measures.
- National funding proposals for Adult Congenital Heart Disease and Cardiac Inherited Diseases Group services have been submitted for consideration nationally. These proposals follow a successful submission for phase one funding in 2015 and were an agreed outcome of the earlier submission.
- Development of a two-site model of Plastics in close collaboration with Counties Manukau Health with an emphasis on providing plastics care for children in the setting which supports the best clinical quality and patient outcome.

Financial results

STATEMENT OF FINANCIAL PERFORMANCE
Child Health Services

Reporting Date Dec-19

($000s)	MONTH			YEAR TO DATE (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	942	1,046	(104) U	5,595	6,091	(496) U
Funder to Provider Revenue	18,680	18,769	(88) U	128,136	129,347	(1,212) U
Other Income	1,287	1,292	(4) U	8,445	7,942	503 F
Total Revenue	**20,909**	**21,106**	**(196) U**	**142,176**	**143,380**	**(1,205) U**
EXPENDITURE						
Personnel						
Personnel Costs	14,653	13,823	(830) U	85,203	84,626	(578) U
Outsourced Personnel	175	130	(45) U	1,095	781	(314) U
Outsourced Clinical Services	163	238	75 F	1,463	1,429	(35) U
Clinical Supplies	2,675	2,537	(138) U	17,972	17,407	(565) U
Infrastructure & Non-Clinical Supplies	529	483	(46) U	2,841	2,773	(69) U
Total Expenditure	**18,195**	**17,212**	**(982) U**	**108,576**	**107,016**	**(1,560) U**
Contribution	**2,715**	**3,894**	**(1,179) U**	**33,600**	**36,365**	**(2,765) U**
Allocations	913	881	(32) U	6,106	6,077	(29) U
NET RESULT	**1,801**	**3,012**	**(1,211) U**	**27,494**	**30,288**	**(2,793) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	277.7	271.0	(6.7) U	280.8	271.0	(9.8) U
Nursing	768.5	750.0	(18.5) U	765.9	750.0	(15.9) U
Allied Health	213.6	204.8	(8.8) U	211.2	204.8	(6.4) U
Support	0.3	0.3	0.0 F	0.3	0.3	0.0 F
Management/Administration	108.3	99.9	(8.4) U	107.1	100.0	(7.1) U
Total excluding outsourced FTEs	**1,368.4**	**1,326.0**	**(42.4) U**	**1,365.3**	**1,326.0**	**(39.3) U**
Total :Outsourced Services	10.7	3.9	(6.8) U	12.0	3.9	(8.1) U
Total including outsourced FTEs	**1,379.1**	**1,329.9**	**(49.2) U**	**1,377.3**	**1,329.9**	**(47.3) U**

Comments on major financial variances

The Child Health Directorate position is $2.793M unfavourable Year to Date.

December Year to Date revenue is $1.205M unfavourable, although is missing one month of revenue variance impact which will be recognised in January; and total expenditure variance at $1.589M unfavourable.

Inpatient WIES for the month is 6 % higher than last year and 1% higher than contract.
Inpatient WIES for Year to Date is 6 % higher than last year but 1% lower than contract.

Year to Date FTE for Employed/Contracted Employees is 47 FTE unfavourable.
Key factors impacting on the 2019 20 Year to Date performance are as follows:

1. Revenue $1.205M unfavourable:
    a. Funder to Provider revenue $1.212M unfavourable. Primarily in the medical specialities area – particularly gastro-enterology and haematology/oncology. Overall volumes are about 6% greater than last year to date but phased budget volumes are skewed toward the first half which is exacerbating the unfavourable impact against budget year to date, and should see improvement over the second half.
    b. Other revenue streams are slightly favourable with a favourable donation position offsetting ACC, non-residents, and other income.
2. Expenditure $1.589M unfavourable:

a. Personnel costs $578k unfavourable. This is primarily nursing costs ($0.672M unfavourable), due to a 16 FTE unfavourable FTE position with cost per FTE at budget levels. Other employee groups were broadly at budget overall with unfavourable FTE variance (23 FTE unfavourable) being offset by approximately 5% favourable cost/FTE. About half of the overall FTE variance position is funded.
b. Outsourced costs $314k unfavourable – mainly due to anaesthetic technician sick leave ($155k unfavourable), and administration staff vacancies ($60k unfavourable).
c. Clinical supply costs are $565k unfavourable (103% of budget).This compares to PVS activity of 99% so overall costs are tracking slightly higher than activity. These variances are mainly evident in high blood costs ($430k unfavourable) which is 3.5% higher than last year and 19% higher than budget (mainly due to blood savings project initiatives which are delayed in commencing). PCT costs are higher than budget ($100k unfavourable) but are mostly fully funded. There is also a one-off orthopaedic prosthetic limb cost ($60k) which is funded by donation. There are also higher repair costs ($105k unfavourable) and minor purchases ($65k unfavourable), mainly in surgical and community areas.

3. FTE: 47.3 FTE unfavourable:

    Year to Date employed FTE was 39.3 unfavourable and total FTE, including outsourced, was 47.3 unfavourable.

    Approximately 21 FTE of that variance relates to additional funded roles, either from donations or unbudgeted Ministry of Education funding. Excluding the funded roles brings the unfunded variance to approximately 26 FTE unfavourable.

    RMO FTE are approximately 3.7 FTE unfavourable with the majority of the FTE through over-appointments or additional charges to the directorate. There is also some pressure on SMO/MOSS FTE (6 FTE unfavourable) in relation to budgeted FTE and vacancy assumptions, although about half of this variance is funded.

    Nursing is 15.9 FTE unfavourable – primarily in Ward 25AB due to on-going high occupancy and pressure on nursing FTE; and also, to a lesser extent, in medicine; together with the impact of vacancy assumptions not being met.

    Admin position is 7.1 unfavourable but this is all funded roles.

The focus for 2019/20 will be pathway development, clinical supply cost containment and productivity. In addition on-going oversight of employee costs, including vacancy and recruitment

processes; and leave management will continue to be managed tightly in order to mitigate cost pressures.

Community and Long Term Conditions Directorate

Speaker: Lalit Kalra, Director

Service Overview

The Community and Long Term Conditions Directorate is responsible for the provision a wide range of adult services.

The services covered are:

- Reablement (inpatient adult assessment, treatment and rehabilitation services)
- Community services (Intermediate Care, locality community teams and Mobility Solutions)
- Specialist Outpatient Services
- Hospital Palliative Care

The Community and Long Term Conditions Directorate is led by:

Director:	Lalit Kalra
General Manager:	Jennie Montague
Nurse Director:	Sheri-Lyn Purdy
Allied Health Director:	Anna McRae
Primary Care Director:	Jim Kriechbaum

Directorate Priorities for 2019/2020

In the 2019/2020year 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. Services for the frail older adults
2. Responsive intermediate care services
3. Responsive diabetes services
4. Palliative Care services in all settings
5. Health and wellbeing for our people
6. Building Blocks for Sustainability

Glossary

Acronym/term	Definition
ACP	Advance Care Plan
ARRC	Age-Related Residential Care
DNA	Did Not Attend
Level 2	Adult Emergency Department, Clinical Decision Unit,Short Stay Inpatient Unit

Q1 – Progress against business plan

1. Better services for the frail older person

Our programme of work to support better services for the frail older person is on track. We have prioritised work streams focused on:

- specialist geriatric management of frail older people throughout Level 2
- avoiding unnecessary hospital presentation of frail older people
- developing the acute geriatrics model due for implementation in May 2020

These workstreams continue our implementation of best practice for providing high-quality care to older people and also towards reducing capacity pressures in the hospital setting, consistent with the strategic vision set out in the Long Term Investment Plan.

Specialist geriatric management of frail older people throughout Level 2 is now business as usual. Over the last 12 months, the percentage of patients going directly home after being seen by this team has increased. Central to this model is the interdisciplinary team that can coordinate care in the community. We are working on pathways and capacity to admit patients with multidisciplinary needs best met by geriatrics services directly to Reablement wards. We have a developed a comprehensive geriatric assessment document that will be visible in our core systems to all clinicians involved with care. We have actively engaged other directorates in this work.

We are building on this success by developing relationships in the community (St John, Age-Related Residential Care (ARRC) and primary care) are and working on common pathways to provide a coordinated response to changes in health or minor accidents in frail older patients in the community. The planning stages for these have been completed in the Community Frailty workstream and will be implemented in our Intermediate Care Service.

We are moving to an acute geriatrics model which will work in conjunction with the 7-day Senior Medical Officer led service for specialist assessment and management of frail older patients who present to Level 2, within the frailty model of care. The acute model will improve access to specialist management and time-efficient interdisciplinary care for frail older people requiring hospital admission. Phased implementation begins March 2020 and has been prioritised for implementation prior to winter 2020.

2. A responsive intermediate care services

Our goal for our Intermediate Care function is an easy to access interdisciplinary team which supports the timely transition from hospital and care closer to home. We are contributing to the Length of Stay work as the evidence base for a robust intermediate care team is strong.

We have prioritised the workaround Advance Care Plans (ACP). An Advance Healthcare Plan detailing patient and whānau preferences for goals of treatment, level of desired care, transfer to hospital and ceiling of care will be completed for residents in ARRC facilities at the time of entry and updated regularly. This initiative has been endorsed by a collaborative group of consumer representation, ARRC facilities, primary care, funding and planning, St John, community and hospital representatives and aligns with the Advance Care Planning and Goals of Treatment programmes endorsed by HQSC. 120 community staff have completed ACP training since August 2019.

3. Responsive Diabetes Services

We have implemented a rapid access clinic in our diabetes clinic. The purpose of the clinic is to provide specialist input for patients care and transition them back to primary care.

We continue to see high non-attendance rates for Māori and Pacific Peoples at our diabetes clinics, for whom there is a higher prevalence of diabetes and diabetic complications. Our health coach role continues to improve engagement with patients. A health coach is person-centred and provides care close to home. Health coaching is a way to help patients build resilience to participate and take an active role in their health care. With this patient group, we have seen improved individual outcomes by working with patients and are looking to see what is scalable as part of the co-design projects with primary care.

We have reviewed our satellite clinics and are changing the model of booking for these clinics to make them more accessible to the community.

4. Palliative Care Services in all settings

There is a real opportunity for a "step change" in the delivery of Specialist Palliative Care services across Auckland DHB to allow the development of a critical mass of professionals to support an integrated service for people with a life-limiting illness. We are working in partnership with the Mercy Hospice and other stakeholders to develop models of care. The goal is to move the focus of palliative care away from selected patients in specialist settings to delivering comprehensive and supportive palliative care in the community.

We have a small steering group reviewing the opportunities to progress towards a more integrated model.

5. Health and Wellbeing of Our People

'Time to hire' for new candidates remains below the Auckland DHB target. It has been challenging to fill some Physiotherapy, Occupational Therapy and some Nursing positions however turnover is at the lowest it has been in the past three years and has dipped below the Auckland DHB target for the first time in the past three years.

Our Wellness Group is going from strength to strength. The Group has an intranet site for information and events which is regularly updated. It has organised several outdoor activities and has introduced mindfulness sessions within services.

Performance Conversations recorded on Kiosk is an area where there is significant improvement. Two thirds of our staff have recorded conversations in kiosk.

The Management Development Module (MDP) uptake up is improving. The uptake of the programme by non-managers is very encouraging. Feedback on the course content has indicated that the content has been very useful. We are making the recruitment module a requirement to participate in recruitment in the directorate.

6. Building blocks for sustainability

We have implemented a new scheduling module in community Services which will support our services to work together more effectively with patients.

We have implemented MediRota for our Reablement Service and Sexual Health service. The next services in the directorate will be in line with provider-wide priorities.

We have developed easy to reference guidance for building meaningful intranet content and increased use of Hippo as our single source of truth.

Providing useful information to our staff is part of the work valuing our patients time and reducing the length of stay. When staff have clear information, it reducing improves communication between the clinical team and patients and their whānau.

Scorecard

Auckland DHB - Adult Community & Long Term Conditions

HAC report for December 2019

Equitable - equity is measured and reported on using stratification of measures in other domains

Safety

Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	3.2%		3.1%
Number of falls with major harm	PR199	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2)	PR084	0	Lower	9
% Hand hygiene compliance	PR195	85.57%	>=80%	84.71%

Patient-centred

Metric		Actual	Target	Previous
% Patients cared for in a mixed gender room at midday - Adult	PR175	9.08%	<=2%	22.53%
% hospitalised smokers offered advice and support to quit	PR129	100%	>=95%	100%
% DNA rate for outpatient appointments - Māori	PR057	23.02%	<=9%	27.54%
% DNA rate for outpatient appointments - Pacific	PR058	28.64%	<=9%	30.29%
% DNA rate for outpatient appointments - All Ethnicities	PR056	11.19%	<=9%	13.56%
% DNA rate for outpatient appointments - Deprivation Scale Q5	PR338	14.52%	<=9%	20.44%
% Very good and excellent ratings for overall inpatient experience	# PR154	90.9%	>=90%	64.7%
% Very good and excellent ratings for overall outpatient experience	# PR179	89.3%	>=90%	92.1%

Timeliness

Metric		Actual	Target	Previous
% of inpatients on Reablement Services Wait List for 2 calendar days or less	PR023	99.29%	>=80%	92.72%
% Discharges with Length of Stay less than 21 days (midnights) for Reablement	PR193	72.89%	>=80%	66.48%
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Māori	PR329	5	Lower	3
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	PR328	33	Lower	19
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5	PR332	10	Lower	8

Effectiveness

Metric		Actual	Target	Previous
28 Day Readmission Rate - Māori	# PR079	0%	<=6%	0%
28 Day Readmission Rate - Pacific	# PR080	0%	<=6%	0%
28 Day Readmission Rate - Total	# PR078	1.44%	<=6%	1.54%
28 Day Readmission Rate - Deprivation Scale Q5	# PR322	3.03%	<=6%	0%

Equitable:	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
Safety:	Avoiding harm to patients from the care that is intended to help them.
Patient-centred:	Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
Timeliness:	Reducing waits and sometimes harmful delays for both those who receive and those who give care.
Effectiveness:	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
Efficiency:	Avoiding waste, including waste of equipment, supplies, ideas, and energy.

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.
#	Actual is the latest available result prior to December 2019

Scorecard Commentary

- There were no medication errors with major harm or Severity Assessment Code incidents in December.
- Maintaining gender appropriate areas remain a priority, re-orientation of the rooms will occur as soon as it is practical. Consent is gained prior to any patient entering a mixed gender room and patients are reviewed on a shift by shift basis when discharges occur.
- The progress on reducing the Did Not Attend (DNA) rate for outpatient services (particularly the Diabetes Service) remains steady. We have a focus on improving access for Māori over the next 12 months to close the gap for DNA rates.
- Our discharges with a long length of stay has improved but there are further improvements to the complex patient pathway we will be making this year.

Key achievements

- We have moved second locality to Pt Chev in October. This is now a busy site with lots of clinical activity.
- The summer plan has gone smoothly supporting a reduction in accrued annual leave continued the significant reduction in bureau usages we planned for this year.
- Despite population growth there were no increased number of syphilis cases in 2019 compared to 2018. This means our interventions have had an impact on reducing the rate of increase of syphilis cases.
- Our Health and Safety inductions are now above 98% for both e-learning completing and local inductions. This is the best performance in the Provider arm.
- The implementation of the scheduling module in community supported us to reduce waiting times and reduce the administration work for clinical staff.

Areas off track and remedial plans

- Recruitment for subspecialty medicine Senior Medical Officers has proved challenging. This is specifically a challenge in Immunology where there is a national and international shortage. We have worked with the team to review the service model of care.
- We have a reduced hospital palliative care team but we are seeking support from Mercy Hospice to maintain an acceptable service level.

- Accessable has launched on a new service application platform (aSAP). Unfortunately this has had a significant impact on our ability to order equipment for patients as the implementation has been difficult. We are working regionally with Ministry of Health support to address this issue.

Key issues and initiatives identified in coming months

- We continue our implementation of the frailty model of care both in hospital and in the community.
- The intermediate care team is making changes to support increased referrals and improved clinical governance.
- The Sexual Health service is working closely with Auckland Regional Public Health Services to monitor and proactively manage the current outbreak of syphilis in Auckland.
- We are focused remaining within budget and delivering our savings plan.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE
Adult Community and LTC

Reporting Date Dec-19

($000s)	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,298	1,184	114 F	7,570	7,107	463 F
Funder to Provider Revenue	5,896	5,802	95 F	40,077	39,203	874 F
Other Income	(20)	18	(38) U	152	108	43 F
Total Revenue	**7,175**	**7,004**	**171 F**	**47,798**	**46,418**	**1,380 F**
EXPENDITURE						
Personnel						
Personnel Costs	4,825	4,717	(108) U	29,390	28,630	(760) U
Outsourced Personnel	90	53	(37) U	397	321	(76) U
Outsourced Clinical Services	91	112	20 F	761	670	(90) U
Clinical Supplies	944	845	(99) U	5,883	5,663	(220) U
Infrastructure & Non-Clinical Supplies	151	159	8 F	1,092	957	(135) U
Total Expenditure	**6,101**	**5,886**	**(215) U**	**37,522**	**36,240**	**(1,282) U**
Contribution	**1,074**	**1,118**	**(44) U**	**10,276**	**10,177**	**99 F**
Allocations	464	460	(3) U	3,198	3,051	(147) U
NET RESULT	**610**	**658**	**(48) U**	**7,078**	**7,126**	**(48) U**

Paid FTE

	MONTH (FTE)			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	83.8	74.1	(9.7) U	81.1	74.1	(7.0) U
Nursing	280.4	288.8	8.4 F	294.1	288.5	(5.6) U
Allied Health	144.6	141.2	(3.3) U	143.8	141.2	(2.6) U
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	57.7	58.1	0.3 F	60.0	58.1	(2.0) U
Total excluding outsourced FTEs	**566.5**	**562.2**	**(4.3) U**	**579.0**	**561.8**	**(17.2) U**
Total :Outsourced Services	3.9	2.1	(1.8) U	2.9	2.1	(0.8) U
Total including outsourced FTEs	**570.4**	**564.3**	**(6.1) U**	**581.9**	**563.9**	**(18.0) U**

Comments on Major Financial Variances

The result for December and the year to date is $48k U.

Revenue $1,380k F YTD

The Funder to Provider Revenue includes $874k F wash-up for volumes higher than contract to 30 November. Government and Crown Agency Income of $463k F YTD variance is mainly from high ACC volumes in TARPS and Sexual Health, with further upsides projected for the balance of the year.

Expenditure $1,282k U YTD

The main drivers of the unfavorable expenditure variance for the year to date are:

- $836k U Personnel variance (including Outsourced Personnel), predominantly driven by FTE vacancy targets not being achieved due to high volumes. We have reduced our in month

unfavourable in month FTE by 20 FTE since July and expect this trend to continue. This will be partially offset by year end through reducing annual leave balances and summer flex-downs;

- $90k U Outsourced Clinical Services due to high volumes, especially for the Non-Acute Rehabilitation ACC contract, which will be funded;
- $220k U Clinical Supplies due to high volumes. Projects are in place to reduce costs in equipment, blood products and dressings;
- $143k U Infrastructure and non-clinical costs especially one off maintenance and related costs relating to service refurbishments;
- $135k U service billing due to high volumes leading to $112k U Lab and Radiology charges, and $64k U savings from the use of phone interpreters not achieved, with reducing overspend as initiatives come fully on line.

Volumes

Price Volume Schedule (PVS) volumes are currently estimated at $1.7M (4%) above base contract for the year to date.

Forecast

We are forecasting to break even for the year.

Commercial Services

Speaker: Kieron Millar, General Manager

Service Overview

Commercial Services is responsible for service delivery and management of Linen and Laundry, Car Parking, Motor Vehicle Fleet, Staff Shuttle, Property Leases, Retail Space Management, Delivery Dock Management, Commercial Contracts, Clinical Education Centre, Sustainability, Mailroom, Food and Nutrition, Health Source NZ Procurement and Supply Chain (including New Zealand Health Partnerships Ltd, PHARMAC and Ministry of Business Innovation and Employment).

The Directorate has four core service groups with a single point of accountability for each function. These are as follows:

- Commercial Services Business Improvement
- Commercial Contracts Management
- Procurement and Supply Chain
- Sustainability

The Commercial Services Directorate is led by:

General Manager:	Kieron Millar
Operations Manager Business Improvement:	Kieron Millar
Commercial Manager Contracts :	Shankara Amurthalingam
Sustainability Manager:	Manjula Sickler
Finance Manager:	Tut Than

Directorate Priorities for 2019/20

In 2019/20 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. Identify and develop regional collaborative opportunities.

Glossary

Acronym/term	Definition
ACH	Auckland City Hospital
AT	Auckland Transport
FPSC	Finance, Procurement and Supply Chain
GHG	Greenhouse gasses
SDGs	Sustainable Development Goals
PIA	Privacy Impact Assessment
CRAT	Cloud Risk Assessment Tool
GETS	Government Electronic Tenders Service

Key achievements in the month

Procurement

healthSource NZ have reported the following year to date savings.

OPEX	**$1 M**
Budgetary	$839K
Non-Budgetary	$227K
CAPEX	**$1.57M**
Non-Budgetary	$1.57M

Supply Chain

- A comprehensive review of Dock 5 layout has been completed. Recommendations made to suit supply chain team's requirements have been approved.
- Returns Coordinator position has been filled. Apart from processing product returns, there will also be proactive engagement in educating end users to minimise product returns moving forward.

Security for Safety Programme

- The transition of the Code Black response into business as usual has been delayed due to resource availability from the Emergency Management Team. The response plans have now been approved for all Code Black scenarios: Code Black Firearm, Code Black Offensive Weapon, Code Black Abduction and Code Black CBRE. The Emergency Management Team will reset the plan in early 2020 for transition into business as usual. Culture and Performance – the Code Black / Lock Down e-learning is being updated to include information on "Run, Hide, Self-Defend" in the case of a critical incident involving a firearm.
- The Lone Worker Welfare System rollout to off-site lone workers. To-date 570 community workers have been registered and trained in the use of Get Home Safe and the rollout to Mental Health Service workers has commenced. Project communications continue to focus on key messages of welfare and usage. Onsite lone worker evaluation checklist being rolled out with support from the OH&S advisor team.
- CCTV system upgrade of the remaining cameras was completed in September. A post implementation review for the project will be completed in early 2020.

- The transition to the new supplier for all security systems and related services has been completed and the supplier is now fully engaged in project work and both planned and reactive maintenance. Security enhancements work has now commenced with key work underway for NICU and Women's Health on levels 9 and 10 of Auckland City Hospital, Starship wards and Community Dental clinics.
- The focus for the Access Plans development has been the public spaces at Greenlane. Plans have also been developed and approved for the Clinical Education Centre and Integrated Operations Centre at ACH.
- The Security Staffing and Services transition to in-house ADHB Healthcare Security Officers has been completed. A highlight from this project has been winning two awards in the recent Health Excellence Awards; Excellence in the Workplace and the Chief Executive's award for "Healthcare Security Officers creating a safer AED".

Sustainability

- The Sustainable Development Goals (SDGs) Phase 1 project has been completed following a materiality assessment and formal assurance. The priority goals following stakeholder feedback will be presented to the Board in February 2020. Phase 2 is now underway to review and link the priority goals with Directorates service plans. This is not to replace but to complement current and future strategies for improved health outcomes alongside the global goals.
- The DHB received a commendation for the 2019 Sustainable Business Network Awards Revolutionising Energy category.
- The J&J single use pilot initiative has been widely recognised nationally and internationally. The initiative will be published on the Green Global Healthy Hospital (GGHH) network. The success of the J&J pilot has resulted in a full roll-out across various clinical settings with 45 collection bins. In the past 5 months approximately 700kg of instruments have been collected.
- Food waste pilot in main kitchen and retail outlets has concluded. From November 2018 to November 2019, approximately 54 tonnes of food waste was collected for composting. There was a sharp increase once Compass came on board in June 2019. The initiative has continued as a full roll-out to include other high food waste areas, compostable drug trays, paper coffee cups and lids.
- Three EV stations are now fully implemented in Carpark B. This is to provide on-site charging facilities for staff with electric vehicles. The EV stations were donated by Fisher & Paykel Healthcare as part of its sustainability programme.
- The DHB waste provider is leading a battery recycling initiative by providing battery bins at every service area including a public collection bin at Level 5 main foyer. This is to reduce the environmental impact of batteries which contain lead, mercury and cadmium which can harm the environment and human health if not disposed of correctly.

Car Parking

- Installation of safety barriers in Carpark B is almost complete. Investigation of further enhancements to the safety barriers is being undertaken by the Project Manager.

Sustainable Transport

- The Auckland DHB Travel survey was conducted over a 4 week period during September and October 2019. We received an excellent response with 43% of staff (4345) respondents. Findings from the survey confirmed:
- Following the travel survey, five specific recommendations were subsequently made to the ELT for consideration within the next 12 months:
    - establish a Guaranteed Ride home fund for those who opt to carpool;
    - additional secure bike storage at Auckland DBH sites;
    - extending the shuttle times for the existing park-and-ride services and/or increasing the frequency or capacity to meet increased demand;
    - increasing the number of offsite parking spaces available and actively encourage their use by considering subsiding offsite parking;
    - subsidising AT travel to work for identified cohorts of staff.

  Further actions for the on-going management of parking and transport options were also identified and will continue through 2020 to promote the use of alternate transport options to help reduce demand for parking on our sites and general congestion, particularly around the ACH site.
- Auckland Transport is now running information stands every two months at ACH and GCC to advise staff and public on available services. A new stand of brochures has been placed on Level 4 at ACH, additional to the one currently on Level 5. Both have new posters that include advertising for the preloaded HOP cards now available at Paper Plus.
- The Auckland Transport team are working with Auckland DHB to identify issues causing congestion around the Grafton site and what can be done in the longer term planning to alleviate this.

Motor Vehicle Fleet

- Auckland DHB moved to Fleetwise for fleet management services on 23rd December, 2019. This has been managed seamlessly and our relationship with Leaseplan for services ceased on 31 December after a small cross-over period. From February 2020, we will begin rolling out online vehicle booking software to the Auckland DHB services that have been allocated fleet vehicles.

Shuttle Service

The Shuttle service data is as follows:

Monthly Staff Shuttle Figures (Monday – Friday)	No days service	Total trips	Total passengers	Total kilometers
November 2019	21	2,746	26,601	12,205

Property Leases

- New property lease opportunities are been sought for Community Mental Health Services and Starship.
- The landlord for the Lab Services Carbine Road property has confirmed their intention to renew the lease beyond the current lease expiry date of 30 September 2020.

Retail

- Submissions to the Request for Proposal (RFP) for leasing of the vacant Park Road retail shop (previously the Barber Shop) are being considered.

Contract Management

<table>
<tr><th>Projects</th><th>Update</th></tr>
<tr><td>Uniforms</td><td>Price increase proposal declined. Working with supplier to cut back and minimise their operational expenses.</td></tr>
<tr><td>Fuji Xerox</td><td>Right of renewal, contract extended for a further 12 months to 24th May 2020.</td></tr>
<tr><td>DX Mail</td><td>HealthSource will be taking over the mailroom service from February 2020. This will provide the opportunity to align on-site mail delivery services with other HealthSource supply chain activities, increasing efficiencies within Auckland DHB.</td></tr>
<tr><td>Travel</td><td>Total travel company spend for November 2019 has decreased by 22.42% compared to November 2018.
<table>
<tr><th>Travel Type</th><th>Total Spend November 2019</th><th>Total Spend November 2018</th><th>Percentage Change</th></tr>
<tr><td>Air</td><td>$115,161</td><td>$134,601</td><td>↓14.44%</td></tr>
<tr><td>Car</td><td>$1,942</td><td>$1,845</td><td>↑5.26%</td></tr>
<tr><td>Hotel</td><td>$63,094</td><td>$95,855</td><td>↓34.18%</td></tr>
<tr><td>Fee</td><td>$6,111</td><td>$7,860</td><td>↓22.25%</td></tr>
<tr><td>Total</td><td>$186,308</td><td>$240,161</td><td>↓22.42%</td></tr>
</table></td></tr>
<tr><td>Water Coolers</td><td>To date the four water fountain / water bottle filling stations installed throughout ACH and Starship have refilled 134,517 drink bottles, diverting a significant number of single use water bottles from landfill.</td></tr>
<tr><td>Implementation</td><td>1. New Zealand Courier – Syndicated Procurement Agreement
ADHB signed onto the Domestic & International Courier Services between ACC and New Zealand Couriers
Transition scheduled for 1st January 2020
Product items have been loaded onto Oracle and Departments are being set up with the Send Sweet Program by New Zealand Couriers.
Projected savings of $53,000 from this transition.
2. Office Max Transition
Successfully transitioned on 1st October 2019 with minimal issues
Office Max has been providing excellent customer services with both internal users and with Supply Chain.
3. CSG Print
Tighter controls have been put in place for charges made under Sundries account.
Purchase orders are required for all toner deliveries to reduce the costs of charge for replacement toners.</td></tr>
</table>

Food and Nutrition Services

- Feedback on the Totara Ward Proposal was received from Compass Group on 14 November 2019. Following review with the GM Surgical & Perioperative and the Totara Ward team, and identification of the financial implications, the proposal was not accepted and returned to CG to revise the labour component.
- Work on Improvement Proposal Plans for Starship and Older People's health is ongoing, with the assistance of New Zealand Health Partnerships.

Linen

- The linen supply rate at ACH for November 2019 was 83% (target 98%). The utilisation rate was 76% in, against a target of 85%.

Linen Monthly Sales Figures

	November 2019	
	Sales ($)	Variance from last period ($)*
Linen	441,226	-50,269
Sterile	143,113	+323
Disposables	58,173	-12,515
Total	642,512	-82,461

Vending Machines

- The contract with our current vending machine supplier, Vending Direct, has been extended by one year.
- Vending Direct continues to work with Auckland DHB towards meeting the Ministry of Health's National Healthy Food and Drink Policy. An updated 2nd Edition of this policy was released in September 2019 which aims to make the policy clearer and easier to implement with regard to what can/cannot be sold in the vending machines.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Commercial Services

Reporting Date Dec-19

($000s)	MONTH			YEAR TO DATE (6 months ending Dec-19)		
	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	756	827	(71) U	6,011	6,080	(69) U
Total Revenue	**756**	**827**	**(71) U**	**6,011**	**6,080**	**(69) U**
EXPENDITURE						
Personnel						
Personnel Costs	107	135	28 F	823	816	(8) U
Outsourced Personnel	7	11	4 F	161	68	(93) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	2	2	(0) U	9	7	(2) U
Infrastructure & Non-Clinical Supplies	2,258	2,533	275 F	14,648	15,334	686 F
Total Expenditure	**2,375**	**2,681**	**307 F**	**15,642**	**16,225**	**583 F**
Contribution	**(1,618)**	**(1,854)**	**236 F**	**(9,631)**	**(10,145)**	**514 F**
Allocations	(1,193)	(1,309)	(116) U	(7,840)	(8,235)	(396) U
NET RESULT	**(425)**	**(545)**	**120 F**	**(1,792)**	**(1,910)**	**118 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.00	0.00	0.00 F	0.00	0.00	0.00 F
Nursing	0.00	0.00	0.00 F	0.00	0.00	0.00 F
Allied Health	0.00	0.00	0.00 F	0.00	0.00	0.00 F
Support	0.00	0.00	0.00 F	0.00	0.00	0.00 F
Management/Administration	12.59	14.00	1.41 F	12.31	14.00	1.69 F
Other	0.00	0.00	0.00 F	0.00	0.00	0.00 F
Total excluding outsourced FTEs	**12.59**	**14.00**	**1.41 F**	**12.31**	**14.00**	**1.69 F**
Total :Outsourced Services	0.00	0.00	0.00 F	3.64	0.00	3.64 U
Total including outsourced FTEs	**12.59**	**14.00**	**1.41 F**	**15.95**	**14.00**	**1.95 U**

Comments on Major Financial Variances

- YTD Dec-19 results for Commercial Services are favourable to budget by $118k.
- Favourable variances in Laundry, CEC and Transport Services are offset by higher than expected costs in Food Services.

Māori Health Services

Recommendation

That the Hospital Advisory Committee:

1. **Receives the Māori Health Services report for February 2020.**
2. **Notes the status and progress of Māori Health Services at Auckland DHB.**

Prepared by: Riki Nia Nia (General Manager, Māori Health)
Endorsed by: Joanne Gibbs (Director, Provider Services)

Māori Led Events in 2020

In 2020 there will be 5 key Māori led events. Namely:

1. Te Tiriti o Waitangi Celebrations - Week of February 6 2020
2. Matariki Awards - July 2020, date to be confirmed
3. Te Wiki o te Reo Māori - week of September 7 2020
4. Kahui Hononga (x2), dates to be confirmed

These events are designed to expose our organisation to Māori health intelligence, best practice, innovation and excellence. The events are also an opportunity for our DHB to champion the importance of Mātauranga Māori (Māori intelligence and knowledge) and the importance of Mātauranga Māori when we design how we care for whānau within our district. We will share more details on these events with the Board in the near future.

Āke Āke APP

The DHB's Āke Āke APP has been in place for over a year now and was developed to raise cultural awareness amongst our healthcare staff, with a view to improving health outcomes for Māori. New Zealand Doctor have shared a video of the App through their website, engaging a wider audience.

https://www.nzdoctor.co.nz/article/news/health-it/tikanga-Māori-app-breaking-downbarriers-dhb-staff-and-patients

The APPs intelligence and contents was endorsed by Dame Naida Glavish (Chief Advisor Tikanga, Auckland DHB). The content is also being used as an integral part of our Level 3 Certificate in Te Reo Māori, which the DHB provides in partnership with Te Wānanga o Awanuiārangi. To date the APP has been downloaded over 2,500 times and is available free to all New Zealanders on either IOS or Android devices. It can be downloaded at via the App Store or Google Play.

Model of Care Review – He Kāmaka Waiora

The Model of care review of He Kāmaka Waiora Services has been completed. The objective of the review is to strengthen our approach and the work we do to care for and support whānau who utilise our hospital services.

The He Kāmaka Waiora team operates across both Auckland DHB and Waitematā DHB and has staff at five key sites across both DHBs. Namely, Auckland City Hospital, Starship Hospital, Te Whare Awhina, Northshore Hospital and Waitākere Hospital. The team has six key service pathways. Namely:

1. Māori Cultural Expertise and Support
2. Bereavement Support
3. Accommodation Services
4. Mediation
5. Health Literacy
6. Advocacy

The review report is currently being finalised with the review team. The review team have implemented six wānanga across both our Auckland and Waitematā DHBs, which included representatives from Iwi, Kaumātua, staff, whānau and wider DHB staff. Over 50 people were spoken to.

The methodology for conducting the review is aligned to Kaupapa Māori methodologies. The methodology is trans-disciplinary in that it integrates oral history and custom, wānanga (deliberation), and pūrākau (storytelling). These approaches to the research recognise the need to decolonise methodologies. It attempts to foreground indigenous epistemological constructs, recreating and reaffirming the diversity of Māori experiences within the context of the He Kāmaka Waiora service.

Preliminary Findings and Actions:

During the course of the review a number of preliminary findings were made, which have been acted upon. Some examples of this are:

1. *A need to strengthen the Leadership capability across the sites. To address this we have appointed interim site leads at each of the five sites the service is provided from. We have also put all interim site leads through the Valued Based Leadership training at Waitematā DHB. All have completed.*
2. *A need to strengthen referral processes into the service. To address this we have started conversations with IT teams at both DHBs to put in place the capability for automated referrals into the team directly from the wards. At present this is done via phone or via email. We are partnering with the IT team at Auckland DHB to advance a business case for an Auckland DHB solution. The solution will focus on enabling real time access of the team to Māori inpatient data and enabling standardised electronic referrals to the service.*
3. *A need to strengthen the reporting processes of the team. To address this we have started conversations with IT teams at both DHBs to put in place the enablers for better reporting of the*

team's performance in the future. This will also require the identification of more robust service performance measures.

4. *A need to strengthen the policy and guidelines guiding the teams practice. We are currently working with a contractor to help us better define and develop the operational policies of the team. Our focus is currently to look at strengthening the policy directly related to Accommodation.*
5. *A number of specific findings were made around the Accommodation services provided by the service. At Waitematā DHB we have partnered with facilities to develop a successful business case for the building of new whānau accommodation at Northshore Hospital in the coming year. At Auckland DHB we have met with Hospitals Director of Provider Services and agreed a course of action to strengthen our approach to the provision of Accommodation at Te Whare Awhina - the largest whānau accommodation facility in the country.*
6. *He Kāmaka Waiora services are expected to see 65% of Māori inpatients(<55) and 95% of Kaumātua inpatients(>55). Based on the data received this requires the team of 12 staff to see approximately 17,300 people per annum across 4 hospitals, between 830am and 430pm on week days. A more rigorous process of prioritisation needs to be implemented in the future.*

Maori Alliance Leadership Team Update

The Māori Alliance Leadership Team oversees the body of work being advanced by both Auckland and Waitematā DHB to increase, retain and develop the Māori workforce. The primary objective of this work is to achieve Māori proportionally within our workforce at both Auckland and Waitematā DHBs.

In 2019 Tumu Whakarae championed a national position statement on increasing Māori participation in the workforce across all DHBs. This was endorsed by Chief Executive Officers nationally and resulted in six targets to support the position statement and increase Māori participation in the workforce. The six key targets adopted nationally are:

Target One – Each DHB will have 0% of employees who have their ethnicity recorded in their employee profile as "unknown" by 30 June 2020 – report quarterly.

Target Two – Each DHB will employ a Māori workforce that reflects the Māori population proportionality for their region by 2030 – report annually.

Target Three - Each DHB will employ a Māori workforce with occupational groupings that reflect the Māori population proportionality for their region by 2040 – report annually.

Target Four - All DHB staff (clinical and non-clinical) who have contact with patients and whānau, Board members and those in people management or leadership roles will demonstrate participation in cultural competence training by 2022 - report staff and Board member participation in cultural competence training as a percentage of these groups over the last 3 years by 30 June 2020 then monitor annually.

Target Five – In each DHB 100% of Māori applicants who meet the minimum eligibility criteria for any role are shortlisted for interview - report by October 2019, then monitor quarterly.

Target Six- In each DHB, turnover for Māori staff will be no greater than the DHB turnover for all staff - report quarterly.

Target six is particularly relevant to Auckland DHB. We will provide a more detailed report of local progress in the above areas at a future meeting.

Waitangi Tribunal Kaupapa Inquiry (Wai 2575) Stage Two

On 9 October 2019, the Tribunal convened a judicial conference to discuss planning for Stage two of this inquiry. Stage covers three key focus areas. Namely:

1. Disability issues
2. Mental health (including suicide and self-harm) and
3. Alcohol, tobacco and substance abuse.

Having carefully discussed relevant matters the Waitangi Tribunal confirmed that their intention is to hear and report on all claims regarding disability first, and for the second part of the stage two inquiry, the Tribunal will hear all claims relating to mental health and alcohol, tobacco and substance abuse together.

The following table provides a rough timeline of actions to precede Stage 2, Part 1 hearings (as per guidance from the MOH).

12 Dec, 2019	All claimant counsel seeking to participate in the stage two inquiry concerning disability issues to file: : · Any further particularised statements of claim; · New statements of claim; or · A memorandum (if they believe their claim sufficiently particularised) confirming their intention to participate, and in what capacity
20 Dec, 2019	Ms Walker to file final version of tribunal-commissioned report on issues of alcohol, tobacco and substance abuse for Māori
End of Feb, 2020	Tribunal to complete aggregation and consolidation for claims relating to disability and advise outcome
26 Mar, 2020	Crown to file a statement of response, and any concessions they wish to make, in relation to the disability claims
9 April , 2020	Claimant and Crown counsel to file (preferably jointly) agreed inquiry timetable for the stage two inquiry into disability, providing: · identification of co-ordinating counsel; · arrangements for the filing of a joint draft agreed statement of issues; · A suggested discovery process; · a timetable for the filing of witness statements; · estimation of the number of hearing weeks required; · a hearing timetable; and · identification of suitable locations for hearing
29 April, 2020	Claimant and Crown counsel to file any further suggestions regarding the interlocutory programme for the remainder of the stage two inquiry

At this stage there are over 40 disability relating claims pertaining to the Stage Two hearings. Once these have been refined agreed upon by the Tribunal and respective claimants, we will be able to identify potential DHB level witnesses to participate in hearings.

Ngā Pou Akoranga o Pae Ora

In 2019 a stock take of our current Māori health related training and development programmes was implemented.

The stock take found that there were a number of gaps in the current scope of training our staff have access to and that access to training was limited by variable modes of delivery. As a result we have developed a new more robust training and development framework aligned to the capability requirements for the achievement of Pae Ora, the vision of the national Māori health Strategy entitled He Korowai Oranga. The framework is entitled Ngā Pou Akoranga o Pae Ora. There are five core Pou (pillars of learning) within the framework. Namely;

1. Te Tiriti o Waitangi
2. Eliminating health inequities for Māori
3. Eliminating racism
4. Mātauranga Māori
5. Champions for Māori Health

We are currently working on finalising the learning outcomes and objectives for each Pou and investigating the development of short online training modules for each Pou. We are partnering with Organisational Development teams at both Auckland and Waitematā DHB to advance this kaupapa.

Mental Health and Addictions Directorate

Speaker: Anna Schofield, Director

Service Overview

The Mental Health and Addictions Directorate provide specialist acute care and recovery community and acute 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
General Manager:	Alison Hudgell
Medical Director:	Allen Fraser
Director of Nursing:	Tracy Silva Garay
Director of Allied Health:	Mike Butcher
Director of Primary Care:	Vacant

Directorate Priorities for 2019/20

Integral to Mental Health's business plan is a patient and family/whānau focus, along with integration and collaboration. To this end, we will work with mental health and physical health services and other agencies and sectors locally, regionally and further afield to improve outcomes for service users.

In 2018/19 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. Mental Health Inquiry: the Ministerial direction from the Mental Health Inquiry will be addressed at the Directorate level
2. Mental Health Action Plan: commission and provide community-based services that put people first, are culturally competent and work from a strength-building approach
3. Our People: We are committed to enabling our people to do their 'life's best work' in Mental Health and Addictions Services.

Glossary

Acronym/term	Definition
ACOS	Acute Community Outreach Service
CAMHS	Child and Adolescent Mental Health Services
CAPEX	Capital Expenditure
CBD	Central Business District
CFU	Child and Family Unit
CMHC	Community Mental Health Centre
DAMHS	Director of Area Mental Health Services
DLT	Directorate Leadership Team
ED	Emergency Department
FTE	Full-time Equivalent
HCC	Health Care Community
LOS	Length of Stay
MHA	Mental Health Assistant
MoH	Ministry of Health
NGO	Non-Government Organisation
TWT	Te Whetu Tawera
YTD	Year to Date

1. Mental Health Inquiry

The government response to He Ara Oranga, the Mental Health Inquiry, was to adopt 38 of the 40 recommendations pertaining to 10 themes:

- Expand access and choice
- Transform primary health care
- Strengthen the NGO sector
- Enhance wellbeing, promotion and prevention
- Place people at the centre
- Take strong action on alcohol and other drugs
- Prevent suicide
- Reform the Mental Health Act
- Establish a new Mental Health and Wellbeing Commission
- Wider issues and collective commitment

The Wellbeing Budget that followed provides an investment of $1.9 billion over four years for mental health. Over $445 million is for primary mental health services, aimed at helping 325,000 people with mild to moderate mental health and addiction needs by 2023-24. This will include having trained mental health workers in doctors' clinics, iwi health providers and other health services. New workforces will be required and $212m is for health workforce training and development. $40 million is committed to a new suicide prevention strategy. $200m for DHB capital investments will be ring-fenced for new and existing mental health and addiction facilities.

We will, at the Directorate level, continue to work toward the Ministerial direction from the Mental Health Inquiry.

Senior leaders in the Mental Health directorate are being kept informed by the Ministry of Health of progress in relation to these recommendations, including an interim Mental Health and Wellbeing Commission and the newly established Suicide Prevention Office, along with the initial work underway on the repeal and reform of the Mental Health Act.

Below are updates on areas of work and activity at the Directorate level that align with He Ara Oranga.

1.1 Zero Suicide Initiative

As noted above the Government response to He Ara Oranga and the Wellbeing Budget included the establishment of a national suicide prevention office, and increased suicide prevention services delivered by District Health Boards. The Government has not endorsed any particular approach or any targets in relation to suicide prevention.

The Mental Health and Addictions Programme Board elected to implement the Zero Suicide Framework with a view to partnership work with primary care and non-government organisations (NGO). This is a quality improvement framework designed for the purpose of preventing suicide within the population served by a health provider. A project manager has been employed and initial work has focused on the potential scope and scale of implementation of the framework for the Programme Board.

The Zero Suicide Framework Project is in the initiation stage of the project life cycle with data analysis for the ADHB catchment completed and recommendations regarding implementation options / models provided to the Programme Board.

Ongoing work includes assessing the Zero Suicide Framework for its cultural and developmental fit for our context and consultation regarding this with relevant groups. The focus for early 2020 is on further project planning for implementation.

It is proposed that the initial implementation is carried out by a secondary-primary-NGO partnership. The initial roll out is further proposed to take place in a selected geographical area of the Auckland DHB catchment, in order to satisfy achievability and affordability. Based on analysis completed to date, there are two geographical options to consider, each with different rationales for selection. One is a Population health rationale informed by the highest number of known deaths by suicide and the other is a Health equity rationale informed by the highest number of known Māori and Pacific deaths by suicide.

1.2 Alignment Across the Mental Health Continuum

He Ara Oranga recognised the increasingly important contribution the non-governmental organisation (NGO) sector makes to the delivery of government-funded mental health, addiction and wider health and social services. As noted in the previous report, there are number of ways the Mental Health Directorate is supporting this. The housing specialist role, employed by an NGO and embedded with specialist mental health services, is particularly critical to assist with discharges among those experiencing homelessness or housing instability and we await funding confirmation for this role.

The reallocation of community support roles from the DHB to NGO employment to support the right people delivering services in the right place and closer home is moving into the second phase. An RFP is being developed based on the co-design process involving consumers and their whanau and DHB funded mental health specialist services and NGOs. The intention is for the new model to be implemented in April 2020.

1.3 HQSC Consumer and Whanau National Survey

The Ngā Poutama consumer, family and whānau experience survey, part of the HQSC Mental Health and Addiction Quality Improvement 5 year programme, is focused on the care and support provided by district health board mental health or addiction (MHA) services.

The survey results are intended to be used to monitor and improve the quality and safety of services and to complement the findings of our staff survey; Ngā Poutama 2018: survey of MHA staff.

Prior to the survey roll out, concerns were expressed across mental health services nationally regarding the data collection methodology and, unfortunately, this was reflected in a response rate of only 300 people nationally. Despite significant efforts and activity to socialise the survey across our Directorate, a very small percentage of service users and their whānau (just over 30 people) responded to the survey. Whilst Auckland will be provided with our collated results, there may be challenges in extrapolating these to reflect feedback from a wider cohort.

2. Māhere Angamua Mental Health Action Plan 2019 - 23

Māhere Angamua, a forward plan of action for better mental health, wellbeing and equity 2019 - 2023, will guide the actions of Auckland Mental Health and Addictions services over the next three years. It was developed by the Auckland DHB Mental Health directorate and the Mental Health and Addictions Programme Board working alongside staff, service users, providers, whānau and others. Māhere Angamua is governed by Auckland DHB's Mental Health and Addictions Programme Board.

Māhere Angamua offers a big vision for the longer term along with a small number of prioritised actions that can realistically be advanced within the resources available. These priorities for local action were developed through engaging with staff, service users, providers, whānau and others.

Auckland DHB is now well aligned with the direction for mental health and wellbeing outlined in Te Ara Oranga, the government inquiry into mental health and addiction. We also draw on the recommendations within Oranga Tāngata, Oranga Whānau, the report which captured the voices of Māori submitters to the Inquiry, and the Mental Health Inquiry Pacific Report.

Māhere Angamua provides a vision for the longer term, along with a small number of prioritised actions that can be realistically advanced within the resources available. The four paths for action, that will be addressed and implemented through a programme of work, led by the programme board, are:

- An empowering response
- Equitable wellbeing outcomes
- Big community response

- Enhanced workforce

Some of this work is already underway and will be strengthened. Two streams of work that will begin in the New Year, and sit under the Big Community response path for action are:

- Community based options for acute care
    - primary care practitioners will be supported by specialist mental health services via a psychiatrist advice line
    - more options for acute care and respite need to be developed with help from service users and whānau
- Wellbeing hubs that include addiction expertise
    - People will get health and social support from wellbeing hubs based in the community, within one stop shops or in schools, marae, libraries etc.
    - People will get holistic are when they need it

All the developments proposed rely on a workforce where people are well supported to do their best work. We need an expanded range of practitioners, all of whom have the opportunity to grow their skills and have a rewarding career.

3. Service Improvement Initiatives to Meet Increasing Demand

3.1 Acute Care Coordinator Role Reconfiguration

The redesigned Acute Care Coordinator role has been appointed to and will work across the four adult service groups to better manage the admission pathway from community to inpatient and the transition back to the community. At a time of increasing demand, this re-designed role will provide:

- improved flow across the adult inpatient and community service groups
- greater overall knowledge of demand for beds on any day
- a single point of access for respite and acute beds in Te Whetu Tawera and outside ADHB area
- strengthening of the integrated whole of system approach (inpatient and community) for adult resource management
- greater involvement in quality initiatives and improving the flow across the inpatient system of care
- clearer knowledge of all parts of the system and ability to escalate potential issues earlier

3.2 Mental Health Assessments in the Emergency Department

In 2019 a Quality Improvement Project, facilitated by a Performance Improvement specialist using taking a Six Sigma approach, was initiated to ensure fair and equitable access to timely mental health assessments and interventions for service users in the Emergency Department (ED). Members of the project team included consumer representatives and members of both the Liaison Psychiatry and Urgent Response services.

Currently there are two main pathways for the assessment of adult Mental Health Service Users presenting at Auckland City Hospital Emergency Department (ED). Adult mental health assessments in ED are undertaken by either Liaison Psychiatry service or the Urgent Response service, depending on the nature of the presentation, and time of presentation to ED. There is a lack of consistency in terms of the timeliness of assessment and intervention for servicer users seen in ED depending on their pathway into ED

There is a need to ensure the most effective and efficient use of resources for the assessment of service users presenting to ED that is timely, consistent, fair and equitable. It would also be helpful for the ED to have a single point of contact for Mental Health services.

The Performance Improvement specialist left the DHB and the project was temporarily halted whilst a replacement was sought for this role. We are pleased to confirm this work will be resumed in February 2020 with a similarly experienced facilitator.

3.3 Responsiveness to Equity

The Engaging Effectively with Māori courses have taken place and were well attended by nominated individuals from our Directorate. We look forward to receiving feedback and discussing with our people how we can utilise our new learnings.

The 0.4 FTE SCD position for Manawanui and the Māori Directorate Lead has been recruited to and we are pleased to announce that Hineroa Hakiaha Ngāti Awa, Ngāi Tūhoe, Ngāti Maniapoto and Ngāi Tahu decent is joining our Directorate in this newly established position.

There is a process to support a further round of recruitment in January 2020 for the 0.4FTE Lotofale and the Pacifica Directorate Lead involving the Pacific workforce centre, Le Va.

4. Our People

Whilst vacancies across our specialist mental health services have come down overall, demand continues to outstrip capacity, particularly in our Urgent Response Service and acute care services which, in turn, has a knock on effect on other services.

We are endeavouring to manage this through recruitment, retention and a focus on wellbeing.

We are developing, with our recruitment partners, a specifically tailored Recruitment Strategy that highlights Auckland as a destination for hard to recruit Mental Health Clinicians and non-clinical/support staff.

We are working closely with our Human Resources partners to support our peoples Wellbeing with a focus on:

- Developing high performing teams within the Mental Health & Addiction Directorate and providing outstanding professional and personal development opportunities. This includes accelerating capacity and skill by encouraging their uptake in the Management Development Programme.
- Implementing the succession management plan for leadership and key positions in Mental Health that has been developed with leaders across our services
- A Workforce Strategy for Nursing has been developed and senior nursing staff are involved in

determining key priority areas

- Work is underway with the Senior Medical Officer group to develop a Medical Workforce Action Plan
- Actively supporting our people to implement action plans developed at team and service level, in response to the employee engagement survey.

Scorecard

Auckland DHB - Mental Health

HAC report for December 2019

Equitable - equity is measured and reported on using stratification of measures in other domains

Safety

Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Nosocomial pressure injury point prevalence (% of in-patients)	PR097	0%		0%
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	0%		0%
Number of falls with major harm	PR199	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2) - excludes suicides	PR201	5	Lower	1
Unviewed/unsigned Histology/Cytology results >=30 days	PR596	0	Lower	0
Reduction in number of AWOLs from inpatient units	PR740	23	Lower	13
Discharges with face-to-face contact within 7 days of discharge	PR230	100%	>=95%	94.4%
Screening for Family Violence	PR741	62.5%	>=90%	61.34%
Reduction in physical assaults in acute inpatient units	PR742	16	Lower	5
Reduction in verbal threats and abuse in acute inpatient units	PR743	6	Lower	5

Patient-centred

Metric		Actual	Target	Previous
% hospitalised smokers offered advice and support to quit	PR129	87.5%	>=95%	93.75%
Seclusion episodes: Total	PR213	0	<=7	0
Seclusion episodes: Māori	PR761	0	Lower	0
Seclusion episodes: Pacific	PR762	0	Lower	0
Reduction in episodes of personal restraint	PR214	35	<=86	26
Family/Whānau engagement (Adult CMHS)	PR763	38.57%	>=30%	39.76%
Identifying clients who are parents	PR764	42.95%	>=40%	48.16%
Smoking screening and VBA: Community	* PR765	43%	>=95%	40.88%
Mental Health Act - Family consultation for S76 Reviews	PR779	62.96%	>=30%	73.24%

Timeliness

Metric		Actual	Target	Previous
3 week Waiting Times: 0-19 years - Total	PR223	R/U	>=80%	67.2%
3 week Waiting Times: 0-19 years - Māori	PR785	R/U	>=80%	67.44%
3 week Waiting Times: 0-19 years - Pacific	PR786	R/U	>=80%	67.87%
3 week Waiting Times: 0-19 years - Asian	PR787	R/U	>=80%	68.64%
3 week Waiting Times: 0-19 years - Other	PR788	R/U	>=80%	71.78%
3 week Waiting Times: 65+ years - Total	PR227	R/U	>=80%	71.8%
Section 76 Reviews Completed on Time: Māori	PR744	38.89%	100%	56.52%
Section 76 Reviews Completed on Time: Non-Māori	PR745	34.25%	100%	40.22%

Effectiveness

Metric		Actual	Target	Previous
Real time feedback: Percentage of people who would recommend our service	PR780	R/U	>=90%	R/U
Percentage of discharges with paired HoNOS assessments - inpatient	PR757	49.09%	>=80%	42.71%
% of people seen face-to-face with HoNOS assessment - community (90 day)	PR746	38.45%	>=80%	39.96%
Provider Arm Access - 0-19Y Total	PR205	2.42%	>=2.05%	2.43%
Provider Arm Access - 0-19Y Māori	PR202	3.95%	>=2.58%	3.91%
Provider Arm Access - 0-19Y - Pacific	PR758	1.65%	>=1.4%	1.65%
Provider Arm Access: 0-19Y - Asian	PR759	1.31%	>=1.12%	1.33%
Provider Arm Access: 0-19Y - Other	PR760	3.04%	>=2.8%	3.06%
28 day Acute Mental Health Re-Admission Rate - Māori	PR789	0%	<=10%	8.7%
28 day Acute Mental Health Re-Admission Rate - Pacific	PR790	22.22%	<=10%	0%
28 day Acute Mental Health Re-Admission Rate - Total	PR791	5.68%	<=10%	7.29%
28 day Acute Mental Health Re-Admission Rate - Deprivation Scale Q5	PR792	8%	<=10%	11.54%

Efficiency

Metric		Actual	Target	Previous
Discharge transition planning - inpatient	PR781	54.13%	>=95%	45.83%
Discharge transition planning - community	PR782	40.17%	>=95%	35.95%
Te Whetu Tawera Barriers to discharge: number of people waiting >14 days	PR783	R/U	Lower	10

Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Safety: Avoiding harm to patients from the care that is intended to help them.

Patient-centred: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Timeliness: Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Effectiveness: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

Efficiency: Avoiding waste, including waste of equipment, supplies, ideas, and energy.

*	Quarterly
	PR765 (Quarterly)
	Actual result is for the period ending June 2019. Previous period result is for period ending March 2019.
R/U	Result Unavailable
	3 week Waiting Times: 0-19 years - Asian
	3 week Waiting Times: 0-19 years - Māori
	3 week Waiting Times: 0-19 years - Other
	3 week Waiting Times: 0-19 years - Pacific
	3 week Waiting Times: 0-19 years - Total
	3 week Waiting Times: 65+ years - Total
	Real time feedback: Percentage of people who would recommend our service
	Te Whetu Tawera Barriers to discharge: number of people waiting >14 days
	Results Unavailable

Scorecard Commentary

Reductions in number of AWOLs from inpatient units

There has been a spike in AWOLs this month, all but one from Te Whetu Tawera. Just over one third of events were attributable to one service user. Over half of the incidents were failures to return at agreed times from approved leave. Inpatient units continue to monitor and review AWOLs.

Number of reported adverse events causing harm (SAC 1 & 2) – excludes suicides

The figure for December requires review and is likely to be lower than 5 but the tight timeframes this month will not allow it to be revised before reporting.

Screening for Family Violence

Although below target, Mental Health Services perform well relative to other services and ongoing efforts to improve screening continue, with regular reporting to, and review by, teams. The current calculations used in reporting have been recently reviewed by the FV leads to ensure they reflect appropriate measures.

Reductions in physical assaults in acute inpatient units

While the numbers of assaults this month is well up compared to last month, November had the lowest number of assaults across the last three years. The December figure of 16 is in line with the assaults per month for 2019 which averaged 19.

% Hospitalised Smokers offered Advice and Support to Quit

Smoking Screening and VBA – Community

Some key issues will impact on smokefree reporting with the mental health smokefree co-ordinator role currently vacant and quarterly community reporting on hold due to issues with updates to the electronic forms. The latter means feedback to community services is limited at present. Inpatient services continue to explore reasons for low compliance when it occurs.

S76 Reviews Completed on Time

A system of automated weekly reminders to Mental Health Act administrators and Responsible Clinicians is now well established. This is aimed at improving awareness of, and planning for, upcoming reviews, as well as their timely completion. The monthly rates for timely completion still remain variable and monitoring of this by the DAMHS continues.

Real Time Feedback

Because of poor uptake of Real Time Feedback by services, data is unavailable this month and work is being undertaken to identify a range of approaches to engaging with service users and their families to develop more useful feedback on their experiences.

% Inpatient Discharges with Paired HoNOS assessments

% Community Clients seen Face-to-Face with HoNOS Assessment

Improving the collection and utilisation of HoNOS assessments and data is ongoing. A long-standing issue for clinicians has been the lack of access to data that is collected. A range of reporting is now available to improve that data access and training has been provided to services and key clinicians. The aim, over time, is to not only improve compliance with collection requirements but to use HoNOS data in meaningful ways within teams and with service users. Work is being undertaken to simplify and rationalise the HoNOS completion pathway to reduce confusion and duplication.

28 day Acute Mental Health Re-Admission Rate – Pacific

This figure is often skewed by small numbers of discharges – this month 2 re-admissions across just 9 discharges.

Discharge Transition Planning (Inpatient & Community)

This is a focus within the HQSC's Connecting Care workstream and is also reported quarterly at an aggregated level to the MoH (MH02, previously PP7). Services receive feedback on their quarterly results which vary across service groupings. All services remain committed to improving discharge planning.

Key issues and initiatives identified in coming months

Facilities

The refit of the alternative facility for the St Lukes Community Mental Health Team to make it fit for purpose continues. The original intention was to move the service into the new facility in Porters Avenue in September, then extended to November, 2019. Unfortunately unforeseen challenges with the facility have occurred which has impacted upon the allocated budget, meaning a request for a further $300k will be provided to the February CAMP, FRAC and Board committees in the New Year.

With the Taylor Centre CMHC facility lease ending in October 2021 and given the challenges with sourcing either a DHB owned or commercial facility in an alternative location, work is ongoing to address safety issues inherent in the style of this building as an extension to the lease is likely to be the preferred option at this stage.

Mental Health is a workstream under the Building for the Future Programme. It is anticipated that Mental Health may be included in Tranche 2 of this programme with the initial focus being on urgent needs, such as providing more adult acute inpatient space and office accommodation.

Anti-ligature Work

There has been a focus on mitigating risks in the secure areas of the Child and Family Unit High Dependency Unit (HDU) and Te Whetu Tawera's Intensive Care Unit (ICU) with a business case getting Board approval for expenditure of up to $500,000k to implement environment changes in the secure areas of Te Whetu Tawera and the Child and Family Unit.

Regional Youth Forensics Service

RYFS have continued to make a number of service improvements with the introduction of new Guidelines on July 1st 2019 which has resulted in the number of seventeen year olds seen by the service gradually increasing, as are requests for court ordered reports.

A revised copy of the Memorandum of Understanding (MOU) for Court ordered reports has been sent to the Ministry of Justice for their review. The updated MOU recognises the current environment and investment required to complete court ordered reports, and aligns payment rates with those published by the Office of Crown Solicitors.

With regard to the review of existing services, work has been done on the clinical process and interface between RYFS and the Police and Youth Justice systems. There has also been a focus on gaining a greater understanding of the approach used by the Northland and Counties Manukau spokes, which are more integrated with their local CAMHS services and take a trauma informed care approach.

In terms of the redesign work, the next step is to meet with the Māori and Pacific facilitators who facilitated the initial Hui to share insights gained to date and to seek their advice on how to move forward in a strategic partnership with Māori and Pacific stakeholders to redesign the service.

Wellbeing Budget and Primary Mental Health

As noted in Section 1, there has been a significant investment (445m) in primary mental services through the Wellbeing budget roll out. Two major Requests for Proposals have been released with outcomes yet to be confirmed. Whilst an additional $212m has been earmarked for workforce development, there is a strong likelihood that clinical staff for primary mental health services will draw on existing specialist mental health services. Whilst there is an intention to develop new workforce groups, such as peer support workers, this will take time and we are mindful of a very real impact of losing clinical specialist mental health staff on our already stretched services.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Mental Health & Addictions

Reporting Date Dec-19

($000s)	MONTH			YEAR TO DATE (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	84	79	5 F	398	474	(76) U
Funder to Provider Revenue	10,222	10,215	7 F	61,333	61,290	42 F
Other Income	67	61	6 F	508	364	144 F
Total Revenue	**10,373**	**10,355**	**19 F**	**62,238**	**62,128**	**110 F**
EXPENDITURE						
Personnel						
Personnel Costs	7,476	7,678	202 F	43,041	46,237	3,196 F
Outsourced Personnel	125	25	(100) U	1,123	144	(980) U
Outsourced Clinical Services	119	123	4 F	601	736	135 F
Clinical Supplies	101	86	(15) U	676	514	(161) U
Infrastructure & Non-Clinical Supplies	392	405	12 F	2,398	2,413	15 F
Total Expenditure	**8,212**	**8,315**	**103 F**	**47,839**	**50,043**	**2,204 F**
Contribution	**2,161**	**2,039**	**122 F**	**14,399**	**12,085**	**2,314 F**
Allocations	2,048	2,010	(38) U	12,305	12,213	(92) U
NET RESULT	**113**	**29**	**84 F**	**2,094**	**(128)**	**2,222 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	85.9	102.2	16.3 F	88.3	102.2	13.9 F
Nursing	355.0	357.7	2.7 F	355.0	357.7	2.7 F
Allied Health	250.1	266.2	16.2 F	243.4	266.2	22.9 F
Support	7.4	7.4	(0.1) U	7.4	7.4	(0.0) U
Management/Administration	61.7	62.5	0.8 F	60.6	62.5	1.8 F
Total excluding outsourced FTEs	**760.1**	**796.0**	**35.9 F**	**754.6**	**796.0**	**41.4 F**
Total :Outsourced Services	7.7	0.0	(7.7) U	10.5	0.0	(10.5) U
Total including outsourced FTEs	**767.8**	**796.0**	**28.2 F**	**765.1**	**796.0**	**30.9 F**

Comments on Major Financial Variances

Mental Health Directorate is $84k F to budget for the month of December, and $2,222k F for the six months year to date.

The main driver of the year to date favourable variance is personnel costs (including Outsourced Personnel), which are $2,216k F. This reflects 31 FTE less than budget overall, due to the significant recruitment challenges faced by the Service, particularly for Medical and Allied Health positions in many areas. The Service is actively addressing this to improve overall FTE numbers, through creating capacity to support recruitment. A two tier approach will address immediate issues and enhance future workforce planning.

We are forecasting that the favourable variances will reduce over the second half of the year, as FTE steadily increase as per planned actions and in line with historic trends.

Patient Management Services

Speaker: Alex Pimm, Director

Service Overview

Patient Management Services provide a range of clinical and non-clinical services to support the effective running of Auckland City Hospital, Starship Hospital and Greenlane Clinical Centre as well as other off-site locations.

The services include:

- 24/7 Hospital Functioning Team
- Patient Transport Service
- Orderly Service
- Equipment Pool
- Transition Lounge
- Transit Care Team
- Temporary Staffing Bureau and Resource Nursing Team
- Safe Staffing and Trendcare Team
- Chaplaincy Liaison
- Cleaning Services
- Waste Services
- Staff Residences
- Building for the Future Programme
- Production Planning
- Volunteer Service

Patient Management Services is led by:

Director:	Alex Pimm
Nurse Director:	Jane Lees

Glossary

Acronym/term	Definition
FTE	Full time equivalent
CCDM	Care capacity demand management
VIS	Variance indicator score
VRM	Variance response management
IOC	Integrated operations centre

Scorecard

Auckland DHB - Patient Management Services

HAC report for December 2019

Equitable - equity is measured and reported on using stratification of measures in other domains

Safety

Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Number of falls with major harm	PR199	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2)	PR084	0	<=12	1
Areas audited passed the cleaning audit standard relevant for their area	PR795	96.09%	>=90%	97.5%
High risk areas achieved 100% cleaning audit compliance	PR796	94.55%	>=90%	96.47%
Proportion of shift requests filled by the temporary Staffing Bureau	PR797	86.65%	>=85%	111.52%

Timeliness

Metric		Actual	Target	Previous
Bed request from adult level 2 to bed allocated within 30 minutes	PR798	59.74%	>=80%	57.84%
Orderly service – jobs completed within 30 minutes of request	PR799	42.43%	>=80%	41.94%
Transit nursing – jobs completed within 30 minutes of request	PR800	51.4%	>=80%	51.72%

Effectiveness

Metric		Actual	Target	Previous
Percentage of target staff attendance through service POP meetings	PR801	96.08%	>=90%	90.2%
Adult hospital occupancy forecast accuracy	PR802	85.22%	>=90%	87.79%

Efficiency

Metric		Actual	Target	Previous
Staff residence occupancy	PR803	73.6%	>=70%	75.2%

Equitable:	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
Safety:	Avoiding harm to patients from the care that is intended to help them.
Patient-centred:	Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
Timeliness:	Reducing waits and sometimes harmful delays for both those who receive and those who give care.
Effectiveness:	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
Efficiency:	Avoiding waste, including waste of equipment, supplies, ideas, and energy.

24/7 hospital functioning and patient flow

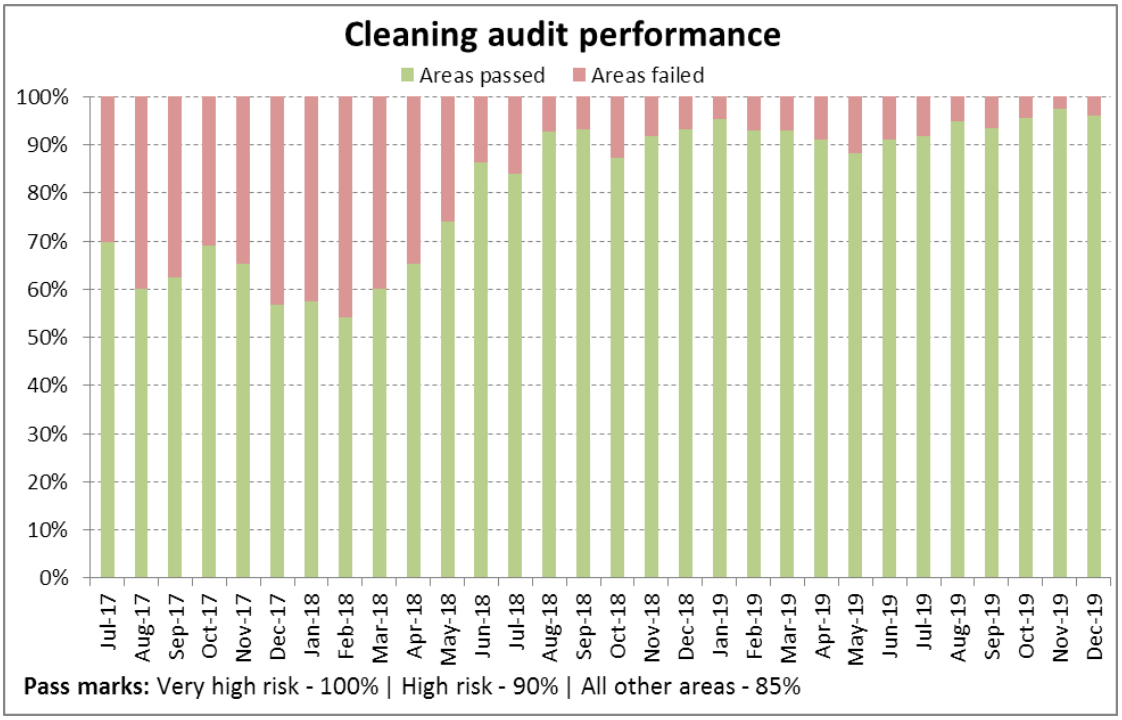
- Hospital occupancy has remained higher than previous years. For the whole of 2019, there was an overall increase of 3.0 per cent midnight occupancy compared to 2018. This is comprised of a 4.9 per cent increase in acute occupancy and a 0.7 per cent reduction in planned care occupancy. This increased demand has put substantial pressure on all clinical and non-clinical services across the hospital and resulted in some days of extremely high occupancy.

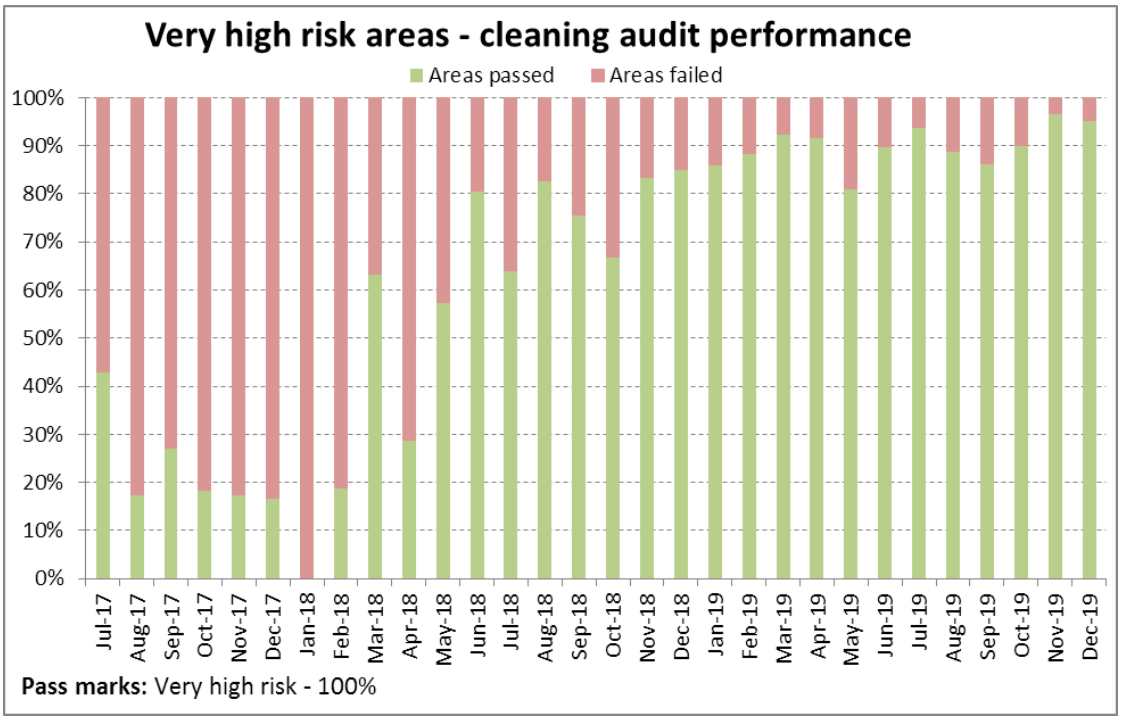
- The summer plan commenced in December and is working well. There has been fewer bed reductions this year compared to previous years. Overall, occupancy is tracking to the summer plan forecast.
- The time from bed request on adult level 2 (adult emergency department and clinical decisions unit) is influenced by a number of factors, including bed availability, clinical decision making, systems and process, and responsiveness of the patient flow team. In December 60 per cent of bed requests were allocated an available bed on a ward within 30 minutes. Work continues to improve performance on this measure. In January a revised approach to bed allocations will be trialled to see if an improvement is noted. Time from bed allocation to patient arriving in the destination ward also remains on area of focus.
- The service has put on hold progressing the hospital transit system project due to capital constraints. In the interim the service continues to focus on minimising waiting times for an orderly or transit nurse. This includes adjusting the rosters to ensure that the most people are available when demand is highest.
- The orderly services continue to struggle to achieve the target of 80 per cent of tasks completed within 30 minutes of request. There are many reasons for this including:
    - Equipment pool requests where the piece of equipment is unavailable remain open (and the clock ticking). This has been a particular challenge during high occupancy periods and therefore distorts the data.
    - Some jobs take longer than expected to complete due to complex patients.
    - Often patients are not ready to be transferred when an orderly or transit nurse arrives at the ward.
    - There is a peak of short notice requests in the mid-afternoon. Whilst the rosters have been adjusted to accommodate for this as much as possible, at times the requests outnumber the available nurses or orderlies. VIS response nurses and HCA are sometimes used to support if requested for urgent requests.
- The new integrated operations centre (IOC) opened in November. This facility provides a space for the daily hospital functioning teams to be based as well as a place to hold the daily capacity meetings. The live hospital occupancy and staffing dashboards are presented throughout the space, as well as being available online and via an app. The IOC supports the 'one team' approach to hospital operations. Significant change management occurred prior to the opening to ensure that the teams worked differently in the new environment.

Cleaning Services

- Overall performance remains positive within the cleaning service. In December 96 per cent of areas passed the cleaning audit relevant for their area.
- There has been an improvement for high risk areas – in December 95 per cent of areas achieved 100 per cent in their audit. This follows several months of poorer performance, mainly due to access issues in wards with completing floor cleaning. During December, as hospital occupancy was reduced, several wards had floor scrubbing completed (photo shows ward 83 HDU during floor cleaning).
- Patient experience feedback remains good and consistent. Approximately 95 per cent of patients report positive feedback regarding the cleanliness of their room and bathroom. 73 per cent of

patients reported their hospital room as 'very clean' in December, consistent with previous months.





Staff Residence

- The overall occupancy rate for December was 73 per cent, in line with plan. Following further advertising of the facility, there has been an increase in uptake of the rooms. December traditionally sees a reduction in occupancy as people are away for the Christmas and summer period.
- Over the past year the team have focussed on repainting and repairing individual room areas and communal spaces. There is limited further work that can be done without significant capital investment.
- The staff residence team is working closely with recruitment to advertise the residence to new members of staff, particularly those looking for local, single person, cost-effective accommodation. The service is also working with the Nursing Development Unit to provide accommodation to students on the workforce scholarships programme.

Volunteer Service

- The Volunteer Service transitioned to Patient Management Services in September 2019 following a consultation of the executive leadership team portfolios. This moves the volunteer team within the provider arm.
- The existing service manager, coordinator and admin support staff have been retained and their positions have not been affected by this change.
- The volunteer service continues to perform well. There are currently 13 unique volunteering roles available, with a total of 156 volunteers. In December 1,477 hour were volunteered. This is a reduction on previous months due to the Christmas period.

	December 2019	**November 2019**	**October 2019**	**September 2019**
Active volunteers	136	158	156	156
Hours volunteered	1,477	2,019	1,889	1,861

- The service is reviewing its work plan for the year, including identifying opportunities for development and expansion of the volunteer programmes across the organisation to best support patients.

Progress of annual plan actions

Quarter one actions (July – September 2019)	**Status**
Development of a comprehensive risk register for the service. *This is a work in progress. Risk workshops have been held with the service's senior team and a directorate risk register has been developed. A risk register has also been developed with each service – the team are working to ensure all risks are captured and that they are appropriately described with suitable mitigations. Risks are reviewed regularly, including through service performance and development meetings and significant risks are escalated to the directorate register.*	**On-going**

Conclude consultation in hospital operations portfolio, embedding 'one team' approach and revising leadership structure. *The consultation and decision document have been completed. The new structure has now been fully recruited to and is working well. Work continues to embed the 'one team' approach beyond just the structure of the service.*	**Complete**
Launch Temporary Staff Bureau booking and scheduling app. *A mobile application was launched for the temporary staff bureau team and uptake has been positive. This expands the use of Workforce Centre and allows bureau members of staff to provide their availability and book themselves into available shifts through the app, rather than by text message or telephone call. As the app is an extension of the already in place Workforce Centre product, there has been minimal cost to implement and use. There has already been a reduction in duplication of data entry, leading to reduced payroll errors, reduction in agency usage and positive feedback from bureau members of staff. It has resulted in a decrease in the number of inbound telephone calls to the bureau office as people are able to review and select their shift online. Further uses for the app, including as a communication tool, are being explored.*	**Complete**

Quarter two actions (October – December 2019)	**Status**
Key service leaders attend 'Just Culture' training *Individuals have been identified to attend Just Culture training. The training has been prioritised. Two members of staff are enrolled on the January 2020 course.*	**On-going**
Launch an integrated training and career development programme in conjunction with the Supportive Employment Team. *PMS continues to support the Thrive programme. The team have been working with the organisational development team to develop an internship programme and CV and interview preparation sessions to support people who may wish to look at a range of career options within the organisation.*	**On-going**
Open new Integrated Operations Centre (IOC) with revised way of working. *The IOC opened in November 2019 following construction and focus on how people are going to work differently in the new environment. The IOC has so far been successful in bringing teams together and as a hub for the rest of the hospital to plan and manage day-to-day capacity to meet demand.*	**Complete**
Embed capacity and demand modelling into day-to-day work and use outputs to plan services. *This continues to be a work in progress. The Production Planning team continue to support services with planning their acute and planned care as well as bed capacity. The summer plan approach this year was more inclusive. A number of services now have identified production planning support, which is helping them to better plan their services. A revised daily structure of capacity and demand and staffing reviews was implemented during winter 2019 – this has continued since and is now embedded in the daily operations of the hospital. Work has commenced on the winter 2020 plan.*	**On-going**
Implement new orderly and transit digital system. *Unfortunately this is on hold due to capital funding constraints. The existing system*	**On hold**

(Infra) continues to be used. This system is old and out of service support from the vendor. Moving to a new system would reduce the risk of a system outage and support new ways of working for the orderly and transit system. The business case is being reviewed and will be re-presented to CAMPC in 2020.	

Quarter three action (January – March 2020)	Status
Continue to deliver the To Thrive programme and evolve programme in response to feedback from members of staff. *The Thrive programme continues to adapt and evolve. As part of the programme pack given to each member of staff a survey and checklist is included. These are collected throughout the year and will be reviewed to see if any changes to the programme or its offerings need to be made.*	**On-going**

Key issues and initiatives identified for the coming months

- Working with the Planning and Funding Team, Commercial Services, healthAlliance and other metro-Auckland DHBs to implement a regional patient land transport strategy, including concluding RFPs for patient transport and non-urgent ambulance providers.
- Progressing the Building for the Future Programme and proposed phase one inpatient capacity expansion (integrated stroke and rehabilitation unit). Securing the endorsement and approval of the programme and tranche one business cases.
- Continuing to implement the CCDM work programme and roll-out and embed the use of Trendcare and VIS tool.
- Continuing to implement the restraint minimisation action plan.
- Continuing to support the hospital through the summer period and develop a comprehensive winter 2020 plan.
- Supporting staff attendance at the Just Culture workshops and training days.
- Reviewing the To Thrive programme with teams and adapting the programme where required.
- Reviewing the volunteer service and how it can best support the needs of patients and the organisation.
- Focussing on reducing unplanned absence due to sickness and maximising annual leave during the summer period.

Financial results

STATEMENT OF FINANCIAL PERFORMANCE
Patient Management Services

Reporting Date Dec-19

($000s)	MONTH			YEAR TO DATE (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	3	5	(2) U	5	30	(25) U
Funder to Provider Revenue	0	0	0 F	0	0	0 F
Other Income	100	81	19 F	526	488	38 F
Total Revenue	**103**	**86**	**17 F**	**531**	**518**	**13 F**
EXPENDITURE						
Personnel						
Personnel Costs	1,999	2,333	334 F	11,516	14,472	2,956 F
Outsourced Personnel	366	0	(366) U	2,567	0	(2,567) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	35	36	1 F	241	204	(37) U
Infrastructure & Non-Clinical Supplies	279	272	(6) U	1,674	1,634	(40) U
Total Expenditure	**2,678**	**2,641**	**(37) U**	**15,999**	**16,311**	**312 F**
Contribution	**(2,575)**	**(2,555)**	**(20) U**	**(15,469)**	**(15,793)**	**325 F**
Allocations	(65)	(65)	0 F	(388)	(387)	1 F
NET RESULT	**(2,511)**	**(2,490)**	**(20) U**	**(15,080)**	**(15,406)**	**326 F**

Paid FTE

	MONTH (FTE)			YEAR TO DATE (FTE) (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Nursing	67.0	72.5	5.5 F	68.2	72.5	4.3 F
Allied Health	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Support	309.8	313.2	3.4 F	313.6	313.2	(0.4) U
Management/Administration	52.7	58.4	5.7 F	50.9	58.4	7.5 F
Total excluding outsourced FTEs	**429.4**	**444.1**	**14.6 F**	**432.7**	**444.1**	**11.4 F**
Total :Outsourced Services	15.2	0.0	(15.2) U	19.0	0.0	(19.0) U
Total including outsourced FTEs	**444.7**	**444.1**	**(0.6) U**	**451.6**	**444.1**	**(7.6) U**

December YTD result is $326k favourable. The key drivers of this are:

- Personnel costs are $389k favourable to budget, largely due to overall actual cost per FTE being lower than budget for the first part of the year. This is expected to reverse during the year as MECA pay rises take effect in the latter part of the year. The unfavourable FTE variance in the year to date result is mostly due to additional cleaning hours.
- Clinical supplies and infrastructure is $77k unfavourable year to date largely due to waste collection costs and equipment maintenance being higher than budget, offset by smaller positive variances elsewhere.

Overall, the service expects to end the year near break-even to budget, despite holding some cost pressures.

Financial Performance

Consolidated Statement of Financial Performance - December 2019

Provider	Month (Dec-19)			YTD (6 months ending Dec-19)		
$000s	Actual	Budget	Variance	Actual	Budget	Variance
Income						
Government and Crown Agency sourced	8,867	10,030	(1,162) U	51,085	52,436	(1,351) U
Non-Government & Crown Agency Sourced	8,717	8,623	93 F	54,333	52,840	1,493 F
Inter-DHB & Internal Revenue	2,843	1,146	1,697 F	7,741	7,111	630 F
Internal Allocation DHB Provider	123,176	121,756	1,420 F	734,891	730,538	4,353 F
	143,603	**141,555**	**2,047 F**	**848,050**	**842,925**	**5,125 F**
Expenditure						
Personnel	93,590	90,346	(3,243) U	545,146	550,281	5,135 F
Outsourced Personnel	2,074	1,129	(945) U	13,481	6,817	(6,663) U
Outsourced Clinical Services	1,111	3,822	2,711 F	22,510	23,037	527 F
Outsourced Other	5,518	5,608	90 F	33,609	33,650	41 F
Clinical Supplies	24,586	22,932	(1,654) U	159,165	155,403	(3,762) U
Infrastructure & Non-Clinical Supplies	17,395	18,218	824 F	106,716	109,168	2,452 F
Internal Allocations	652	652	() U	3,913	3,913	0 F
Total Expenditure	**144,926**	**142,708**	**(2,218) U**	**884,539**	**882,269**	**(2,270) U**
Net Surplus / (Deficit)	**(1,323)**	**(1,152)**	**(170) U**	**(36,489)**	**(39,344)**	**2,855 F**

Consolidated Statement of Financial Performance – December 2019

Performance Summary by Directorate

By Directorate $000s	Month (Dec-19)			YTD (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Adult Medical Services	(1,303)	(352)	(951) U	3,651	4,380	(729) U
Adult Community and LTC	610	658	(48) U	7,078	7,126	(48) U
Surgical Services	8,639	9,240	(601) U	62,955	65,312	(2,357) U
Women's Health	1,966	1,685	281 F	16,082	15,046	1,036 F
Child Health	1,801	3,012	(1,211) U	27,494	30,288	(2,793) U
Cardiac Services	431	1,933	(1,502) U	11,632	16,295	(4,664) U
Clinical Support Services	(1,513)	(2,343)	830 F	(6,129)	(8,132)	2,003 F
Patient Management Services	(2,511)	(2,490)	(20) U	(15,080)	(15,406)	326 F
Perioperative Services	(11,602)	(11,010)	(592) U	(69,071)	(69,036)	(34) U
Cancer & Blood Services	289	1,119	(830) U	9,612	10,346	(734) U
Operational - Other	9,864	5,970	3,894 F	39,650	36,536	3,114 F
Mental Health & Addictions	113	29	84 F	2,094	(128)	2,222 F
Ancillary Services	(8,106)	(8,603)	497 F	(126,457)	(131,971)	5,514 F
Net Surplus / (Deficit)	**(1,323)**	**(1,152)**	**(170) U**	**(36,489)**	**(39,344)**	**2,855 F**

Consolidated Statement of Personnel by Professional Group – December 2019

Employee Group $000s	Month (Dec-19)			YTD (6 months ending Dec-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical Personnel	35,130	32,633	(2,497) U	198,905	200,303	1,398 F
Nursing Personnel	30,836	30,103	(733) U	184,010	184,821	811 F
Allied Health Personnel	14,423	14,897	474 F	83,502	87,612	4,110 F
Support Personnel	2,645	2,259	(386) U	15,213	13,679	(1,534) U
Management/ Admin Personnel	10,556	10,454	(102) U	63,516	63,866	350 F
Total (before Outsourced Personnel)	**93,590**	**90,346**	**(3,243) U**	**545,146**	**550,281**	**5,135 F**
Outsourced Medical	903	835	(68) U	5,775	5,000	(775) U
Outsourced Nursing	317	15	(302) U	2,204	89	(2,115) U
Outsourced Allied Health	65	49	(16) U	510	294	(216) U
Outsourced Support	47	28	(19) U	372	166	(207) U
Outsourced Management/Admin	742	203	(540) U	4,619	1,268	(3,351) U
Total Outsourced Personnel	**2,074**	**1,129**	**(945) U**	**13,481**	**6,817**	**(6,663) U**
Total Personnel	**95,663**	**91,475**	**(4,188) U**	**558,627**	**557,098**	**(1,529) U**

Consolidated Statement of FTE by Professional Group – December 2019

FTE by Employee Group	Month (Dec-19)			YTD (6 months ending Dec-19)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Medical Personnel	1,537	1,498	(39) U	1,502	1,498	(4) U
Nursing Personnel	3,953	3,949	(4) U	3,975	3,947	(28) U
Allied Health Personnel	1,964	2,002	38 F	1,923	2,001	78 F
Support Personnel	526	531	5 F	508	531	23 F
Management/ Admin Personnel	1,454	1,502	48 F	1,463	1,502	39 F
Total (before Outsourced Personnel)	**9,434**	**9,483**	**49 F**	**9,371**	**9,480**	**109 F**
Outsourced Medical	24	25	1 F	30	25	(5) U
Outsourced Nursing	0	1	1 F	0	1	0 F
Outsourced Allied Health	6	0	(6) U	7	0	(7) U
Outsourced Support	13	0	(13) U	17	0	(17) U
Outsourced Management/Admin	116	7	(109) U	120	7	(113) U
Total Outsourced Personnel	**159**	**33**	**(126) U**	**174**	**33**	**(142) U**
Total Personnel	**9,593**	**9,516**	**(77) U**	**9,546**	**9,513**	**(33) U**

Consolidated Statement of FTE by Directorate – December 2019

Employee FTE by Directorate Group (including Outsourced FTE)	Month (Dec-19)			YTD (6 months ending Dec-19)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Adult Medical Services	1,031	1,016	(14) U	1,042	1,016	(25) U
Adult Community and LTC	570	564	(6) U	582	564	(18) U
Surgical Services	931	865	(66) U	912	874	(38) U
Women's Health	388	386	(1) U	385	384	(1) U
Child Health	1,379	1,330	(49) U	1,377	1,330	(47) U
Cardiac Services	575	569	(6) U	571	570	(1) U
Clinical Support Services	1,364	1,350	(14) U	1,340	1,349	8 F
Patient Management Services	445	444	(1) U	452	444	(8) U
Perioperative Services	769	802	33 F	760	803	43 F
Cancer & Blood Services	399	405	7 F	390	405	15 F
Operational - Others	0	22	22 F	0	12	12 F
Mental Health & Addictions	768	796	28 F	765	796	31 F
Ancillary Services	975	965	(10) U	970	965	(5) U
Total Personnel	**9,593**	**9,516**	**(77) U**	**9,546**	**9,513**	**(33) U**

Month Result

The Provider Arm result for the month is close to budget at $0.2M unfavourable.

Overall volumes for the month (for total Auckland DHB and IDF Funders) are reported at 103% of the seasonally phased contract - this equates to $3.0M above the month contract.

Total revenue for the month is $2.0M (1.4%) favourable, with the key variances as follows:

- Funder to Provider revenue $1.4M favourable primarily due to additional hospital medicines rebates received $1.2M.
- Retail Pharmacy revenue $0.4M favourable (partly offset by additional cost of goods sold).
- Reduction in provision for elective and IDF washup $1.5M favourable based on the latest estimated washup liability – this is an improvement on prior months.
- Other Income $1.3M unfavourable reflecting additional revenue assumed for budget initiatives not yet received.

Total expenditure for the month is $2.2M (1.6%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs are $4.2M (4.6%) unfavourable. Total FTE for the month were 9,592, which was 77 above budget, equating to $0.7M unfavourable. The balance of the variance ($3.5M) is due to higher cost per FTE for the month due to actual versus budget phasing, and while this creates an unfavourable variance for the month, cost per FTE is tracking very close to budget for year to date.
- Outsourced Clinical Services $2.7M (70.9%) favourable, reflecting lower outsourcing for elective surgery.
- Clinical Supplies $1.7M (7.2%) unfavourable driven by PCT cancer drugs $0.8M over contract for the month (subject to washup with other DHBs) combined with the remaining $0.9M reflecting overall volumes for the month 3% above contract.
- Infrastructure & Non Clinical Supplies $0.8M (4.5%) favourable due to Capital Charge $0.7M favourable as a result of later capitalisation of infrastructure/capital projects.

Year to Date Result

The Provider Arm result for the year to date is $2.9M favourable.

Overall volumes for the year to date (for total Auckland DHB and IDF Funders) are reported at 100.2% of the seasonally phased contract - this equates to $1.4M above the year to date contract.

Total revenue for the year to date is $5.1M (0.6%) favourable, with the key variances as follows:

- Funder to Provider revenue is $4.3M favourable, however $2.6M of this revenue was planned as external revenue streams and is directly offset by equivalent unfavourable variances, meaning the underlying variance is $1.7M favourable. This comprises:
    - Additional hospital medicines rebates received $1.2M favourable
    - Additional MECA funding from MOH $0.4M favourable
- Haemophilia funding $1.4M favourable for high haemophilia blood product usage, offset by increased expenditure and therefore bottom line neutral.
- Research Income $1.5M favourable (offset by additional research costs so bottom line neutral).
- Donation income $1.9M favourable – this income fluctuates from month to month depending on timing of larger donations for key projects.

- Retail Pharmacy revenue $0.8M favourable (partly offset by additional cost of goods sold).
- Training income $0.8M favourable, primarily for washup relating to prior year .
- Non Resident revenue $0.4M favourable – this revenue fluctuates from month to month with the full year expected to be close to budget.
- Inter DHB income $0.6M favourable – reflecting small variances across many services.
- MOH Side Contract revenue $4.2M unfavourable, however $2.6M of this has been received as Funder to Provider revenue, meaning the underlying variance is $1.6M unfavourable, due to revenue assumed for budget initiatives not yet received.
- Other Income $3.2M unfavourable reflecting additional revenue assumed for budget initiatives not yet received.

Total expenditure for the year to date is $2.3M (0.3%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs $1.5M (0.3%) unfavourable, reflecting year to date average FTE are 33 (0.3%) above budget.
- Clinical Supplies $3.8M (2.4%) unfavourable due to funded pharmaceutical cancer treatment (PCT) costs which are $2.5M over budget and Haemophilia blood product which is $1.3M over budget – both of these are fully funded and will be subject to full wash up.
- Infrastructure & Non Clinical Supplies $2.5M (2.2%) favourable, with the key variances being:
  - Capital Charge $4.1M favourable due to later capitalisation of infrastructure/capital projects.
  - Facilities costs $1.2M unfavourable mainly driven by building depreciation due to the revaluation of the building asset category.
  - Cost of Goods Sold in Retail Pharmacy $0.6M unfavourable, but this is offset by additional retail income.

FTE

Total FTE (including outsourced) for the month of December were 9,593 which was 77 above budget. 52 of this unfavourable variance is for House Officers, reflecting the temporary spike in FTE during the month following the roster rotations in December (the first rotation for the new academic year). The recruitment of FTE is being tightly managed in order to reduce the FTE variance.

2019/20 Provider Financial Sustainability

The full year Provider Financial Sustainability plan is $31.9M. For December year to date savings of $11.6M have been achieved against plan of $14.0M, $2.4M unfavourable to plan. The full year forecast remains on plan in total.

2019/20 Provider Financial Sustainability	YTD Actual $000	YTD Target $000	YTD Variance $000	Full Year Forecast $000	Full Year Target $000	Full Year Variance $000
Increase revenue	0	1,626	-1,626	4,497	5,751	-1,254
Personnel - vacancy management and cost per FTE	8,309	5,612	2,697	16,618	11,224	5,394
Managing MRI outsourcing requirements	1,043	1,370	-327	2,740	2,740	0
Blood utilisation	249	1,000	-751	600	2,000	-1,400
Reduce interpreter costs	0	500	-500	500	1,000	-500
Clinical Supplies savings	543	324	219	1,086	1,648	-562
Procurement savings	1321	1800	-479	3,600	3,600	0
Delivering more planned care	0	1,479	-1,479	1,479	2,958	-1,479
Reducing unnecessary time in hospital	130	103	26	655	655	0
Review of funded transport	0	150	-150	100	300	-200
Total	**11,594**	**13,964**	**-2,369**	**31,875**	**31,875**	**0**

Volume Performance

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

		Dec-2019				YTD (6 months ending Dec-19)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	Ambulatory Services	1,171	1,205	34	102.9%	8,556	8,960	405	104.7%
	Community Services	1,635	1,829	194	111.8%	11,869	12,667	797	106.7%
	Diabetes	488	489	2	100.4%	3,334	3,367	32	101.0%
	Palliative Care	39	39	0	100.0%	234	234	0	100.0%
	Reablement Services	2,035	2,035	0	100.0%	12,211	12,211	0	100.0%
	Sexual Health	434	539	105	124.2%	2,999	3,418	419	114.0%
Adult Community & LTC Total		**5,802**	**6,137**	**335**	**105.8%**	**39,203**	**40,856**	**1,653**	**104.2%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,473	2,847	374	115.1%	15,364	15,826	462	103.0%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	11,865	12,162	296	102.5%	82,249	82,018	(231)	99.7%
Adult Medical Services Total		**14,338**	**15,008**	**671**	**104.7%**	**97,613**	**97,844**	**232**	**100.2%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	8,792	9,658	866	109.8%	59,567	61,886	2,318	103.9%
	N Surg, Oral, ORL, Transpl, Uro	9,857	9,666	(191)	98.1%	65,139	65,000	(139)	99.8%
	Orthopaedics Adult	4,309	4,064	(245)	94.3%	27,749	27,468	(280)	99.0%
Surgical Services Total		**22,959**	**23,388**	**430**	**101.9%**	**152,455**	**154,355**	**1,899**	**101.2%**
Cancer & Blood Services	Cancer & Blood Services	8,837	9,398	561	106.3%	60,907	61,940	1,034	101.7%
	Genetics	260	223	(38)	85.5%	1,903	1,646	(257)	86.5%
Cancer & Blood Services Total		**9,097**	**9,620**	**523**	**105.7%**	**62,810**	**63,586**	**776**	**101.2%**
Cardiovascular Services		**11,955**	**12,186**	**231**	**101.9%**	**80,169**	**76,441**	**(3,728)**	**95.3%**
Children's Health	Child Health Community Services	2,525	1,998	(527)	79.1%	18,166	18,001	(165)	99.1%
	Child Health Medical	5,521	5,059	(462)	91.6%	38,696	36,223	(2,473)	93.6%
	Child Health Surgical	8,896	10,174	1,278	114.4%	61,524	63,214	1,689	102.7%
Children's Health Total		**16,942**	**17,231**	**289**	**101.7%**	**118,386**	**117,438**	**(949)**	**99.2%**
Clinical Support Services		**3,308**	**3,558**	**250**	**107.6%**	**22,501**	**23,031**	**531**	**102.4%**
DHB Funds		**10,315**	**9,965**	**(350)**	**96.6%**	**63,043**	**62,152**	**(891)**	**98.6%**
Perioperative Services		**15**	**11**	**(4)**	**72.0%**	**108**	**73**	**(35)**	**67.8%**
Public Health Services		**147**	**147**	**0**	**100.0%**	**881**	**881**	**0**	**100.0%**
Support Services		**102**	**102**	**0**	**100.0%**	**614**	**614**	**0**	**100.0%**
Women's Health Total		**6,624**	**7,293**	**669**	**110.1%**	**45,897**	**47,782**	**1,885**	**104.1%**
Grand Total		**101,603**	**104,647**	**3,043**	**103.0%**	**683,679**	**685,054**	**1,375**	**100.2%**

2) Total Discharges for the YTD (6 Months to December 2019)

		Cases Subject to WIES Payment		All Discharges			Same Day discharges		Same Day as % of all discharges	
		Inpatient								
Directorate	**Service**	**2019**	**2020**	**Last YTD**	**This YTD**	**% Change**	**Last YTD**	**This YTD**	**Last YTD**	**This YTD**
Adult Community & LTC	Ambulatory Services	1,194	1,237	1,591	1,255	(21.1%)	1,520	1,176	95.5%	93.7%
	Reablement Services	0	0	1,059	1,150	8.6%	31	62	2.9%	5.4%
Adult Community & LTC Total		1,194	1,237	2,650	2,405	(9.2%)	1,551	1,238	58.5%	51.5%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	6,547	7,787	6,754	7,881	16.7%	4,706	5,424	69.7%	68.8%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	10,872	10,946	11,117	11,076	(0.4%)	1,753	1,845	15.8%	16.7%
Adult Medical Services Total		17,419	18,733	17,871	18,957	6.1%	6,459	7,269	36.1%	38.3%
Cancer & Blood Total		2,544	2,743	2,985	3,201	7.2%	1,630	1,709	54.6%	53.4%
Cardiovascular Services Total		4,502	4,260	4,705	4,399	(6.5%)	1,265	1,095	26.9%	24.9%
Children's Health	Child Health Community Services	1,503	1,665	1,515	1,669	10.2%	109	125	7.2%	7.5%
	Child Health Medical	6,231	6,258	6,966	6,850	(1.7%)	4,985	4,791	71.6%	69.9%
	Child Health Surgical	5,321	5,781	5,674	6,052	6.7%	2,385	2,495	42.0%	41.2%
Children's Health Total		13,055	13,705	14,155	14,571	2.9%	7,479	7,411	52.8%	50.9%
DHB Funds Total		845	955	847	959	13.2%	663	772	78.3%	80.5%
Surgical Services	Gen Surg, Trauma,	8,886	9,706	10,377	10,354	(0.2%)	6,030	5,645	58.1%	54.5%
	N Surg, Oral, ORL, Transpl, Uro	6,140	6,391	6,653	6,802	2.2%	2,751	2,769	41.3%	40.7%
	Orthopaedics Adult	2,198	2,477	2,340	2,553	9.1%	412	432	17.6%	16.9%
Surgical Services Total		17,224	18,575	19,370	19,709	1.8%	9,193	8,846	47.5%	44.9%
Women's Health Total		9,968	10,683	10,374	11,049	6.5%	3,820	4,121	36.8%	37.3%
Grand Total		**66,751**	**70,892**	**72,957**	**75,250**	**3.1%**	**32,060**	**32,461**	**43.9%**	**43.1%**

3) Caseweight Activity for the YTD (6 Months to December 2019 (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		**618**	**625**	**7**	**3,224**	**3,258**	**35**	**101.1%**	**58**	**31**	**(27)**	**300**	**160**	**(141)**	**53.1%**	**676**	**655**	**(20)**	**3,524**	**3,418**	**(106)**	**97.0%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,012	2,121	109	10,496	11,062	566	105.4%	0	0	0	0	0	0	0.0%	2,012	2,121	109	10,496	11,062	566	105.4%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	10,729	10,609	(120)	55,962	55,338	(624)	98.9%	4	0	(4)	23	0	(23)	0.0%	10,733	10,609	(124)	55,985	55,338	(647)	98.8%
Adult Medical Services Total		**12,741**	**12,730**	**(11)**	**66,458**	**66,400**	**(58)**	**99.9%**	**4**	**0**	**(4)**	**23**	**0**	**(23)**	**0.0%**	**12,745**	**12,730**	**(16)**	**66,481**	**66,400**	**(81)**	**99.9%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	4,748	5,128	379	24,768	26,747	1,980	108.0%	3,765	3,809	44	19,640	19,869	229	101.2%	8,513	8,937	423	44,408	46,617	2,209	105.0%
	N Surg, Oral, ORL, Transpl, Uro	5,130	5,005	(125)	26,757	26,106	(651)	97.6%	3,888	3,947	59	20,280	20,591	310	101.5%	9,017	8,952	(65)	47,037	46,697	(340)	99.3%
	Orthopaedics Adult	2,998	3,180	182	15,637	16,588	952	106.1%	1,794	1,514	(280)	9,359	7,898	(1,461)	84.4%	4,792	4,694	(98)	24,996	24,487	(509)	98.0%
Surgical Services Total		**12,875**	**13,313**	**437**	**67,161**	**69,442**	**2,281**	**103.4%**	**9,447**	**9,271**	**(177)**	**49,280**	**48,358**	**(921)**	**98.1%**	**22,323**	**22,583**	**261**	**116,441**	**117,800**	**1,359**	**101.2%**
Cancer & Blood Services		**3,337**	**3,333**	**(3)**	**17,405**	**17,388**	**(17)**	**99.9%**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**	**3,337**	**3,333**	**(3)**	**17,405**	**17,388**	**(17)**	**99.9%**
Cardiovascular Services		**8,138**	**8,380**	**241**	**42,451**	**43,709**	**1,259**	**103.0%**	**5,460**	**4,502**	**(958)**	**28,478**	**23,481**	**(4,997)**	**82.5%**	**13,598**	**12,881**	**(717)**	**70,929**	**67,191**	**(3,739)**	**94.7%**
Children's Health	Child Health Community	2,115	2,080	(35)	11,032	10,850	(182)	98.4%	0	0	0	0	0	0	0.0%	2,115	2,080	(35)	11,032	10,850	(182)	98.4%
	Child Health Medical	4,794	4,432	(362)	25,007	23,118	(1,889)	92.4%	9	25	16	47	131	85	281.4%	4,803	4,457	(346)	25,054	23,249	(1,805)	92.8%
	Child Health Surgical	5,571	6,099	527	29,062	31,811	2,750	109.5%	3,656	3,417	(240)	19,073	17,822	(1,251)	93.4%	9,228	9,515	287	48,135	49,633	1,498	103.1%
Children's Health Total		**12,480**	**12,611**	**130**	**65,100**	**65,779**	**679**	**101.0%**	**3,665**	**3,442**	**(224)**	**19,120**	**17,953**	**(1,167)**	**93.9%**	**16,146**	**16,052**	**(94)**	**84,220**	**83,732**	**(488)**	**99.4%**
Women's Health Services		**5,104**	**5,157**	**53**	**26,624**	**26,899**	**274**	**101.0%**	**1,112**	**1,120**	**8**	**5,801**	**5,842**	**41**	**100.7%**	**6,216**	**6,277**	**60**	**32,426**	**32,741**	**315**	**101.0%**
DHB Funds		**80**	**0**	**(80)**	**408**	**0**	**(408)**	**0.0%**	**1,013**	**941**	**(72)**	**5,283**	**4,908**	**(375)**	**92.9%**	**1,093**	**941**	**(152)**	**5,691**	**4,908**	**(783)**	**86.1%**
Grand Total		**55,374**	**56,147**	**773**	**288,831**	**292,875**	**4,044**	**101.4%**	**20,759**	**19,306**	**(1,454)**	**108,286**	**100,703**	**(7,583)**	**93.0%**	**76,134**	**75,453**	**(681)**	**397,117**	**393,578**	**(3,539)**	**99.1%**
Excludes caseweight Provision																						

Acute Inpatient Services

Acute discharges have continued to increase compared to the same period last year, with WIES funded discharges being 7.5% higher than the same period last year. Some of this is due to Adult ED where there has been a shift from short stay events to WIES funded events. While there has been a definite increase in admissions to the emergency department (with a 4.8% increase in presentations to the Adult ED), a higher number are being treated as an inpatient event.

Excluding Adult ED, the acute growth is 6%. The same day discharge increase is higher than multi-day discharges, particularly Adult ED, Ophthalmology, Obstetrics and General Surgery (a 10% increase compared to a 5% increase for multi-day stays).

Activity by service type:

- The growth in acute medical has remained stable since September and discharges are 6% higher than last year. Excluding the growth in Adult ED inpatient discharges, the growth in discharges is 2%. The average WIES is the same as last year, and the ALOS is down 1.5% (influenced by the increase in Adult ED cases).
- Acute surgical demand remains 10% higher than same period last year, which is driven by acute demand in Adult Surgical Services. Average WIES is the same as last year, but ALOS has dropped by 1.7%.
- Obstetric discharges are still high, 6% higher YTD December compared to the same period last year. Of note, birth numbers are increasing again and are up 4% on the same period last year. ALOS is 8% lower, and average WIES is 4% lower.

Elective Inpatient Services

Elective performance is 1% higher than the same period last year and performance to contract has improved since September (up to 93%). Average WIES is 1% higher and ALOS is 4% higher.

4) Non-DRG Activity (ALL DHBs)

		Dec-2019				YTD (6 months ending Dec-19)			
		$000s				$000s			
Directorate	**Service**	**Cont**	**Act**	**Var**	**Prog %**	**Cont**	**Act**	**Var**	**Prog %**
Adult Community & LTC	Ambulatory Services	682	742	60	108.8%	5,031	5,542	511	110.2%
	Community Services	1,635	1,829	194	111.8%	11,869	12,667	797	106.7%
	Diabetes	488	489	2	100.4%	3,334	3,367	32	101.0%
	Palliative Care	39	39	0	100.0%	234	234	0	100.0%
	Reablement Services	2,035	2,035	0	100.0%	12,211	12,211	0	100.0%
	Sexual Health	434	539	105	124.2%	2,999	3,418	419	114.0%
Adult Community & LTC Total		**5,313**	**5,674**	**361**	**106.8%**	**35,679**	**37,438**	**1,760**	**104.9%**
Adult Medical Services	AED, APU, DCCM, Air Ambulance	666	812	146	121.9%	4,868	4,764	(104)	97.9%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,656	4,007	350	109.6%	26,264	26,680	416	101.6%
Adult Medical Services Total		**4,322**	**4,818**	**496**	**111.5%**	**31,132**	**31,445**	**313**	**101.0%**
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	2,072	2,238	165	108.0%	15,160	15,269	110	100.7%
	N Surg, Oral, ORL, Transpl, Uro	2,719	2,747	29	101.1%	18,102	18,304	202	101.1%
	Orthopaedics Adult	395	562	166	142.1%	2,753	2,982	229	108.3%
Surgical Services Total		**5,186**	**5,547**	**361**	**107.0%**	**36,014**	**36,555**	**540**	**101.5%**
Cancer & Blood Services	Cancer & Blood Services	5,901	6,548	646	111.0%	43,502	44,552	1,051	102.4%
	Genetics	260	223	(38)	85.5%	1,903	1,646	(257)	86.5%
Cancer & Blood Services Total		**6,162**	**6,770**	**609**	**109.9%**	**45,405**	**46,198**	**794**	**101.7%**
Cardiovascular Services		**1,408**	**1,465**	**57**	**104.0%**	**9,240**	**9,250**	**10**	**100.1%**
Children's Health	Child Health Community Services	1,131	1,134	3	100.2%	7,134	7,151	17	100.2%
	Child Health Medical	1,899	1,981	81	104.3%	13,642	12,974	(668)	95.1%
	Child Health Surgical	2,063	2,130	67	103.2%	13,390	13,581	191	101.4%
Children's Health Total		**5,094**	**5,245**	**151**	**103.0%**	**34,166**	**33,706**	**(461)**	**98.7%**
Clinical Support Services		**3,308**	**3,558**	**250**	**107.6%**	**22,501**	**23,031**	**531**	**102.4%**
DHB Funds		**9,555**	**9,541**	**(15)**	**99.8%**	**57,352**	**57,244**	**(108)**	**99.8%**
Perioperative Services		**15**	**11**	**(4)**	**72.0%**	**108**	**73**	**(35)**	**67.8%**
Public Health Services		**147**	**147**	**0**	**100.0%**	**881**	**881**	**0**	**100.0%**
Support Services		**102**	**102**	**0**	**100.0%**	**614**	**614**	**0**	**100.0%**
Women's Health Total		**1,898**	**2,138**	**240**	**112.7%**	**13,471**	**15,041**	**1,570**	**111.7%**
Grand Total		**42,510**	**45,015**	**2,505**	**105.9%**	**286,562**	**291,476**	**4,914**	**101.7%**

December performance was high. In part this reflects the growth in acute ophthalmology which includes outpatient activity as well as inpatient.

The non DRG wash up is now favourable for ADHB driven mostly by the growth in chemotherapy delivery and associated follow up.

Resolution to exclude the public from the meeting

Recommendation

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, 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	N/A	N/A
2. Conflicts of Interest	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 27 November 2019	**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]
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]
5.1 Critical Care Strategy	**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)] **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	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]

	publication at this time.	
5.2 Organ Donation New Zealand Transition Paper	**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)] **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.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Auckland Cardiology Electrophysiology Services Oversight Report	**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)] **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.	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 Clinical Support Oversight Report – MRI Capacity	**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)] **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.	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 Ophthalmology Department Oversight Report	**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)] **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.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.4	**Commercial Activities** Information contained in this report is	That the public conduct of the whole or

Radiotherapy Workforce Oversight 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.	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 Clinical Quality and Safety Service Report	**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)] **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.	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 Policies and Procedures (Controlled Document Management)	**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]