



Hospital Advisory Committee Meeting

Wednesday, 11 May 2016

2:00pm

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

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Published 04 May 2016



Agenda Hospital Advisory Committee 11 May 2016

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

Time: 2.00pm

Committee Members Judith Bassett (Chair) Jo Agnew Peter Aitken Doug Armstrong Dr Chris Chambers Assoc Prof Anne Kolbe Dr Lester Levy Dr Lee Mathias Robyn Northey Morris Pita Gwen Tepania-Palmer Ian Ward	Auckland DHB Executive Leadership Ailsa Claire Chief Executive Officer Simon Bowen Director of Health Outcomes – ADHB/WDHB Margaret Dotchin Chief Nursing Officer Joanne Gibbs Director Provider Services Naida Glavish Chief Advisor Tikanga and General Manager Māori Health – ADHB/WDHB Dr Debbie Holdsworth Director of Funding – ADHB/WDHB Fiona Michel Chief of People and Capability Dr Andrew Old Chief of Strategy, Participation and Improvement Rosalie Percival Chief Financial Officer Linda Wakeling Chief of Intelligence and 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 Dr Clive Bensemann Director Mental Health Jo Brown Funding and Development Manager Hospitals Judith Catherwood Director Long Term Conditions Ian Costello General Manager and Acting Director Clinical Support Services Dr Mark Edwards Director Cardiovascular Services Dr Sue Fleming Director Women’s Health Mr Wayne Jones Director Surgical Services Auxilia Nyangoni Deputy Chief Financial Officer Tony O’Connor Director Participation and Experience Dr Michael Shepherd Director Medical, Children’s Health Dr Barry Snow Director Adult Medical Dr Richard Sullivan Director Cancer and Blood and Deputy Chief Medical Officer Clare Thompson General Manager Non Clinical Support Services Michelle Webb Committee Secretary Maxine Stead Senior Communications Advisor Sally Bruce Senior Communications Advisor (Other staff members who attend for a particular item are named at the start of the respective minute)
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Apologies Members: Nil

Apologies Staff: Linda Wakeling, Chief of Intelligence and Informatics

Agenda

Please note that agenda times are estimates only

- 2.00pm **1. Attendance and Apologies**
- 2. Register and Conflicts of Interest**
 Does any member have an interest they have not previously disclosed?
 Does any member have an interest that may give rise to a conflict of interest with a
 matter on the agenda?
- 2.05pm **3. Confirmation of Minutes 30 March 2016**
- 2.10pm **4. Action Points 30 March 2016**
- 2.15pm **5. Provider Arm Performance Report**
 5.1 Provider Arm Scorecard
- 2.20pm **6. Directorate Updates**
 6.1 Mental Health Directorate
 6.2 Cancer and Blood Directorate
 6.3 Clinical Support Directorate
 6.4 Surgical Services Directorate
 6.5 Community & Long Term Conditions Directorate
 6.6 Perioperative Services Directorate
 6.7 Cardiovascular Directorate
 6.8 Non-Clinical Support Services
 6.9 Adult Medical Directorate
 6.10 Women's Health Directorate
 6.11 Child Health Directorate
- 2.40pm **7. Provider Arm Financial Performance Report**
- 2.45pm **8. Patient Experience Report**
 8.1 Participation Experience Week Review
 8.2 Patient Experience Survey and FFT Net Promoter Scores
- 3.00pm **9. Information Papers**
 9.1 Briefing Paper – Antimicrobial Stewardship
- 10. For Information Only**
 10.1 ADHB MOH Health Target Performance Control Charts
- 3.15pm **11. Resolution to exclude the public**

Next Meeting:	Wednesday, 22 June 2016 at 2.00pm A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton
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Attendance at Hospital Advisory Committee Meetings

Members	02 Apr. 14	14 May. 14	25 Jun. 14	06 Aug. 14	17 Sep. 14	29 Oct. 14	10 Dec. 14	18 Feb. 15	01 Apr. 15	13 May. 15	24 June 15	5 Aug 15	16 Sep 15	28 Oct 15	9 Dec 15	17 Feb 16	30 Mar. 15
Judith Bassett (Chair)	1	1	x	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Joanne Agnew	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1
Peter Aitken	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Doug Armstrong	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Chris Chambers	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Anne Kolbe	1	1	1	x	1	1	1	1	1	1	x	1	x	1	1	1	1
Lester Levy	x	1	1	1	1	1	1	1	1	x	1	1	1	x	1	1	1
Lee Mathias	1	1	1	1	x	1	1	1	1	1	1	1	x	1	1	x	1
Robyn Northey	1	1	1	x	1	1	1	1	1	1	1	1	1	1	1	1	1
Morris Pita	1	1	1	1	x	1	1	x	1	1	1	x	1	1	x	x	1
Gwen Tepania-Palmer	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1
Ian Ward	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Key: x = absent, # = leave of absence																	

Conflicts of Interest Quick Reference Guide

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

An “interest” can include, but is not limited to:

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

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

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

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

IMPORTANT

If in doubt – declare.

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

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

Register of Interests – Hospital Advisory Committee

Member	Interest	Latest Disclosure
Judith BASSETT (Chair)	Fisher and Paykel Healthcare Westpac Banking Corporation Husband – Fletcher Building Husband - shareholder of Westpac Banking Group Daughter - shareholder of Westpac Banking Group	13.07.2015
Jo AGNEW	Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Professional Teaching Fellow – School of Nursing, Auckland University Appointed Trustee – Starship Foundation Casual Staff Nurse – Auckland District Health Board	15.07.2015
Peter AITKEN	Pharmacy Locum - Pharmacist Shareholder/ Director, Consultant - Pharmacy Care Systems Ltd Shareholder/ Director - Pharmacy New Lynn Medical Centre Shareholder/Director – New Lynn 7 Day Pharmacy Shareholder/Director – Belmont Pharmacy 2007 Ltd Shareholder/Director – TAMNZ Limited Shareholder/Director – Bee Beautiful Limited	07.10.2015
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Trustee – Woolf Fisher Trust Trustee- Sir Woolf Fisher Charitable Trust Daughter is a partner – Russell McVeagh Lawyers Member – Trans-Tasman Occupations Tribunal Shareholder – Orion Healthcare	14.07.2015
Chris CHAMBERS	Employee - ADHB Wife is an employee - Starship Trauma Service Clinical Senior Lecturer in Anaesthesia - Auckland Clinical School Member – Association of Salaried Medical Specialists Associate - Epsom Anaesthetic Group Shareholder - Ormiston Surgical	26.01.2014
Anne KOLBE	Director - Kolbe Medical Services Ltd Senior Consultant - Communio NZ Senior Consultant - Siggins Miller, Australia Member - Risk and Audit Committee, Whanganui District Health Board Member – Inaugural Board of EXCITE International Member - Australian Institute of Directors Fellow by Examination – Royal Australian College of Surgeons Vocational medical registration – Medical Council NZ Reviewer – Australia and New Zealand Journal of Public Health Reviewer – European Commission, Personalising Health and Care H2020- PHC2015 – two stage Reviewer - Injury International Journal of Technology Assessment in Health Care Observer to the Medicare Benefits Schedule Review Taskforce (Australia) Husband: Professor of Medicine, University of Auckland Chair - Health Research Council of NZ, Clinical Trials Advisory Committee Member - Australian Medical Council, Medical School Advisory Committee Lead - Medical Specialties Advisory Committee Accreditation Team, Royal	30.03.2016

	<p>Australian College of General Practitioners</p> <p>Member - Executive Committee, International Society for Internal Medicine</p> <p>Chair - RACP Re-validation Working Party</p> <p>Member - RACP Governance Working Party</p>	
Lester LEVY	<p>Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman)</p> <p>Chairman - Auckland Transport</p> <p>Chairman – Health Research Council</p> <p>Independent Chairman - Tonkin and Taylor Ltd (non-shareholder)</p> <p>Professor (Adjunct) of Leadership - University of Auckland Business School</p> <p>Head of the New Zealand Leadership Institute – University of Auckland</p> <p>Lead Reviewer – State Services Commission, Performance Improvement Framework</p> <p>Director and sole shareholder – Brilliant Solutions Ltd (private company)</p> <p>Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder)</p> <p>Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder)</p> <p>Trustee – Levy Family Trust</p> <p>Trustee – Brilliant Street Trust</p>	09.02.2016
Lee MATHIAS	<p>Chair - Counties Manukau Health</p> <p>Deputy Chair - Auckland District Health Board</p> <p>Chair - Health Promotion Agency</p> <p>Chair - Unitec</p> <p>Director - Health Innovation Hub</p> <p>Director - Health Alliance Limited</p> <p>Director/shareholder - Pictor Limited</p> <p>Director - Lee Mathias Limited</p> <p>Director - John Seabrook Holdings Limited</p> <p>Trustee - Lee Mathias Family Trust</p> <p>Trustee - Awamoana Family Trust</p> <p>Trustee - Mathias Martin Family Trust</p> <p>Director – New Zealand Health Partnerships</p>	18.11.2015
Robyn NORTHEY	<p>Trustee - A+ Charitable Trust</p> <p>Shareholder of Fisher & Paykel Healthcare</p> <p>Husband – shareholder of Fisher & Paykel Healthcare</p> <p>Husband – shareholder of Fletcher Building</p> <p>Husband – Chair, Problem Gambling Foundation</p> <p>Husband – Chair, Auckland District Council of Social Service</p>	17.02.2016
Morris PITA	<p>Member – Waitemata District Health Board</p> <p>Shareholder – Turuki Pharmacy, South Auckland</p> <p>Shareholder – Whanau Pharmacy Limited</p> <p>Director and Shareholder of Healthcare Applications Ltd</p> <p>Owner and operator with wife - Shea Pita & Associates Ltd</p> <p>Wife is member of Northland District Health Board</p> <p>Wife provides advice to Maori health organisations</p>	17.02.2016
Gwen TEPANIA-PALMER	<p>Board Member - Waitemata District Health Board</p> <p>Board Member - Manaia PHO</p> <p>Chair - Ngati Hine Health Trust</p> <p>Committee Member - Te Taitokerau Whanau Ora</p> <p>Committee Member - Lottery Northland Community Committee</p> <p>Member - Health Quality and Safety Commission</p>	02.04.2013

Ian WARD	Board Member - NZ Blood Service Director and Shareholder – C4 Consulting Ltd CEO – Auckland Energy Consumer Trust Shareholder – Vector Group Son – Oceania Healthcare	12.07.2015
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Minutes Hospital Advisory Committee Meeting 30 March 2016

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 30 March 2016 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 2.00pm

Committee Members Present Judith Bassett (Chair) Jo Agnew Peter Aitken Doug Armstrong Dr Chris Chambers Assoc Prof Anne Kolbe Dr Lester Levy Dr Lee Mathias Robyn Northey Morris Pita [arrived 2.19pm] Gwen Tepania-Palmer Ian Ward	Auckland DHB Executive Leadership Team Present Ailsa Claire Chief Executive Officer Margaret Dotchin Chief Nursing Officer Joanne Gibbs Director Provider Services Fiona Michel Chief of People and Capability Dr Andrew Old Chief of Strategy, Participation and Improvement Rosalie Percival Chief Financial Officer Linda Wakeling Chief of Intelligence and Informatics Sue Waters Chief Health Professions Officer Auckland DHB Senior Staff Present <u>Directors</u> Dr Vanessa Beavis Director Perioperative Services Dr Clive Bensemann Director Mental Health Judith Catherwood Director Community and Long Term Conditions Ian Costello General Manager and Acting Director Clinical Support Services Dr Mark Edwards Director Cardiovascular Services Dr Sue Fleming Director Women's Health Dr Wayne Jones Director Surgical Services Dr Michael Shepherd Director Medical Child Health <u>Other Auckland DHB Senior Staff</u> Jo Brown Funding and Development Manager Hospitals Michelle Webb Committee Secretary Sally Bruce Senior Communications Advisor Sharon McCook Executive Business Manager (Other staff members who attend for a particular item are named at the start of the minute for that item)
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1. APOLOGIES

The apologies of member Dr Lester Levy for early departure were received.

The apologies of executive staff member Dr Margaret Wilsher, Chief Medical Officer and of senior staff members Clare Thompson, General Manager Non-Clinical Support Services, Dr Barry Snow, Director Adult Medical and Dr Richard Sullivan, Director Cancer and Blood were accepted.

2. REGISTER AND CONFLICTS OF INTEREST

Anne Kolbe advised that she was no longer the Chairman of the New Zealand National Health Committee. The National Health Committee was dissolved by the Minister of Health as of 18 March 2016. Anne asked that it be recorded that she had potential conflicts with agenda items only because the transition of the business of the National Health Committee to the Ministry of Health will not be complete until 6 April 2016. The Committee agreed that Anne had no significant conflict and was able to take part in deliberations. Anne also advised that she was now Observer to the Medicare Benefits Schedule Review Taskforce (Australia).

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

The Chair then proposed that the meeting move into Public Excluded.

[Secretarial Note: Item 10 was taken next]

3. CONFIRMATION OF MINUTES 17 February 2016 (Pages 9 to 21)

[Secretarial Note: this item was taken after the Committee moved back into the Open meeting]

Resolution: Moved Gwen Tepania-Palmer / Seconded Jo Agnew

That the minutes of the Hospital Advisory Committee meeting held 17 February 2016 be accepted as a true and accurate record.

Carried

4. ACTION POINTS (Page 22)

All action points were either in progress or complete.

5. PROVIDER ARM PERFORMANCE – EXECUTIVE SUMMARY (Pages 23 to 28)

[Secretarial Note: this item was considered in conjunction with Item 5.1]

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

- Performance against the Shorter Stays in Emergency Departments is on track with Quarter 3 compliant. Volumes remain high and growth in presentation rates continues at around 5%.
- Formal feedback has been received from Dr Angela Pitchford and is positive.
- Current projections for delivery of the Elective Discharge target are for 98 - 99% compliance at the end of Quarter 3. Recovery plans are in place for each service to achieve 100% compliance by year end.
- DHB tracking data for Faster Cancer Treatment will be formally commenced from April to September 2016 with national reporting commencing in October 2016.
- Staff consultation on Phase 1 of the All Age Stroke Services plan has been completed. The majority of responses supportive and suggestions made have been incorporated into the decision document. Implementation of the proposals has commenced.

The Chair commented that there have been good improvements in the reduction of excess staff leave across all Directorates. Additionally, the work in progress to implement a six week leave application rule was positive. It was noted that all services were showing good improvements in patient safety.

Resolution: Moved Doug Armstrong / Seconded Peter Aitken

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

Carried

5.1 Scorecard (Pages 29 to 31)

[Secretarial Note: this item was considered in conjunction with Item 5.0]

6. DIRECTORATE UPDATES

6.1 Mental Health Directorate (Pages 32 to 40)

Dr Clive Bensemann, Director Mental Health and Addictions asked that the report be taken as read noting that, as requested by the Committee, information relating to Maori admission rates had been included in the report.

Members sought clarification regarding the reasons for the high access rates for Maori. Dr Bensemann advised that high admission rates for Maori were evident across all Auckland regional mental health services. It was noted that this is a national trend and can be attributed to multiple causes. One such reason is that Maori patients typically present late to services. This can lead to health complications and the need to access specialist services. A potential factor contributing to late access is anticipated to be the suitability or otherwise of service configuration and engagement processes. Primary care and general medicine have an important role in providing services to Maori.

Dr Bensemann pointed out that the excess annual leave rates in the scorecard were incorrect and this appears to be a data gathering issue. There were no further questions.

6.2 Cancer and Blood Directorate (Pages 41 to 47)

Deidre Maxwell, General Manager Cancer and Blood asked that the report be taken as read.

The Committee noted the benefits to patient outcomes offered by the prospective patient tracking system. This work is cross organisational and will enable the service to understand each patient's access point and care pathway.

[Secretarial Note: Morris Pita joined the meeting]

6.3 Clinical Support Services (Pages 48 to 54)

Ian Costello, General Manager and Acting Director Clinical Support Services asked that the report be taken as read highlighting that February had been a good month for performance against radiology targets.

Implemented process improvements have gained traction and will continue to have a positive impact on waitlists.

Members queried whether there were any significant risks with achievement of the actions listed in the 90 day action plan, and whether those risks would carry any associated costs. It was advised that the measures had been developed based on the principle of sustainability and therefore no additional cost was expected.

6.4 Surgical Services Directorate (Pages 55 to 63)

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

- The new Directorate structure is on track to go live on 4 April 2016. The majority of posts are now filled.
- The Elective Orthopaedics Ward was opened and all 10 beds are fully utilised.
- The service continues to experience high volumes of acute demand. Elective targets for February were moderately non-compliant however management are confident that the target for year-end can be achieved.

Members asked what the average length of stay for Orthopaedics was. Dr Jones informed that it was approximately 1.5 days.

It was raised that a recent literature paper had cast doubt on the value of arthroscopies. Members queried how the service determined which procedures were offered and ensured that those procedures provided the best patient outcomes. It was advised that procedures performed are constantly peer reviewed and medical evidence is carefully considered before implementation of any new procedure. Decisions are led by the funder working with clinicians to develop associated policies.

Jo Brown, Funding and Development Manager Hospitals added that arthroscopy procedures are not purchased by the public health system. Generally they are ACC funded. Guidance is taken from the Northern Region Clinical Product Coordination team to advance clinical conversations to achieve the best clinical outcomes for patients.

6.5 Community and Long Term Conditions Directorate (Pages 64 to 73)

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

- There was a breach of ESPI 2 compliance in dermatology in February. A demand and capacity plan for the service has been completed to eliminate this risk. March is now compliant and will be maintained.
- There is an improvement trend in patient flow despite ongoing demand for services.
- A nursing professional leadership structure has been established to strengthen workforce development and governance.
- The Rapid Response service has been very successful. Plans are in place to accept direct referrals from GPs, St Johns and Aged Care facilities by Winter 2016.

Members congratulated the Directorate on the establishment of its Directorate Wellness Programme for staff.

6.6 Perioperative Services Directorate (Pages 74 to 80)

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

6.7 Cardiovascular Directorate (Pages 81 to 88)

Dr Mark Edwards, Director Cardiovascular Services asked that the report be taken as read highlighting that the Directorate now had a full leadership team in place.

The patient benefits of the satellite clinic currently being developed as part of the first stage of reconfiguring the nursing model of care were discussed. The ward currently functions like a drop-in clinic with no scheduled appointments which means that patients can wait 3 to 5 hours to be seen. The satellite clinic model of care will mean patients returning for post-operative follow up will have a scheduled appointment and the new nursing model of care will ensure that the person they see is equipped to meet their needs.

6.8 Non-Clinical Support Services (Pages 89 to 99)

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

- The cleaning audit score of 95% for December 2015 being the highest score achieved since transition of the service to in-house.
- The positive responses to food services changes received
- The ongoing work to improve loading dock safety

It was noted that nutrition costs across all Directorates appeared to be high. It was clarified that these costs relate to special feeds. The increase in special feeds is related to the increasing number of patients with complex care needs.

6.9 Adult Medical Directorate (Pages 100 to 106)

Dee Hackett, General Manager Adult Medical asked that the report be taken as read.

The Committee expressed interest in the measurement of antibiotic resistance and prescribing measures of control. It was advised that the hospital has an antimicrobial stewardship programme however data capture on patient antibiotic resistance is difficult as it is a manual process. Data captured within Auckland DHB currently is for hospital patients only. To enable data to be collected outside of the hospital, Auckland DHB are working closely with GPs.

Action:

That an information report on antimicrobial prescribing be provided to the Hospital Advisory Committee meeting in May 2016.

6.10 Women's Health Directorate (Pages 107 to 115)

Dr Sue Fleming, Director Women's Health asked that the report be taken as read highlighting that the new Midwifery Director and two new Senior Medical Officers are now in post.

Matters covered in response to questions included:

- The strategy for addressing vacancies includes an active recruitment campaign to attract new graduates, a new interviewing approach, and advertising in New Zealand and internationally. An open day for potential new Graduate Midwives was recently held and was well attended.
- There are a high number of staff with excess annual leave. This is a direct consequence of recent staffing issues. The model of care has been reviewed and has been shown to be too lean to meet current service demand. A proposal for 10 additional FTE has been presented to Board for approval however the service will still be short of 10 FTE on current staffing models. Actions are in place to address this shortfall. Plans are also in place to support staff wellness.

6.11 Child Health Directorate (Pages 116 to 122)

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

It was queried whether the action relating to Community Services redesign involved collaboration with other external organisations. Dr Shepherd informed that this is an internal Auckland DHB initiative with the exception of child rehabilitation where external collaboration was occurring.

The reason for the increase in voluntary annual staff turnover was queried. It was advised that the reasons differ depending on service. Some staff also consider Auckland DHB as a training ground for professional development that allows them to progress into other roles externally. This is viewed positively within the Directorate.

[Dr Lester Levy exited the meeting]

Resolution: Moved Peter Aitken / Seconded Lee Mathias

That the Directorate reports for March 2016 be received.

Carried

7. PROVIDER ARM FINANCIAL PERFORMANCE REPORT (Pages 123 to 136)

The Committee were informed that the financials for December 2015 had been included in the agenda papers in error. A replacement paper (attached as Attachment 7.1) was tabled.

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

- Overall volume performance is within contract
- Total FTE for the month of February was above budget. Work is in progress to reduce nursing costs.

- Cost containment initiatives within Surgical, Perioperative and Child Health are unfavourable due to increased acute demand volumes remaining high. Cancer and Blood are also unfavourable due to high treatment costs for haemophilia patients and clinical supplies earlier in the year.

Resolution: Moved Robyn Northey / Seconded Gwen Tepania-Palmer

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

Carried

8. PATIENT EXPERIENCE REPORT (Pages 137 to 142)

8.1 Inpatient Experience Survey: Report on Poor and Excellent Ratings of Care

Tony O'Connor, Director Participation and Experience spoke to the report.

Two studies were undertaken to investigate rating trends since 2011. There has been an increase in the 'Excellent' rating but no decrease in the 'Poor' rating.

The findings identified the drivers for the 'Excellent' rating as:

- Communication
- Confidence in Care
- Consistency and Coordination of Care

The findings identified the drivers of the 'Poor' rating as:

- Communication
- Confidence in Care
- Consistency and Coordination of Care
- Dignity and Respect

This tells us that the interactions staff have with patients make a difference to patient experience. Our values are hugely important in this as is the work to coordinate care and services. When we do this well, patients feel empowered and safe; when we do not do it well, they feel dehumanised and unsafe.

It was commented that a significant factor for patients and their families is fear of the unknown. Effective communication is essential to improving their experience of care. The clinical care provided may be excellent but working with and respecting the person is equally important. Values based communication needs to be encouraged and hospital leaders have a responsibility to help clinical staff and management to support values based care.

Fiona Michel, Chief of People and Capability added that how we treat people as an employer influences how they care for patients and this must be taken into consideration.

Tony informed that it was intended to publish the results of the study because there is a paucity of data in the field. Staff and patient comments captured in these reports provided valuable insights.

Tony advised that the report before the Committee provided only a summary of the studies as the full reports are still in draft. Once finalised they will be circulated to the Hospital Advisory Committee.

Action:

That the finalised Inpatient Experience Survey: Report on 'Poor' and 'Excellent' Ratings of Care Study Results Report be circulated to the Hospital Advisory Committee once available.

Resolution: Moved Robyn Northey / Seconded Gwen Tepania-Palmer

That the Hospital Advisory Committee receives the Participation and Experience Update: 'Poor' and 'Excellent' Patient Experience Survey Feedback report.

Carried

9. INFORMATION PAPERS (Pages 143 to 162)

9.1 Reducing Inequalities in Maori and Pacific DNA – Strategic Update (Pages 143 to 151)

Jo Gibbs, Director Provider Services spoke to the report on behalf of Dr Margaret Wilsher, noting that she wished to formally recognise the work of Karen Bartholomew and her team in addition to Judith Catherwood and the Adult Community and Long Terms Conditions team.

It was commented that the variance in DNA rates between services might be significant and that the reasons for variability between services needs to be better understood.

The following points were covered in discussion:

- DNAs are most prevalent in follow up appointments, particularly for those with chronic disease, and post-operative care.
- Child patients are at great disadvantage as they rely on parents or other adults to take them to appointments.
- The perceived value of follow up appointments is a key factor in DNA's.
- A range of factors influence whether or not a patient attends an appointment, including:
 - The cultural appropriateness of booking systems and processes
 - Patient choice in the time of their appointment and whether or not the time is convenient or possible for them
 - Whether or not they receive reminders for the appointment
 - Ease of access to the appointment location and locational barriers such as transport and parking at the Auckland City Hospital site.
 - Patient experience of interactions with staff
 - Improved patient outcomes resulting from the appointment
- The presence of one such element may not be a sufficient contributor to a DNA but if more than one element exists then the likelihood of DNA increases.
- No sustained or effective reductions in Maori or Pacific DNA rates have been maintained across any other New Zealand DHB.

The Committee acknowledged the good work completed to date to improve understanding of DNAs. Members encouraged focussing efforts on what can be done to remove barriers and provide patient choice. It was noted that technology presents an important part of any structural response and should be utilised wherever possible and appropriate. Focus on child patients must be a critical priority.

The Committee requested that an update report on this matter be provided once further progress had been made.

Action:

That an update report on reducing inequalities in Maori and Pacific DNA be provided to the September Hospital Advisory Committee meeting.

Resolution: Moved Gwen Tepania-Palmer / Seconded Morris Pita

That the Hospital Advisory Committee receives the Reducing Inequalities in Maori and Pacific DNA Strategic Update report.

Carried

9.2 Overall Provider Performance including Health Target Updates (Pages 152 to 162)

The report was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 163 to 166)

[Secretarial Note: this item was taken after Item 2, and again after Item 9.2]

Resolution: Moved Gwen Tepania-Palmer / Seconded Ian Ward

Recommendation

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
3. Confirmation of Confidential Minutes 17 February 2016	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p>	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	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p>	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 Clinical Services Facilities Planning – Proposed Service Configuration	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]</p>	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]
5.2 Winter Plan/Bed Model 2016	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]</p>	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 Department of Critical Care Medicine	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	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 Faster Cancer Treatment	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	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 Cardiothoracic Surgery	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.4 Acute Flow Performance	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	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 Independent Security Risk Assessment	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Negotiations To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]</p>	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 Coroner's Recommendations – Legionella Control	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Privacy of Persons To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Complaints Report	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Privacy of Persons To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Compliments Report	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Privacy of Persons To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.3 Incident Management Report	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Privacy of Persons To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

7.4 Policies and Procedures Report	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]</p>	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]
7.5 Risk Register Report	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

Carried

The meeting closed at 3.25pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 30 March 2016

Chair: _____ Date: _____
Judith Bassett

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 11 May 2016

Meeting and Item	Detail of Action	Designated to	Action by
30 Mar 2016 Item 6.9	Adult Medical Directorate That an information report on antimicrobial prescribing be provided to the Hospital Advisory Committee meeting in May 2016.	Ian Costello	See Section 9.1 of this agenda
30 Mar 2016 Item 8.1	Inpatient Experience Survey: Report on Poor and Excellent Ratings of Care That the finalised Inpatient Experience Survey: Report on 'Poor' and 'Excellent' Ratings of Care Study Results Report be circulated to the Hospital Advisory Committee once available	T O'Connor	completed
30 Mar 2016 Item 9.1	Reducing Inequalities in Maori and Pacific DNA – Strategic Update That an update report on reducing inequalities in Maori and Pacific DNA be provided to the September Hospital Advisory Committee meeting.	M Wilsher	19 Aug 16
17 Feb 2016 Item 6.9	Surgical Services Directorate That formal thanks be extended to the Surgical Services staff for their good efforts to increase discharge volumes.	W Jones	completed
17 Feb 2016 Item 6.10	Child Health Directorate That an update on the patient focussed booking initiative, with specific detail on Maori and Pacific DNA's work, be included in the May 2016 Child Health Directorate report.	M Shepherd, J Beca	7 Sep 16
17 Feb 2016 Item 9.1	Participation and Experience Update That a formal invitation to attend the address by Ron Paterson, Ombudsman at the March 2016 Patient Experience Week be sent to members of the Auckland DHB Board	T O'Connor, M Webb	26 Feb 16 – Completed 24 Feb 16
28 Oct 2015 Item 7.0	Patient Experience Report That a summer research project be undertaken to investigate the "poor" and "fair" scores for reporting back to a future Hospital Advisory Committee Meeting.	T O'Connor	Completed – see action 30 March 2016

16 Sep 2015 Item 8.1	Auckland Integrated Cancer Centre That the Strategic Assessment for the Auckland Integrated Cancer Centre business case be provided to the HAC December meeting.	R Sullivan	To be advised
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Provider Arm Performance Report

Recommendation

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

Prepared by: Joanne Gibbs (Director Provider Services)

Endorsed by: Ailsa Claire (Chief Executive)

Executive Summary

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

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

- National target achieved for quarter 3 with 95.2% ED patients with an ED stay of less than 6 hours.
- Performance against the national target for quarter 4 is currently on track for AED and CED, recording 94.8% and 94.5% respectively.
- A new Model of Care is being gradually introduced through the acute surgical and medical teams which is contributing to compliant performance.
- Presentation volumes for both EDs continue to be high and this is expected to increase as we move into winter. Please refer to section 8.1 of the Confidential HAC agenda for our Winter Plan, which includes our plans to manage the increased volumes anticipated in both EDs over the winter months.

Elective discharge cumulative variance from target

- Elective discharges are back on track as planned recovery measures agreed with each service start to take effect. Elective discharge cumulative variance from target currently sitting at 0.98, increasing from 0.96 for the previous period.
- Current projection to recover to 100% during quarter 4. Each service has a recovery plan to achieve 100% by year end.
- The progress against plan continues to be closely managed through the Provider Directors, and will be reported to Board through the weekly 'Status at a Glance' report and formal HAC processes.

Provider Services 2015/16 Business Plan

The Provider Services Business Plan for 2015/16 was approved by the Board in October 2015. Since then, we have been making steady progress towards achieving the actions outlined in the plan. Directorate level progress against each of the Directorate plans is highlighted in the Directorate HAC reports. An update on our six Provider Arm work programmes has been included in each of the Provider Arm performance reports.

Planning has commenced for the refresh of the Provider Arm Business Plan for 16/17 which will be presented at the June HAC meeting. A review of the 15/16 plan will also be presented at the June HAC meeting.

Daily Hospital Functioning

- Existing processes for nursing bureau process coordinator documented to support move to ACH. Confirmation of security space required before centralised pilot can proceed.
- Further work planned to confirm remaining functions to be included within Integrated Operations Centre.
- Agreed that initial focus on development of escalations plans will be four largest adult services (Gen Med, Gen Surg, Orthopaedics and Reablement Services) with target date of 30 May for completion.
- Good engagement with adult Directorates on escalation planning and work underway transposing and updating existing plans.
- Further work planned to prioritise IS work to support daily hospital functioning.
- Scoping of facilities changes to transition lounge underway with potential for delay if asbestos identified.
- Q4 Actions:
 - Progress with revision and documentation of escalation plans for the adult hospital and services.
 - Confirm functions to be incorporated as part of the integrated operations centre and progress with panning to centralise Nursing Bureau Coordinators.
 - Identify and prioritise additional operational intelligence information systems / enhancements with IS.
 - Complete assessment on facilities change required for transition hub.
 - Pilot use of transition lounge for DOSA patients.
 - Review existing discharge process through transition lounge to identify opportunities to support flow.
 - Meet regularly with project teams for all work streams.

Delivering the Surgical PVS to Budget

- Weekly monitoring of operating rooms (OR) utilisation continues. This is done on a departmental basis and includes the weekly target, the current “run rate” and progress to date with contingency plans added.
- The Surgical Board governs the delivery of this programme of work. The current Terms of Reference for the Surgical Board were reviewed during this reporting period and were agreed with no amendments. The Director of Surgical Services will remain as Chair of the Surgical Board on a permanent basis.
- Establishment of an OR Allocation Committee has been approved by the Surgical Board to support delivery of discharge targets across the DHB, align available capacity to services with highest demand, and to maximise internal capacity use and minimise outsourcing. Accountable to the Surgical Board, the OR Allocation Committee will administer the collation of OR allocation request forms and supporting information from Surgical Services. It will

also present service change proposals to the Surgical Board for ratification or decision. Terms of Reference for the Committee have been drafted and are pending approval by the Surgical Board.

- Establishment of the Capital Build Working Group has been deferred until the Clinical Services Plan has been developed – so the group can be aligned with the outputs of the plan.
- Enforcement of the 6 week leave policy continues to be monitored by SCDs.

Faster Cancer Treatment

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

Deteriorating Patients (Care of Physiologically Unstable Patients)

- As outlined previously, the agreed key areas of focus for this work programme are:
 - Prevention and identification of deteriorating patients
 - Response
 - High dependency care areas
 - Future oversight of deteriorating patients.
- The overarching project plan for this work programme has been agreed. The plan was reviewed by the Provider Director team prior to being approved by the Steering Group.
 - From this overarching plan, project plans for both of the work groups (adults and paediatrics) have been drafted. Both work groups have commenced the actions planned for quarter 4, including conducting an audit to determine current use of early warning scores (EWS/PEWS) in clinical areas and devising recommendations for the response function for ADHB.
 - The outputs of the DCCM workshop held in April 2015 have been cross-checked with the overarching project plan. This was to provide assurance that the activities identified in the DCCM workshop have been incorporated / are being addressed by the proposed approach for this and other work programmes.
- We continue to liaise with the HQSC to ensure alignment with the national Deteriorating Patient programme. We have recently received information that the programme is likely to commence in June 2016 and run for four years. One of the aims of the programme is to develop a standardised rapid response system for adults which will include a standardised EWS, standardised national vital signs chart and a broadly standardised response. The timing of this national process will have a flow on impact for the adult work group and timings will need to be adjusted accordingly to ensure multiple changes aren't made to the current system in a short time. This is currently being considered and will be outlined in more detail in the next update.
- Stakeholder mapping exercise has been completed to identify key stakeholders who hold an interest and / or influence regarding Deteriorating Patients. Currently awaiting support from the communications team to develop a comprehensive communications plan for this work programme.
- Regular measures (based on previously published clinical trials) have been agreed. The steering group are currently exploring options for data collection, storage and reporting of these measures.
- A3 plan for this work programme has been reviewed and refreshed.

- Q4 Actions:
 - Finalise project plans for each work group (adults and paediatrics)
 - Collect baseline data and identify gaps in current data collection and reporting
 - Development and roll out of a communications plan
 - Conduct an audit to determine current use of early warning scores (EWS/PEWS) in clinical areas
 - Devise recommendations for the response function for ADHB
 - Liaison with HQSC national Deteriorating Patient project where appropriate to ensure alignment with national process
 - Joint meeting with the Steering Groups for Afterhours Inpatient Safety and Daily Hospital Functioning.

Afterhours Inpatient Safety

- The four work groups (adult, child health, women's health and mental health) continue to make progress to confirm the current strengths, weaknesses and risks afterhours across the inpatient setting. Engaging with staff who work afterhours to help inform the current state has taken place during this reporting period for two of the work streams. All four work streams are aiming to have the current state ready for discussion at the next meeting of the steering group. This will also provide an opportunity to look for shared working and alignment across the four work streams.
- Project plans for each work stream are in the process of being drafted. Each plan has been informed by the strengths, weaknesses and opportunities identified.
- As referred to in previous reports, a more accurate picture of afterhours personnel resource has been developed. This has been converted into an easy reference document to show who is available across the inpatient setting afterhours. Options for sharing these documents with staff who work afterhours as a handy reference tool is currently being explored.
- Baseline data has been collected for each of the proposed measures outlined in the A3 plan for this work programme. The steering group are currently reconsidering the measures and exploring development of a new set of measures – more information will be provided in the next update.
- The steering group have proposed a joint meeting with the Daily Hospital Functioning and Deteriorating Patients steering groups to ensure alignment across the three work programmes. This meeting is scheduled to take place before the end of May.
- A3 plan for this work programme has been reviewed and refreshed.
- Q4 Actions:
 - Establish strengths, weaknesses and risks in current state afterhours across the four work group areas.
 - Agree a detailed project plan for each work group (adults, child health, women's health, mental health). Identify opportunities for shared working between the work groups and linkages with other work programmes (Daily Hospital Functioning and Deteriorating Patients).
 - Joint meeting with the Steering Groups for Deteriorating Patients and Daily Hospital Functioning.

- Review of current afterhours staffing model and current practice to contact relevant staff afterhours. Make recommendations for each work stream area.
- Confirm measures for afterhours inpatient safety. Collect baseline data, identify gaps in current data collection and reporting, and implement required changes

Clinical Services Plan

- The development of the Clinical Services Plan for Auckland DHB continues to make good progress towards the end of June completion date. Please refer to section 9.1 of the Confidential HAC agenda for a detailed update.
- Phase 2 (Future Clinical Services Strategy – ADHB level and Directorate level) is nearing completion. A key component of this phase has been the Directorate and cross-Directorate workshops.
- The Directorate specific workshops took place first and focused on:
 - Providing an overview of the org wide / regional /national context
 - Consolidation of current challenges and opportunities, including trends and planned / underway projects across horizon
 - Assessing the impact of these and the likelihood of them taking place
 - Identifying any further information we may need to develop.
- The cross-Directorate workshops provided an opportunity to explore the ADHB specific trends that came out of the Directorate workshops and consider Provider Arm solutions to these challenges and opportunities.
- A feedback / challenge session was held with the Senior Leadership Team following the cross-Directorate workshops to present and discuss the consolidated view from the workshops.
- The next update regarding the Clinical Services Plan is scheduled for the Confidential Board meeting on 22 June 2016, where the final Clinical Services Plan will be presented to the Board for approval.

HAC Annual Work Plan 2015/16

- Following feedback from committee members, the work plan for the remainder of 2015/16 is:

June 2016:

- End of year review and 16/17 plan – discussion paper

Auckland DHB Provider Scorecard For March 2016

5.1

	Measure	Actual	Target	Prev Period	Commentary
Patient Safety	% AED patients seen within triage time - triage category 2 (10 minutes) <i>PR006</i>	81.6%	>= 80%	82.5%	
	% CED patients seen within triage time - triage category 2 (10 minutes) <i>PR008</i>	85.2%	>= 80%	90.2%	
	Number of reported adverse events causing harm (SAC 1&2) <i>PR084</i>	10	<= 12	8	
	Central line associated bacteraemia rate per 1,000 central line days <i>PR087</i>	0	<= 1	0	
	Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days <i>PR088</i>	0.08	<= 0.25	0.2	
	Healthcare-associated bloodstream infections per 1,000 bed days - Adult <i>PR089</i>	1.4	<= 1.6	1.71	
	Healthcare-associated bloodstream infections per 1,000 bed days - Child <i>PR090</i>	1.36	<= 2.4	1.27	
	Falls with major harm per 1,000 bed days <i>PR095</i>	0.09	<= 0.09	0.23	
	Nosocomial pressure injury point prevalence (% of in-patients) <i>PR097</i>	3%	<= 6%	2.9%	
	Healthcare-associated Clostridium difficile infection rate per 10,000 bed days (Quarterly) * <i>PR143</i>	2.72	<= 4	2.47	
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) <i>PR185</i>	3.7%	<= 6%	4%	
	% Hand Hygiene Compliance <i>PR195</i>	84.6%	>= 80%	79.3%	
Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours <i>PR013</i>	94.8%	>= 95%	94.6%	
	(MOH-01) % CED patients with ED stay < 6 hours <i>PR016</i>	94.5%	>= 95%	94.8%	
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less <i>PR023</i>	93.4%	>= 80%	91.6%	
	HT2 Elective discharges cumulative variance from target <i>PR035</i>	0.98	>= 1	0.96	ADHB discharges are coming back on track as planned recovery measures take effect.
	(ESPI-2) Patients waiting longer than 4 months for their FSA <i>PR038</i>	0%	0%	0.1%	
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months <i>PR039</i>	0.9%	0%	0.6%	

% Day Surgery Rate	PR052	59.2%	>= 70%	59.9%	Current case mix and wait list demand has impacted on deliver of day case surgery however an initiative is in place to increase usage of Greenlane facility.
Inhouse Elective WIES through theatre - per day	PR053	128.83	>= 99	131.73	
% DNA rate for outpatient appointments - All Ethnicities	PR056	9.2%	<= 9%	9.1%	
% DNA rate for outpatient appointments - Maori	PR057	17.3%	<= 9%	17.3%	We continue to support in the cardiac area (ring to remind) with a small improvement in the rate.
% DNA rate for outpatient appointments - Pacific	PR058	17.3%	<= 9%	17.9%	The Pacific outpatient DNA rate reduced from 17.9% in February 2016 to 17.3% in March 2016 attributing to a 2 year downward trend.
% Chemotherapy patients (Med Onc and Haem) attending FSA within 4 weeks of referral	PR059	100%	100%	99.4%	
% Radiation oncology patients attending FSA within 4 weeks of referral	PR064	82.4%	100%	85%	Breast and Genito-urinary clinics have experienced difficulties relating to SMO availability and increased referrals. Recovery plans are in place to rectify.
% Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT	PR070	100%	100%	100%	
Average LOS for WIES funded discharges (days)	PR074	2.81	<= 3	2.82	
28 Day Readmission Rate - Total	PR078	R/U	<= 6%	8.9%	
Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	PR119	R/U	<= 10%	4.4%	
Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	PR120	28.4	<= 21	30.1	Casemix and the configuration of NGO residential capacity continue to impact length of stay.
% Very good and excellent ratings for overall inpatient experience	PR154	R/U	>= 90%	86.2%	
Number of CBU Outliers - Adult	PR173	394	0	389	High acuity occupancy across the Hospital driving continued requirement to outlier in some services.
% Patients cared for in a mixed gender room at midday - Adult	PR175	12.3%	<= 0%	14.7%	On-going focus at daily ward meetings continues to drive improvement .
31/62 day target – % of non-surgical patients seen within the 62 day target	PR181	R/U	>= 85%	76.9%	
31/62 day target – % of surgical patients seen within the 62 day target	PR182	R/U	>= 85%	60%	
62 day target - % of patients treated within the 62 day target	PR184	R/U	>= 85%	67.9%	

Improved Health Status	Breastfeeding rate on discharge excluding NICU admissions <i>PR099</i>	R/U	>= 75%	84.2%	
	% Long-term clients with relapse prevention plans in last 12 months (6-Monthly) * <i>PR125</i>	89.5%	>= 95%	91.4%	<i>Transitioning to new 1 July MoH reporting requirements that will replace relapse with wellness plans.</i>
	% Hospitalised smokers offered advice and support to quit <i>PR129</i>	94.4%	>= 95%	93.7%	

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

R/U = Result unavailable

PR078, PR119

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

PR154

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

PR181, PR182, PR184

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

PR099

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

***** = Quarterly, 4-Monthly or 6-Monthly Measure

PR125 (6-Monthly)

Actual result is for the period ending December 2015. Previous period result is for period ending June 2015.

PR143 (Quarterly)

Actual result is for the period ending December 2015. Previous period result is for period ending September 2015.

Mental Health & Addictions Directorate

Speaker: Clive Bensemann, Director

Service Overview

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

The Mental Health & Addictions Directorate is led by

Director: Clive Bensemann

Director of Nursing: Anna Schofield

Director of Allied Health: Mike Butcher

Director of Primary Care: Kristin Good

Acting General Manager: Alison Hudgell

Directorate Priorities for 15/16

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

Q4 Actions – 90 day plan

Yellow – Current Quarter

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

Q3 Actions Completed – 90 day plan

The measures and targets for quarter 4 are currently in development (implementation of ‘real time feedback’ in inpatient units, development of staff questionnaire re effectiveness of codesign work and facilities improvement, establishing baseline data re Tamaki localities GP referral rates and LOS).

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

1 (b) Patient safety/Clinical Governance-define data sets: The patient safety priorities have been agreed, and the focus is on developing the detailed action plans for the patient safety indicators.

2 (a) Tamaki Localities – develop pathways: The pathway development working group is exploring the principles of practice for clinical pathways across the Primary/Secondary continuum, to create an effective ‘front door’ to secondary services and improve support for Primary Care. This work includes the roles of the Practice Liaison Nurses and the Nurse Practitioner. In April the project team has commenced the interviews of key stakeholders across the Primary/Secondary continuum.

- 2 (b) Stepped care implementation into CMHS:** The Shared Care Plan is initially being rolled out in the four adult CMHC Early Intervention Teams, to be followed by the Care and Recovery Teams. Key worker credentialing is the next priority for the Stepped Care Steering Group.
- 3 (a) EDS MOC and communication on-going with stakeholders:** Fortnightly verbal briefings are provided to the Ministry of Health who will also review drafts of the Service Delivery Model prior to peer review. Weekly meetings between ADHB and NGOs continue. ADHB met with EDANZ on 17 February to provide a progress update. The NGO has offered the project team access to its member database for future consumer survey purposes. EDANZ was very pleased with the proactive update to service planning and is supportive of the new EDS hub and spoke model, especially the integration of the residential service.
- 3 (b) EDS new staffing model decided on:** Residential staff recruitment is continuing successfully with a formal acceptance/retention of 70% of staff, and additional verbal acceptance suggesting a likely final retention of 88% of staff. Staff orientation plans have been developed and agreed with the NGO. Thrive staff will attend monthly induction sessions between April and June to introduce them to ADHB systems and processes. A powhiri has been scheduled for 29 June to formally launch the EDS Hub and new service delivery model and welcome new staff to the service.

A recruitment process has been underway for some time for a Service Clinical Director for the regional services group (which includes the REDS), including an international search. Two promising overseas candidates recently withdrew their applications for family and personal reasons. ADHB is considering other recruitment options to meet the challenges of finding a suitable fit for the current role which covers a diverse range of specialties and for which there is a small national and international resource pool on which to draw. In the meantime, an acting SCD is still in post.

Development of facilities business case: We have received confirmation from the current residential facility landlord (Trust Board) that they will extend the lease on that facility until March 2017. The DHB is still exploring future permanent co-location options beyond this date for the EDS Hub services.

3 (c) EDS MOC/Service Delivery Model

A further workshop to progress the development of the Service Delivery Model was held on 25 February where updates to clinical pathways and service interfaces were agreed.

An internal working group is drafting outcome measures for the service which will be incorporated into the Service Delivery Model. On the 10 March, ADHB teleconferenced with Canterbury DHB about key aspects of their service including support to 'Spoke' services. Rachel Lawson has agreed to peer review our MOC.

ADHB has drafted a comprehensive schedule of EDS 'Hub' training and support to the 'Spoke' DHBs to enable them to provide services closer to home and ensure robust supra regional workforce capacity.

- 4 (a) Clinical Services Plan enablers – facilities priority plan:** Work continues to map current CMHC boundaries/populations and utilisation of services against new localities, and identify other data predicting populations needs (e.g. prescriptions for psychotropic medication) to inform the priority CMHC facilities planning.

4 (b) FMU building work commenced and complete

Consent application to Auckland City Council was submitted on time at the end of March. Anti-ligature fittings have been chosen for the High Dependency Unit. The Facilities led tendering process will commence in July, with works expected to start in September 2016. Work will be phased and will require closure of up to three beds at times, and a programme of work has been developed for each phase. The work is expected to be completed by March 2017. Concurrent work is underway to choose and finalise the environmental furnishings and decor.

4 (d) TWT environment upgrade commenced and complete:

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

4 (e) TWT team building programme: TWT staff engagement will be progressed via a series of Whakawhanaungatanga (process of establishing relationships and relating well to others) Hui in Te Rama Ora (the TWT Whare). This work has not commenced but is identified as a priority in the co-design work, for which additional project support has now been identified.

Measures

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

Scorecard

Mental Health				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	1	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0.0%	≤6%	0.0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0.0%	≤6%	0.0%
	Number of reported adverse events causing harm (SAC 1&2) - excludes suicides	3	0	0
	Seclusion. All inpatient services - episodes of seclusion	8	≤7	5
	Restraint. All services - incidents of restraint	73	≤86	53
	Mental Health Provider Arm Services: SAC1&2 (Inpatient & Non Inpatient Suicides)	0		2
Better Quality Care	7 day Follow Up post discharge	92.5%	≥95%	100.0%
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	R/U	≤10%	4.4%
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	28.4	≤21	30.1
	Mental Health Average LOS (All Discharges) - Child & Family Unit	8.3	≤15	8.8
	Mental Health Average LOS (All Discharges) - Fraser McDonald Unit	50.3	≤35	33.0
	Waiting Times. Provider arm only: 0-19Y - 3W Target	74.1%	≥80%	75.3%
	Waiting Times. Provider arm only: 0-19Y - 8W Target	91.1%	≥95%	92.2%
	Waiting Times. Provider arm only: 20-64Y - 3W Target	83.4%	≥80%	83.4%
	Waiting Times. Provider arm only: 20-64Y - 8W Target	91.4%	≥95%	91.6%
	Waiting Times. Provider arm only: 65Y+ - 3W Target	63.5%	≥80%	63.6%
	Waiting Times. Provider arm only: 65Y+ - 8W Target	84.1%	≥95%	83.8%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	96.7%	≥95%	100.0%
	Mental Health access rate - Maori 0-19Y	5.63%	≥5.5%	5.63%
	Mental Health access rate - Maori 20-64Y	9.86%	≥12%	10.01%
	Mental Health access rate - Maori 65Y+	3.55%	≥4.25%	3.38%
	Mental Health access rate - Total 0-19Y	3.02%	≥3%	3.05%
	Mental Health access rate - Total 20-64Y	3.70%	≥4%	3.74%
	Mental Health access rate - Total 65Y+	3.07%	≥4%	3.09%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.13	0	\$0.12
	% Staff with excess annual leave > 1 year	25.8%	0%	25.4%
	% Staff with excess annual leave > 2 years	4.6%	0%	4.7%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	88.6%	0%	100.0%
	Number of Pre-employment Screenings (PES) cleared after the start date	1	0	1
	Sick leave hours taken as a percentage of total hours worked	4.2%	≤3.4%	4.3%
	% Voluntary turnover (annually)	13.2%	≤10%	12.5%
	% Voluntary turnover <1 year tenure	14.7%	≤6%	15.4%
Amber	Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.			
R/U	= Result unavailable.			
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera			
	A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).			

Scorecard commentary

Patient Safety - SAC 1 & 2 Adverse Events (excluding suicides)

Fall with harm (R superior ramus fracture); assault/restraint with patient injury; patient injury during seclusion episode. Both patient injury events will be reviewed by an external expert.

Better Quality Care - 7 day Follow Up Post Discharge

The count of 'discharges not seen within 7 days, totalled three for this month but the overall count of discharges to ADHB community mental health services was low (40) so this saw a dip below target.

Better Quality Care - Average LOS: Te Whetu Tawera

Median LOS YTD is approximately 20 days, but this month's average LOS again reinforces the importance of working with the Funder to build capacity /reconfigure residential NGO capacity to improve discharge pathway options.

Better Quality Care - Average LOS: Fraser McDonald Unit

This month's increased average LOS reflects that there were three discharges > 100 days, as part of the usual 9-10 discharges monthly.

Better Quality Care - Waiting Times

Three data/reporting factors (from August/September data) have affected for example, all age groups and because of the rolling 12 month approach this will continue to impact for some time. i.e. the introduction of a new CAMHS team into MoH reporting, the transfer of existing clients to a new regional Huntington's service, and the management of memory clinic clients within MHSOP.

Improved Health Status - Access (DHB-wide)

Access targets remain a challenge in all age groups except 0-19Y. However it should be noted that, in the adult continuum the DHB provider arm delivers only about 55% of the access, with NGO, CADS and other DHB services delivering the other 45%. It is challenging to understand the relative performance of different parts of this continuum from this access data (which is provided by the MoH).

Engaged Workforce - % of staff with excess Annual Leave

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

Key achievements in the month

TWT Co-design

A project manager has been appointed to support the TWT leadership in the Co-design work. The TWT Occupancy Escalation Plan is completed and will go live from 3 May. This has involved close collaboration between Community Mental Health Service and TWT.

Real Presence (secure face to face video links) has been installed in TWT and each community service to facilitate communication between the inpatient and community teams.

Areas off track and remedial plans

TWT

Work has started to review processes and improve performance of the inpatient service in three broad areas: acute flow, patient safety, and staff wellbeing. This focused activity is led by the SCD (who is now on the unit full time for 6 months) and NUM and supported by the codesign project manager. The initial focus is on daily and weekly prioritisation of clinical activity interdisciplinary roles and responsibilities and optimising the leadership capacity.

FMU

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

Key issues and initiatives identified in coming months

Localities

Work continues to map current CMHC boundaries/populations and utilisation of services against new localities boundaries, and identification of other data predicting population needs (e.g. prescriptions for psychotropic medication) to inform the priority CMHC facilities planning.

CFU

An ADHB hosted supra-regional workshop is planned with nine referring DHB services to review expectations re admission goals, LOS and discharge processes. This opportunity has come from the recently completed NRA led CFU review.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
Mental Health & Addictions				Reporting Date	Mar-16	
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	133	66	67 F	1,284	617	667 F
Funder to Provider Revenue	8,613	8,613	0 F	77,520	77,520	0 F
Other Income	22	29	(7) U	438	257	180 F
Total Revenue	8,768	8,708	60 F	79,242	78,394	847 F
EXPENDITURE						
Personnel						
Personnel Costs	6,453	6,536	84 F	54,560	55,199	639 F
Outsourced Personnel	201	82	(119) U	1,472	741	(731) U
Outsourced Clinical Services	64	129	65 F	765	1,162	398 F
Clinical Supplies	95	65	(30) U	637	586	(51) U
Infrastructure & Non-Clinical Supplies	298	300	2 F	2,802	2,700	(102) U
Total Expenditure	7,111	7,113	2 F	60,236	60,389	153 F
Contribution	1,658	1,595	63 F	19,006	18,005	1,000 F
Allocations	1,809	1,737	(72) U	15,753	15,635	(118) U
NET RESULT	(152)	(142)	(10) U	3,252	2,370	882 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	93.9	90.1	(3.8) U	93.2	89.0	(4.2) U
Nursing	308.8	304.3	(4.6) U	302.4	302.1	(0.3) U
Allied Health	260.3	277.8	17.6 F	256.5	275.7	19.2 F
Support	4.9	5.0	0.1 F	4.8	5.0	0.1 F
Management/Administration	56.8	61.6	4.8 F	56.9	61.6	4.7 F
Total excluding outsourced FTEs	724.6	738.7	14.1 F	713.8	733.3	19.5 F
Total :Outsourced Services	23.5	7.1	(16.4) U	17.6	7.1	(10.5) U
Total including outsourced FTEs	748.1	745.8	(2.3) U	731.4	740.4	9.0 F

Comments on Major Financial Variances

The result for the month is a deficit of \$152k against a budgeted deficit of \$142k, leaving an unfavourable variance of \$10k. The YTD result is \$882k F. The main reason for the favorable revenue in the month and YTD is unbudgeted Maternal Mental Health income.

Although overall our expenditure is favourable for the month and year-to-date, we are \$35k U in March and \$92k U YTD for personnel costs including outsourcing. Key issues are:

- Difficulty in recruitment and high acuity in some services leads to employees working overtime to provide cover;
- Low annual leave taken compared to budget phasing;
- Invoice catch-up for Registrar charges;
- Higher CPI increases than budgeted;
- Ongoing high acuity brings high demand of service to meet client's need.

The unfavourable internal allocations variance is due to Nutrition Services, which is under investigation.

Note - Medical FTE of 3.8 FTE U and Nursing FTE of 4.6 FTE U are mainly caused by vacancy saving allocation, and are offset by actual vacancies in other employee categories.

We are currently forecasting a year end result of \$774k F to budget which includes the upside from the Maternal Mental Health Acute Continuum Contract.

Action Plans for Significant Variances

- The service leadership group is commencing a review of the current utilisation of observations. This will reduce the need for extra staffing for some service user groups. There is also a wider focused piece of work commencing on reducing sick leave across the Directorate.
- There is an on going review of relevant expenditure including Authority to Recruits (ATR), overtime and annual leave.
- The on-going strategy to recruit new graduate nurses continues. These all commence in the first half of 2016, will contribute to the lower skill mix and reduce the premium paid on backfill.

Cancer and Blood Directorate

Speaker: Dr Richard Sullivan

Service Overview

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

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

The Cancer and Blood Directorate is led by:

Director: Richard Sullivan

General Manager: Deirdre Maxwell

Director of Nursing: Brenda Clune

Finance Manager: Dheven Covenden

Human Resource Manager: Andrew Arnold

Director of Allied Health: Carolyn Simmons Carlsson

Director of Primary Care: Rob Wallace

Directorate Priorities for 15/16

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

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

Q3 Actions – 90 day plan

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

As previously signalled, our Service Clinical Directors continue to work with our Lead SMO to agree and implement joint ways of working across medical/radiation oncology. Monitoring the implementation of the gynaecology tumour stream, and the head and neck tumour stream is also underway. Our SMO lead is working with clinical teams and our scheduling lead to progress a number of initiatives. These include initiatives to enhance effectiveness across all medical and radiation oncology tumour streams, examples of which include:

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

2 Reducing time to First Specialist Appointment across our services.

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

- Production planning to flag demand/capacity issues within medical oncology. This work now extends to drafting planning routines by tumour stream, which will include data extracts, timings, annual leave, and availability rosters. A special code has been implemented by Information Management to differentiate medical and radiation oncology first specialist appointments. This enables us to streamline our planning/scheduling processes.
- Establishing a Radiation Rapid Access Clinic for urgent patient access. Staff engagement and planning is underway.
- Of particular note this week has been the implementation of a new Central Referrals Office email referral acceptance process. This allows scanning and emailing rather than a paper-based process.

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

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

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

We are working to ensure robust ways of delivering to the Ministry of Health wait time guidelines concerning Bone Marrow Transplant (BMT) delivery. There are currently three patients waiting longer than the 6 weeks guideline, with 15 patients on the wait list (5 on hold). We are currently implementing administrative process changes to better plan and manage the demand among the variable and unpredictable acute demand pressures on the ward beds. We are working toward outpatient BMT delivery in June as planned. The team has been reviewing the literature and patient population to confirm the opportunity and service requirements of this model for the region. There

has been some balancing of this activity with the demands of clinical service provision given the current SMO staffing situation.

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

This new Ministry of Health national initiative sees additional psycho-social support provided for patients experiencing cancer. We have recruited to the psychology and lead social work positions for this regional service, and have now fully recruited to the social work positions. We have commenced providing service for patients within the haematology and the head/neck tumour streams. Regional work continues as we collectively develop our understanding of referral pathways so as to provide appropriate services. In addition, a national forum is being held on the 5 May 2016 as the first national event to showcase this new initiative. Dr Jonathan Coleman is delivering the opening address, and Ms Sue Waters (Chief Health Professions Officer, ADHB) is speaking as national cancer lead for the Directors of Allied Health.

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

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

7 Planned activity based on areas highlighted in staff survey

The Directorate has completed a staff burnout survey and senior level work on “Living Our Shared Values”. Teams within the Directorate have been asked to focus on areas to improve employee engagement. A report is currently being compiled to plan and initiate work concerning:

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

The outcome of the report will be available next month.

Q4 Actions – 90 day plan

We have exactly the same priorities as in Q3, with additional planned actions over the following 3 months to ensure that we meet these.

Measures

Measure	Actual	Target (end 15/16)	Previous Period
3 tumour streams implemented within Cancer and Blood (gynaecology, head & neck, lung)	2	3	1
62 day FCT target	76% (ADHB)	65% (Jan 16)	64%
BMT initiative – number of patients achieving recommended 4-6 weeks wait time (1 patient waiting longer than 6 weeks, of total of 15 patients)	80%	100%	61%
Supportive Care Services – eligible patients receiving services	tba	75% (July 16)	N/A
Auckland Integrated Cancer Centre Business Case submitted	tbc	Jan submission	N/A
Current and improved employee engagement measures used in the MOS	In progress	Improved measure	N/A

Scorecard

Auckland District Health Board
Hospital Advisory Committee Meeting 11 May 2016

Cancer and Blood Services				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	8.3%	≤6%	0.0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	2.3%	≤6%	1.6%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
Better Quality Care	(ESPI 1) % Services acknowledging 90% of FSA referrals within 10 working days	100.0%	100%	100.0%
	% DNA rate for outpatient appointments - All Ethnicities	7.0%	≤9%	6.0%
	% DNA rate for outpatient appointments - Maori	10.0%	≤9%	11.0%
	% DNA rate for outpatient appointments - Pacific	14.0%	≤9%	11.0%
	% Cancer patients receiving radiation/chemotherapy treatment within 4 weeks of DTT	100.0%	100%	100.0%
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 4 weeks of referral	100.0%	100%	99.4%
	% Radiation oncology patients attending FSA within 4 weeks of referral	82.3%	100%	85.0%
	Number of CBU outliers	22	0	14
	% Very good and excellent ratings for overall inpatient experience	R/U	≥90%	100.0%
	% Very good and excellent ratings for overall outpatient experience	R/U	≥90%	90.3%
	Number of complaints received	2	No Target	2
	28 Day Readmission Rate - Total	R/U	TBC	20.4%
	Average Length of Stay for WIES funded discharges (days) - Acute	3.81	TBC	4.04
	% Patients from referral to FSA within 7 days	20.7%	TBC	18.0%
	31/62 day target - % of non-surgical patients seen within the 62 day target	R/U	85%	77.0%
	31/62 day target - % of surgical patients seen within the 62 day target	R/U	85%	60.0%
	62 day target - % of patients treated within the 62 day target	R/U	85%	68.0%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	92.9%	≥95%	88.9%
	BMT Autologous Waitlist - Patients currently waiting > 6 weeks	2	0	1
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.11	0	\$0.11
	% Staff with excess annual leave > 1 year	27.8%	0%	24.1%
	% Staff with excess annual leave > 2 years	9.1%	0%	10.3%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	90.6%	0%	80.6%
	% Staff with leave planned for the current 12 months	18.2%	100%	18.3%
	% Leave taken to date for the current 12 months	81.0%	100%	81.8%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.1%	≤3.4%	3.2%
	% Voluntary turnover (annually)	8.7%	≤10%	8.9%
	% Voluntary turnover <1 year tenure	22.2%	≤6%	21.4%
Amber	= Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.			
R/U	= Result unavailable.			
	% Very good and excellent ratings for overall inpatient experience			
	% Very good and excellent ratings for overall outpatient experience			
	These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.			
	28 Day Readmission Rate - Total			
	A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).			
	31/62 day target - % of non-surgical patients seen within the 62 day target			
	31/62 day target - % of surgical patients seen within the 62 day target			
	62 day target - % of patients treated within the 62 day target			
	Results unavailable from NRA until after the 20th day of the next month.			

Scorecard commentary

Nosocomial pressure injury point prevalence (% of all inpatients): This was a single Grade 1 pressure injury which did not cause harm.

% DNA rates for outpatient appointments - Pacific: We are working with the Strategy department to understand the dynamics and develop an appropriate ongoing response(s) to rectify this.

Radiation Oncology % patients attending FSA within 4 weeks of referral

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

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

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

Key achievements in the month

Team Support Recruitment Processes: In December last year we conducted a change process seeking to align our team support roles, and to develop our staff into more of a virtual team. This seeks to provide additional support for staff, and clarity of roles particularly around working in with new Service Clinical Director roles. We are part way through interviewing/recruiting to three roles previously filled by temporary staff, and will be excited to announce substantive appointments shortly.

Areas off track and remedial plans

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

Haematology SMO staffing concerns

Our haematology service experienced a reduction in SMO clinician time approximately three months ago due to a staff member leaving, and a cumulative reduction in hours for a range of other reasons. National and international recruitment processes were commenced immediately; however there is a lack of haematologist availability nationwide. This workforce is acknowledged as being vulnerable. We have secured a locum SMO from England to commence work in September 2016, however to date other avenues have not provided the outcomes we seek. Engagement with locum agencies

continues, and in the meantime we are managing clinical workload as best we can. We will enter this on the risk register to allow visibility of progress.

Key issues and initiatives identified in coming months

Faster Cancer Treatment/tumour stream development: Activity continues to ramp up in our service with the support of a FCT lead and an SMO lead (tumour stream development). This work is flagging areas of focus within/between medical and radiation oncology which will improve our timeliness of provision. We are working with our regional DHB partners to identify and manage FCT timeliness for patients referred Auckland DHB.

Pharmac – Potential additional medications made available: It is possible that Pharmac will increase access to medications through national process. If this occurs there may be implications for our service.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
Cancer & Blood Services						
					Reporting Date	Mar-16
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,579	862	716 F	10,076	7,761	2,316 F
Funder to Provider Revenue	8,052	8,052	0 F	69,719	69,719	0 F
Other Income	(183)	28	(210) U	361	248	113 F
Total Revenue	9,448	8,942	506 F	80,157	77,728	2,429 F
EXPENDITURE						
Personnel						
Personnel Costs	3,083	3,041	(42) U	26,293	25,812	(482) U
Outsourced Personnel	58	69	12 F	671	625	(46) U
Outsourced Clinical Services	171	207	36 F	2,031	1,859	(171) U
Clinical Supplies	3,671	2,951	(719) U	29,237	25,640	(3,597) U
Infrastructure & Non-Clinical Supplies	96	98	2 F	1,002	894	(108) U
Total Expenditure	7,078	6,366	(712) U	59,234	54,830	(4,404) U
Contribution	2,370	2,576	(206) U	20,923	22,898	(1,975) U
Allocations	680	626	(54) U	5,471	5,454	(17) U
NET RESULT	1,690	1,950	(260) U	15,451	17,443	(1,992) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	63.4	62.1	(1.3) U	63.0	62.1	(0.9) U
Nursing	151.5	140.5	(10.9) U	144.9	140.5	(4.4) U
Allied Health	91.9	87.6	(4.3) U	86.6	87.6	1.0 F
Support	0.8	1.0	0.2 F	1.1	1.0	(0.1) U
Management/Administration	21.7	22.3	0.6 F	19.7	22.3	2.6 F
Total excluding outsourced FTEs	329.3	313.5	(15.7) U	315.4	313.5	(1.9) U
Total Outsourced Services	4.8	1.3	(3.5) U	4.5	1.3	(3.2) U
Total including outsourced FTEs	334.1	314.8	(19.2) U	319.9	314.8	(5.1) U

Financial Commentary

YTD financial analysis:

The result for the March YTD is an unfavourable variance of \$ 1,992k.

Volumes: Overall volumes are 97.2 % of contract. This equates to \$ 1,981k below contract (not recognised in the Cancer and Blood Provider result).

Total Revenue \$ 2,429k - favourable mainly due to

- i) Haemophilia blood product reimbursement \$ 1,916k F – demand driven offset by higher blood product costs.
- ii) Donation Income \$ 107k F – mainly Dry July income
- iii) Favourable Non-Residents income \$58k (timing).

Total Expenditure- \$ 4,421k unfavourable mainly due to:

Personnel Including Outsourced Personnel – \$528k U

- **Medical \$214k U** mainly unachieved savings target \$153k U
- **Nursing \$392k U** – primarily driven by unachieved savings target \$ 284k U and additional unbudgeted BMT nursing staff to cover occupancy and acuity levels.

Outsourced Clinical Services \$ 171k U – mainly due BMT Donor search fees \$ 82k U – volume driven.

Clinical Supplies \$ 3,597k U - primarily due to:

- Pharmaceutical costs \$ 1,678k U made up of
 - Oncology \$1,401k U - due to the impact of unbudgeted Herceptin costs of patients coming off research trial and the increase in high cost drug Zolendronate.
 - Haematology \$266k U - mainly due to high cost drug Defibrotide used in the treatment of BMT complications.
- Treatment disposables and blood product \$ 2,116k U – mainly Haemophilia Blood product costs (offset by increased revenue) combined with increased Haematology blood products (demand driven).
- Instrument & Equipment \$ 207k F – timing of depreciation combined with favourable variances in clinical equipment repairs and maintenance costs (timing).

Clinical Support Directorate

Speaker: Ian Costello, Acting Director

Service Overview

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

The Clinical Support Services Directorate is led by:

Acting Director:	Ian Costello
General Manager:	Kelly Teague
Director of Patient Management Services:	Joyce Forsyth
Director of Allied Health:	Moses Benjamin
Director of Primary Care:	Dr Barnet Bond

Directorate Priorities for 15/16

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

Q3 and Q4 Actions – 90 and 180 day plan

Priority	Action Plan
1	<ul style="list-style-type: none"> Laboratory and Radiology strategy consultation documents due for consultation in May 2016
	<ul style="list-style-type: none"> MOS system established and functional at Directorate level and at departmental level in the following areas: Daily Operations, Radiology, Laboratories and Clinical Engineering
	<ul style="list-style-type: none"> Pharmacy implementing Management Operating System in April 2016
	<ul style="list-style-type: none"> Leadership appointments, orientation and induction programme to be implemented for Allied Health - March 2016
2	<ul style="list-style-type: none"> Operational forecasting and planning - Production planning integrated with Daily Ops function – supports weekly Capacity and Demand forum and seasonal plan development
	<ul style="list-style-type: none"> Phase 1 of Transit Lounge redesign completed – concept plan developed linked to Integrated Daily Operations to be presented to ELT as a core part of the Provider Arm work programmes priorities .

	<ul style="list-style-type: none"> Medicines pathways under development and led by Pharmacy – additional FTE released from internal management restructure Introduce regular integrated Clinical Governance and quality meetings at service level – Draft TOR established for Radiology and Laboratory Services Labs and Radiology engaged in diagnostic pathway development for Faster Cancer Treatment Radiology MRTs moved from 35 to 40 hour week The booking process improvement initiative in Radiology has been implemented and is showing favourable results – reducing DNAs and assisting flow Escalation planning for afterhours patient care in train. Governance structure established and project priorities identified
3	<ul style="list-style-type: none"> Role of Director Patient Management Services appointed to – a key priority will be the development and implementation of an Integrated Daily Operations function for ACH Integrated Operations Centre planning underway as per the Daily Hospital Functioning work programme, Steering Group has been established and key leadership roles assigned.
4	<ul style="list-style-type: none"> A new leadership structure aligned with the Directorate model has been put in place A draft policy and protocol framework for the introduction of an 'Access Booking and Choice' model has been completed
5	<ul style="list-style-type: none"> Automation of Directorate Scorecard is underway Radiology and Laboratory scorecards established Financial objectives set for each Department, monitoring and reporting process centralised at Directorate level Two Clinical Support Staff members attended the Improvement Practitioner (Green Belt) training Two Clinical Support Staff members attending the Coaching Programme commencing in March

Measures

Measure	Actual	Target	Prev Period
Acute flow (hour, day, month)		95%	
Turn around time - Radiology			
% Outpatients & community referred MRI completed < 6 weeks	57%	85%	53%
% Outpatients & community referred CT completed < 6 weeks	93.5%	95%	90%
% Outpatients & community referred US completed < 6 weeks	85.8%	85%	82%
Turn around time – Laboratories		85%	
% Histology – Small Biopsies <= 7 days			
Patient Experience (outpatient bookings)		90%	
Turn around time - Pharmacy Dispensary	Measure in development		
Succession plans in place for key roles	Measure in development		

Scorecard

Clinical Support Services				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	Medication Errors with major harm	0	0	0
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
Better Quality Care	Number of complaints received	8	No Target	7
	% Outpatients & community referred MRI completed < 6 weeks	57.0%	≥80%	53.0%
	% Outpatients & community referred CT completed < 6 weeks	93.5%	≥90%	90.0%
	% Outpatient & community referred US completed < 6 weeks	85.8%	≥75%	82.0%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.52	0	\$0.53
	% Staff with excess annual leave > 2 years	7.7%	0%	7.5%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	99.2%	0%	96.6%
	Number of Pre-employment Screenings (PES) cleared after the start date	1	0	1
	Sick leave hours taken as a percentage of total hours worked	3.6%	≤3.4%	3.6%
	% Voluntary turnover (annually)	9.1%	≤10%	9.6%
	% Voluntary turnover <1 year tenure	6.6%	≤6%	6.3%

Scorecard commentary

- There were no serious or major adverse events reported.
- There were five complaints in March 2016 and the themes were around lack of communication and clinicians attitude. The Directorate is in the process of reviewing processes to ensure that a 'lessons learnt' approach is adopted and the learning is shared across all departments.
- There were two falls (without harm) whilst ambulating in Allied Health.
- Two medication errors were reported in Pharmacy Cytotoxics related to an incorrect formulation volume and a minor error in labelling. This has resulted in staff retraining.
- Medicines Governance walkrounds have begun on wards following a successful pilot. This assesses standards of medicines management and storage on wards against national standards.
- Business rules for managing High Suspicion of Cancer two week wait patients have been developed and were approved at the Director's meeting on 19 April 2016. This will enable a consistent approach for managing the process for these patients to be implemented across all Directorates through the Patient Service Centre.
- Following a successful accreditation audit of the Cervical smear test cytology screening service at APS Mount Wellington the service is working with the National Screening Unit on a slide review process to understand fluctuations identified in the audit data and if this needs to inform future practice or quality target measures.
- Each department is in the process of compiling a risk register which will feed into the Directorate Risk Register. A gap analysis has been undertaken across the Directorate to determine the training requirements for Health and Safety Representatives. In addition, Health and Safety Inspections have been arranged for each department over the next 2 months.

- A monthly HR report has been developed for the Directorates Senior Leadership Team to review and take action with regards to improving access annual leave, sick leave and voluntary turnover. A Directorate and Service level mandatory training database is under development.
- A number of Clinical Directors and Service Managers have attended the Leadership Development and Coaching Conversations Programmes.

Radiology

Performance in the past 6 months against the MoH indicators across modalities has continued to improve. Performance improvement against targets in MRI, CT and US was maintained. This has been achieved against a background of an increase in acute referrals as a result of higher than anticipated admissions requiring imaging diagnostics. In the short term recruitment and staff training combined with outsourcing and process improvement activity within the department will continue to have a positive impact on the waitlist over the coming months and our aim is to meet the MoH indicators by May 2016. Further modelling of demand, case mix and forward production, and capacity planning will identify options for long term sustainability and further improvement.

The production planning team are currently modelling the impact of the surgical recovery plan (which has been implemented from March 31 to May 2016) for Radiology and Laboratories. If successful this approach will be implemented across all modalities.

MRI

Performance against the MRI target of 85% of referrals completed within six weeks has slightly improved in March 2016 (57%) compared to February 2016 (51%). The waitlist continues to improve and currently stands at 529 (March 2016) compared to 602 in February 2016. Radiology will continue with efforts to accelerate progress toward achieving MoH indicators through a number of planned initiatives including outsourcing, realignment of staffing rosters, the introduction of additional operating hours and service improvement projects. Outsourcing arrangements for adult referrals are assisting in managing demand and a total of 1,895 additional procedures have been completed by private providers for the period July-Jan 2016 (160 in February 2016). The three DHB owned scanners have completed 5,094 scans for the same period. The outsourcing of 'standard' scans has made a significant impact on the waiting list. We are re-evaluating our outsourcing strategy to ensure we are able to maintain and accelerate progress and meet the increasing requirements for more complex procedures e.g. general anaesthesia and sedation.

In an effort to decrease DNAs and improve the patient experience, our patient administration service is continuing its work on direct patient contact (booking). The department has introduced a dedicated scripted message for all Radiology patient phone calls. The script provided to administrators aims to be as informative as possible about the specific procedure to help reduce patient anxiety.

CT

Performance improvement against the MoH indicator of 95% of out-patients completed within six weeks has been maintained for the past four months and is currently at 91.5% for March 2016. A reliable service model is in place and there is a high degree of confidence that performance against this target will be maintained.

Ultrasound

Our performance has shown 85.8% of out-patients were scanned within 6 weeks in March 2016 (against a target of 85%) compared with 82% in February 2016. This improvement is largely due to the introduction of additional weekend sessions; validation of waiting lists has improved management of DNAs. We continue to work on long term solutions to manage demand, for example, through direct communication with all GP referrers and providing clinical advice and guidance where required.

Key achievements in the month

- Radiology vacancies have been filled pending students completing final year exams
- Validation of the MRI waiting list which has helped decreased the number of adult patients waiting longer than 42 days from 31% at 6 March 2016 to 19% at 10 April 2016
- General Manager commenced in post on the 14th March 2016
- IANZ accreditation of APS Mount Wellington achieved

Areas off track and remedial plans

Radiology

The focus remains on meeting MoH indicators for MRI and the internal waitlist for Ultrasound. A detailed production plan is in place with weekly reporting on status. Bookings will be increased over March/April 2016 to ensure the longest waiting patients have appointments made. Further engagement with production planning initiatives in other Directorates will begin in March to identify how this can support forward planning of capacity and demand.

Lab - Anatomical Pathology Service (Mt Wellington)

- Challenges in meeting turnaround times for histology continue. A number of initiatives have been implemented including recruitment to additional Pathologist FTE x2 and use of locum staff. Engagement with community services has begun to understand significant changes to volumes in certain areas.
- An increase in dermatology referrals of 20% has impacted performance. Meetings with key stakeholders to understand the drivers for this is underway.

Forensic Pathology

- Short term reduction in Pathologist resources is impacting the service.
- Contract discussions with Ministry of Justice continuing to help resolve outstanding issues.

Key issues and initiatives identified in coming months

- Patient Service Centre - A paper will be presented at the Director's meeting within the next month to describe the current challenges in systems, processes and structure, together with proposals to enable a consistent approach across the organisation.
- ADHB/WDHB Contact Centre software implementation
- Implementation plan for an Integrated Daily Operations Centre
- Resolve environmental issues at APS Mount Wellington
- Conclude discussions with Ministry of Justice on National Forensic Pathology Service
- Develop proposals for improvements and efficiencies in Interpreter Services
- Directorate approach to FCT tracking to be developed across key services

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
<i>Clinical Support Services</i>						
						Reporting Date Mar-16
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,710	1,504	206 F	13,056	13,370	(314) U
Funder to Provider Revenue	3,125	3,125	0 F	27,529	27,041	488 F
Other Income	1,424	1,371	53 F	11,607	11,930	(323) U
Total Revenue	6,259	6,000	259 F	52,193	52,341	(148) U
EXPENDITURE						
Personnel						
Personnel Costs	10,789	11,172	383 F	93,161	97,148	3,987 F
Outsourced Personnel	556	249	(307) U	4,290	2,239	(2,051) U
Outsourced Clinical Services	669	573	(96) U	6,128	5,011	(1,117) U
Clinical Supplies	3,844	3,853	9 F	35,206	33,476	(1,730) U
Infrastructure & Non-Clinical Supplies	482	503	21 F	4,508	4,548	41 F
Total Expenditure	16,340	16,351	11 F	143,292	142,422	(870) U
Contribution	(10,081)	(10,351)	270 F	(91,099)	(90,081)	(1,018) U
Allocations	(8,357)	(7,719)	637 F	(69,740)	(67,074)	2,666 F
NET RESULT	(1,724)	(2,632)	907 F	(21,359)	(23,007)	1,648 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	140.4	141.9	1.5 F	136.8	141.3	4.4 F
Nursing	70.5	73.4	2.9 F	74.8	73.4	(1.4) U
Allied Health	843.4	854.4	11.0 F	843.3	854.4	11.1 F
Support	71.8	68.4	(3.4) U	71.8	68.4	(3.4) U
Management/Administration	303.1	315.0	11.9 F	305.0	315.0	10.0 F
Total excluding outsourced FTEs	1,429.1	1,453.1	24.0 F	1,431.7	1,452.4	20.7 F
Total :Outsourced Services	22.2	1.1	(21.1) U	19.5	1.1	(18.4) U
Total including outsourced FTEs	1,451.3	1,454.2	2.9 F	1,451.1	1,453.5	2.4 F

Comments on major financial variances

YTD result is \$1, 648k favourable. The key drivers of this result are:

1. Personnel Costs \$3,987K F due to FTE being 21 below budget YTD. 18 of these vacancies are covered by outsourced personnel. Contributing to this F variance is the cost per FTE for Allied Health personnel being below budget.
2. Outsourced Clinical Supplies were U due to additional outsourcing of MRIs to meet Ministry of Health targets.
3. Clinical Supplies were U due to additional volumes of Interventional Radiology procedures.

Pharmacy Clinical Supplies were higher than budget due to increased clinical trials. This was offset by additional trial revenue. Interpreters costs were over budget due to additional volumes.

4. Revenue was U in Laboratories due to the termination of the Mid Central contract. This was partially offset by a reduction in direct treatment costs and also additional trial revenue.

Surgical Directorate

Speaker: Wayne Jones, Director

Service Overview

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

The services in the Directorate are currently structured into the following portfolios:

- Orthopaedics, ORL, Neurosurgery
- General Surgery, Trauma, Transplant, Urology
- Ophthalmology, Surgical Out Patient Clinics, Oral Health

The Surgical Directorate is led by:

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

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

Directorate Priorities for 15/16

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

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

Q4 Actions

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

Activity	Progress
Recruitment and appointment of Directorate management implemented	New directorate structure went live on the 4 April, all posts will be fully recruited to by the 9 May 2016
Induction of new directorate management team	First of the induction programmes being delivered on the 16 May 2016
Training and appraisals for all staff groups	All managers are reminded to ensure that annual appraisals are completed and a copy sent to payroll
Celebrate our successes	Continue to provide nominations for Hospital Heroes MOS process to capture positives and escalate Nominations made for the annual nursing and midwifery awards

2. Meet all health, financial and efficiency targets

Activity	Progress
Manage discretionary spend	Directorate level review on-going
Improve inventory management	Consignment / implant workgroup - end to end process established and first meeting held.
Implement leave management six week rule	Enforcing six week rule for leave applications continues across all specialities

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

Activity	Progress
Managing capacity and demand	FCT – Priority code is now visible on the WT05 report / waiting list. PAS team leaders now need to ensure that all bookers are trained to enter the field to show the FCT status of the patient. This will improve our reporting and scheduling of patients from a surgical perspective.
Waitlist management and SCRUM	Implementation of an OPD SCRUM is being progressed and is expected to be rolled out on 1 June 2016

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

Activity	Progress
Performance "pizza" to go live	Awaiting business objects upgrade. Roll out date is dependent on BI time frames
SMO timetable alignment	PVS 16/17 draft to determine demand. Job and Service size planning for all specialities, this will

	be supported by the FTE reconciliation exercise commencing on the 18 April
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5. Improve the quality of all services, learning from our success, best practice and monitoring of our clinical outcomes

Increase ERAS with orthopaedic unit	Elective Orthopaedic ward – media visit on 19 April to the ward to understand the ERAS project and work undertaken.
Implement nurse led discharge pilot	Elective ERAS orthopaedic ward to pilot nurse led discharges - Process in place to enable nurse led discharge, SMOs visit patient day after surgery assess the wound and then hand over to the nursing staff to facilitate/decide on date of discharge. At present the house officers currently complete the discharge summary documentation in conjunction with the nurse.
Nurse led follow ups	Currently being trialled in ASU, patients that are discharged from ASU have nurse led telephone follow ups. This ensures timely advice and guidance is given and prevents emergency readmissions through ED as patients are brought back to the appropriate setting.
Establish Quality and Patient Safety meetings within each department	Nurse Consultant appointed commencing April 2016. Areas of focus for the first 90 days are: <ul style="list-style-type: none"> • A stocktake of current service quality meetings • Process for the escalation of risks for consideration at the Directorate Quality Meeting.
Analyse patient satisfaction information	Standing agenda item on the weekly Directorate Quality and Patient Safety meeting.
Identify patient representatives into quality system	TOR/standing agenda/group to be established. Patient representatives to be identified
Update patient letters and communications	In progress with PAS team, organisational wide project.
Monitor clinical outcomes	Directorate input into CRAB implementation , Directorate representatives have been identified.

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

Conduct a patient safety culture survey	Developed and implementation planned.
Collaborate with primary care to manage patient expectation	GP liaison role to facilitate.

Measures

Measure		March	Target	February
ESPI compliance	ESPI 2	0.02%	Fully Compliant =0%	0.05%
	ESPI 5	0.76%	Fully Compliant = 0%	0.59%
DNA rates for all ethnicities (%)		9%	9%	9%
Elective day of surgery admission rate (DOSA) %		82.3%	≥68%	81.1%
Day surgery rate (%)		63.8%	≥70%	64.5%
Number of complaints received		21	≤10/month	15
SMOs with aligned timetables (%)		TBC	≥80% tbc	TBC
Theatre list usage (%) (Utilisation adult services)		98%	≥94%	95%
Reduction in the number of preventable session losses		59%	>50%	36%
Orthopaedic productivity (elective only)		97% (-4)	100%	86%
Performance appraisals up to date (%)		TBC	≥80%	TBC
SMOs with a leave plan in place (%)		TBC	≥80%	TBC
Ophthalmology productivity		100%	100%	102%
Patient experience survey response count (monthly)		R/U	TBA	106 responses
Patient experience survey responses rating care as very good or excellent		R/U	≥90%	82%
Patient experience survey responses rating care as fair or poor		R/U	≤5%	7%

Scorecard

Surgical Services				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	1	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	5.2%	≤6%	5.4%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.5%	≤6%	4.5%
	Number of reported adverse events causing harm (SAC 1&2)	3	0	0
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.93	≥1	0.92
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	100.0%	100%	83.3%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.02%	0%	0.05%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0.76%	0%	0.59%
	% DNA rate for outpatient appointments - All Ethnicities	9.00%	≤9%	9.00%
	% DNA rate for outpatient appointments - Maori	21.0%	≤9%	20.0%
	% DNA rate for outpatient appointments - Pacific	16.0%	≤9%	17.0%
	Elective day of surgery admission (DOSA) rate	82.3%	≥68%	81.0%
	% Day Surgery Rate	63.8%	≥70%	62.4%
	Inhouse Elective WIES through theatre - per day	65.53	TBC	67.68
	Number of CBU outliers	180	0	193
	% Patients cared for in a mixed gender room at midday - Adult	10.0%	TBC	11.0%
	% Very good and excellent ratings for overall inpatient experience	R/U	≥90%	89.4%
	% Very good and excellent ratings for overall outpatient experience	R/U	≥90%	81.4%
	Number of complaints received	21	No Target	15
	28 Day Readmission Rate - Total	R/U	≤10%	9.9%
	Average Length of Stay for WIES funded discharges (days) - Acute	3.88	TBC	3.32
	Average Length of Stay for WIES funded discharges (days) - Elective	1.20	TBC	1.38
	31/62 day target - % of non-surgical patients seen within the 62 day target	R/U	85%	77.0%
	31/62 day target - % of surgical patients seen within the 62 day target	R/U	85%	60.0%
	62 day target - % of patients treated within the 62 day target	R/U	85%	68.0%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	92.6%	≥95%	97.4%
Engaged Workforce	Excess annual leave dollars (\$M)	\$1.09	0	\$1.05
	% Staff with excess annual leave > 1 year	29.7%	0%	29.9%
	% Staff with excess annual leave > 2 years	16.3%	0%	15.4%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	100.0%	0%	100.0%
	% Pre-employment Screenings (PES) cleared before the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.3%	≤3.4%	3.5%
	% Voluntary turnover (annually)	9.0%	≤10%	9.8%
	% Voluntary turnover <1 year tenure	9.0%	≤6%	8.1%
Amber	= Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.			
R/U	= Result unavailable.			
	% Very good and excellent ratings for overall inpatient experience			
	% Very good and excellent ratings for overall outpatient experience			
	These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.			
	28 Day Readmission Rate - Total			
	A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).			
	31/62 day target - % of non-surgical patients seen within the 62 day target			
	31/62 day target - % of surgical patients seen within the 62 day target			
	62 day target - % of patients treated within the 62 day target			
	Results unavailable from NRA until after the 20th day of the next month.			

Scorecard Commentary

Health Targets

Elective Discharges

In March, the cumulative achievement across the Provider Arm was 93% of target (-410 discharges). However, Adult Services achieved 98% of the Auckland DHB Adult discharge target (-12 patients). The biggest area of deviation from plan was -11 in Neurosurgery. The recovery plans agreed with each service have been delivering to plan; against the high on-going acute demand.

The March Adult IDF discharge position was 105% of the target (+21 patients). The main areas of deviation were Orthopaedics and Ophthalmology. At the end of March the ESPI 2 position is moderately non-compliant for ADHB at 0.02%.

The organisational position for ESPI 5 is reported as moderately non-compliant for patients not receiving a date for surgery within 4 months at 0.76% (the target is <1.0%).

Increased Patient Safety

There were three SAC 2 events reported in the month of March, One in Urology and two in Ophthalmology. These are being fully investigated by the appropriate teams.

There were 13 medication errors reported for the month of March, without harm. The Directorate continues to work towards undertaking audits on medication administration compliance.

There were 23 falls reported for the month of March (none with major harm). These will be thoroughly reviewed at the Directorate Falls meeting and the weekly Quality meeting. There is one fall with major harm currently being investigated; it has not yet been confirmed that the injury occurred whilst the patient was under the care of the Surgical Directorate.

There were 13 pressure injuries reported for March, categories for which are as follows:

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

Better Quality Care

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

Patients cared for in a mixed gender room at midday in March has reduced to 10%; this continues to be due to the pressures on bed capacity as a result of the acute load.

The number of outliers has reduced in March to 180, this reflects the acute demand across the hospital, and the effectiveness of the elective orthopaedic beds opened on ward 62. Where possible teams have been working to align the capacity, co-horting and repatriating patients to reduce the outliers across the surgical bed base, to support the rest of the hospital and the patient flow. When occupancy has reduced across the hospital the Nurse Unit Managers have worked with

the Charge Nurses to reallocate staff and close beds, ensuring that patients receive excellent care and that staff get an opportunity to take leave and maintain their training and education.

Day surgery rates have increased during the month to 63.8% against a target of 70%. The elective DOSA rate increased in March to 82.3% and is above the 68% target.

Improved Health Status

Smoking Cessation

Performance is below target at 92.6% in March. This result is being audited by the ward Charge Nurses as advice is being provided but is not currently being captured on the discharge summaries correctly. The Charge Nurses and Service Clinical Directors are ensuring that the House Officers are correctly capturing and recording this information. It is expected that this position will improve as a result of the correct recording.

Engaged Workforce

- The Surgical Services Graduate Management Trainee commenced and has been orientating within the Directorate, and has been allocated to specific projects across all specialities.
- The Directorate structure took effect on 4 April 2016 and all new appointments will be in post by 9 May 2016.
- An Induction programme has been developed by the HR team for all Service Clinical Directors, Nurse Unit Managers, and Business Managers. The first four hour session is planned for 16 May 2016.
- Interviews for the second Faster Cancer Treatment Co-ordinator in Surgical Services are taking place in April, two candidates have been shortlisted.
- Directorate representatives have attended the pilot Leadership Development Programme, and have provided very positive feedback regarding the course content and delivery.

Key achievements in the month

- A three day Rapid Improvement event was held in March for the Genitourinary (GU) Faster Cancer Treatment (FCT); this was well attended by a multidisciplinary team from Urology. This has delivered a robust project plan to improve the patient pathway at ADHB, colleagues from Counties Manukau DHB also attended to help improve the regional flow of referrals. Key outputs were identified as:

Improvements across all GU Tumour Streams

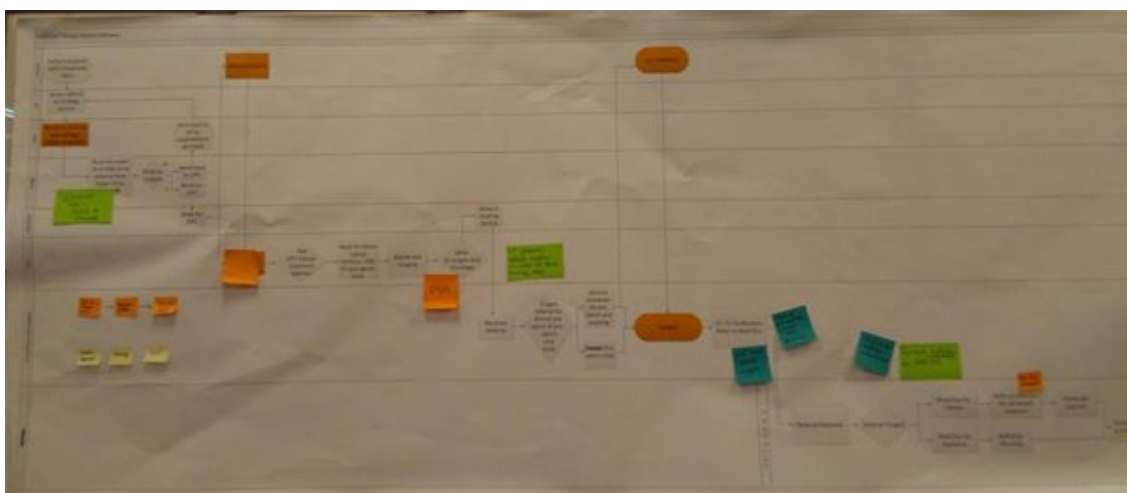
- All GP referrals to be on e-referral
- CRO to convert paper referrals to e-referral
- Ensure triaging clinicians have designated protected time for triage
- All triaging to be done within one business day
- Plan and implement 'Live surgical booking' for all GU Tumour Streams
- Ensure all CMDHB referrals are scanned and emailed (rather than post or fax)
- Share outcomes of event with CMDHB

Haematuria clinic

- One of the key developments was the one stop Haematuria Clinic which we are aiming to implement early May. Patients will have CT/US, cystoscopy and FSA on the same day, if there is a confirmed cancer they should leave with a surgery date



Multidisciplinary team who took part in the 3 day rapid improvement event



Example of a review of a GU pathway with gaps identified for improvement

- On 22 April and study day was held for Health Care assistants, with 20 representatives from Surgical Services in attendance. The day promoted and provide guidance on how to communicate effectively with patients and relatives, and how to manage difficult behaviours.

Areas off track and remedial plans

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

Key issues and initiatives identified in coming months

- FTE reconciliation exercise to be undertaken across surgical services to ensure that Orgplus and budgets are aligned with the new Directorate structure.
- Delivery of ESPI targets at an organisational level.
- Project plan in place for the increase in Urology services at Greenlane, expected start date 1 June 2016
- All managers to ensure that staff have had an annual appraisal
- Joint workshop with Production Planning team and Orthopaedic team to review current end to end service delivery models and identify improvements to increase capacity to meet the current demand.

Financial Results

Surgical Services Directorate

STATEMENT OF FINANCIAL PERFORMANCE						
<i>Surgical Services</i>						
					Reporting Date	Mar-16
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	639	862	(223) U	6,387	7,757	(1,370) U
Funder to Provider Revenue	22,395	22,395	0 F	183,792	183,792	0 F
Other Income	472	419	53 F	3,404	3,772	(368) U
Total Revenue	23,505	23,676	(170) U	193,583	195,321	(1,738) U
EXPENDITURE						
Personnel						
Personnel Costs	8,450	7,733	(717) U	69,834	64,984	(4,850) U
Outsourced Personnel	418	239	(179) U	2,813	2,152	(661) U
Outsourced Clinical Services	148	327	178 F	1,706	2,940	1,234 F
Clinical Supplies	2,861	2,651	(210) U	22,137	21,828	(309) U
Infrastructure & Non-Clinical Supplies	253	185	(68) U	2,424	1,671	(753) U
Total Expenditure	12,131	11,135	(996) U	98,914	93,575	(5,339) U
Contribution	11,375	12,541	(1,166) U	94,669	101,746	(7,077) U
Allocations	2,831	2,430	(401) U	22,608	21,226	(1,382) U
NET RESULT	8,543	10,110	(1,567) U	72,061	80,520	(8,459) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	196.5	200.1	3.6 F	198.1	200.1	2.0 F
Nursing	508.3	470.3	(38.0) U	497.9	470.3	(27.6) U
Allied Health	36.8	37.4	0.6 F	37.2	37.4	0.1 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	70.3	67.9	(2.4) U	68.1	67.9	(0.2) U
Total excluding outsourced FTEs	812.0	775.7	(36.2) U	801.4	775.7	(25.7) U
Total :Outsourced Services	20.2	14.0	(6.2) U	17.9	14.0	(3.9) U
Total including outsourced FTEs	832.2	789.7	(42.5) U	819.3	789.7	(29.6) U

Comments on major financial variances

Month result

ACC Revenue reductions amounted to \$205k and this Revenue type continues to be impacted by high acute volumes reducing the capacity to carry these out (the elective component).

Acute inpatient volumes were particularly high and over delivery against contract 19% (\$1.8M) for the month, while elective inpatient volumes were consequentially lower (10% or \$0.8M). The inpatient volume workload together with non-inpatient service over deliveries resulted in a total surgical over delivery against contract of 6% (\$1.3M).

The high patient workload has impacted Medical personnel costs through additional allowance payments covering the longer hours required and continue to impact Nursing FTE initiatives. Additional JRMO FTE across the Directorate, together with additional Nursing FTE recruited for the start-up of the OEU (Orthopaedics Elective Unit) have also impacted personnel costs this month.

Clinical supply costs are higher primarily as a consequence of the volumes (Orthopaedic inpatient acutes up 18% on WIEs value) increasing implant spend (\$158k U), while transplant retrieval costs for organ transport from Australia (\$101k U) were also significant. Internal allocations were also impacted by volumes resulting in higher Radiology, MRI and Nutrition charges.

YTD result

The Revenue deficit continues to be primarily ACC and the General Surgical TPN contract shortfall.

High volumes (particularly acutes, \$7.3M and 9% over contract), has impacted Personnel costs through additional hours payments increasing the cost per FTE equivalent, while reducing the ability to make FTE savings.

Business Improvement Savings

Specific savings of \$318k were achieved for the month, \$79k higher than target, despite the high workload. YTD savings now total \$1,527k, 90% achieved against a target of \$1,691k (71% achieved YTD in Dec).

Community and Long Term Conditions Directorate

Speaker: Judith Catherwood, Director

Service Overview

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

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

The Community and Long Term Conditions Directorate is led by

Director: Judith Catherwood

General Manager: Alex Pimm

Director of Nursing: Jane Lees

Director of Allied Health: Anna McRae

Director of Primary Care: Jim Kriechbaum

Interim Medical Director: Barry Snow

Directorate Priorities for 15/16

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

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

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

Q3 Actions – 90 day plan

1. Leadership and staff development programme

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

Workforce planning for Nursing and Allied Health role development is in progress. A career pathway for Needs Assessment and Service Coordination workforce is being implemented. The new service developments in progress, including rapid response, early supported discharge and stroke services provide opportunities to enhance Nursing and Allied Health roles.

Out- Patient improvement programme

DNA action plan continues to be implemented with our initial focus on Diabetes Services. The initial reduction in DNA rates has not been sustained. We are concerned to see no further improvement and are investigating alternatives.

A proof of concept study has commenced to reduce rescheduling rates by applying a six week booking rule in a number of outpatient clinics. We continue to monitor these rates on a monthly basis.

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

Implementation of business rules into Older People's Health outpatient services and community services has commenced to ensure accurate activity and waiting times reporting on these services from July 2016.

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

A plan for the future of the Specialist Diabetes Services has been completed and will be reviewed by HAC at its May 2016 meeting.

2. Intermediate Care Programme

The locality model of care implementation process continues involving Community, Gerontology and Diabetes Services in 2016. The new single point of access and single triage and assessment process will begin within community services at the end of April 2016. Plans to integrate Geriatric Medicine, Diabetes Services and Palliative Care into the locality model are in progress.

Rapid Response services continue to be delivered. We will extend the service to support direct access to Aged Care, St John's and General Practice by the end of May 2016. Further information on current volumes and activity in Rapid Response is provided below. We plan to introduce KPIs and further measures of impact into future reports on this service.

The Step Home pilot is currently being evaluated prior to planning the future of intermediate care beds. A report for the Executive Team to review is being completed.

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

Frailty pathway planning has almost concluded. Implementation will begin in May 2016.

Informatics and Technology

Reporting programme to support the Directorate with effective management information from HCC is in progress and will be completed by end of June 2016.

HCC upgrade for Community and Sexual Health was completed over Easter 2016. A number of technical issues are now being resolved prior to planning for the Diabetes Service upgrade commencing. The Directorate would like to thank the Information Services team for their support during this upgrade which was manual and complex work for the staff involved.

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

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

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

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

A Diabetes Service Plan has been completed and will be reviewed by the Board in May 2016. Dermatology service sizing is completed and will be implemented from July 2016. Rheumatology external clinical review has commenced to support current and future demand needs. Sexual Health Service change has been implemented and evaluation continues throughout 2016/17.

An Adult Palliative Care Strategy has been approved for implementation. Plans for integrating the specialist service across ADHB are ongoing. A consultation document to support an integrated clinician leadership role for Specialist Palliative Care is being completed and consultation is scheduled to begin in April 2016.

Measures

Measures	Current	Target (End 2015/16)	Previous Period
Reduce DNAs	12%	9%	12%
Reduce rescheduling rates	49.0%	40%	59.3%
Increase virtual activity (currently supporting accurate recording to create baseline)	TBC	5% (TBC)	TBC
Meet waiting times and patient flow targets	4 mths (max)	3 mths (max)	4 mths (max)
Reduce 28 day readmissions of elderly patients	11.2%	10%	11.2%
Increase proportion of older people living in their own home (accurate measure in development)	TBC	95%	TBC
Recruit to the structure and develop leadership capacity	Implementation phase	Completion phase	Fully developed phase

Scorecard

Adult Community and Long Term Conditions				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	Medication Errors with major harm	1	0	0
	Number of falls with major harm	1	0	3
	Nosocomial pressure injury point prevalence (% of in-patients)	7.4%	≤6%	0.0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.3%	≤6%	4.3%
	Number of reported adverse events causing harm (SAC 1&2)	3	0	4
Better Quality Care	(ESPI 1) % Services acknowledging 90% of FSA referrals within 10 working days	100.0%	100%	100.0%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.00%	0%	0.30%
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less	93.4%	≥80%	91.6%
	% Inpatients on Rehab Plus patients waiting list for 2 business days or less	80.0%	≥80%	60.0%
	% DNA rate for outpatient appointments - All Ethnicities	12.0%	≤9%	12.0%
	% DNA rate for outpatient appointments - Maori	23.0%	≤9%	20.0%
	% DNA rate for outpatient appointments - Pacific	30.0%	≤9%	25.0%
	% Patients cared for in a mixed gender room at midday - Adult	3.0%	≤2%	0.0%
	% Very good and excellent ratings for overall inpatient experience	R/U	≥90%	77.8%
	% Very good and excellent ratings for overall outpatient experience	R/U	≥90%	93.8%
	Number of complaints received	3	No Target	4
	% Discharges with Length of Stay less than 21 days (midnights) for OPH and Rehab Plus combined	77.2%	≥80%	67.6%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	100.0%	≥95%	100.0%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.01	0	\$0.02
	% Staff with excess annual leave > 1 year	33.0%	0%	32.8%
	% Staff with excess annual leave > 2 years	2.4%	0%	3.0%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	84.6%	0%	76.5%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.4%	≤3.4%	3.5%
	% Voluntary turnover (annually)	11.0%	≤10%	9.9%
	% Voluntary turnover <1 year tenure	3.2%	≤6%	3.6%
Amber	= Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable to Engaged Workforce KRA.			
R/U	= Result unavailable.			
	% Very good and excellent ratings for overall inpatient experience			
	% Very good and excellent ratings for overall outpatient experience			
	These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.			

Scorecard Commentary

There were three SAC 2 events recorded in March 2016. One of the three events was a fall with major harm. One related to an adverse drug event in Dermatology. The final event has been downgraded to a SAC 3 event and occurred in Community Services. All are being fully investigated.

Point prevalence data on pressure injuries deteriorated in the March audit, but the 12 month rolling average continues within target. There is a daily focus on pressure injury management in all our wards.

We are currently compliant with ESPI 1 and ESPI 2 targets. We forecast to remain compliant through to the end of the financial year. Our area of greatest risk in the future, is Dermatology and the new capacity plan and service size to be in place from July 2016 will eliminate this risk. We continue to work with services to support improvement in waiting times and remain confident we can achieve a three month maximum waiting time within the Directorate. We are working with services on demand and capacity planning, virtual capacity and follow up practice which all influence the ESPI 2 waiting time.

Our DNA rates were falling but have plateaued in the last month. Changes to the definition did have some impact as have changes to patient focussed booking in certain areas. We remain committed to reducing these rates.

The Directorate remains committed to minimising the number of patients in mixed gender rooms but marginally failed to meet the target in March 2016. Plans are in progress to change the current way we support patients with behaviours of concern so that acute observation units become single sex.

Patient flow targets have been met throughout Reablement Services in March 2016. This is the first time both units have met the new stretch patient flow targets since we introduced them in 2015. The Directorate is pleased to be able to report improved flow throughout March despite stable demand for services and would like to acknowledge the hard work of the team in delivering these improvements to flow.

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

The Directorate has achieved a significant reduction in excess leave in the last year. We have plans to reduce this further and expect the level of excess to reduce to near zero by June 2016. We note our excess leave liability is now less than \$100K and numbers of staff with excess leave continue to reduce. Sick leave is monitored monthly and currently within target and is being actively managed applying the Auckland DHB Wellness Guide. We have established the Directorate Wellness Group to support staff health.

Key achievements in the month

- A plan to progress integration of service in Specialist Palliative Care across Hospice and Hospital services continue to progress and plans to consult on a new structure are advanced. A consultation document is at final draft stage for release in April 2016.
- The Locality Model of Care in Community Services is continuing to be implemented. The engagement with primary care and aged residential care is progressing well. The new single point of access, daily triage system and integrated single assessment process is being implemented in April 2016.
- Plans are well advanced to introduce rapid response services to primary care, aged care and St John's. We are also developing our early supported discharge service to commence for winter 2016. This service will support intensive rehabilitation in the home for appropriate patients. Both these services will improve flow and support care closer to home.
- Patient flow has improved to meet the new local stretch targets. We aim to keep to these throughout winter which will support ED and the acute services and ensure quality care in the right place at the right time.
- A range of improvement projects are in place within Community Services to improve patient facing time for staff. These include work on NASC processes, District Nursing clinic utilisation, demand and capacity planning in all teams, and task analysis. These have uncovered areas of opportunity and plans are now being made to implement changes to practice to improve service delivery.
- The Directorate have worked with the Pacific Health Team on creating capacity for a Pacific Nurse Resource Nurse to support services to respond in different ways to the health needs of the Pacific population. The role has been designed with the Pacific Health Team and we plan to target this support in Diabetes Services in the first instance.

Rapid Response Services Update

The Directorate launched a Rapid Response Service in August 2015. The service has been very successful and feedback from staff, other service stakeholders and patients is extremely positive. The model of care has developed and will see further integration, embedding this service into the locality model of care over 2016. There is strong liaison between Rapid Response staff and NASC, and Gerontology Services. Plans to accept direct referral from General Practice, St John's and Aged Care facilities are in place and will commence in May 2016, ready for winter 2016. We have had no serious adverse events or quality concerns. The Directorate would like to commend staff in Community and Gerontology Services for their commitment and support in establishing this new service.

Service Activity to March 2016

Chart 1 demonstrates Rapid Response encounters by activity type.

- Over the last 4 months, there is an average of 74 in-patient consultations which creates an average of 54 first assessments and 554 follow up assessments per month delivered by the Rapid Response Service.
- Follow up activity has been steadily increasing since the service was introduced in August 2015 with a peak in March of 610 contacts.

Chart 1: Rapid Response Service Encounters by Activity Type

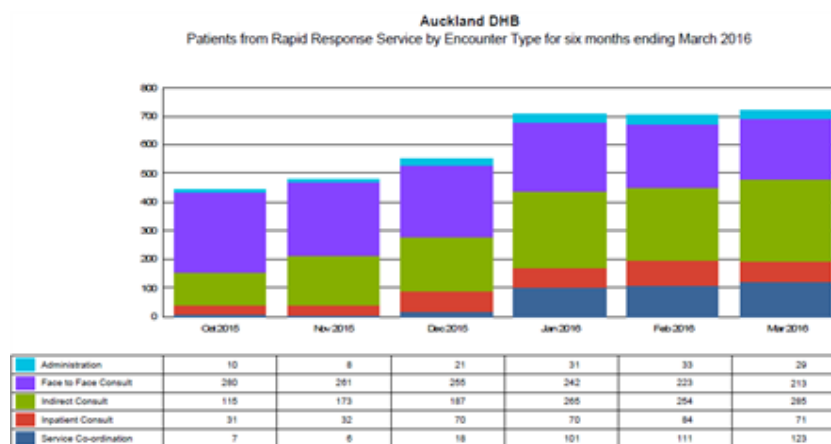
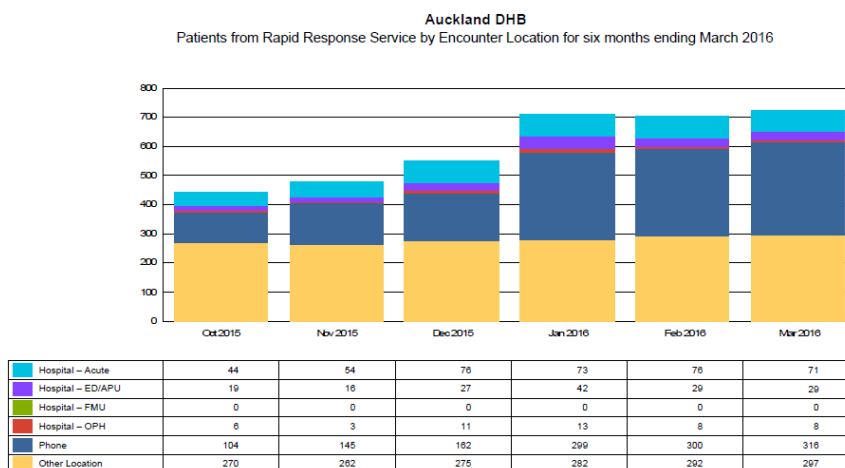


Chart 2 demonstrates the proportion of contact activity by location.

- 41% of contact activity for the service is delivered in the patient's home. 15% of activity is delivered in the ED department or in hospital. As overall contact numbers have increased over time (Chart 1) a growing proportion of follow up contacts are delivered via telephone conversations with the patient. Telephone consultations now comprise 44% of the patient contacts.

Chart 2: Proportion of contact activity by location



Areas off track and remedial plans

- DNA action plan for the Directorate has been developed and is being implemented across all services. A direct booking approach and reminder service has begun in Diabetes Services. Other options including drop in clinics and shared care clinics will be progressed as part of the plan to improve accessibility for patients. The direct booking approach is also being used in Rheumatology Services and will be used in other areas in due course.
- A number of our services use HCC to record activity. There have been no clear business rules in place to ensure the services record activity and volumes accurately which has an impact on revenue, funding, projection planning and understanding patient flow. The plan developed with Business Intelligence to address this issue is progressing well. The new business rules have been implemented in Sexual Health and will be implemented in Community Services in April 2016. Improved reporting on activity will be in place by end of June 2016.
- Dermatology Services continue to experience high demand for services which is impacting on waiting times in this service. A service sizing exercise to address this issue is being finalised. Additional FTE has been agreed and we are in the process of recruiting. The new service model will be operational in the new financial year. The change will include the establishment of a 'see and treat' clinic to ensure all patients with suspected melanoma will meet the required FCT targets.
- The Directorate has experienced challenges in the discharge planning of patients who require disability funding support in the community. This has a particular impact on Rehab Plus given the case mix. We are working with Taikura Trust to reduce these delays as quality of care outcome is now being hindered when patients are ready to be cared for in home but cannot receive the required care due to delays in edibility and assessment processes.

Key issues and initiatives identified in coming months

- Complete recruitment to the Directorate Leadership team. Recruitment to three key leadership posts in the Directorate is in progress.
- Implementation, orientation and development of the revised Directorate structure which introduces the new Clinician Leadership model. A key priority for our directorate is the development of Clinician Leadership skills and capability. Staff have commenced the new Clinician Leadership Programme.
- Embed management operating system across the Directorate at service level combined with an improved clinical governance structure in all services.
- Implementation and further development of the locality model within home health services, integrating Diabetes Services, Palliative Care and Geriatric Medical Services into the model during 2016. This will reduce duplication of effort and enhance community responsiveness.
- Implement the new Clinician Leadership model in the Adult Palliative Care Services across the district and integrate specialist palliative care.

- Continue the development of work streams to improve the quality and outcome of the patient's journey including intermediate care, dementia care, frailty pathway and the stroke pathway. A plan to progress the implementation of the integrated stroke services during 2016/17 is now underway.
- Development of a capital planning programme for the Directorate and the facilities our services utilise. A number of our buildings are in need of refurbishment. Plans for refurbishment are in development for OPH, Rehab Plus and Ambulatory and Community services based at Greenlane. Our future requirements need to be informed by our clinical Services plans and support a whole of Auckland DHB approach.
- Develop improved performance within our Ambulatory Services through a combination of enhanced production, demand and capacity planning, benchmarking and quality improvement to create sustainable, accessible services within available resources.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date		
<i>Adult Community and LTC</i>				Mar-16		
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,004	1,065	(61) U	9,621	9,665	(44) U
Funder to Provider Revenue	6,058	6,058	0 F	52,221	52,221	0 F
Other Income	19	16	4 F	182	141	41 F
Total Revenue	7,082	7,139	(57) U	62,024	62,027	(3) U
EXPENDITURE						
Personnel						
Personnel Costs	4,258	4,264	7 F	34,902	35,746	844 F
Outsourced Personnel	103	67	(37) U	880	674	(205) U
Outsourced Clinical Services	138	143	6 F	1,182	1,291	110 F
Clinical Supplies	717	678	(38) U	5,928	5,831	(97) U
Infrastructure & Non-Clinical Supplies	178	170	(8) U	1,393	1,524	131 F
Total Expenditure	5,393	5,323	(71) U	44,285	45,067	782 F
Contribution	1,688	1,816	(127) U	17,739	16,960	779 F
Allocations	477	362	(115) U	3,292	3,150	(142) U
NET RESULT	1,211	1,454	(243) U	14,447	13,810	637 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	71.5	71.1	(0.3) U	67.9	71.1	3.2 F
Nursing	278.0	280.4	2.4 F	279.0	280.4	1.4 F
Allied Health	127.2	129.3	2.1 F	124.2	129.3	5.1 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	38.2	41.7	3.6 F	38.9	41.7	2.8 F
Total excluding outsourced FTEs	514.8	522.6	7.7 F	510.0	522.6	12.6 F
Total :Outsourced Services	8.5	2.3	(6.2) U	9.5	2.9	(6.5) U
Total including outsourced FTEs	523.3	524.8	1.5 F	519.5	525.5	6.0 F

Comments on Major Financial Variances

The current month result for March is \$243k U and the YTD result is \$637k F.

Current month

The key drivers in the current month's result are:

- Higher patient meal costs (\$60k U). This is being investigated across the Provider and external contracting pricing being finalised, with a possible correction being applied next month.
- Lower ACC revenue against budget in Reablement Services (\$55k U).
- High clinical supply costs (\$38k U), with continuing high demand in ostomy, and high sexual health education and promotion costs in the month.
- Increased volume of Laboratory, Radiology and MRI charges (\$48k U), predominantly in Ambulatory Services.

YTD

Price volume schedule (PVS) volumes are slightly above base contract at 100.1% YTD. This equates to \$70k above contract, with interdistrict flow (IDF) over delivery of \$441k and ADHB population under delivery of \$371k. The net over delivery of volumes is not recognised in the Directorate result. Total expenditure YTD is \$637k F. Significant drivers of this are:

- Personnel and outsourced personnel combined of \$748k F, due to net vacancies of 6.0 F under recruitment, one-off corrections from 2014/15 and the continued focus on leave management, which resulted in high leave taken over the summer period.
- Infrastructure and non-clinical supplies are \$131k F due to a number of drivers including changes of service delivery of nutrition services (\$61k F), one off adjustments for CPE travel and vehicle gains, and timing of vehicle costs with the two vehicles written off not yet replaced.

Forecast

The Directorate is currently forecasting a year end result of \$606k F to budget. This assumes that the current low volumes for ACC are on-going as well as recruitment to several vacant positions.

Savings

We continue to meet savings targets.

Perioperative Directorate

Speaker: Dr Vanessa Beavis, Director

Service Overview

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

The Perioperative Directorate is led by

Director: Dr Vanessa Beavis

General Manager: Tara Argent

Director of Nursing: Anna MacGregor

Director of Allied Health: Kristine Nicol

Directorate Priorities for 15/16

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

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

Q3 Actions – 90 day plan

Activity	Progress
Reduce session losses unused by service and release session not filled.	March position is sitting at 94% average across all surgical specialties, against a target of 97%. A report is generated and circulated weekly to review retrospective performance. A new meeting structure is being implemented to include OR managers, Bookers, Schedulers, CNs and Business Managers to improve usage with forward planning.
Asset management plan.	OR Managers leading the completion of the asset verification register and development of the asset management plan for rolling replacements.
Review inventory management and access to “non stock” items.	Periop is working with procurement on several work streams to build a robust catalogue. Once completed, we will work towards items being managed by inventory rather than OR staff, which will provide more control.

Q4 Actions – 90 day plan

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

Measures

Measure	Actual March	Target (End of 15/16)	Progress - update
Single instrument tracking in place	TDoc	Nexus	Completion date for the nexus project has been extended – timeline yet to be confirmed due to IT issues.
Reduction in waiting times for anaesthesia assessment clinic to 2 weeks	RU	85%	This is being reviewed by the project team and developed into a wider patient focused / Transition Hub project led by Performance Improvement. Justin Kennedy Good to meet with GM to agree project team and support w/c 25/4.
Reduction in the number of preventable session losses	59%	30%	The SCRUM process is working effectively as more services are attending the meeting and the surgical bookers are now booking lists further ahead which allows for lists to be recycled and managed more effectively.
Increase number of patients through ORDA for services such as upper GI, and neuro surgery	29.3%	30%	This needs to be a joint project with Surgical Services with Service Improvement support to be able to identify potential savings across the patient pathway that would support the cost and FTE required to expand ORDA. This will become a potential issue for delivery of the PVS/discharges in the future as demand increases.
Contribute to Multidisciplinary team(MDT) meetings for high risk	By invitation only	Vascular and Liver	Linking with all specialities to identify the MDMs that take place across ADHB that require anaesthesia input and then plan where

			attendance is possible / accordingly, and the ability to allocate resource.
Establishment of pre-anaesthetic clinic for paediatrics	On Hold		This will need to be reviewed as part of the overarching Service Improvement project being scoped by Justin Kennedy Good.

Scorecard

Perioperative Services				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	% Acute index operation within acuity guidelines	81%	≥ 95%	71%
	Wrong site surgery	0	0	0
	% Antibiotics within 60 mins of operation	80%	≥ 80%	81%
Better Quality Care	Unplanned overnight admission	5.38%	≤ 3%	5.40%
	Unplanned ICU / DCCM stay	0.2%	≤ 1%	0.1%
	30 day mortality rate	0.4%	≤ 2%	0.4%
	CSSD incidents	2.08%	≤ 2%	2.71%
Improved Health Status	Elective sessions planned vs actual	97%	≥ 97%	96%
	Adjusted utilisation	86.26%	≥ 85%	86.42%
	Late starts	10.9%	≤ 5%	7.6%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.30	0	\$0.30
	% Staff with excess annual leave >1 year <2 years	29.2%	≤ 30%	29.5%
	% Staff with excess annual leave > 2 years	9%	0.0%	8.0%
	Sick leave hours taken as a percentage of total hours worked	4.2%	≤ 3.9%	4.2%
	% Voluntary turnover (annually)	9.2%	≤ 10%	7.9%
	% Voluntary turnover <1 year tenure	6.9%	≤ 6%	8.2%
Amber	= Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.			

Increased Patient Safety

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

No SAC 1 and one SAC 2 incidents reported in the 3 months from 1 December 2015 to 31 March 2016, which has been downgraded following investigation on the 4 April 2016.

There were 6 medication incidents reported for March 2016, without harm. Each department holds a monthly quality meeting where all incidents are reviewed and investigated. This is monitored by a Directorate quality meeting where any recurring trends are reviewed and action plans agreed as necessary.

Better Quality Care

Unplanned overnight admissions reduced in March to 5.38% against a target of 3%, which is attributed to the acute load and case mix.

CSSD Incidents decreased in March to 2.08% and are predominantly linked to wrap damage. A new wrap has been trialled which has delivered an improvement. Moving forward, new technology with vacuum packing could be introduced and improve the sterility and reduce patient cancellation and deferred care is being investigated.

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

Improved Health Status

Elective sessions planned vs actual

March has seen an improvement in the planned vs actual elective session usage to 97%, this is attributed to the improved attendance of the SCRUM meeting and the release and reallocation of sessions across departments. This is set against the on-going increased acute demand. Weekend insourcing lists have commenced as part of the ADHB recovery plan, but are being managed in conjunction with bed availability, especially in Cardiac.

Late Starts

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

Engaged Workforce

Excellent team work demonstrated across the ORs working despite significant disruption to deliver an Australasian first of six Liver Transplants in six days. The Perioperative and surgical teams must be commended on how they worked together to deliver excellent patient care and maintain the elective throughput.

Five trainee anaesthetic techs have now qualified and been appointed to permanent roles. This is a key achievement for the organisation as this training scheme reduces ADHBs reliance on overseas recruitment.

Directorate representative has attended the pilot Leadership Development Programme and has provided positive feedback regarding the course content and delivery.

Key achievements in the month

- Vascular lists week A and C have been moved to Level 4 hybrid OR but Level 8 backfill is subject to staffing increases.
- Cardiothoracic has begun to engage in the SCRUM process but often cancellations are last minute so cannot be easily utilised by other services. Acute cases from Level 8 are done where possible.
- Lists during acute transplants have been moved to level 4 where possible to prevent cancellations. Staff have also been moved to improve skill mix.

Areas off track and remedial plans

- The completion date for the Single Instrument Tracking S.I.T. project has been extended, due to changes in key personnel. The timelines are as yet unclear due to the unexpected IT issues and infrastructure (plant) issues at GSU have also emerged. Further clarity is being sought from the vendor and health Alliance. The pause in the project has allowed for some background preparation work (process changes) to be undertaken. 51 out of 58 actions that need to be completed prior to the recommencement have been closed; all outstanding actions are IT based.
- A subcommittee of the Surgical Board has been established to review OR allocation requests and changes. Terms of Reference have been drafted and are awaiting ratification at the next Surgical Board, along with requests from General Surgery, Urology and Orthopaedics.

Key issues and initiatives identified in coming months

- Preadmission clinics and the delivery of this service has been identified as a Service Improvement project, to review the current and future demand. This project will also look at the way in which resources are delivered to the service, structure, IT systems and the links with other Directorates to deliver the elective targets.
- Implementation of the SAFERsleep upgrade to incorporate the preadmission and pain modules.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date		
Perioperative Services				Mar-16		
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	189	189	(1) U	1,716	1,705	10 F
Funder to Provider Revenue	0	0	0 F	0	0	0 F
Other Income	19	18	1 F	294	158	136 F
Total Revenue	207	207	0 F	2,010	1,864	146 F
EXPENDITURE						
Personnel						
Personnel Costs	7,944	7,788	(155) U	67,163	65,849	(1,313) U
Outsourced Personnel	82	42	(41) U	559	378	(182) U
Outsourced Clinical Services	0	0	(0) U	0	0	(0) U
Clinical Supplies	3,769	3,394	(375) U	30,992	30,545	(447) U
Infrastructure & Non-Clinical Supplies	187	176	(12) U	1,510	1,590	80 F
Total Expenditure	11,983	11,400	(583) U	100,225	98,362	(1,863) U
Contribution	(11,776)	(11,193)	(583) U	(98,215)	(96,498)	(1,717) U
Allocations	29	27	(1) U	232	237	5 F
NET RESULT	(11,805)	(11,220)	(584) U	(98,446)	(96,735)	(1,712) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	164.5	165.5	1.0 F	157.9	165.4	7.4 F
Nursing	413.7	419.0	5.3 F	408.7	418.2	9.5 F
Allied Health	104.7	108.0	3.3 F	103.6	107.9	4.3 F
Support	112.0	113.8	1.8 F	112.0	113.8	1.8 F
Management/Administration	22.8	24.6	1.8 F	23.6	24.6	1.0 F
Total excluding outsourced FTEs	817.7	831.0	13.3 F	805.8	829.9	24.1 F
Total :Outsourced Services	4.3	1.3	(3.0) U	2.5	1.3	(1.2) U
Total including outsourced FTEs	822.1	832.3	10.3 F	808.4	831.2	22.9 F

Comments on major financial variances

Month

The net result for March is \$584k unfavourable due primarily to clinical supply (\$375k U) and personnel expenditure (\$155k U) overspends.

The clinical supply spend arises from high March volumes putting pressure on consumable reserves lowered during the quieter January and February months. Personnel costs were impacted by significant one -off back pay for historical on- call allowances.

Both expenditure categories were highly impacted by the patient volume increase, a 12% increase in

operating minutes from February 2016 and 14% higher than March 2015.

Year

The net result for the year to date is \$1,712k U, primarily driven by unfavourable personnel costs.

The statistics continually demonstrate an increase in longer and more complex cases, including transplants, which have increased by 5% from Mar YTD 2014/15 to Mar YTD 2015/16. This has resulted in increased spending to maintain theatre capacity in all categories of personnel except management. Nursing costs represent 55% and Anaesthetic Technicians represent 21% of the increased spending. Both of these staff groups additional cost are related primarily to allowances, over- time and penal rates reflective of the increased volumes, their complexity and the unplanned nature of some of them (e.g. transplants).

Favorable FTEs and an unfavorable personnel spend shows that staff levels are being utilised for longer hours within aligns with longer, more complex cases and high transplant numbers.

Business Improvement Savings

Perioperative Business Improvement savings are tracking to budget despite the increased spending levels.

Cardiovascular Directorate

Speaker: Dr Mark Edwards, Director

Service Overview

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

The Cardiovascular Team is led by

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

Directorate Priorities for 15/16

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

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

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

Q3 Actions – 90 day plan

1. Embed Clinician Leadership model including induction & orientation for new leadership team

All Clinician Leadership positions are now filled. A plan that supports leadership orientation and induction supporting our Vascular, Cardiothoracic Surgery and Cardiology patient management groups is in place including nominations to the ADHB Leadership programme.

2. Develop Clinical Governance and quality frameworks

Terms of Reference governing of regular integrated Clinical Governance and quality meetings at directorate level are in draft for consideration at first Cardiovascular Leadership meeting scheduled for April 2016.

A clear quality framework that involves the whole team and focuses on structure, processes, and outcomes is in place – this will take time to bed down with formal governance arrangements.

The Safety Culture Survey was re-run October/November 2016 with almost twice the number of respondents from the previous surveys run in 2012 and 2013. A series of presentations across the Directorate to share the findings and seek ideas from staff for further improvement work to incorporate into our framework and business plan has taken place.

3. Reconfigure service delivery for Cardiothoracic Surgery patient pathway

- a. We have aligned our workstream on care of the physiologically unstable patient with the organisational work programme for this strategic deliverable. Work on the Early Warning Score within the Cardiothoracic surgery patient pathway will be completed by Q4 but we have previously advised that it is very unlikely that the full outreach component will be completed by then – due to the speed of organisational progress and potential staffing implications. However, to meet the challenge of increasing Heart and Lung Transplants and Extracorporeal Membrane Oxygenation volumes we have started planning how to develop a system of outreach from CVICU as part of supporting patient flow across the cardiothoracic patient pathway.
- b. Work on developing a Cardiothoracic Surgery satellite clinic as the first stage in reconfiguring the Nursing Model of care on Ward 42 is well underway as is development of a shared Cardiothoracic Surgery/Cardiology care area for preoperative Cardiothoracic Surgery patients. This latter piece of work is complex as it requires significant buy-in from both local and potentially regional cardiology services and will likely need to be extended beyond the initial target date for completion of June 2016.
- c. Data management formed the basis of a number of recommendations underlining the service redesign work currently underway. The continued use of the CPR database by the Auckland DHB Cardiothoracic Surgical Unit does not align Auckland DHB with the national direction to capture, manage and report access and urgency data within the cardiac units using a standard set of outcome data for every publicly funded cardiac surgery patient. It also represents on-going risk to the Auckland DHB Cardiothoracic Surgery Unit through continued use of a database which has limitations on the ability to easily extract data for local reporting and quality improvement purposes and reliant on a small single operator vendor.

We are in the process of developing a framework for a business case to change from the CPR product to the Dendrite product that will align us with national direction and address the risk posed by providing the ability to collect reliable and standard patient flow data, prioritisation scores and decisions, waitlist status, and outcome measures. Alignment with electronic health record project will be considered as part of this.

4. Improve our communication with Directorate staff

In order to assist us develop a strategy to commence prospective rather than reactive communication to support our Clinician Leadership model and Clinical Governance and quality frameworks we undertook a staff survey. We will incorporate themes into a directorate wide plan

At this month's Cardiovascular Grand Round, a well-attended teaching forum, the Directorate Leadership Team presented under the banner of "Cardiovascular services - the year that was and the year ahead". Excellent attendance and feedback was received. We will build on this with regular updates.

5. Plan for future service delivery

We continue with planning for how we might implement the principles underpinning the business case submitted to the Ministry of Health relating to Heart and Lung Transplantation and Extracorporeal Membrane Oxygenation. This has been established using the A3 approach with the aim of having the plan in place to improve timely access for patients waiting for cardiothoracic surgery, effective resource utilisation and supporting staff resources by July 2016.

A plan to ensure sustainable delivery of non-DHB patient services is ready for presentation to the Directorate Clinician Leadership Group; feedback will be sought over the next month.

A Governance Committee group meeting has been convened for April to review and adopt a final set of recommendations from the Hybrid OR project. This will bring an end to the formal project and set the way forward for establishing the Hybrid OR further into business as usual for the organisation.

Measures

Measure	Actual	Target End 2015/16)	2016/17
Adverse events: number of outstanding recommendations by due date	TBA	<10	0
Adverse events: median number of days from Reportable Events Brief – A submission to report ready for Adverse Events Review Committee (working days)	177	70	<70
% of patients with email address submitted at admission	20%	50%	95%
Inpatient experience very good or excellent	Achieved	>90%	>95%
Number of recommendations off track without remedial plans	0	0	0
Directorate remains within budget (with 5% variance)	3% (U)	On Budget	On Budget
Savings plan projects favourable to budget	Favourable	Favourable	Favourable

Scorecard

Cardiovascular Services				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	≤1	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	1
	Nosocomial pressure injury point prevalence (% of in-patients)	2.6%	≤6%	0.0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3.9%	≤6%	4.7%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	1
Better Quality Care	(ESPI 1) % Services acknowledging 90% of FSA referrals within 10 working days	100.0%	100%	100.0%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.0%	0%	0.0%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0.0%	0%	0.0%
	HT2 Elective discharges cumulative variance from target	0.95	≥1	0.97
	% DNA rate for outpatient appointments - All Ethnicities	11.0%	TBC	11.0%
	% DNA rate for outpatient appointments - Maori	20.0%	TBC	17.0%
	% DNA rate for outpatient appointments - Pacific	20.0%	TBC	26.0%
	Elective day of surgery admission (DOSA) rate	14.2%	TBC	21.0%
	% Day Surgery Rate	15.4%	TBC	11.5%
	Inhouse Elective WIES through theatre - per day	30.09	TBC	30.03
	Number of CBU outliers	55	0	33
	% Very good and excellent ratings for overall inpatient experience	R/U	≥90%	94.4%
	% Very good and excellent ratings for overall outpatient experience	R/U	≥90%	88.2%
	Number of complaints received	5	No Target	2
	28 Day Readmission Rate - Total	R/U	TBC	15.3%
	Cardiac Bypass Surgery Waiting List	82	52-104	83
	% Accepted referrals for elective angiography treated within 3 months	99.5%	≥90%	98.4%
	% Adjusted theatre utilisation	83.2%	≥80%	83.0%
	% Theatre cancellations	7.6%	TBC	12.8%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	93.9%	≥95%	93.0%
	Vascular surgical waitlist - longest waiting patient (days)	113	≤150	116
	Outpatient wait time for chest pain clinic patients (% compliant against 42 day target)	93.8%	≥70%	77.1%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.52	0	\$0.52
	% Staff with excess annual leave > 1 year	32.7%	0%	32.4%
	% Staff with excess annual leave > 2 years	12.5%	0%	13.2%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	97.0%	0%	97.2%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.4%	≤3.4%	4.5%
	% Voluntary turnover (annually)	11.7%	≤10%	11.5%
	% Voluntary turnover <1 year tenure	6.6%	≤6%	6.7%
Amber	= Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.			
R/U	= Result unavailable.			
	% Very good and excellent ratings for overall inpatient experience			
	% Very good and excellent ratings for overall outpatient experience			
	These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.			
	28 Day Readmission Rate - Total			
	A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).			

Scorecard commentary

Increased Patient Safety

There were no SAC 1 incidents for March for the Directorate. There was one SAC 2 incident for March, this was related to a retained swab at procedure, requiring a second procedure for removal. This is being investigated. The patient's subsequent recovery was uneventful.

Better Quality Care

The Cardiovascular Service is meeting the 4 month target in both elective service delivery targets, ESPI /2 and ESPI 5.

In March the service continued to see a large number of inflows onto the waitlist; however production was high which saw the waitlist decrease to 81. The service has made progress in the management of the P2 patients with all patients waiting over 30 days having a tentative scheduled date for surgery. Heading into winter there is likely to be continued high inflows onto the waitlist which will challenge the service, plans are in place for managing this.

The service had 3 ECMO patients and 1 transplant in March, the patient cancellations were kept to a minimum during this period with a decrease in patients cancelled for March.

ESPI 2 in Cardiology continues to be challenging however we continue to maximise clinics and manage our ESPI 2 compliance.

Improved Health Status

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

Engaged Workforce

There has been another small decrease across excess annual leave in this long term focus area. The Directorate continues to focus on working with employees on management of their leave and leave planning.

Key achievements

- Leadership orientation and induction to support our Vascular, Cardiothoracic Surgery and Cardiology patient management groups under way.
- Implementation following a number of planning activities; implementing the business case submitted to the Ministry of Health relating to Heart and Lung Transplantation and Extracorporeal Membrane Oxygenation, establishing the Hybrid OR further into business as usual for the organisation and sustainable delivery of non-DHB patient services.
- Framework in place for Q4 deliverables.

Areas off track and remedial plans

- Work on developing a shared Cardiothoracic Surgery/Cardiology care area for preoperative Cardiothoracic Surgery patients is complex as it requires significant buy-in from both local

and potentially regional cardiology services and will likely need to be extended beyond the initial target date for completion of June 2016.

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

Key issues and initiatives identified in coming months

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

Financial Results

Auckland DHB - Cardiovascular Services Statement of Financial Performance for March 2016

(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	89	123	(34) U	924	1,066	(141) U
Funder to Provider Revenue	10,883	10,883	0 F	97,948	97,948	0 F
Other Income	563	568	(5) U	5,655	5,097	558 F
Total Revenue	11,535	11,574	(39) U	104,528	104,111	417 F
EXPENDITURE						
Personnel Costs						
Medical	2,468	2,401	(67) U	20,006	20,970	963 F
Nursing	2,367	2,513	146 F	20,180	20,014	(166) U
Allied Health	542	530	(12) U	4,708	4,636	(71) U
Support	15	13	(2) U	118	117	(1) U
Management/Administration	201	191	(10) U	1,780	1,677	(103) U
Total Personnel Costs	5,593	5,649	56 F	46,793	47,414	621 F
Outsourced Personnel	48	50	1 F	393	446	53 F
Outsourced Clinical Services	141	58	(82) U	756	505	(251) U
Clinical Supplies	2,913	2,511	(402) U	24,230	22,599	(1,631) U
Infrastructure & Non-Clinical Supplies	70	164	94 F	1,275	1,478	203 F
Total Expenditure	8,764	8,432	(333) U	73,447	72,441	(1,005) U
Contribution	2,770	3,142	(372) U	31,081	31,669	(588) U
Allocations	1,142	993	(148) U	8,858	8,635	(223) U
NET RESULT	1,629	2,149	(520) U	22,223	23,034	(811) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	92.2	92.1	(0.1) U	89.8	92.1	2.3 F
Nursing	309.4	315.6	6.2 F	309.0	315.7	6.7 F
Allied Health	67.9	67.0	(0.9) U	65.1	66.9	1.8 F
Support	3.0	3.0	0.0 F	3.0	3.0	0.0 F
Management/Administration	30.2	33.1	2.9 F	32.4	33.1	0.7 F
Total excluding outsourced FTEs	502.6	510.8	8.1 F	499.4	510.7	11.3 F
Total Outsourced Services	1.3	1.7	0.4 F	1.3	1.7	0.5 F
Total including outsourced FTEs	503.9	512.5	8.6 F	500.7	512.5	11.8 F

Comments on Major Financial Variances

The YTD result is \$811k U. While overall inpatient discharges are 0.6% above contract, WIES is 6.1% below contract equating to \$5.9m (not recognised in the Directorate result), and 2.3% below last year. Actual 15/16 WIES are lower than contract due to both a new (lower) WIES version

implemented in 15/16, and a change in case-mix driving a lower average WIES. For example, in Cardiology we see an overall drop of 3.75% in the average WIES due to the new case-weights. We continue to monitor this closely.

1. Revenue

- Overall revenue variance YTD is \$417k F due to:
- Favourable variance from Non-Resident patients with a volume higher than budget.

2. Expenditure

Total Expenditure YTD is \$1228k U, this is mainly due to

- Personnel and Outsourced personnel costs are net \$674k F; mostly from being 11.8 FTE below budget arising from vacancies in Nursing & Registrars.
- Outsourcing Clinical is \$251k U YTD. Cardiac outsourced six lead extractions and six bypass cases. We are managing future outsourcing downwards as lead extraction work is now back in-house through using the new Hybrid theatre. However there is still some on-going risk where high transplant numbers are reducing local capacity and requiring outsourced over-flow volumes.
- Clinical Supplies is \$1,631k U, mainly due to the increase in TAVI cases – March YTD 50 compared with 31 for the same period last year and that the hA savings programme relating to Cardiac Implants has not materialised to date. Also contributing to the unfavourable variance are two unbudgeted LVADs in February - \$238k. We are reviewing purchase information to ensure robustness of the financial information, and there will be on-going dialogue with supply chain management to verify the outcomes of the hA savings programme. We are re-forecasting our TAVI volumes for the rest of the year to clarify our forecast financial position through to year end. However, our position remains challenging in the context on on-going clinical demand and ESPI compliance.
- Infrastructure & Non-Clinical Supplies is \$203k F; mostly from building depreciation due to timing for the capitalisation of the Hybrid theatre, yet to be finalised.
- Internal Allocations are \$223k U due to higher Radiology charges (7.4% higher than the same period last year) and higher Nutrition charges (21.2% higher than the same period last year). These variances have been partially offset by vascular research overhead recovery for prior years.

3. Forecast

The financial result this month has required us to shift forecast year end to be unfavourable to budget by \$650k. This will challenge us to continue looking for further efficiencies that support our savings assumptions while maintaining our waiting list target with minimal outsourcing. The latter does depend on both the clinical activity and timing of the national Heart and Lung transplant service and how that relates to our wait list recovery plan.

Commercial & Non Clinical Support Directorate

Speaker: Clare Thompson, General Manager

Service Overview

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

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

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

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

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

Directorate Priorities for 15/16

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

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

Q3 & Q 4 Actions – 90 day plan

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

Service Group	Deliverable/Action	Q1	Q2	Q3	Q4	16/17
Contracts	Contracts Database				√	
Contracts	Contracts Management framework				√	
Contracts	Transforming Food Service Delivery			√	√	
Commercial Services Bus Imp	Motor Vehicle – Service Review				√	√
Commercial Services Bus Imp	Motor Vehicle Fleet Strategy				√	√
Commercial Services Bus Imp	Sustainability - CEMARS Certification				√	
Commercial Services Bus Imp	Sustainability Strategy					√
Commercial Services Bus Imp	Sustainable Transport				√	
Operations NCS	Security Access Control & CCTV System			√	√	√
Operations NCS	Security-for-Safety work programme			√	√	√
Operations NCS	Security Strategy			√	√	√
Operations NCS	Waste Transformation Project				√	√
Procurement & Supply Chain	healthAlliance/Procurement Framework			√	√	√
Procurement & Supply Chain	Supply Chain Framework				√	√
Procurement & Supply Chain	Auckland Regional Supply Chain Review				√	
Procurement & Supply Chain	Gap analysis for National Oracle system				√	

Scorecard

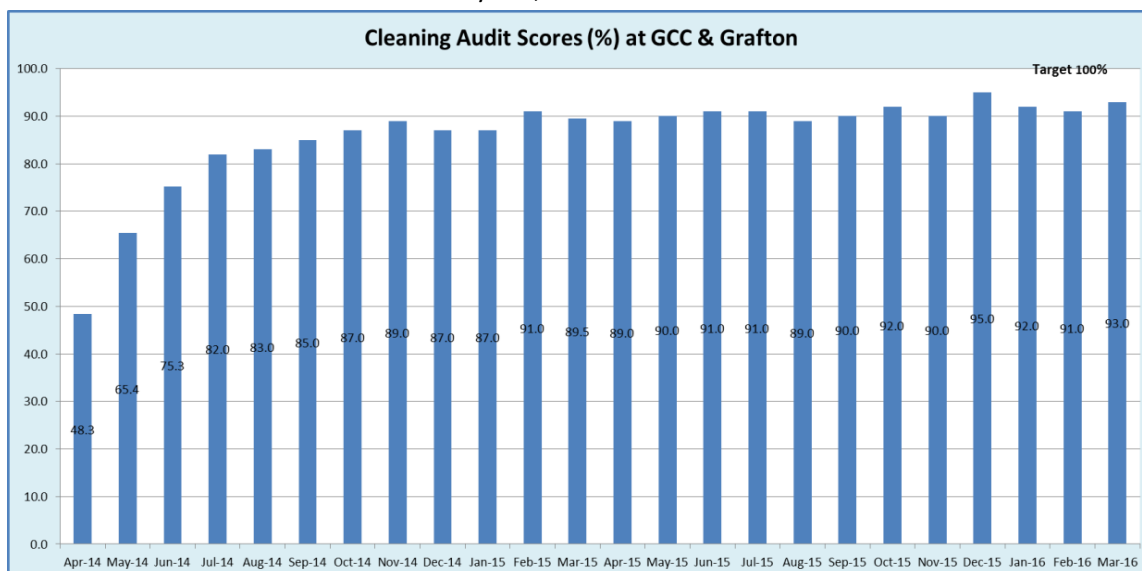
Non-Clinical Support Services				
Mar-16	Measure	Actual	Target	Prev Period
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.06	0	\$0.06
	% Staff with excess annual leave > 1 year	33.3%	0%	34.5%
	% Staff with excess annual leave > 2 years	9.1%	0%	9.1%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	60.0%	0%	55.0%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	5.8%	≤3.4%	5.7%
	% Voluntary turnover (annually)	11.6%	≤10%	11.6%
	% Voluntary turnover <1 year tenure	40.5%	≤6%	40.5%

Key achievements in the month

Increased Patient Safety

Cleaning Services

- Combined average audit score at Auckland Hospital and Greenlane Clinical Centre is 93% for the month of March 2016. The break-down by site; 92% Grafton & 95% GCC.



- All ADHB Community sites serviced by a third party supplier continue to be maintained to a good standard.
- Managing excess annual leave with intense focus on leave management plans. To date, over 13,000 hours of leave have been booked between January 2016 and January 2017, representing the 35 staff members with the highest excess leave. The target to clear excess leave is 15,000 hours.

Dock safety

- Active management at the loading dock sites continues with a strict emphasis on the removal of

unauthorised vehicles. This is to both mitigate the risk to pedestrians and improve product flow into the hospital.

- All staff members within the service are completing the Health & Safety induction and on-line eAssessment.
- Hazard ID and risk assessment of all DHB loading docks (19 docks) is underway to ensure compliance under the new Health & Safety legislation.

Parking

- Commercial Services and the Sustainable Transport project team continue to work on car-parking options to meet the increased demand. The improved transport shuttle and off-site parking incentives have been well received.
- There has been a notable increase in public demand at Greenlane. If this trend continues it will place additional pressure on parking availability at Greenlane

Procurement and Supply Chain

An update on the three significant work streams currently underway in partnership with Health Alliance and Northern Region DHBs is set out as follows;

1. Review of Onelink contract

Regional negotiations have commenced with the current 3rd party warehousing provider. The current contract expires in May 2016.

2. Review of the Auckland Metro Supply Chain

This review has commenced and all key stakeholders are actively involved in this process. The current and future state is being documented.

3. Procurement Review

The NZHPL National Procurement Strategy document has been distributed for consultation and planning.

ADHB work programme

In line with the above regional work, the DHB is also focussing on a number of internal work streams. These are summarised as follows;

Procurement Plan

- Product Management Committee – awaiting outcome of the procurement and supply chain reviews to inform the future structure of the PMC to support the introduction of new suppliers.
- The ADHB Procurement Plan has been delayed due to the healthAlliance process. Once completed, it will be submitted to MBIE (Ministry of Business Innovation and Employment).
- Clinical forms project roll-out date has been delayed due to the technical requirements necessary for the electronic data inter-change (Edi).
- The Non-clinical forms project is now underway. This project is to standardise purchasing forms, posters, advertising and adhoc purchase to Fuji-Xerox as the single supplier.

ADHB contract analysis

- Analysis and review of all contract information packs held by healthAlliance is ongoing. This is a critical work stream to validate baseline data and identify items with contractual changes.
- In March, potential savings of approximately \$110k were identified following review of contracts, validation of prices and general purchase order process improvements.

Data quality check & corrections to DHB Oracle iProcurement catalogue

- The review of Master data within the healthAlliance system is underway to validate DHB data.
- The removal of self-approved requisitions has concluded.
- Rationalisation of office supplies currently underway.

New Supplier Process Implemented

- The New Supplier request process has been implemented by healthAlliance through their Cherwell Portal System. More robust screening and supplier information documentation is the result with controls and approvals from ADHB Procurement and Supply Chain.

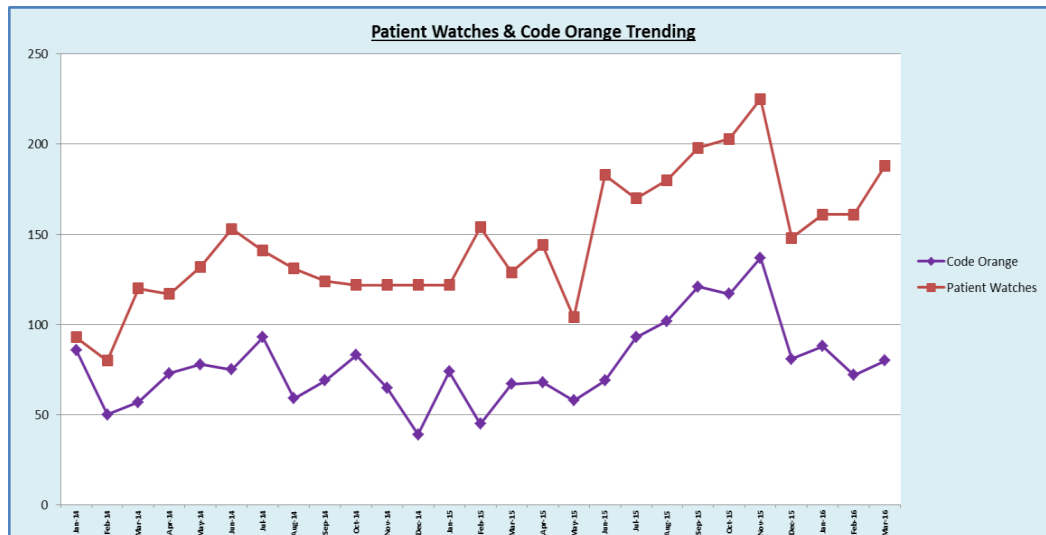
Security for Safety Programme - Update

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

Work-stream	Key Milestone
Performance and Culture	<ul style="list-style-type: none"> • Analysis completed • Education / training framework drafted
Code Black definition	Code Black definition endorsed by Security for Safety Steering Group including; <ul style="list-style-type: none"> • Code Black response development underway • Response definitions for abductions and bomb threats to be developed
Security Access Plans	<ul style="list-style-type: none"> • Draft plans for Starship Hospital, levels 4, 5 & 6 completed • Initial workshops completed for all SSH, Maternity and Older Adults wards, AED and CED • Risk matrix for assessing security risks developed and presented to Security for Safety Steering Group
Configuration of Milestone (CCTV) system underway	<ul style="list-style-type: none"> • Five test cameras installed; configuration and footage retention for critical and non-critical cameras has been agreed • Cabling for car park B due to be completed end-April • Camera installation for car park B due to commence 20 April.
Access Control Configuration	<ul style="list-style-type: none"> • Configuration of Gallagher Access Control system is underway
CCTV policy	<ul style="list-style-type: none"> • Draft CCTV policy is under review by Security for Safety Steering Group
ID/Security card roll-out plan	<ul style="list-style-type: none"> • Design for back of card approved by SLT • Three designs for the front of the card have been developed; sign-off required in April to enable card rollout to commence
Options paper "Managing Offensive Weapons"	<ul style="list-style-type: none"> • Draft paper to be presented to Security for Safety Steering Group
Supplementary business case	<ul style="list-style-type: none"> • Under development

Security - Operations

- Code Orange calls: 80 Code Orange responses were attended in February, compared to 72 in February (increase 11%).
- Patient Security Watches: There were 188 requests during March, compared to 161 in February and January (increase 17%).



Waste Services

- The sustainable office roll out plan is underway.
- Positive feedback received from desk cube trial participants who fully support replacement of the traditional metal rubbish bins to desk cubes and recycling bins.
- Health & Safety audits of Waste Docks on Level 5 will commence from April.
- Signage is underway at all docks to alert staff on the need for PPEs and safety shoes.
- Steamplicity – Waste bins for packaging have been placed in ward kitchens where Steamplicity has been rolled out. The bins to be distributed by 13 April, with Steamplicity waste collection to commence shortly.

Property Leases

The status of property leases for community-based services are summarised as follows;

- 1) One service is in negotiation to extend lease arrangements for a further 6 months.
- 2) Five services are in negotiation to renew leases.
- 3) One service's leased building is under review for health & safety issues.
- 4) One service's lease expires in October 17 and a major relocation plan is underway.

Retail Concessions & Tenants

ADHB Healthy Food & Beverage Environment

- The DHB Community Dietitians are part of a national working group with the Ministry of Health to agree a consistent approach to the "Food & Beverage Environments Policy" for all DHB's across NZ.
- A national policy has been developed which has been released for wider consultation. Once this process is complete each individual DHB will undertake a process for approval and implementation.
- A national policy represents a significant organisation-wide change and will require extensive engagement and consultation with all stakeholders to ensure positive outcomes are achieved.

Retail Outlet Tender

- Tenders for retail outlets for Level 5, Level 3, Level 7 and GCC site have been evaluated.
- All parties who submitted proposals will be notified of the outcome of the tender in April 2016, and lease negotiations are expected to commence thereafter.

Contract Management

- The development of an intranet page and organisation-wide communications plan is being initiated.
- A process for issuing of work permits with third party suppliers is underway in consultation with Health & Safety.

Cleaning Services

- Review of the floor care programme is underway to improve the overall cleaning standard consistently above 90%.

Compliments (March)

- The cleaning service staff continue to perform well in maintaining high standards of cleaning. This is reflected by the number of written compliments received from various end users.

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

- The Patient Experience Portal data further supports the high standards achieved by the Cleaning Service with patients providing the highest rating for the month of March:

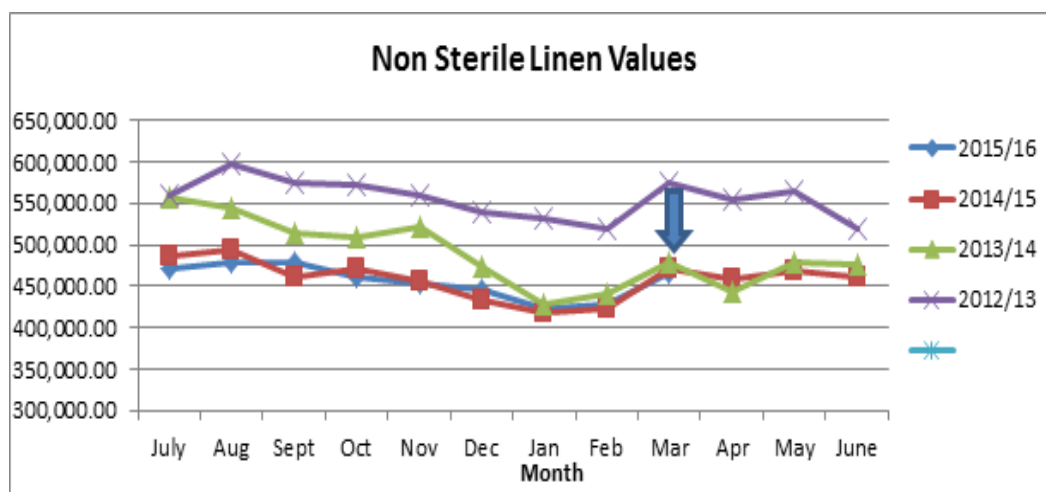
Rating	Comment	Site/Department
10	<i>The shower at midnight was spotless, as were all the waiting rooms, ED, recovery, and the wards</i>	Ward 24B
10	<i>We had the queen of cleaners and all medical staff used sanitizers as far as I can remember</i>	Totara Ward - Ophthalmology
10	<i>The place was spotless, and so were the staff</i>	Ward 31
9	<i>The rooms and floors were extremely clean and fresh</i>	WAU
9	<i>My room was spotless and so were other areas I saw</i>	APU Ward 21
9	<i>The cleaners were always around. And staff used hand sanitizer all the time</i>	Ward 81

Linen

- Linen supply rates have either met or exceeded contracted KPIs in March.
- The March utilisation rate of 70% is an improvement for the same period last year (64%). The target being 80% to ensure optimum efficiency.
- Information and individual utilisation rates are to be more clearly communicated to end users to drive improvement in this area.
- An engagement forum is being planned for the linen supplier and clinical staff to raise awareness on linen use, utilisation, health & safety promotion for contractor staff and prevention of

potential accidents with the incorrect placement of sharps and other clinical equipment in linen bins.

- A healthAlliance senior procurement specialist is undertaking a review of the regional linen contract to verify linen savings are realised. This review will also focus on improving the shelf life of sterile packs with 30 day expiry and 90 day expiry.



Security

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

Food & Nutrition Services

- The Patient Food Services project has come a business as usual service model effective 4 April 2016.
- The main kitchen and ward kitchen renovations have been completed and signed off.
- The Steamplcity and new cyclic cook/chill menus are now fully operational.
- There are some challenges in maintaining consistency in the quality between the cook / chill service and the Steamplcity service model. Compass are working towards resolving these disparities between the two service models
- The electronic data feed from Trendcare to Saffron is working well, with only minor functional issues. Continued support and training for nurses and entry of correct diet codes will ensure continued improvement of patient experience with the new food service model.
- Compass has implemented a key account management process to ensure an individualised approach to issue resolution. There has been some positive patient feedback (as below) indicating there is improved satisfaction with the service and quality of the meals:
 - Ward 81 - *Catering Assistant always greets me with a cheery, polite smile and "good morning". She has patience, takes the time to listen to the patients and obliges their needs.*
 - Ward 72 - *I love your meals. Appreciated a lot thank you.*
 - Ward 72 - *Fish in parsley sauce absolutely fabulous and very tasty.*
 - Ward 97 - *It's like staying in a 5 star hotel – the food was excellent.*
 - Ward 68 - *The food has been improved to a level that is going to be hard to surpass – simply terrific.*

Cleaning Services

- A key focus for the service continues to be training and staff empowerment. Initiatives underway are developing digital literacy, Workplace literacy and numeracy programmes and NZQA Level 3 Certification.
- NZQA Level 3 Training for GCC cleaners commenced 21 March with positive staff feedback following the first session. A total of 69 staff enrolled across GCC/ACH for NZQA first intake.
- The implementation for Cleaning & Waste Services staff Performance Development Review (PDR) commenced January/February and is currently on-going. Service Delivery Coordinators will now become involved with conducting PDRs to make further progress. NCS Manager has established a rollout plan for the remainder of April with intention to complete 70% of remaining staff.
- IS training on basic computing skills is underway for 30 staff. A review in April 2016 will determine the Phase 2 development programme. GCC attendances and response to training is impressive. ACH attendance has been affected by the high number of staff on leave (due to excess leave).
- Values Workshop to be coordinated with HR to develop the values culture in service. Workshops for NCS team will occur in April.

Contracted Services

- A Health & Safety assessment is underway including on-site contractors.
- Gap analysis audit is underway for contracted services to gauge adherence to operational activities.

Sustainability

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

Key achievements in the month

- Patient Food Services project close out achieved as planned.
- Safety for Security programme – 9 out 12 work-streams have progressed with key milestones achieved.
- Contract Services team has been established. A service improvement work programme being planned that will deliver efficiencies and savings via contracted services.
- Retail tender submissions evaluated and negotiations with successful bidders to commence.
- ADHB part of a national working group to develop a national Food & Beverage Environments Policy for all DHBs across NZ.

Areas off track and remedial plans

All workstreams are progressing as planned.

Key issues and initiatives identified in coming months

Area	Timeframe
Cleaning Services	
• Staff development and training programme	On-going
• Implement staff PDRs	Apr 16 – on-going
• Cleaning staff recruitment	Apr 16 – on-going
Sustainability – Waste Reduction Programme	Sep 16
Security for Safety Programme	Jun 17
Security CCTV & Access Control upgrade	Jun 17
Motor Vehicle Fleet Strategy	Dec 16
HealthAlliance Regional Supply Chain Review	Dec 16
Oracle V12 Upgrade	Jun 16
Oracle V12 Upgrade - data Integrity audits and recovery of moneys due	Jun 16
DHB/HealthAlliance review of OneLink contract	Jun 16
Taylor's Linen Contract – savings initiatives	Nov 17
Food Project – Steamplicity implementation	Apr 16
Sustainable Transport Programme	Jun 16
5-year bed replacement programme	Jun 21
Specialist Bed audit	Jun 16

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Mar-16		
Non-Clinical Support Services						
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	23	0	23 F	92	0	92 F
Funder to Provider Revenue	0	0	0 F	0	0	0 F
Other Income	719	724	(4) U	7,077	7,189	(112) U
Total Revenue	742	724	19 F	7,170	7,189	(20) U
EXPENDITURE						
Personnel						
Personnel Costs	816	967	151 F	6,908	8,500	1,593 F
Outsourced Personnel	178	8	(170) U	1,852	74	(1,778) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	14	12	(2) U	137	109	(28) U
Infrastructure & Non-Clinical Supplies	2,975	2,229	(746) U	21,293	20,069	(1,224) U
Total Expenditure	3,984	3,217	(767) U	30,190	28,752	(1,438) U
Contribution	(3,241)	(2,493)	(748) U	(23,020)	(21,563)	(1,457) U
Allocations	(1,456)	(811)	645 F	(8,816)	(7,298)	1,518 F
NET RESULT	(1,786)	(1,682)	(104) U	(14,203)	(14,265)	61 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Nursing	0.0	0.2	0.2 F	0.2	0.2	0.0 F
Allied Health	0.0	0.5	0.5 F	0.3	0.5	0.2 F
Support	181.8	222.2	40.4 F	171.2	222.2	51.0 F
Management/Administration	23.6	20.8	(2.8) U	22.2	20.8	(1.4) U
Total excluding outsourced FTEs	205.4	243.7	38.3 F	193.9	243.7	49.7 F
Total :Outsourced Services	49.3	0.0	(49.3) U	55.4	0.0	(55.4) U
Total including outsourced FTEs	254.6	243.7	(11.0) U	249.3	243.7	(5.7) U

YTD Result is \$61K F. The key drivers of this result are:

1. Personnel costs are \$1,593K F due to vacancies. The majority of these are in the cleaning service and are offset by outsourced personnel costs.
2. Infrastructure and Non-Clinical Supplies are \$1,224K U. This variance has been driven by food costs during the transition period being significantly higher than budget. These are offset by allocations due to the recharging of patient meals and savings due to the management of the linen contract.

Adult Medical Directorate

Speaker: Dr Barry Snow Director

Service Overview

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

The Adult Medical Directorate is led by:

Director: Dr Barry Snow

General Manager: Dee Hackett

Director of Nursing: Brenda Clune

Director of Allied Health: Carolyn Simmons Carlsson

Director of Primary Care: Rob Wallace

Supported by:

Dheven Covenden - Finance Manager

Andrew Arnold - HR Manager

Tim Denison - Programme Director Performance Improvement.

Directorate Priorities for 15/16

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

Q3 Actions – 90 day plan

	Action Plan	Owner	Q3
1	Continue with weekly and monthly meeting structure	BS	
1	Deliver Clinical Leadership development programme	BS and OD department	
2	Development and submission of winter planning business case for acute flow	BS, RT, and TD	Completed
2	Action plan to improve performance in Q2 and 3	BS and TD	
2	Continued implementation of full acute flow paper recommendations	BS and TD	Report at acute flow board
3	Delivery of business cases for ED, Renal and endoscopy	BS and DH	
4	Implementation of full recommendations of external DCCM review	BS and GB	Completed
4	Reaccreditation. Visit in March 2016	BS and GB	Completed
5	Develop robust action plan which includes lessons learned from SAC 1 and explores international literature for falls prevention	BS and BC	

- Weekly team and monthly directorate meetings working well. MOS undertaken weekly with the senior leadership team. Each service developing MOS.
- Clinical Leadership development underway – Myers Briggs profile of senior Directorate team undertaken and relationship workshops delivered for the team to start to understand each other and the skills they bring. Development of a skills based training programme for SCDs presented at senior team meeting.
- Progressing with the acute flow recommendations. Monthly Acute Flow Board monitoring progress.
- Steady progress with Renal indicative business case due for presentation to Board in August 2016.
- Dates set for completion of ED indicative business case with completed MOC and functional specification. ED MOC presented to SLT and Surgical Board and being presented to Acute Flow Board 22 March 2016. Business case due to be presented to Board in June 2016
- Endoscopy work continuing. Decant from unit successful and refurbishment work underway. Weekly meeting to monitor progress. Completion July 2016. Newly established group to manage the introduction of nurse endoscopists. Plan to pilot e- triage to improve time taken for referrals
- Quality forum delivered. New scorecards for all services developed that include quality items. Scorecards reviewed with services on a monthly basis

Q4 Actions – 90 day plan

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

Measures

Measures	Current	Target (End 2015/16)	2016/17
ED target, ESPI, FCT	94.8%	95%	95%
Business Case (BC) submission	Indicative Renal BC L2 indicative BC Endoscopy BC	Board submission August 2016 Board submission June 2016 Building due for completion July 2016	Full BC 2017 Full BC submission August 2016
DCCM accreditation	8 March 2016 re-visit	Re-accreditation	Completed
Reduction in number of falls with serious harm	0	0.23 Falls per 1,000 Bed days in Wd 63, 65, 66,67,68	0.15 Falls per 1,000 Bed days in Wd 63, 65, 66,67,68
Pls grade 3 and 4 hospital acquired	0	0	0
Hand hygiene	81.02%	80%	95%

Measures Commentary

- ED target at 94.8 % still within target threshold for quarter
- Business cases on track for delivery
- DCCM Accreditation visit took place
- 0 falls in March

Auckland District Health Board
Hospital Advisory Committee Meeting 11 May 2016

- No grade three and four pressure injury
- 81.02% hand hygiene. Improvement from last month. Continue to monitor monthly through service reviews.

Scorecard

Adult Medical Services				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	≤1	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	3
	Nosocomial pressure injury point prevalence (% of in-patients)	1.8%	≤6%	5.6%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.9%	≤6%	5.7%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	3
Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours	94.8%	≥95%	94.6%
	(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days	100.0%	100%	100.0%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.00%	0%	0.00%
	% DNA rate for outpatient appointments - All Ethnicities	9.0%	≤9%	9.0%
	% DNA rate for outpatient appointments - Maori	18.0%	≤9%	15.0%
	% DNA rate for outpatient appointments - Pacific	17.0%	≤9%	14.0%
	Number of CBU outliers	67	0	54
	% Patients cared for in a mixed gender room at midday - Adult (excluding APU and Ward 62)	4.0%	TBC	8.0%
	% Patients cared for in a mixed gender room at midday - Adult (APU and Ward 62)	26.0%	TBC	33.0%
	% Very good and excellent ratings for overall inpatient experience	R/U	≥90%	87.5%
	Number of complaints received	13	No Target	11
	28 Day Readmission Rate - Total	R/U	≤10%	10.6%
	% Urgent Diagnostic colonoscopy procedures treated < 14 days	100.0%	≥75%	98.0%
	% Non urgent colonoscopy procedures treated < 42 days	56.4%	≥60%	66.0%
	% Surveillance Colonoscopies Treated	76.0%	≥60%	77.0%
Improved Health Status	Average Length of Stay for WIES funded discharges (days) - Acute	3.11	TBC	3.34
	% Hospitalised smokers offered advice and support to quit	97.1%	≥95%	93.2%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.63	0	\$0.65
	% Staff with excess annual leave > 1 year	29.9%	0%	29.7%
	% Staff with excess annual leave > 2 years	13.2%	0%	12.9%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	96.3%	0%	94.3%
	% Staff with leave planned for the current 12 months	12.1%	100%	10.5%
	% Leave taken to date for the current 12 months	73.9%	100%	71.7%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.8%	≤3.4%	3.8%
	% Voluntary turnover (annually)	9.3%	≤10%	10.9%
	% Voluntary turnover <1 year tenure	10.7%	≤6%	9.3%
Amber	Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.			
R/U	Result unavailable.			
	% Very good and excellent ratings for overall inpatient experience			
	These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.			
	28 Day Readmission Rate - Total			
	A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).			

Scorecard commentary

- Adult Medical Directorate SSED target – 94.8% March 2016. On track for quarterly performance. We have had a 7% growth in attendance from 14/15 but are still managing.
- We continue to work collaboratively on managing DNA rates for Maori and Pacific to support clinical services in reducing the DNA rates. Trying to understand if the issue is Directorate wide or service specific.
- Reduced performance in routine colonoscopy to 56.4% can be attributed to an SMO vacancy and the refurbishment of Endoscopy unit altering capacity. Currently undertaking a robust capacity and demand exercise to understand weekly deliverables. Support has been requested to assist with SMO recruitment as the first recruitment attempt was unsuccessful.

Key achievements in the month

- Monthly meetings with all services to review priority plan and monitor progress. Excellent progress has been achieved across the whole Directorate. Next review is scheduled for May.
- Agreed ED Model of Care. Substantial progress made with the L2 redesign project; business case to be presented to Board in June 2016.
- Endoscopy decant underway. Refurbishment and rebuild deliverables are on track for delivery 24 July 2016.
- Successful DCCM accreditation visit in March 2016.

Areas off track and remedial plans

- DNA rates for Maori and Pacific. Will continue working to fully understand service specific rationale for DNAs. It appears from initial exploration that a disease profile affects the level of DNA therefore one size fits all solution for reduction may not be wholly beneficial.
- Annual Leave plans – ED/APU staff were unable to take leave due to high volumes / surges. However this will improve as staffing levels increase.
- Reduced performance in routine colonoscopy 56.4% due to an SMO vacancy and the refurbishment of Endoscopy altering the capacity that is available. Currently undertaking a robust capacity and demand piece of work to understand weekly deliverables. Have asked for support in recruitment of SMO as we did not recruit the first time.

Key issues and initiatives identified in coming months

- Development of the full business case for renal redesign and submission to Board August 2016.
- Continuing to progress with acute flow plan. Need to recruit to new positions before July 2016. Working collaboratively with NRA/ OMG to seek permission for Registrar increase.
- Continuing Endoscopy rebuild working to very tight timeframes.
- Presentation of L2 business case to CAMP and Audit and Finance and Board in June 2016.
- Working on development of winter bed plan and exploring readmissions and COPD clinical management pathways.
- Detailed capacity and demand work being undertaken in Neurology and Endoscopy.

- Request to Performance Improvement for capacity and demand training for Operations Managers. Workshops being developed.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Mar-16		
Adult Medical Services						
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	256	274	(18) U	2,376	2,462	(86) U
Funder to Provider Revenue	12,015	12,015	0 F	108,388	108,388	0 F
Other Income	472	392	79 F	3,395	3,546	(151) U
Total Revenue	12,742	12,680	62 F	114,159	114,396	(237) U
EXPENDITURE						
Personnel						
Personnel Costs	8,399	8,564	165 F	71,912	71,624	(288) U
Outsourced Personnel	97	101	4 F	928	909	(19) U
Outsourced Clinical Services	22	43	21 F	356	385	28 F
Clinical Supplies	1,819	1,794	(25) U	15,363	16,185	822 F
Infrastructure & Non-Clinical Supplies	260	214	(46) U	1,802	1,929	127 F
Total Expenditure	10,598	10,716	118 F	90,362	91,032	671 F
Contribution	2,144	1,965	180 F	23,798	23,364	434 F
Allocations	2,218	1,875	(343) U	18,235	16,327	(1,908) U
NET RESULT	(73)	89	(163) U	5,563	7,037	(1,474) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	195.6	187.8	(7.8) U	189.2	187.8	(1.4) U
Nursing	534.0	523.0	(11.0) U	527.1	522.9	(4.2) U
Allied Health	50.0	51.5	1.4 F	47.8	51.5	3.7 F
Support	5.2	6.0	0.8 F	5.9	6.0	0.1 F
Management/Administration	54.4	52.5	(1.9) U	52.7	52.5	(0.2) U
Total excluding outsourced FTEs	839.2	820.8	(18.4) U	822.7	820.7	(2.0) U
Total :Outsourced Services	4.1	5.2	1.1 F	5.0	5.2	0.2 F
Total including outsourced FTEs	843.3	826.0	(17.3) U	827.7	825.9	(1.8) U

Financial Commentary

YTD financial analysis:

The result for the YTD March is an unfavorable variance of \$ 1,474k.

Volumes: Overall volumes are 106.1 % of contract. This equates to \$ 6,6470k above contract (revenue not recognised in the Adult Medical Provider result).

Total Revenue - \$ 237k unfavorable – primarily due to Air Ambulance \$91k U (fewer flights).

Total Expenditure - \$ 1,237k unfavorable due to:

Personnel Costs including outsourced personnel- \$ 307k U – primarily due to unfavorable variances in nursing costs – mainly unachieved savings target driven by increased volumes, acuity and patient security requiring additional staffing hours.

Clinical Supplies - \$ 822k F - mainly blood products driven by NZBS blood product rebate \$ 146k F and pharmaceuticals (rebate higher than expected) \$228k F.

Internal Allocation - \$ 1,908k U – primarily due to radiology \$ 1,085k U, laboratory costs \$ 521k U and nutrition \$ 252k U driven by increased volumes - overall volumes are 106.1 % of contract.

Women's Health Directorate

Speaker: Dr Sue Fleming, Director

Service Overview

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

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

The Womens Health Directorate is led by

Director: Dr Sue Fleming

General Manager and Nursing Professional lead: Karin Drummond

Director of Midwifery: Melissa Brown

Director of Allied Health: Linda Haultain

Director of Primary Care: Dr Diane Good

Directorate Priorities for 15/16

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

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

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

Q3 Actions completed– 90 day plan

1. Strengthen our quality and safety governance and culture

To further strengthen consumer engagement in our Clinical Governance structure we have contracted with key Women's Health consumers to take a lead on identifying and developing consumer representatives for all relevant WH Clinical Governance Groups.

The Teaching and Training Governance Group commenced in quarter 1 is now well established.

Portfolio responsibilities for junior medical staff training are defined and roles appointed to.

The first meeting of the Research Clinical Governance Group has occurred and TOR developed.

2. Support and develop our staff

Many of our senior nursing and midwifery staff have now completed "Coaching Conversations" training.

We have agreed dates for Te Reo training for our senior team.

Debriefing after critical incidents is now standard.

We have an agreed plan for roll out of ADHB values across the directorate.

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

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

SMO after-hours remuneration review is complete.

An agreed multi-agency pathway for vulnerable women and minimize the risk of unplanned baby uplifts is established. Operationalization of this pathway has commenced.

We have established a Maori maternity program with Ngāti Whātua at the Glen Innes location to improve care for this population of women and families. This is supported by a team of Maori midwives and obstetrician.

4. Improve and enhance service delivery

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

Pathways and workflow has been strengthened to enable compliance to faster cancer timeframes.

A review of the WAU acute flow project changes is completed.

The genetics waiting list is now meeting ESPI targets and is no longer a significant risk.

Our project to ensure more streamlined and efficient scheduling of SMO's is progressing well. All work schedules are now confirmed on a rotating 4 week schedule enabling more efficient rostering. All SMO's are now on Workforce Central.

Our postnatal stay project will enable a shared understanding of the expected model of care postnatally and enable more seamless transition to home or to Birthcare commenced and made good progress.

5. Develop and better utilise our facilities

Work in this area aligns with ADHB Clinical Services Facilities Planning priority. The EDU project redesign group completed a critical assessment of current facilities and initial work up of options for a redesign of the physical environment.

Q4 Actions – 90 day plan

1. Strengthen our quality and safety governance and culture

As a consequence of our Women's Health consumer led project we anticipate appointing consumer representatives for all relevant WH Clinical Governance Groups.

A formal level 3 Clinical Governance meeting will be established with our midwifery access holders to complement those now established with private obstetricians.

Critical review of our 2015 clinical data will occur. This will form the basis of our Annual Clinical Report which will also include our Maternity Quality and Safety Plan report.

2. Support and develop our staff

Commencing in May we will formally roll out the ADHB values work.

An online debriefing tool will continue to be trialled. EAP will run a number of debriefing training sessions for our staff.

Review of the leadership model for our Genetics service that takes account of the national genetics leadership structure, and the broader challenges related to genetics testing across ADHB will occur.

We are also reviewing our level 3 leadership structure due to the retirement of one of our Service Clinical Directors. We are seeking expressions of interests from our senior clinicians to determine their interest in the leadership roles. We may make adjustments to the current service groupings to best align individual's skills sets to the service needs.

Service Clinical Directors and Nursing and Midwifery Unit Managers and Charge Midwives/ Nurses are all scheduled to complete the Leadership development programme or the Coaching conversation training by the end of June 16.

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

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

The work on strengthening access to after-hours increase operating theatres will continue.

A workshop is planned mid-year with SMO's to look at afterhours staffing models.

The various quality initiatives such as those to improve CTG (cardiotocograph) interpretation skills for maternity providers, increase first trimester registration with and LMC, and preventing baby falls will continue.

A substantive review of triaging for maternity patients is commencing.

Under the umbrella of the Pregnancy and First Year of Life Group we will review ways in which the care for women with maternal mental health issues can be strengthened.

Operationalization of a multi-agency pathway for vulnerable women to minimize the risk of unplanned baby uplifts will be progressed.

Work with Ngāti Whātua at Glen Innes is on-going and will now include the development of a Pregnancy and Parenting program. We are in the process of working through contracts and aim to complete this in the next month.

4. Improve and enhance service delivery

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

As part of the level 3 leadership consultation work we aim to appoint a faster cancer gynaecology lead within the general gynaecology service to enable optimal performance in this service. The expressions of interest for this position close on the 13th May

Changes from the WAU review are progressing; this has resulted in changes to roles and clinical pathways. Some minor infrastructure and process changes are being worked through with the aim to complete over the next few months.

Our new SMO scheduling program will be fully rolled out. We will explore how this program can support more robust future production planning.

We have appointed our Pregnancy and Parenting Program coordinator. We are anticipating the first of the community based classes to commencing on 20th of April. Online resources and a downloadable application are also expected to come on stream at the end of April.

Work will progress on the postnatal stay project which will allow women to be discharged or transferred to birth care in a timelier manner.

5. Develop and better utilise our facilities

Work in this area aligns with ADHB Clinical Services Facilities Planning priority. Progress on the EDU project is dependent upon establishing a resource to lead this work. In the meantime the work will focus on reviewing the model of care for Women under-going terminations and day procedures.

An early stage project has commenced to potentially increase ADHB Bed capacity planning by reconfigure our clinical wards. This is a substantive project and progress will be dependent upon project management support.

Measures

Measure	Actual	Target	Prev Period
Percentage of L3 CG groups with consumer reps	25%	100%	
% of inpatients completing consumer surveys	10%	>15%	
Satisfaction of WH leaders with leadership training	Measure to be developed.	75%	
DNA rates for Maori and Pacific	13%	15%	20%
After hours patient experience	No baseline	TBD	
Theatre session usage	100% electives 97.6% overall	95%	73%
% of Women who arrive in WAU within 45mins of acceptance	72%	95%	80%
Number of unplanned baby uplift/Yr	Est 8	0	Est 10
Genetic waiting list (number waiting >4mths)	100%	95%	100%
Meet FCT targets	65%	85%	56%
ADHB discharges	86%	100%	85%

Scorecard

Women's Health				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0.0%	≤6%	0.0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0.7%	≤6%	0.7%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	1
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.88	≥1	0.86
	(ESPI 1) % Services acknowledging 90% of FSA referrals within 10 working days	100.0%	100%	100.0%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.00%	0%	0.00%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	1.23%	0%	0.00%
	% DNA rate for outpatient appointments - All Ethnicities	6.0%	≤9%	7.0%
	% DNA rate for outpatient appointments - Maori	14.0%	≤9%	14.0%
	% DNA rate for outpatient appointments - Pacific	11.0%	≤9%	14.0%
	Elective day of surgery admission (DOSA) rate	96.4%	≥68%	95.2%
	% Day Surgery Rate	57.3%	≥50%	38.5%
	Inhouse Elective WIES through theatre - per day	6.74	≥4.5	7.44
	Number of patient discharges to Birthcare	299	TBC	308
	Number of CBU outliers	3	0	4
	% Very good and excellent ratings for overall inpatient experience	R/U	≥90%	89.4%
	% Very good and excellent ratings for overall outpatient experience	R/U	≥90%	91.4%
	Number of complaints received	6	No Target	3
	Post Gynaecological Surgery 28 Day Acute Readmission Rate	R/U	No Target	4.3%
	Average Length of Stay for WIES funded discharges (days) - Acute	1.95	≤2.1	1.80
	Average Length of Stay for WIES funded discharges (days) - Elective	1.17	≤1.5	1.34
Improved Health Status	% Hospitalised smokers offered advice and support to quit	85.7%	≥95%	89.8%
	Breastfeeding rate on discharge excluding NICU admissions	R/U	≥75%	84.2%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.29	0	\$0.30
	% Staff with excess annual leave > 1 year	31.6%	0%	29.5%
	% Staff with excess annual leave > 2 years	13.5%	0%	14.4%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	92.9%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Number of Employees who have taken greater than 80 hours sick leave in the past 12 months	R/U	≤60	120
	% Voluntary turnover (annually)	9.2%	≤10%	9.2%
	% Voluntary turnover <1 year tenure	14.3%	≤6%	14.3%
Amber	Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.			
R/U	Result unavailable.			
	% Very good and excellent ratings for overall inpatient experience			
	% Very good and excellent ratings for overall outpatient experience			
	These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.			
	Post Gynaecological Surgery 28 Day Acute Readmission Rate			
	This measure has been developed specifically for Women's Health and should not be compared to the 28 Day Readmission Rate reported by other Directorates. This measure is reported a month in arrears in order to accurately report the readmissions arising from the previous months admissions.			
	Breastfeeding rate on discharge excluding NICU admissions			
	Result unavailable until after the 20th of the next month.			
	Number of Employees who have taken greater than 80 hours sick leave in the past 12 months			
	Result unavailable until after the 17th of the next month.			

Our quality indicators remain strong despite our staffing issues. It is worth noting that the Women's Health service accounts for just over 1/3 of all compliments received by ADHB.

Although we are behind on our elective discharge target (86%) our better SMO staffing is enabling us to remain on track with our recovery plan. Managing our theatre resource well is a priority. If the total workload is considered then IDF electives are at target (101%) and overall WEIS is very close to plan (20 Weis behind). This reflects the fact that an increasing proportion of our resources are being utilized to deliver care to more complex patients, particularly those with gynaecological cancer diagnoses.

Our ESPI 1 and 5 compliance remains green. Theatre utilization this month was at 97% overall.

There has been a slight decline on our DNA rates for Pacific and Maori as we continue to work on more culturally responsive models of care.

Our leave balances continue to be high due to the number of vacancies across the service, which have not allowed staff the opportunity to use excess leave. Some staff has chosen to buy out excess leave.

Our inability to meet smoking targets is in part due to our midwifery vacancies and short staffing. Systems are in place, however, these are challenged when not every shift is appropriately staffed and our Charge Midwives are also working clinically.

Directorate Risks

Pregnant Women with complex social issues

Significant progress has been made on the development of the workshop that will roll the pathway out across women's health. The documents to support the pathway (referral guideline, referral form, documentation template and Women's Health Social Work menu) are in final draft.

The workshops are booked throughout the year; the first facilitated session in late April and has been well subscribed.

Midwifery Shortages

We continue to carry Midwifery vacancies; however we have been successful in recruiting a number of experienced midwives and are expecting to fill all our graduate position in April. We have an active recruitment campaign and have also recruited some experienced nurses into our postnatal areas. We have identified a number of overseas trained midwives who would be potentially appointable. Our new Midwifery Director is working on a sustainable maternity workforce strategy.

Key achievements in the month

- Appointment of Pregnancy and Parenting program co-ordinator completed with roll out of the program during April.
- Commencement of Midwifery Director and two new SMO's

Areas off track and remedial plans

Although our senior doctor staffing overall is now almost fully resourced we have been challenged to recruit to our Obstetric medicine team. This small team is managing well but working hard. We continue to be challenged with shortages amongst our junior doctors despite active recruiting. Locum cover remains very challenging to secure.

Key issues and initiatives identified in coming months

Commencing Quarter 4 projects in line with our business plan

Roll out our Pregnancy and Parenting Educational Programme in the community

Commencement of New Graduate Midwives to commence on April 26

Progressing business plan for additional afterhours theatre resource

Active scoping of additional revenue generating initiatives

Financial Results – March YTD

Financial Results - March 16

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date	Mar-16	
Womens Health Services						
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	179	189	(10) U	1,562	1,672	(111) U
Funder to Provider Revenue	7,323	7,323	0 F	63,210	63,210	0 F
Other Income	157	175	(18) U	1,471	1,569	(98) U
Total Revenue	7,660	7,688	(28) U	66,242	66,451	(208) U
EXPENDITURE						
Personnel						
Personnel Costs	3,426	3,456	30 F	29,224	28,847	(377) U
Outsourced Personnel	66	72	6 F	506	646	140 F
Outsourced Clinical Services	10	11	1 F	87	98	10 F
Clinical Supplies	496	436	(60) U	3,877	3,770	(106) U
Infrastructure & Non-Clinical Supplies	64	102	37 F	932	915	(17) U
Total Expenditure	4,062	4,076	15 F	34,626	34,276	(350) U
Contribution	3,598	3,611	(13) U	31,616	32,175	(558) U
Allocations	811	729	(82) U	6,543	6,328	(216) U
NET RESULT	2,787	2,882	(95) U	25,073	25,847	(774) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	66.3	66.5	0.2 F	66.6	66.5	(0.1) U
Nursing	242.8	244.2	1.4 F	251.8	241.6	(10.1) U
Allied Health	16.3	20.3	4.0 F	17.9	20.3	2.4 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	37.7	38.6	0.9 F	38.3	38.9	0.6 F
Other	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Total excluding outsourced FTEs	363.1	369.6	6.5 F	374.6	367.4	(7.3) U
Total :Outsourced Services	2.2	2.6	0.4 F	2.6	2.6	(0.0) U
Total including outsourced FTEs	365.2	372.1	6.9 F	377.2	369.9	(7.3) U

Comments on major financial variances (March YTD)

The result for the month was \$95k U due to; bureau costs to cover roster needs, high Labs, and Nutrition charges. The Directorate result YTD budget variance is now \$774k U for the 9 months.

Overall CWD volumes YTD remain at 94% of contract and Specialist Neonates eased 2% points to 66% YTD. The Gynaecology acute WIES YTD remains on 97% of contract and performance of their electives contract also remains at 98%. The combined DRG and Non-DRG volumes equate to \$3,243k U of revenue below contract (not recognised in the Directorate result).

March'16 : Year to date financial analysis:

1 Revenue \$208k U YTD.

- a. **MoH non-Devolved Contracts** \$152k U. This is the cumulative variance as a consequence of now having 3 programmes that will either not be rolled over or will

have funding reduced. These include Antenatal HIV Screening, MQSP (Maternity Quality and Safety Programme) and MFM (Maternity Fetal Medicine).

- b. **Non-Resident and Other Income;** this billing slipped and YTD stands at \$72k U; these revenues are unpredictable.
- c. **Clinical Training** \$31k F; for School of Health student midwife placement training

2 Expenses

Expenditure variance is now \$566k U YTD; this variance is mostly the net result of:

- a. **Personnel** \$377k U from the unfavorable Midwifery/Nursing variance of 10.2 FTE U, arises from use of Internal Bureau.
- b. **Blood Costs** \$88k U: we continue to see patients with very high cost needs
- c. **Outsourced personnel** \$140k F YTD; as a result of a small FTE vacancy during the 9 months.
- d. **Labs costs** variance of \$36k F YTD.
- e. **Nutrition** internal service billing \$158k U. This is subject to being followed up for re-checking the March charge which appeared to be very high.

Child Health Directorate

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

Service Overview

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

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

Surgical Child Health

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

Medical Child Health

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

The Child Health Directorate is led by

Director Surgical: Dr John Beca

Director Medical: Dr Mike Shepherd

General Manager: Emma Maddren

Director of Nursing: Sarah Little

Director of Allied Health: Linda Haultain

Director of Primary Care: Dr Barnett Bond

Directorate Priorities for 15/16

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

Q3 Actions – 90 day plan

Priority area	Action plan	Commentary
1	Service-wide excellence programme development	<ul style="list-style-type: none"> The stocktake of quality and safety activity at service level is complete and recommendations formulated. Safety culture survey completed and initial analysis complete. The Governance group now has full membership and has approved immediate priorities.
2	Ongoing effective financial management	<ul style="list-style-type: none"> Savings activity in progress and emphasis on timing of revenue. Financial strategy for 2016/17 completed
2	Tertiary services review	<ul style="list-style-type: none"> First draft of final report on tertiary services complete. Stakeholder engagement workshop planned for early May.
3	Community services redesign project plan	<ul style="list-style-type: none"> Re-design programme launched with all staff. Stakeholder engagement and design workshops planned for April.
4	Allied Health organisational alignment	<ul style="list-style-type: none"> Implementation plan in progress. Service Clinical Director recruitment commences in April.
4	Rehabilitation and SCI pathway development	<ul style="list-style-type: none"> Pathway consultation complete. Final pathway due to be published in May.
5	Care of physiologically unstable patients model	<ul style="list-style-type: none"> Child Health workstreams agreed and in progress.
5	Afterhours inpatient safety model	<ul style="list-style-type: none"> Child Health workstreams agreed and in progress.
5	Surgical production	<ul style="list-style-type: none"> Recovery plans finalised and being implemented.
5	Acute flow project	<ul style="list-style-type: none"> On target performance for Q3, significant volume growth is currently being experienced.
6	Leadership development programme	<ul style="list-style-type: none"> Child Health leaders have been identified to participate in phase one of the leadership development programme.
6	Improved programme of funding for research and training for all Starship Child Health staff	<ul style="list-style-type: none"> Framework and funding target agreed by Child Health Directorate and Starship Foundation Board. Launch planned for May.

Q4 Actions – 90 day plan

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

Measures

Measure	Actual	Target	Prev Period
1. Quality and safety metrics established across services	In progress	Defined metrics	Initiated
2. Development of quality and safety culture	In progress	Embedded	Initiated
3. Continuing to meet budget	Unfavourable	On budget	Unfavourable
4. Community redesign project plan developed	In progress	Complete	Initiated
5. Operational structure that follows patient pathways embedded	In progress	Complete	In progress
6. Established rehabilitation pathway including spinal cord impairment	In progress	Complete	In progress
7. Acute flow metric	94.5%	95%	94.8%
8. Surgical production metric	Initiated	Defined metrics	Not yet initiated
9. Safety metric – ward arrest, urgent PICU transfer	In development	Defined metrics	Initiated
10. Vacancies unable to recruit to	Unknown	Measured	Unknown
11. Staff satisfaction	Unknown	Measured	Unknown

Scorecard

Children's Health				
Mar-16	Measure	Actual	Target	Prev Period
Increased Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	≤1	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0.0%	≤6%	2.6%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3.4%	≤6%	3.7%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
Better Quality Care	(MOH-01) % CED patients with ED stay < 6 hours	94.5%	≥95%	94.8%
	HT2 Elective discharges cumulative variance from target	0.86	≥1	0.87
	(ESPI 1) % Services acknowledging 90% of FSA referrals within 10 working days	100.0%	100%	100.0%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.00%	0%	0.53%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	2.13%	0%	3.25%
	% DNA rate for outpatient appointments - All Ethnicities	10.0%	≤9%	11.0%
	% DNA rate for outpatient appointments - Maori	16.0%	≤9%	19.0%
	% DNA rate for outpatient appointments - Pacific	20.0%	≤9%	22.0%
	Elective day of surgery admission (DOSA) rate	61.5%	TBC	60.2%
	% Day Surgery Rate	65.6%	≥52%	71.4%
	Inhouse Elective WIES through theatre - per day	25.24	TBC	24.93
	% Very good and excellent ratings for overall inpatient experience	R/U	≥90%	84.3%
	% Very good and excellent ratings for overall outpatient experience	R/U	≥90%	91.4%
	Number of complaints received	8	No Target	9
	28 Day Readmission Rate - Total	R/U	≤10%	7.8%
	% Adjusted theatre utilisation	79.6%	≥80%	79.9%
	Average Length of Stay for WIES funded discharges (days) - Acute	4.0	≤4.2	4.4
	Average Length of Stay for WIES funded discharges (days) - Elective	1.4	≤1.5	1.0
Improved Health Status	Immunisation at 8 months	94.0%	≥95%	94.0%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.42	0	\$0.43
	% Staff with excess annual leave > 1 year	28.8%	0%	28.3%
	% Staff with excess annual leave > 2 years	8.2%	0%	8.2%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	95.7%	0%	96.8%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	1
	Sick leave hours taken as a percentage of total hours worked	3.9%	≤3.4%	4.0%
	% Voluntary turnover (annually)	10.8%	≤10%	11.9%
	% Voluntary turnover <1 year tenure	6.3%	≤6%	5.7%
Amber	Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target. Not applicable for Engaged Workforce KRA.			
R/U	Result unavailable.			
	% Very good and excellent ratings for overall inpatient experience			
	% Very good and excellent ratings for overall outpatient experience			
	These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.			
	28 Day Readmission Rate - Total			
	A 35 day period is required to accurately report all acute re-admissions for the previous month's discharges. (35 days = 28 days post discharge as per MoH measures plus 5 working days to allow for coding).			

Scorecard commentary

Elective discharges

The Child Health Directorate is performing at 86% of the target for ADHB discharges (2% improvement during March) and has recovery plans in place with emphasis on ORL, Orthopaedic and Paediatric Surgery. Whilst demand is limiting performance to some extent, significant recovery is expected in the next quarter.

Elective performance

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

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

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

ESPI-5 (Time to Surgery) 2.13% non-compliant, 13 cases breached (3 ACHD, 3 Paed Ortho, 2 Paed Cardiac and 5 Paed Surgery) contributing factors include spinal surgery capacity constraints, acute demand and reduced surgical capacity due to illness. Mitigations include additional clinics and additional funded and re-allocated theatre sessions.

DNA rates

Access and DNA rates remain a central focus for the Child Health Directorate. The DNA project is targeting specific services and patient groups with the highest DNA rates. Further systemic changes will be made throughout 2016 including a change to patient focussed booking which was launched in February. A full update on outcomes from this work will be provided in September.

Excess annual leave sick leave usage

Active management of all excess annual leave is in progress. Enhanced reporting is now being produced which is assisting line managers to target areas of concern. The emphasis within the Child Health Directorate is on reducing excess annual leave and annual consumption of the leave entitlement for each employee. Significant progress has been made in the services with the highest leave balances, particularly NICU.

Staff turnover (annual)

Staff turnover within the Child Health Directorate is now just above the organisational target at 11.9%. Service level analysis of the data has identified specific services and wards in which turnover is of concern. These are being addressed through a range of engagement initiatives and addressing leadership in several areas.

Key achievements in the month

- The Clinical Excellence work programme has commenced with the safety culture survey returning a response rate of 26%. Three priority areas have been identified to address – teamwork across teams, staffing and handovers.
- The community services redesign work has been launched with all staff and the programme framework agreed.
- Improved financial position.

- Completion of the integrated rehabilitation model in collaboration with Waitemata DHB, ACC and MoH. Consultation on the model will take place during April.

Areas off track and remedial plans

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

Key issues and initiatives identified in coming months

- Development of service-level clinical excellence groups.
- Implementation of the change to Allied Health roles aligned within the Child Health Directorate.
- Level 5 refurbishment to commence November 2016.
- Community Services Redesign Project to progress to stakeholder engagement.
- Completion of the tertiary services review.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Mar-16		
Child Health Services						
(\$000s)	MONTH			YEAR TO DATE (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	877	832	46 F	7,374	7,517	(143) U
Funder to Provider Revenue	18,812	18,394	419 F	157,770	158,231	(461) U
Other Income	1,308	1,062	246 F	7,713	9,554	(1,841) U
Total Revenue	20,998	20,287	711 F	172,857	175,302	(2,445) U
EXPENDITURE						
Personnel						
Personnel Costs	10,910	10,564	(346) U	87,902	88,634	732 F
Outsourced Personnel	220	130	(89) U	1,389	1,172	(217) U
Outsourced Clinical Services	217	217	0 F	1,971	1,956	(15) U
Clinical Supplies	2,037	2,004	(32) U	16,922	17,295	373 F
Infrastructure & Non-Clinical Supplies	308	268	(40) U	2,609	2,415	(195) U
Total Expenditure	13,691	13,184	(507) U	110,793	111,471	678 F
Contribution	7,307	7,103	204 F	62,064	63,831	(1,768) U
Allocations	1,010	938	(72) U	8,042	8,077	35 F
NET RESULT	6,297	6,165	132 F	54,022	55,754	(1,732) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	237.5	224.9	(12.6) U	220.6	224.9	4.2 F
Nursing	636.1	634.9	(1.1) U	617.8	637.1	19.3 F
Allied Health	124.1	128.6	4.5 F	119.3	133.2	13.9 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	80.1	87.2	7.2 F	80.5	87.6	7.1 F
Total excluding outsourced FTEs	1,077.7	1,075.5	(2.1) U	1,038.2	1,082.7	44.5 F
Total :Outsourced Services	13.5	4.6	(8.9) U	7.8	4.6	(3.2) U
Total including outsourced FTEs	1,091.2	1,080.1	(11.1) U	1,046.0	1,087.3	41.3 F

Comments on major financial variances

The Child Health Directorate was \$0.132M F for the month and \$1.732M U year to date. Whilst year to date expenditure was at 99% of budget levels (\$0.678M F) compared to inpatient activity at 95% of budget volumes, revenue was \$2.445M unfavourable and driven by several different factors.

Inpatient WIES for the month was 91% and year to date is now at 95% compared to contract, and at the same level as prior year to date. Year to date elective WIES has dropped by 3% since February.

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

1. Revenue \$2.445M U:

- a. ACC revenue is approximately \$0.480M U to budget and is 22% below prior year. Further service focus on process and activity is on-going. Improved (more granular) reporting should be available in the next few months, and the services are working to address the shortfall. On the positive side, ACC has been ahead of budget across Feb/March, although it has not made significant inroads into the year to date deficit.
- b. Donation revenue is \$1.735M U. Cash-flows fluctuate materially from month to month but year to date revenue is at the same level as last year. We are implementing improved tools to mitigate these monthly fluctuations. It has become apparent though, that we will not be able to achieve the 15/16 budget level, as there is no major project scheduled – which has driven higher levels of donations in most recent years.
- c. A revenue claw-back of \$0.461M for Paediatric Cardiac revenue in relation to additional funding in 15/16. This has been followed up with the Ministry of Health and we have seen a significant reduction in the claw-back in March (March month \$419k F).

2. Costs \$0.678M F:

- a. Overall expenditure is below budget levels. March costs were \$507k U, primarily in medical staff (\$518k U). Overall employee leave balances increased by approximately 6,500 hours/\$315k in March. The medical personnel costs are likely slightly overstated (\$50k) due to the month end accrued costs being quite high, and there was a catch-up of year to date registrar costs of \$125k. Year to date employee costs are favourable to budget and other costs are well controlled and generally in line with levels of clinical activity - although surgical services costs are slightly higher than budget and medical are slightly lower when viewed in cost per case weight terms. The only notable exception is bad and doubtful debt provisions which are \$320k U. There have been several high cost acute patients through NICU and PICU that are currently provisioned against as there is considerable doubt about recovery.

3. FTE 41.3 F:

- a. The year to date position of 41.3 FTE F is driven by vacancies across nursing and allied health particularly. The March result of 11.1 FTE U is due to a catch up of several months of registrar costs, some outsourced administration costs and PICU FTE now getting close to budget after having quite high vacancies over the year while we recruited to the additional fte in 15/16.

Key strategies currently employed to improve the financial position include the following:

1. Focus on ACC revenue and engagement with the ADHB ACC office to optimise revenue streams. We have identified a deviation from standard ACC processes that has now been remedied and back-billing is under way. New, more granular reporting is being developed and is likely to be gradually implemented over the April-June quarter. Further discussion with Orthopaedics is on-going, as this is the key service. We have now seen an improvement in ACC revenue through February/March which has delivered to budget over that two month period.
2. Leave management project to progressively reduce excess leave balances. Overall

leave balances (excluding RMOs) have reduced 1.1% (2,739 hours) below June 15 balances, which is still well short of the target savings level set for the year, as balances have increased in February and March. Numbers of employees with over 2 years balance have fallen 6% since June. However this has increased since January 16 so this will require constant management to hold balances and reduce further.

3. Monitoring of clinical activity to ensure bed closures that are consistent with both clinical requirements and budgeted expenditure across the full financial year.

Financial Performance

Consolidated Statement of Financial Performance - March 2016

Provider \$000s	Month (Mar-16)			YTD (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
<u>Income</u>						
Government and Crown Agency sourced	8,177	7,651	526 F	69,427	68,583	844 F
Non-Government & Crown Agency Sourced	6,775	6,473	302 F	62,061	58,714	3,346 F
Inter-DHB & Internal Revenue	1,157	1,291	(134) U	11,393	11,345	49 F
Internal Allocation DHB Provider	99,320	98,589	731 F	890,310	887,300	3,010 F
	115,429	114,004	1,425 F	1,033,191	1,025,942	7,249 F
<u>Expenditure</u>						
Personnel	75,783	75,665	(118) U	640,040	641,128	1,088 F
Outsourced Personnel	2,459	1,488	(970) U	20,298	13,405	(6,892) U
Outsourced Clinical Services	1,855	1,896	41 F	17,336	16,871	(465) U
Outsourced Other	3,854	3,799	(55) U	34,640	34,192	(448) U
Clinical Supplies	22,348	20,461	(1,887) U	183,138	178,864	(4,274) U
Infrastructure & Non-Clinical Supplies	15,116	15,197	82 F	140,199	136,732	(3,466) U
Internal Allocations	561	559	(2) U	3,945	5,017	1,072 F
Total Expenditure	121,975	119,065	(2,909) U	1,039,596	1,026,210	(13,386) U
Net Surplus / (Deficit)	(6,546)	(5,061)	(1,484) U	(6,405)	(268)	(6,137) U

Consolidated Statement of Financial Performance – March 2016

Performance Summary by Directorate

By Directorate \$000s	Month (Mar-16)			YTD (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Adult Medical Services	(73)	89	(163) U	5,563	7,037	(1,474) U
Adult Community and LTC	1,211	1,454	(243) U	14,447	13,810	637 F
Surgical Services	8,543	10,110	(1,567) U	72,061	80,520	(8,459) U
Women's Health & Genetics	2,787	2,882	(95) U	25,073	25,847	(774) U
Child Health	6,297	6,165	132 F	54,022	55,754	(1,732) U
Cardiac Services	1,629	2,149	(520) U	22,223	23,034	(811) U
Clinical Support Services	(1,724)	(2,632)	907 F	(21,359)	(23,007)	1,648 F
Non-Clinical Support Services	(1,786)	(1,682)	(104) U	(14,203)	(14,265)	61 F
Perioperative Services	(11,805)	(11,220)	(584) U	(98,446)	(96,735)	(1,712) U
Cancer & Blood Services	1,690	1,950	(260) U	15,451	17,443	(1,992) U
Operational - Other	5,645	4,832	813 F	47,948	43,470	4,478 F
Mental Health & Addictions	(152)	(142)	(10) U	3,252	2,370	882 F
Ancillary Services	(18,808)	(19,018)	210 F	(132,436)	(135,548)	3,112 F
Net Surplus / (Deficit)	(6,546)	(5,061)	(1,484) U	(6,405)	(268)	(6,137) U

Consolidated Statement of Personnel by Professional Group – March 2016

Employee Group \$000s	Month (Mar-16)			YTD (9 months ending Mar-16)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical Personnel	29,108	27,513	(1,594) U	240,584	240,433	(151) U
Nursing Personnel	25,275	26,132	856 F	214,732	208,238	(6,494) U
Allied Health Personnel	11,988	12,478	491 F	104,272	109,170	4,897 F
Support Personnel	1,447	1,658	210 F	13,127	14,495	1,368 F
Management/ Admin Personnel	7,965	7,884	(81) U	67,324	68,792	1,467 F
Total (before Outsourced Personnel)	75,783	75,665	(118) U	640,040	641,128	1,088 F
Outsourced Medical	1,061	762	(299) U	7,894	6,866	(1,028) U
Outsourced Nursing	471	254	(217) U	3,356	2,284	(1,071) U
Outsourced Allied Health	69	99	29 F	987	889	(98) U
Outsourced Support	170	5	(165) U	1,740	43	(1,697) U
Outsourced Management/Admin	687	369	(318) U	6,321	3,323	(2,998) U
Total Outsourced Personnel	2,459	1,488	(970) U	20,298	13,405	(6,892) U
Total Personnel	78,241	77,153	(1,089) U	660,338	654,534	(5,804) U

Auckland District Health Board
Hospital Advisory Committee Meeting 11 May 2016

Consolidated Statement of FTE by Professional Group – March 2016

FTE by Employee Group	Month (Mar-16)			YTD (9 months ending Mar-16)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Medical Personnel	1,359	1,335	(24) U	1,320	1,333	13 F
Nursing Personnel	3,550	3,488	(63) U	3,505	3,485	(19) U
Allied Health Personnel	1,845	1,893	49 F	1,822	1,896	74 F
Support Personnel	381	422	41 F	371	422	51 F
Management/ Admin Personnel	1,236	1,276	40 F	1,223	1,276	53 F
Total (before Outsourced Personnel)	8,372	8,415	43 F	8,242	8,414	171 F
Outsourced Medical	34	32	(2) U	30	32	1 F
Outsourced Nursing	17	7	(10) U	12	7	(5) U
Outsourced Allied Health	6	3	(3) U	7	3	(5) U
Outsourced Support	48	0	(48) U	53	0	(53) U
Outsourced Management/Admin	99	5	(93) U	93	5	(88) U
Total Outsourced Personnel	203	47	(156) U	196	47	(150) U
Total Personnel	8,575	8,461	(113) U	8,438	8,460	22 F

Consolidated Statement of FTE by Directorate – March 2016

Employee FTE by Directorate Group (including Outsourced FTE)	Month (Mar-16)			YTD (9 months ending Mar-16)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Adult Medical Services	843	826	(17) U	828	826	(2) U
Adult Community and LTC	523	525	2 F	519	526	6 F
Surgical Services	832	790	(42) U	819	790	(30) U
Women's Health & Genetics	376	372	(4) U	378	370	(8) U
Child Health	1,091	1,080	(11) U	1,046	1,087	41 F
Cardiac Services	504	512	9 F	501	512	12 F
Clinical Support Services	1,451	1,454	3 F	1,451	1,454	2 F
Non-Clinical Support Services	255	244	(11) U	249	244	(6) U
Perioperative Services	822	832	10 F	808	831	23 F
Cancer & Blood Services	334	315	(19) U	320	315	(5) U
Operational - Others	0	(3)	(3) U	0	(3)	(3) U
Mental Health & Addictions	748	746	(2) U	731	740	9 F
Ancillary Services	795	769	(26) U	787	768	(18) U
Total Personnel	8,575	8,461	(113) U	8,438	8,460	22 F

Month Result

The Provider Arm result for the month is \$1.5M unfavourable.

Overall volumes are on contract at 100.0% of base contract for the month.

Total revenue for the month is \$1.4M (1.2%) favourable, with the key variances as follows:

- Haemophilia funding \$0.5M favourable for abnormally high blood product usage, bottom line neutral as offset by additional expenditure
- MOH national service funding – year to date catchup for Paediatric Cardiac Services \$0.5M favourable
- Research Income \$0.3M favourable, offset by equivalent expenditure
- Non Resident Income \$0.3M favourable – this revenue varies from month to month and is close to budget for year to date
- Community Laboratory Cytology contract \$0.2M favourable due to particularly high volumes for the month
- Interest/Financial income \$0.5M unfavourable due to the downward trend in interest rates
- ACC income \$0.4M unfavourable, reflecting lower volumes during the month, primarily in elective surgery as the focus remains on meeting elective discharge targets

Total expenditure is \$1.1M (1.4%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs \$1.7M (2.4%) unfavourable. FTE were 113 above budget, equating to \$0.9M of the unfavourable variance with the balance of the variance due to cost per FTE targets not met.

The key unfavourable FTE variance is Nursing which is 73 above budget - this reflects the temporary peak for the February intake of new graduates as they transition into their roles as Registered Nurses – FTE are expected to reduce in April once this is complete. In addition, additional beds were opened for the Orthopaedics Elective Unit in Ward 62 (11 FTE - unbudgeted but funded via reduced outsourcing) along with an additional three Bone Marrow Transplant beds to reduce wait times (6 FTE).

Mitigation strategies include:

- Nurse Directors have implemented daily staffing oversight forums with a focus on the efficient use of staff resource across the directorates while maintaining a quality, safe service. This includes a refinement of the set of principles for staff replacement with the accountability aligned to the Nurse Unit Manager
- Focus on reviewing our systems, processes and models of care in regards to vulnerable patients who require a patient attender. An oversight group has been established to provide governance for identified work streams that improves the safety and quality of care to adult vulnerable patients. Workstreams include Enhanced Support Rooms (ESR), Management of AWOL, Post-operative/Post-arrest Delirium and Behaviours of Concern
- Work continues on recruiting to target skill mixes – this is improving month to month
- Use of flex beds only as needed, flexing down as soon as possible
- Clinical Supplies \$1.9M (9.2%) unfavourable, with the key variances:
 - Haemophilia blood products \$0.5M – fully funded
 - Pharmaceutical costs in Oncology/Haematology (\$0.3M unfavourable) due to additional costs for treatment previously funded under a research trial and high cost drugs in Haematology.

- Particularly high volume of high cost TAVI implant volumes for the month in Cardiology - \$0.2M unfavourable
 - Surgical/Perioperative \$0.6M unfavourable, reflecting very high surgical volumes for the month – 105% of contract
- Infrastructure and Non Clinical Supplies \$0.1M (0.5%) favourable, with two key offsetting variances - higher food costs during transition phase for new food services contract \$0.6M unfavourable, and revaluation of financial instruments \$0.6M favourable.

Year to Date Result

The Provider Arm result for the year to date is \$6.1M unfavourable. This result is driven by net unfavourable expenditure – primarily Outsourced Personnel and Infrastructure and Non Clinical Supplies costs.

Overall volumes are reported at 99.3% of base contract, however the latest estimate gives total contract performance at 99.4% - this equates to \$4.6M below contract (not recognised in the year to date Provider result).

Total revenue for the year to date is \$7.2M (0.6%) favourable.

- Key favourable revenue variances:
 - Haemophilia funding \$2.0M favourable for abnormally high blood product usage, bottom line neutral as offset by additional expenditure
 - Capital Charge Income \$1.0M favourable, offset by equivalent additional expenditure
 - Research Income \$3.5M favourable, offset by equivalent expenditure
 - Pharmacy Retail sales \$0.6M favourable, offset by additional cost of sales expenditure
 - One off revenue for settlement of commercial contracts \$0.9M favourable
 - Inter DHB Revenue - IDF washup for 2014/15 \$1.5M favourable – one off revenue
 - Unbudgeted revenue for Maternal Mental Health Acute Continuum \$0.7M favourable
 - Funder to Provider internal contracts \$1.1M favourable
- Key unfavourable revenue variances:
 - Inter DHB Revenue - \$0.9M unfavourable for the LabPlus MidCentral DHB contract – the reduction in income is partially offset by favourable Clinical Supplies costs in LabPlus
 - Financial income \$1.6M unfavourable due to a loss from interest rate swaps on financial derivatives
 - ACC Income \$1.4M unfavourable – primarily in elective surgery, reflecting the focus on achieving elective MOH discharge targets
 - Donation Income \$1.3M unfavourable – revenue fluctuates depending on timing of projects - with no major projects in the current year, this variance will continue for the year.

Total expenditure is \$13.4M (1.3%) unfavourable, with the key variances as follows:

- Net combined Personnel and Outsourced Personnel Costs \$5.8M (0.9%) unfavourable. Year to date FTE for total Personnel/Outsourced are 22 (0.3%) below budget but the favourable variance due to lower FTE is offset by MECA costs above budget (\$1.4M unfavourable) and cost per FTE targets not met.
 - Personnel Costs are \$1.1M (0.2%) favourable due to payroll FTE 171 below budget – the FTE variance is spread widely with vacancies across all categories other than Nursing which is 19 above budget for year to date

- This favourable variance in Personnel Costs is substantially offset by \$6.9M (51.4%) unfavourable Outsourced Personnel costs (150 FTE above budget), primarily for contract Support (Cleaners) and Administration staff covering vacancies
- Clinical Supplies \$4.3M (2.4%) unfavourable – the key unfavourable variances are in Cancer & Blood Services - abnormally high haemophilia blood product costs (\$1.8M unfavourable) which are fully funded and pharmaceutical costs in Oncology/Haematology (\$1.7M unfavourable) due to additional costs for treatment previously funded under a research trial and high cost drugs in Haematology.
- Infrastructure and Non Clinical Supplies \$3.5M (2.5%) unfavourable, comprising the following key variances – higher food costs during transition phase for new food services contract \$1.3M unfavourable, costs of goods sold for retail pharmacy \$0.5M unfavourable (offset by additional revenue), Capital Charge \$1.0M unfavourable (offset by additional revenue), project costs \$0.8M unfavourable, abnormally high cost of bad/doubtful debts \$0.7M (these costs are variable from month to month), offset by favourable facilities costs for depreciation and utilities \$0.6M favourable.

FTE

Total FTE (including outsourced) for the month of March were 8,575 which is 113 FTE above budget. The key unfavourable FTE variance is Nursing which is 73 above budget.

The Nursing position reflects the temporary peak for the February intake of new graduates as they transition into their roles as Registered Nurses – FTE are expected to reduce in April once this is complete. In addition, additional beds were opened for the Orthopaedics Elective Unit in Ward 62 (11 FTE - unbudgeted but funded via reduced outsourcing) along with an additional three Bone Marrow Transplant beds to reduce wait times (6 FTE). Mitigation strategies are summarised in the month expenditure commentary.

2015/16 Savings Programme

The key priorities established since 2013/14 continue into 2015/16 as part of the business transformation framework to deliver services in a cost efficient and productive manner. The savings programme is in line with our strategic plan to live within our means and achieve a break even bottom line.

Key Strategies

In 15/16 the required savings to be found to close the budget gap is \$26.9M mainly within the Provider Arm services. The savings are identified as being one of three key strategies; revenue growth, model of service delivery changes and cost containment.

Table 1: 15/16 Savings Target (\$'000s)

Cause of Change	Revenue growth	Model of service delivery changes	Cost Containment	Grand Total
Budget as usual	\$943	\$500	\$13,953	\$15,396
Business transformation	\$1,535	\$1,054	\$8,883	\$11,472
Grand Total	\$2,478	\$1,554	\$22,836	\$26,867

Year to date Update

For the 9 months ending March 2016, \$17.5M savings were reported against target of \$19.4M, resulting in an unfavourable variance of \$1.9M. The unfavourable result is primarily driven by the increased acute demand volumes that have remained consistently high since December 15. The main unfavourable impact on savings has been cost containment (\$1,818k U) and revenue growth (\$855k U). However, this has been partially offset by model of service delivery \$775k F.

The revenue growth strategy is unfavourable against budget by \$855k. This is mainly due to Children's ACC revenue growth strategy (\$603k U) and Cardiovascular outsourcing and transplant initiatives (\$293k U).

Model of service delivery changes is favourable against budget by \$775k F, largely attributed to Cardiovascular overseas revenue (\$231k F), patient/surgical efficiencies (\$37k F) and Perioperative service's improved theatre efficiencies (\$520k F).

Cost containment initiatives are unfavourable against budget by \$1,818k U. This is mainly attributed to the impact of service demand pressures on personnel within Adult Medical, Surgical Services, Cancer & Blood (\$364k U) and HealthAlliance clinical supplies (\$1,593k U).

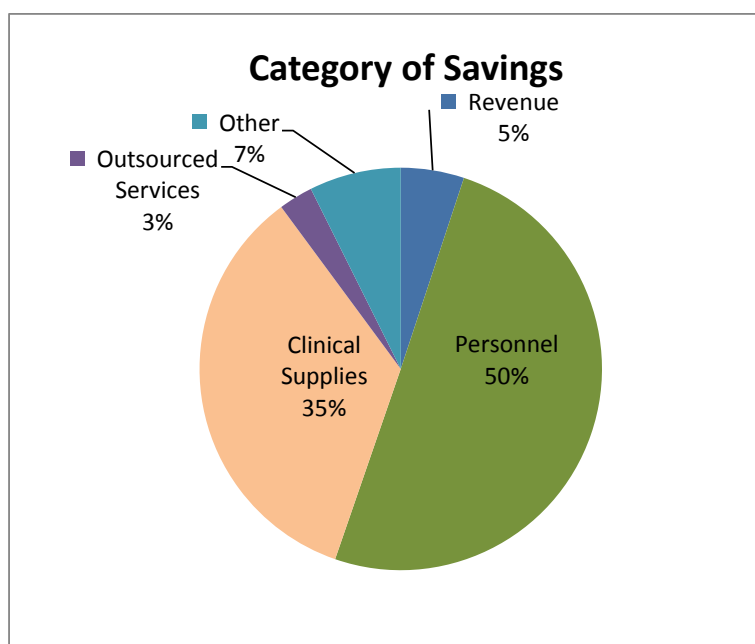
Note: Any year- end shortfall against specific initiatives will be offset by savings from the Funder.

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

Strategy	Main Category	Savings Budget	Actual YTD	Budget YTD	Var.
Revenue growth	Government & Crown Agency	1,791	\$396	\$1,256	-860
	Non-Government & Crown Agency	363	\$243	\$241	2
	Personnel	24	\$18	\$18	0
	Outsourced Services	200	\$25	\$149	-124
	Internal Allocation	100	\$182	\$55	127
Revenue growth Total		2,478	\$864	\$1,719	-855
Model of service delivery changes	Non-Government & Crown	150	\$250	\$105	145
	Personnel	680	\$434	\$393	42
	Outsourced Services	680	\$430	\$530	-100
	Clinical Supplies	-250	-\$18	-\$188	169
	Effectiveness improvement	294	\$715	\$196	520
Model of service delivery changes Total		1,554	\$1,811	\$1,036	775
Cost Containment	Personnel	11,261	\$8,316	\$8,680	-364
	Outsourced Services	181	\$25	\$130	-105
	Clinical Supplies	11,187	\$6,060	\$7,654	-1,594
	Infrastructure & Non-Clinical	196	\$390	\$137	253
	Internal Allocations	10	\$0	\$8	-7
Cost Containment Total		22,836	\$14,791	\$16,609	-1,818
Grand Total		26,867	\$17,466	\$19,363	-\$1,897

Category of Savings

Personnel initiatives continue to be the major source of savings at \$8.8M (50%) and the remaining balance made up of Clinical Supplies \$6M (35%), Revenue \$889k (5%), outsourcing \$480k (3%) and other \$1,287k (7%).



Key Points by Service

Adult Medical – Unfavourable variance \$816k U

Acute demand volumes have had a flow on effect on the savings programme and in particular staff management/medical-personnel related initiatives. This has resulted in a year to date position of \$816k U. The service has revised its year-end forecast down to \$2.1M resulting in an expected unfavourable position of \$957k U against total budget of \$3M. This is in line with its current year to date position.

Adult Community & LTC – Favourable variance \$282k F

The Service continues to exceed its target with a favourable position of \$282k F. This reflects the on-going achievement of savings in key areas of the business including; personnel savings particularly around managing staff leave, review of medical allowances and skill mix reviews.

The year-end forecast of \$1.5M is expected to exceed budget by \$518k F.

Adult Surgical – Unfavourable variance \$165k U

An unfavourable year to date variance of \$165k is an improvement from previous month (\$273k U). The wards continue to manage well below their consumables budget. This is the major contributor to savings in March. SMO recruitment delays in Orthopaedics and Ophthalmology also continue to achieve savings. Unfavourable against budget are Radiology/Labs, DNA rate reductions and Implant reductions in Orthopaedics mainly attributed to the increased acute flows above contract. Note, any additional IDF/MOH revenue that would flow to offset the over-delivery will be reflected at organisational level.

The service has revised its year-end forecast to \$2.2M with an expected unfavourable position of \$83k against the budget target of \$2.3M.

Women's – Unfavourable variance \$135k U

A year to date unfavourable variance of \$135k U is attributed to the non-resident and private patient revenue initiatives. The Service has exceeded its target from clinical supplies initiatives by \$113k F. The revised year-end forecast of \$580k is expected to be unfavourable by \$207k against total budget of \$787k.

Children's – Unfavourable variance \$603k U

A year to date unfavourable variance of \$603k U is attributed to the ACC revenue initiative (\$603k U). There are some timing factors which will result in this revenue flowing into 16/17 financial year. The year-end forecast of \$3M is expected to be unfavourable by \$550k against total budget of \$3.5m.

Cardiovascular Services – Favourable variance \$75k F

The service exceeded its target by \$75k F. This is attributed to additional research contribution (\$127k F), non-resident revenue (\$231k F) personnel related efficiencies (\$37k F). The favourable result has offset under-budget initiatives including; Government revenue (\$169k U), Outsourced services (\$124k U). The revised year-end forecast of \$1M is expected to be unfavourable by \$627k against total budget of \$1.6M.

Clinical Support – Favourable variance \$136k F

The service exceeded its target by \$136k F. This year to date favourable position continues to be driven by additional personnel savings (\$578k F) from vacancies and leave management. Additional savings from revenue growth strategies (\$70k F) is also being reported. The better than budget savings has mitigated the shortfall in clinical supplies (\$345k U) and outsourced services (\$167k U). The current year-end forecast of \$3.5M is expected to be in line with the total budget of \$3.5M.

Non Clinical Support – Favourable variance \$12k F

The Service exceeded its target by \$12k F mainly attributed to standardised bed making initiative (\$221k F) and improved co-ordination of milk deliveries to reduce waste (\$36k F). The year-end forecast of \$626k is expected to be in line with total budget of \$626k.

Perioperative – Favourable variance \$946k F

The Service continues to exceed its target with a \$946k F year to date position. This is due to theatre utilisation efficiencies (\$520k F) and clinical supplies (\$625k F). The favourable position has offset the personnel initiative (\$199k U) which has been impacted by the increased acute volumes. The service has a revised year-end forecast of \$2.2M with an expected favourable variance of \$916k F against budget of \$1.27M.

Cancer & Blood – Unfavourable variance \$467k U

The year to date unfavourable variance of \$467k U is mainly attributed pharmaceutical drug (\$189k U), blood (\$42k U) and employee cost (\$236k U) initiatives. While there are some timing factors the expectation is that this shortfall will not be corrected in 15/16 year. This is reflected in a revised year-end forecast of \$87k and will result in an unfavourable position of \$764k U against budget of \$1.6M.

Mental Health – Achieved budget savings of \$1.2M

The service has achieved its year to date target of \$1.2M. This is attributed to additional personnel savings from staff turnover assumptions. The year-end forecast is expected to be favourable and in line with budget of \$1.5M.

HealthAlliance – Unfavourable variance \$1.16M U

healthAlliance clinical supplies relate to the planned procurement contracted price changes savings. Further data analysis is underway with hA to further verify actual savings achieved to date. The year-end forecast is expected to be \$1.1M unfavourable against total budget of \$5.9M.

Table 3: Savings by Service – March 16 YTD (\$000's)

Service	Strategy	15-16 Savings Forecast	1516 Budget Savings	Actual YTD	Budget YTD	Var.
Adult Medical	Cost Containment	2,112	3,069	1,644	2,460	-816
Adult Medical Total		\$2,112	\$3,069	\$1,644	\$2,460	-\$816
Adult Community & LTC	Revenue growth	24	24	18	18	0
	Cost Containment	1,489	971	1,026	744	282
Adult Community & LTC Total		\$1,513	\$995	\$1,044	\$762	\$282
Surgical	Revenue growth	100	100	72	72	0
	Cost Containment	2,128	2,211	1,455	1,620	-165
Surgical Total		\$2,228	\$2,311	\$1,527	\$1,692	-\$165
Women's	Revenue growth	450	687	322	484	-162
	Model of service	50	50	-51	35	-86
	Cost Containment	80	50	148	35	113
Women's Total		\$580	\$787	\$419	\$554	-\$135
Child Health	Revenue growth	250	800	0	603	-603
	Cost Containment	2,735	2,735	2,061	2,061	0
Child Health Total		\$2,985	\$3,535	\$2,061	\$2,664	-\$603
Cardiac	Revenue growth	103	600	207	373	-166
	Model of service	400	530	563	295	268
	Cost Containment	507	507	297	324	-27
Cardiac Total		\$1,010	\$1,637	\$1,067	\$992	\$75
Clinical Support	Revenue growth	200	200	203	133	70
	Model of service	480	680	414	510	-96
	Cost Containment	2,843	2,643	2,087	1,924	163
Clinical Support Total		\$3,523	\$3,523	\$2,704	\$2,567	\$136
Non Clinical Support	Revenue growth	42	67	42	35	7
	Cost Containment	584	559	381	375	5
Non Clinical Support Total		\$626	\$626	\$423	\$411	\$12
Perioperative	Model of service	1,124	294	885	196	690
	Cost Containment	1,058	972	816	560	257
Perioperative Total		\$2,182	\$1,265	\$1,702	\$755	\$946
Cancer & Blood	Cost Containment	870	1,634	771	1,237	-467
Cancer & Blood Total		\$870	\$1,634	\$771	\$1,237	-\$467
Mental Health	Cost Containment	1,505	1,505	1,243	1,243	0
Mental Health Total		\$1,505	\$1,505	\$1,243	\$1,243	\$0
healthAlliance	Cost Containment	4,829	5,980	2,863	4,026	-1,163
healthAlliance Total		\$4,829	\$5,980	\$2,863	\$4,026	-\$1,163
Grand Total		\$23,962	\$26,867	\$17,466	\$19,363	-\$1,897

Volume Performance

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

		March 2016				YTD (9 months ending Mar-16)			
		\$000s				\$000s			
Directorate	Service	Cont	Act	Var	Prog %	Cont	Act	Var	Prog %
Adult Community & LTC	A+ Links, HOP, Rehab	4,079	3,806	(273)	93.3%	35,370	34,809	(561)	98.4%
	Ambulatory Services	1,979	2,001	22	101.1%	16,851	17,482	631	103.7%
Adult Community & LTC Total		6,058	5,808	(250)	95.9%	52,221	52,291	70	100.1%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,012	2,231	219	110.9%	17,836	19,071	1,236	106.9%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	10,002	10,672	670	106.7%	90,553	95,964	5,412	106.0%
Adult Medical Services Total		12,015	12,904	889	107.4%	108,388	115,036	6,647	106.1%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	8,662	9,722	1,060	112.2%	70,103	74,333	4,230	106.0%
	N Surg, Oral, ORL, Transpl, Uro	9,245	9,168	(77)	99.2%	76,908	78,160	1,252	101.6%
	Orthopaedics Adult	4,563	4,775	211	104.6%	37,461	37,289	(172)	99.5%
Surgical Services Total		22,470	23,665	1,195	105.3%	184,472	189,781	5,310	102.9%
Cancer & Blood Services		8,052	7,828	(224)	97.2%	69,719	67,738	(1,981)	97.2%
Cardiovascular Services		10,883	11,187	304	102.8%	97,948	91,996	(5,952)	93.9%
Children's Health	Child Health & Disability	891	881	(9)	98.9%	7,942	7,847	(96)	98.8%
	Medical & Community	6,459	6,218	(241)	96.3%	57,633	56,393	(1,240)	97.8%
	Paediatric Cardiac & ICU	3,965	3,064	(901)	77.3%	33,792	30,022	(3,770)	88.8%
	Surgical & Community	5,264	4,793	(471)	91.1%	42,528	39,097	(3,431)	91.9%
Children's Health Total		16,579	14,957	(1,622)	90.2%	141,896	133,359	(8,536)	94.0%
Clinical Support Services		3,156	3,242	86	102.7%	27,320	28,736	1,416	105.2%
DHB Funds		6,794	6,794	0	100.0%	61,147	61,147	0	100.0%
Public Health Services		128	128	0	100.0%	1,153	1,153	0	100.0%
Support Services		101	101	0	100.0%	912	912	0	100.0%
Women's Health	Genetics	267	262	(5)	98.3%	2,285	2,543	258	111.3%
	Women's Health	7,056	6,664	(392)	94.4%	60,925	58,306	(2,619)	95.7%
Women's Health Total		7,323	6,926	(397)	94.6%	63,210	60,849	(2,361)	96.3%
Grand Total		93,560	93,540	(20)	100.0%	808,386	802,999	(5,387)	99.3%

2) Total Discharges for the YTD (9 Months to March 2016)

		Cases Subject to WIES Payment		All Discharges			Same Day discharges		Same Day as % of all discharges	
		Inpatient								
Directorate	Service	2015	2016	Last YTD	This YTD	% Change	Last YTD	This YTD	Last YTD	This YTD
Adult Community & LTC	A+ Links, HOP, Rehab	0	0	1,623	1,592	(1.9%)	10	7	0.6%	0.4%
	Ambulatory Services	1,205	1,266	1,458	1,511	3.6%	1,322	1,409	90.7%	93.2%
Adult Community & LTC Total		1,205	1,266	3,081	3,103	0.7%	1,332	1,416	43.2%	45.6%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	8,276	9,473	8,278	9,477	14.5%	6,008	6,805	72.6%	71.8%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	14,259	14,721	14,454	14,859	2.8%	2,339	2,557	16.2%	17.2%
Adult Medical Services Total		22,535	24,194	22,732	24,336	7.1%	8,347	9,362	36.7%	38.5%
Cancer & Blood Total		3,530	3,767	3,894	4,049	4.0%	1,756	2,040	45.1%	50.4%
Cardiovascular Services Total		5,989	6,219	6,165	6,423	4.2%	1,500	1,564	24.3%	24.3%
Children's Health	Medical & Community	11,250	11,093	12,422	12,065	(2.9%)	7,143	6,854	57.5%	56.8%
	Paediatric Cardiac &	1,694	1,673	1,881	1,807	(3.9%)	362	374	19.2%	20.7%
	Surgical & Community	7,261	6,831	7,707	7,210	(6.4%)	3,687	3,382	47.8%	46.9%
Children's Health Total		20,205	19,597	22,010	21,082	(4.2%)	11,192	10,610	50.8%	50.3%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	12,192	13,208	13,876	15,111	8.9%	7,538	8,427	54.3%	55.8%
	N Surg, Oral, ORL, Transpl, Uro	8,097	8,344	8,693	8,847	1.8%	3,537	3,417	40.7%	38.6%
	Orthopaedics Adult	3,774	3,681	4,048	3,895	(3.8%)	707	711	17.5%	18.3%
Surgical Services Total		24,063	25,234	26,617	27,853	4.6%	11,782	12,555	44.3%	45.1%
Women's Health Total		16,480	15,672	17,018	16,267	(4.4%)	6,627	6,080	38.9%	37.4%
Grand Total		94,007	95,948	101,517	103,113	1.6%	42,536	43,627	41.9%	42.3%

3) Caseweight Activity for the YTD (9 Months to March 2016 (All DHBs))

		Acute							Elective							Total						
		Case Weighted Volume			\$000s				Case Weighted Volume			\$000s					Case Weighted Volume			\$000s		
Directorate	Service	Con	Act	Var	Con	Act	Var	Prog %	Con	Act	Var	Con	Act	Var	Prog %	Con	Act	Var	Con	Act	Var	Prog %
Adult Community & LTC		640	612	(28)	3,040	2,907	(133)	95.6%	80	63	(17)	381	300	(81)	78.6%	720	675	(45)	3,421	3,207	(214)	93.7%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,451	2,697	247	11,645	12,816	1,171	110.1%	0	0	0	0	0	0	0.0%	2,451	2,697	247	11,645	12,816	1,171	110.1%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	12,472	13,453	980	59,263	63,921	4,658	107.9%	0	0	0	0	0	0	0.0%	12,472	13,453	980	59,263	63,921	4,658	107.9%
Adult Medical Services Total		14,923	16,150	1,227	70,908	76,737	5,829	108.2%	0	0	0	0	0	0	0.0%	14,923	16,150	1,227	70,908	76,737	5,829	108.2%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	6,401	7,107	706	30,416	33,770	3,354	111.0%	5,451	5,272	(179)	25,902	25,052	(850)	96.7%	11,852	12,380	527	56,318	58,822	2,504	104.4%
	N Surg, Oral, ORL, Transpl, Uro	6,020	6,775	755	28,603	32,192	3,590	112.6%	5,482	4,980	(503)	26,050	23,662	(2,389)	90.8%	11,502	11,755	253	54,653	55,854	1,201	102.2%
	Orthopaedics Adult	4,200	4,273	74	19,954	20,306	351	101.8%	2,863	2,727	(136)	13,604	12,956	(648)	95.2%	7,063	7,000	(63)	33,558	33,261	(297)	99.1%
Surgical Services Total		16,620	18,156	1,535	78,973	86,268	7,295	109.2%	13,797	12,979	(818)	65,556	61,669	(3,887)	94.1%	30,417	31,134	717	144,529	147,938	3,408	102.4%
Cancer & Blood Services		4,702	4,387	(315)	22,341	20,845	(1,496)	93.3%	0	0	0	0	0	0	0.0%	4,702	4,387	(315)	22,341	20,845	(1,496)	93.3%
Cardiovascular Services		11,638	10,816	(822)	55,298	51,392	(3,906)	92.9%	7,328	6,857	(471)	34,819	32,583	(2,237)	93.6%	18,966	17,673	(1,293)	90,118	83,974	(6,143)	93.2%
Children's Health	Medical & Community	8,039	8,010	(29)	38,198	38,059	(139)	99.6%	0	0	0	0	0	0	0.0%	8,039	8,010	(29)	38,198	38,059	(139)	99.6%
	Paediatric Cardiac & ICU	4,354	4,073	(280)	20,688	19,355	(1,332)	93.6%	1,798	1,805	7	8,546	8,578	32	100.4%	6,152	5,879	(274)	29,233	27,933	(1,300)	95.6%
	Surgical & Community	4,353	3,999	(353)	20,682	19,003	(1,679)	91.9%	3,552	3,131	(421)	16,879	14,879	(2,000)	88.1%	7,905	7,131	(774)	37,561	33,882	(3,679)	90.2%
Children's Health Total		16,746	16,083	(663)	79,568	76,418	(3,150)	96.0%	5,351	4,937	(414)	25,424	23,456	(1,968)	92.3%	22,096	21,019	(1,077)	104,992	99,874	(5,118)	95.1%
Women's Health Services		7,837	7,329	(509)	37,240	34,823	(2,417)	93.5%	1,415	1,389	(26)	6,723	6,601	(122)	98.2%	9,252	8,718	(534)	43,963	41,423	(2,539)	94.2%
Grand Total		73,106	73,531	425	347,369	349,390	2,021	100.6%	27,970	26,225	(1,746)	132,903	124,609	(8,295)	93.8%	101,076	99,756	(1,320)	480,272	473,998	(6,274)	98.7%
Excludes caseweight Provision																						

Acute

The acute trend continues, with March again recording a further incremental increase. Year to date acute discharges are now over 3% higher than the same period last year, with the average WIES due to the WIES model change being up 1%.

- Medical discharges are 4.73% higher than the same period last year, a further increase on last month. Average WIES continues to be lower than last year but has increased slightly which is likely to be due to a cluster of higher WIES cases. ALOS has remained stable for the past 3 months, sitting at 95% of last year's ALOS.
- The same trend has continued with acute surgical cases. Discharges are up 2.3%, average WIES is very slightly more than last year and ALOS has remained stable.
- Discharges in obstetrics for the first 3 months of this calendar have all been higher than the same period last year, reversing the pattern of under delivery that had occurred in the second 6 months of the last calendar year, while the opposite is happening with newborn (although newborn services clump as they are relatively high WIES and low discharge numbers, with high length of stay). Obstetrics and newborn activity is sitting at 94% of activity from last year.

Elective

Elective cases continue to slowly increase with the total discharges sitting at 99% of last year's throughput. Average WIES is still lower than last year, reflecting a mix of lower complexity cases. The increase has been driven by cardiac and paediatric services.

4) Non-DRG Activity (ALL DHBs)

		March 2016				YTD (9 months ending Mar-16)			
		\$000s				\$000s			
Directorate	Service	Cont	Act	Var	Prog %	Cont	Act	Var	Prog %
Adult Community & LTC	A+ Links, HOP, Rehab	4,079	3,806	(273)	93.3%	35,370	34,809	(561)	98.4%
	Ambulatory Services	1,577	1,607	30	101.9%	13,430	14,275	845	106.3%
Adult Community & LTC Total		5,656	5,414	(243)	95.7%	48,799	49,084	284	100.6%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	680	779	99	114.6%	6,191	6,255	64	101.0%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,539	3,634	95	102.7%	31,289	32,043	754	102.4%
Adult Medical Services Total		4,219	4,414	194	104.6%	37,480	38,298	818	102.2%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	1,639	1,778	139	108.5%	13,785	15,511	1,725	112.5%
	N Surg, Oral, ORL, Transpl, Uro	2,540	2,578	38	101.5%	22,255	22,306	51	100.2%
	Orthopaedics Adult	456	459	4	100.8%	3,902	4,028	125	103.2%
Surgical Services Total		4,635	4,815	180	103.9%	39,943	41,844	1,901	104.8%
Cancer & Blood Services		5,530	5,284	(246)	95.5%	47,378	46,892	(485)	99.0%
Cardiovascular Services		907	954	48	105.3%	7,831	8,022	191	102.4%
Children's Health	Child Health & Disability	891	881	(9)	98.9%	7,942	7,847	(96)	98.8%
	Medical & Community	2,243	2,008	(235)	89.5%	19,435	18,334	(1,101)	94.3%
	Paediatric Cardiac & ICU	526	168	(358)	31.9%	4,559	2,089	(2,469)	45.8%
	Surgical & Community	588	728	140	123.8%	4,967	5,215	248	105.0%
Children's Health Total		4,248	3,785	(463)	89.1%	36,904	33,486	(3,418)	90.7%
Clinical Support Services		3,156	3,242	86	102.7%	27,320	28,736	1,416	105.2%
DHB Funds		6,794	6,794	0	100.0%	61,147	61,147	0	100.0%
Public Health Services		128	128	0	100.0%	1,153	1,153	0	100.0%
Support Services		101	101	0	100.0%	912	912	0	100.0%
Women's Health	Genetics	267	262	(5)	98.3%	2,285	2,543	258	111.3%
	Women's Health	1,995	1,917	(78)	96.1%	16,963	16,883	(79)	99.5%
Women's Health Total		2,262	2,179	(83)	96.3%	19,247	19,426	178	100.9%
Grand Total		37,637	37,110	(527)	98.6%	328,114	329,000	886	100.3%

There has been a slight drop in outpatient performance in March, mainly in Cancer & Blood Services which seem to have the most variable profile of all the directorates. This month saw a drop in FSAs for cancer across all activity. This increases the wash up to \$382k, compared with \$116k last month.

Participation Experience Week Review

Recommendations

That the Hospital Advisory Committee:

1. **Receives this report**
2. **Recommends that PEW be held again in 2017**

Prepared by: Dr Tony O'Connor (Director of Participation and Experience), Jeremy Muirhead (Project Manager), Jennifer Laidlaw, (Communications Specialist)
Approved by: Andrew Old (Chief of Strategy, Participation and Improvement)

8.1

Glossary

PEW: Patient Experience Week

1. Executive Summary

Patient Experience Week was held 7-11 March with the theme of 'Communication'. This paper provides an overview of the activity that took place to raise awareness about the importance of communication to patient experience of care. Given that positive feedback received from a wide range of staff, patients and consumer representatives who participated in the Week's activities we ask that the Committee approve that we hold a similar event again in 2017.

2. The events and activities

Patient Experience Week was held the week of 7-11 March. The week's theme was 'Communication' and the purpose was to raise awareness about the importance of communication to patient experience of care. The date and theme was shared across the region's 3 DHBs. We planned the Week based on what worked well in the first PEW held in 2015 and where improvements could be made.

Welcome event and key-note address

The 'Welcome Event' included an address by Ailsa Claire and a key-note address from Professor Ron Patterson, a Parliamentary Ombudsman, Professor of Law at The University of Auckland, and the Health and Disability Commissioner 2000–2010. Professor Paterson's keynote, "the Heart of Health Care: Effective Communication with Patients and Families", was focussed on the challenges of effective communication in health care.

Share-It Stations

We placed "Share-It Stations" in prominent locations at Auckland City Hospital and Greenlane Clinical Centre. These Share-It Stations were designed to invite feedback and stories from anyone using Auckland DHB spaces. Patients, whanau, visitors and staff were invited to write or draw comments on coloured cards and peg these up for others to view. The questions were used as prompts: *Did you feel listened to? Did you get enough information? Did you feel understood?*



Video Series

In preparation for Patient Experience Week we had created a number of videos of patient stories. These were played on the Auckland City Hospital 'video-wall' throughout the week and included patient stories and a narrated animation about patient experience survey data on the difference communication makes to patient experience of care.

Patient Panel

We held a "Patient Panel" at Auckland City Hospital. Three patients took part on the panel. They were from a range of backgrounds and presented different health care challenges and successes illustrating the importance of communication to patient care from several different points of view. Each patient told their own story which was followed by a 30 minute facilitated discussion involving the panel and staff in attendance. The planning and delivery of this event was supported by the Manaakitia Reflective Rounds team. The team helped ensure that the panel discussion was a safe environment for both our patients and staff.

"Congratulations all on that 2.30 pm session. It really hit the mark. Such wonderful speakers and each one so very capable of expressing the real emotion emotional consequences of our work. The best thing was seeing how well attended these sessions are. Obviously staff see these as valuable, and also 'safe'...in the sense that everyone in the room is there to learn how to make improvements". - Feedback from a participant

Communication Toolbox Mini-Plays

These mini-plays brought fun, interactive training into the Cardiology and Cardiovascular, General Medicine, Orthopaedic and Urology Wards which made it easy for clinical staff to attend. Nurse Unit Managers helped identify real-life scenarios presenting common communication challenges that

staff face in their everyday work. Dr Anne O’Callaghan, a palliative care SMO and specialist communication trainer then developed role-plays with professional actors based on those challenges to demonstrate how a few simple, effective communication techniques could be used to help understand patients’ care needs and convey clinical information.



Just wanted to thank you both for the excellent sessions today. They were extremely well done and a great learning opportunity.

Email from a staff member in Pharmacy

Thank you so much for the sessions yesterday. The feedback from the staff, both senior and junior was overwhelmingly positive. They were enjoyable, relevant, informative, interactive and very REAL! Anne and Jonathon, you facilitated these sessions extremely well with the understanding they needed to be quick and succinct as staff were time constrained, awesome work. A number of our staff are not NZ trained, and they have fed back to me, that they found the sessions invaluable. Asking the phrase ‘tell me more’, sitting rather than standing, particularly helpful for them

Email from a staff member in Cardiology

Patient Storyboards

Speech Language Therapy, Mobility Services, The Asian Network Incorporated, and the Auckland City Mission connected us with people who face a range of communication challenges and wanted to tell us their stories. We interviewed them and took photographs to make “storyboards” to try to convey their lived experience of accessing health care and how role communication shapes their experience of care. The storyboards were put on display throughout the week at Auckland City Hospital and

Greenlane Clinical Centre. Positive feedback was received from staff and the people who told us their story.



Patient Storyboard installation at Greenlane Hospital

				
<p>"If I'm in hospital and out of my chair I lose the ability to use my communication device. It makes me really frustrated..."</p> <p>Don't assume because I can't speak, that I can't understand"</p> <p><i>A head wand, an assistive device, can be used with specialised assistive technology, such as a communication device. Using a head wand and a communication device enables a person to use a language such as Minspeak, which uses a combination of individual symbols that, when put together, create words, sentences, and even longer phrases if wanted.</i></p>	<p>"When I was in hospital the Doctors explained what was happening, and why my leg wasn't healing – I felt respected... When a nurse or doctor tells me something, I look it up, but not everyone's like me"</p> <p><i>56.2% of adult New Zealanders have poor health literacy: the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.</i></p> <p><i>Research suggests that people with poor health literacy are likely to have less knowledge of their illness, treatment and medicines.</i></p>	<p>"Most of the time the doctors and nurses had interpreters with them when they came to see me. They would speak slowly and I could understand their body language, and kind expressions... I understood what was happening with my treatment, and what my options were"</p> <p><i>Communication is not just about talking; we communicate through gestures, body language, expressions and tone.</i></p>	<p>"Sometimes the staff can't understand what I'm saying... it makes me feel uptight"</p> <p><i>Having difficulty speaking or being understood because of a long-term condition or medical problem affects two percent of people in the Auckland region.</i></p>	<p>"When I went to hospital I didn't understand what had happened, and that was really frightening... When I was ready to be discharged the doctors told my family and me everything that was happening."</p> <p><i>Apraxia of speech is a motor speech disorder. Someone with apraxia may know what they want to say, but the brain has trouble telling the speech muscles how to move.</i></p>

Patient Story board examples (there were 9 in total)

Manaakitia Reflective Grand Rounds

Manaakitia Reflective Rounds are facilitated, case based discussion forums for staff to come and discuss complex emotional and social issues that arise in caring for patients. The Patient Experience Week team met with the Manaakitia team to plan a Round for Patient Experience Week, with the discussion topic of 'Patients who have Inspired Me'. The Round was held on the Monday afternoon at Auckland City Hospital.

Regional event: Consumer Forum

The region's 3 DHBs co-hosted a community-based workshop to consider how the DHBs can communicate better with consumer representatives working with us on service management, design and improvement teams. The HQSC's 'Partners in Care' programme lead, Dr Chris Walsh, delivered the workshop's key-note address. Feedback from the consumer representatives attending the regional forum includes:

- Experienced consumer reps felt that people should only get involved if there is a genuine desire to hear from consumers
- Many didn't feel confident participating as a consumer rep – they wanted to know more about how they can help and feel safe ie: feel that there is a culture that supports working together
- That consumer reps participating at the governance need to be mindful that they need to bring more than their own views to the table
- The DHBs need to develop infrastructure so that consumer representatives can share information, network and access opportunities to have input frequently through a variety of ways
- Many said they were willing to help by encouraging, supporting and empowering other people to get involved

3. Promotion, brand and digital engagement analysis

Brand

The DHW Lab were engaged to design the look and feel for Patient Experience Week, to be applied consistently across all material. The team focussed on the theme of communication to prioritise readability, visual simplicity, and accessibility.

Promotion

The Communications team were engaged to help promote the event. The Week was publicised via the print Nova, eNova, a poster campaign, the intranet front page and through social media.

Digital engagement analysis¹

¹ **Definitions:** **Shares:** The number of times people have shared our posts with their own audiences. **Comments:** The number of comments made in direct response to our posts. **Mentions:** The number of times we (Auckland DHB or @Akld_DHB) have been mentioned in other people's posts or Tweets (different than comments). **Engagement:** The total number of interactions people have had with our content (including likes, comments, shares and mentions) divided by our total audience (the percentage of our audience who are interacting with us). Note: we typically meet or exceed best practice targets across our channels.

This year we substantially increased our engagement on Twitter during PEW. Our Twitter handle @AklD_DHB was one of the top influencers for the #patientexperience conversations on Twitter around the world during Patient Experience Week. We agreed with Waitemata and Counties Manukau DHBs that we would use the same hashtag.

Auckland DHB was the top Twitter account worldwide for the number of Tweets shared using #patientexperience (284 including Tweets we shared from other people) during the Patient Experience Week. We were placed the third highest Twitter account globally during the week for our number of impressions (the number of times #patientexperience Tweets could be seen by Twitter users via our audience and the audiences of those who shared our content). A potential audience of 148,322 people would have seen our #patientexperience Tweeted content.

Our engagement was lower on both Facebook and LinkedIn this year, compared to last year's campaign; however, we still saw a spike in weekly interactions during PEW compared to the weeks leading up to and following the Week.

Most common content shared by social media

- Patient applause (patient letters) stories
- Images of storyboards and individual stories
- Quotes from patient feedback/letters
- Images of Share It station feedback

4. Attendance at PEW events

Event	Approximate	
Patient Panel	Attendees	50 (full house)
Share-It Stations	Comments	60
Manaakitia Reflective Round	Attendees	40
Welcome Event	Attendees	120
Communication Toolbox	Attendees	100 (full house)
Consumer Representative Regional Forum	Attendees	50 (full house)

5. Conclusion

Given the positive feedback we have received from a wide range of people – staff and public – we consider Patient Experience Week 2016 to have been a success. We ask that the Committee support our intention to hold another Patient Experience Week in 2017.

Patient Experience Survey and FFT Net Promoter Scores

Recommendation

That the Committee:

1. Receives the report.

Prepared by: Tony O'Connor (Director Participation and Experience)

Endorsed by: Andrew Old (Chief of Strategy, Participation and Improvement)

Glossary

DHB	District Health Board
FFT	Friends and Family Test
HAC	Hospital Advisory Committee
HQSC	Health Quality and Safety Commission
NPS	Net Promoter Score

1. Executive Summary

Both Auckland and Waitemata DHBs have created Net Promoter Scores as a way of comparing the performance of each DHB based on aggregated patient experience ratings. Auckland DHB has created two Net Promoter Scores: one based on the DHB's own patient experience survey feedback and the other based on national patient experience survey feedback. Waitemata DHB has created a NPS based on national patient experience survey feedback. This report presents and discusses those scores, which for Auckland DHB show a positive trend. What those scores mean are discussed and reasons for those scores are inferred from patient experience survey feedback.

2. Introduction/Background

On 30 March 2016 the Auckland DHB Board endorsed the Hospital Advisory Committee's recommendation that Auckland DHB create and trial two Net Promoter Scores. The two scores are calculated in different ways and the value of each approach will be trialled over the next six months. At the end of that trial a decision will be made as to how to continue calculating a NPS for the DHB.

The two different ways of calculating a NPS for the DHB have different merits and weaknesses. The NPS based on the DHB's patient experience survey feedback data draws on our patients' rating of their overall experience of care from a large and diverse sample, but it does not allow direct comparison with Waitemata DHB. The NPS based on the national patient experience survey data draws on the 'Friends and Family Test' question¹, which has both proponents and critics, and a smaller, less diverse sample. It will however allow direct comparison with Waitemata DHB as of October this year.

3 Scores

ADHB PES Overall experience of care rating (inpatient and outpatient combined)

¹ A paper discussing the merits of the NPS and options for calculating one for the DHB was presented to HAC on 16 September 2015.

The question we ask inpatients is, “Now thinking about your whole stay in hospital overall, how would you rate the care and treatment you received?” For outpatients, under the heading ‘Overall’, the question is “Now thinking about your experience at the outpatient clinic, how would you rate the care and treatment you received?”

The response options are on a 5 point scale – Poor, Fair, Good, Very Good and Excellent. Only the respondents rating their care as ‘Excellent’ are considered to be ‘Promoters’ because it is only these people who have nothing but praise for their care providers. Poor and Fair are considered ‘Detractors’ with people rating their care as Good or Very Good considered passive.

Our NPS score is calculated on a monthly basis, by subtracting the percentage of survey respondents who are ‘detractors’ from the percentage of survey respondents who are ‘promoters’.

NOTE: The range of possible scores ranges from -100 to +100.

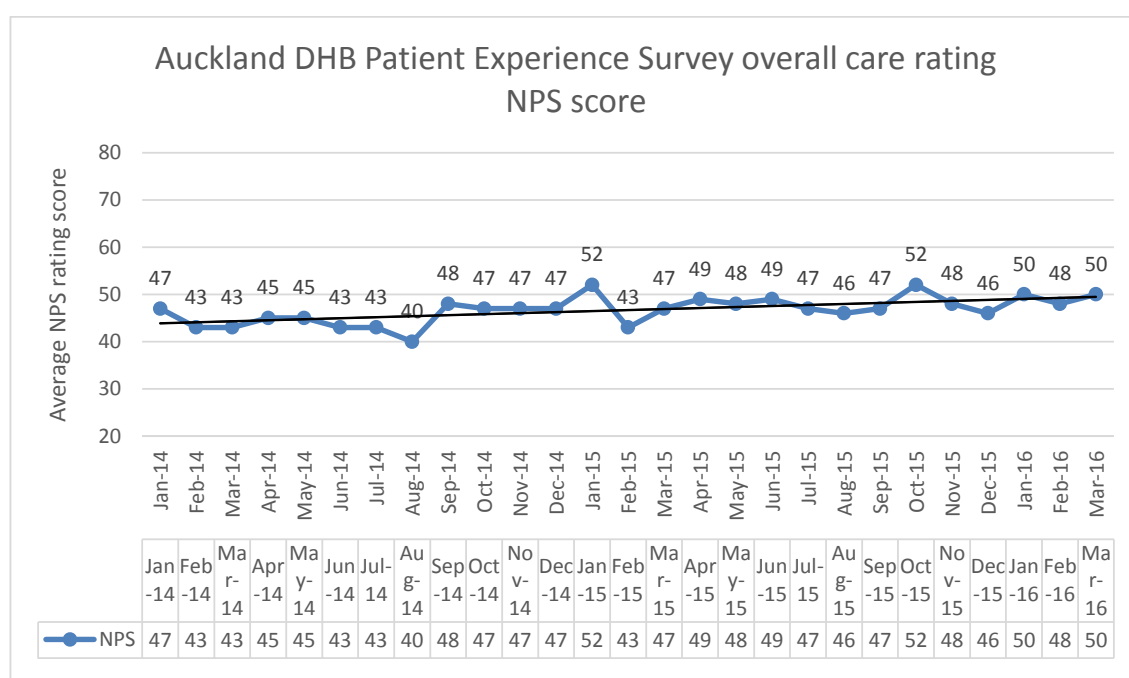


Chart 1: NPS Derived from Auckland DHB Inpatient and Outpatient Experience Surveys

Friends and Family Test

The net promoter score (NPS) based on the FFT is designed to measure the extent to which users of a product or service would recommend it to others. Typically respondents are asked to score the organisation concerned on an 11 point (0 to 10) scale. The NPS score is calculated by simply subtracting the percentage of detractors (i.e. people who rate the service poorly) from the percentage of promoters (i.e. from those who rate the service highly). The ‘passives’ (i.e. those that fall somewhere in between) are ignored. The basic premise is that Promoters are highly loyal, advocates of the organisation. The question is, “How likely are you to recommend our hospital to friends and family if they needed similar care or treatment?”

NOTE: WDHB has confirmed that they will include the same FFT wording as Auckland DHB in the HQSC national patient experience survey which will allow comparison from October 2016.

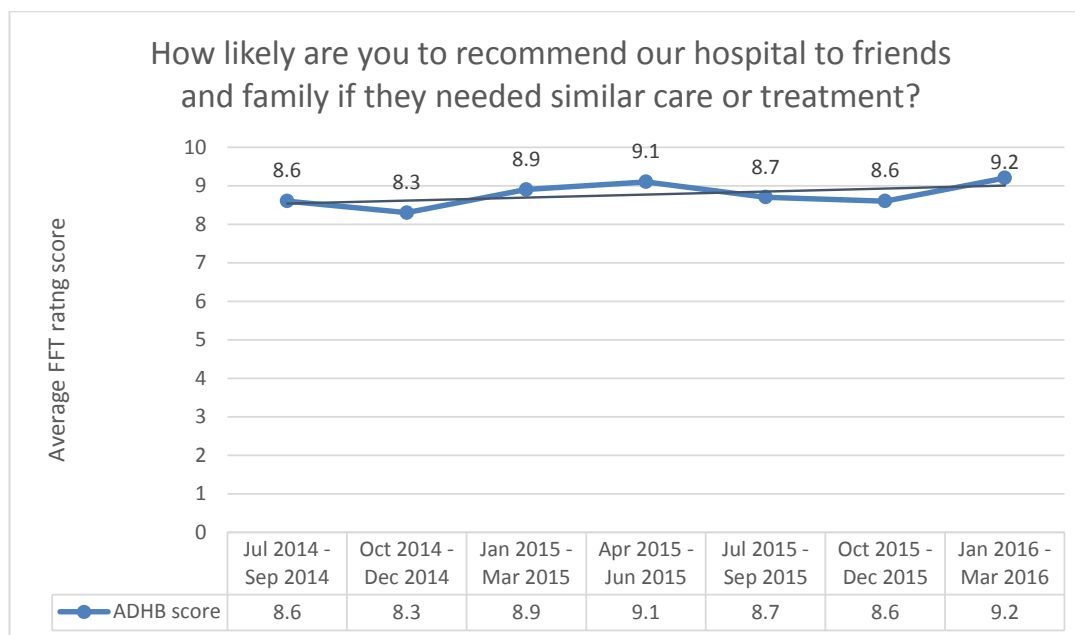


Chart 2 NPS derived from the national (HQSC) Patient Experience Survey data FFT score

3. Discussion

Both NPS scores are based on patients' points of view. One point of view is the overall rating of the care on a scale from 'excellent' to 'poor'. The other point of view is whether they would recommend our hospitals to friends or family. The experience data is based on the Auckland DHB survey data, and friends and family test is based HQSC survey data.

Both ways of calculating a NPS score for Auckland DHB show a positive trend. The trends reinforce the validity of each other. A third trend consistent with these results is the growing proportion of patients reporting an excellent overall experience of care.

The theory behind the scores shown about suggests that, over the last 2 years, we have had a greater proportion of discharged patients speaking well of Auckland DHB to others: The score based on the overall rating of care (chart 1) suggest us that almost 1 in 2 people will actively 'promote' Auckland DHB as an excellent provider of health care. The score based on the FFT (chart 2) tells us that now 9 out of 10 discharged patients are likely to recommend our hospitals to friends and family.

The NPS scores do not tell us why patients rate as they do, what they 'liked' about the care we provided, nor where they think we can do better. The scores also do not tell us what kinds of care experiences make people a 'promoter' or a 'detractor'. However, looking into our open-ended patient experience feedback explaining 'Excellent' and 'Poor' ratings of care provide insight (see previous Committee agenda).

Briefly put, when patients feel communication with their care providers is clear and comprehensive and timely, when they feel their care is well organised and coordinated, and when staff give them

confidence in their care, they tend to rate their care highly (and are therefore likely to be a 'promoter' of Auckland DHB). When patients feel they cannot get the information they need, when they feel they are not being treated with respect and dignity, when they do not have confidence in the staff treating them, when they see the services or staff involved in their care are disorganised, they tend to rate their care low (and are therefore likely to be a 'detractor').

4 Conclusion

Both scores reported here (NPS, FFT) for Auckland DHB show an upward trend. These trends reinforce the conclusions that can be drawn from the other: that the DHB is improving its performance from patients/ service-users' perspectives. The improvement in these scores is consistent with the upward trend in proportion of patients rating our care as 'Excellent' (which is significant at $p < 0.05$). Reasons that make patients a 'promoter' or 'detractor' can be inferred from reasons given for 'Excellent' and 'Poor' ratings of care. We expect to derive more insight from these scores once we can compare Auckland DHB's FFT score with Waitemata DHB's score, which will be available from October 2016.

Briefing Paper - Antimicrobial Stewardship

Recommendation

That the Hospital Advisory Committee:

- 1. Receives the briefing paper on Antimicrobial Stewardship which outlines**
- 2. The ongoing quality improvement work and future strategy**

Prepared by: Ian Costello (Acting Director Clinical Support Services)

Approved/Endorsed by: Joanne Gibbs

9.1

1. Background

An effective approach to improving antimicrobial use in hospitals is an organised antimicrobial management programme or antimicrobial stewardship (AMS). AMS involves a systematic approach to optimising the use of antimicrobials. It is used by healthcare institutions to reduce inappropriate antimicrobial use, improve patient outcomes, and reduce adverse consequences of antimicrobial use (including antimicrobial resistance, toxicity and unnecessary costs). Effective hospital AMS programmes have been shown to decrease antimicrobial use and improve patient care. Up to 40% of all inpatients at ADHB are on antimicrobial therapy at any given time.

AMS has been practiced at ADHB by the adult Infectious Disease service for many years. A formal AMS programme was introduced when the ADHB AMS Committee was formed in Dec 2011 with representatives from Infectious Disease, Clinical Microbiology, Pharmacy and other high usage areas. Meetings are held every two months and chaired by Dr Rupert Handy (SCD Adult Infectious Disease). The strategic direction for AMS activities at ADHB is driven by this Committee and is focused on improving the quality of care for our patients. The Committee now reports to the Infection Prevention and Control Committee, in line with the current NZ Standards 8134.3.6.

ADHB appointed 1.0 FTE Lead Antimicrobial Stewardship Pharmacist for adult services in Oct 2013. Following the success of this position a further 0.5 FTE funding has recently been approved, with the support of the Directors for Child Health Services, for additional AMS pharmacist support in Starship.

Currently 8 NZ DHBs have dedicated FTE AMS pharmacist positions. As part of the recent strategy for Pharmacy decision document, AMS has been identified as an essential clinical pharmacy service and work is underway to embed AMS into routine pharmacy activity under the leadership of the AMS pharmacist.

In addition to the current NZ Standards, a working group has been formed by the Ministry of Health to develop a national strategic plan on antimicrobial resistance and antimicrobial stewardship. This is in response to the requirement from the World Health Organisation global action plan with a deadline for publication, to WHO, by June 2017. It is expected this will increase the requirements to monitor and control antimicrobial use in both secondary and primary care.

2. Current AMS activities

A number of AMS activities are now embedded as business as usual. The main approaches and achievements to date are summarised below.

Improving quality of care through appropriate antimicrobial prescribing

- Control and monitoring of restricted antimicrobials. Pre-approval for certain antimicrobials is required before prescribing/dispensing in-line with PHARMAC requirements. Infectious Diseases, Microbiology and Pharmacy teams collaborate on this.
- Restriction on release of restricted antimicrobials susceptibilities from LabPLUS specimens.
- Clinical Infectious Disease consult and Bacteremia patient review rounds.
- Implementation of key hospital policies has improved patient outcomes.
- Clear dosing strategies for cefuroxime and meropenem have been developed which subsequently demonstrated reduction in usage and associated cost savings.
- Improved therapeutic monitoring through implementation of clinical calculators and improved access to laboratory testing. This has enabled a reduced time to effective drug concentrations being achieved in patients for a number of antimicrobials.

Regular monitoring of antimicrobial use and expenditure

- Monthly Defined Daily Doses (DDDs) per 1000 occupied bed days is generated from dispensing and admissions data and reviewed at each AMS Committee meeting. High level quarterly reports on high usage and expenditure antimicrobials are provided to Directorates.
- An annual point prevalence study is conducted through the Clinical Pharmacy service. All antimicrobial prescriptions are reviewed on a single day for adherence to guidelines and appropriateness.

Integration of AMS into hospital workflow

- All ADHB documents containing reference to antimicrobial treatment are reviewed and approved by the AMS Committee.
- AMS input into the eMedicines project. Electronic prescribing and administration will allow improved monitoring of restricted antimicrobials and encourage guideline adherent prescribing. Current electronic medicines records are being reviewed in surgical prophylaxis to demonstrate automatic reporting capabilities.
- AMS programmes are known to deliver antimicrobial cost savings. Documented patient specific interventions are saving \$180,000/pa and guideline and dosing optimisation review (including carbapenems, cephalosporins and amikacin) has a demonstrated saving of \$430,000/pa.

Research

- A prescribing app is being developed, supported by HRC funding and in collaboration with 3 metropolitan DHBs, NIHI and DHWlab to support further improvement in prescribing adherence to antimicrobial guidelines.
- A+ Trust funded research project on the pharmacokinetics of antibiotics in liver abscess treatment is underway.

3. Future strategies

NEHR has capabilities to deliver enhancements to the AMS programme through patient level alerting, prescribing decision support and improved reporting functionality.

Processes to support increased reporting and feedback to prescribers on guideline adherence and 24-48 hour review of antimicrobial prescriptions are being investigated.

The next phase of AMS development will focus on embedding regular AMS clinical patient rounds from AMS physicians and pharmacists together with processes to improve referral systems from different staff groups (medical, nursing and pharmacy). Options for automatic identification and referral when a patient meets certain criteria e.g. prolonged antimicrobial therapy will also be investigated.

4. Community/Primary Care AMS

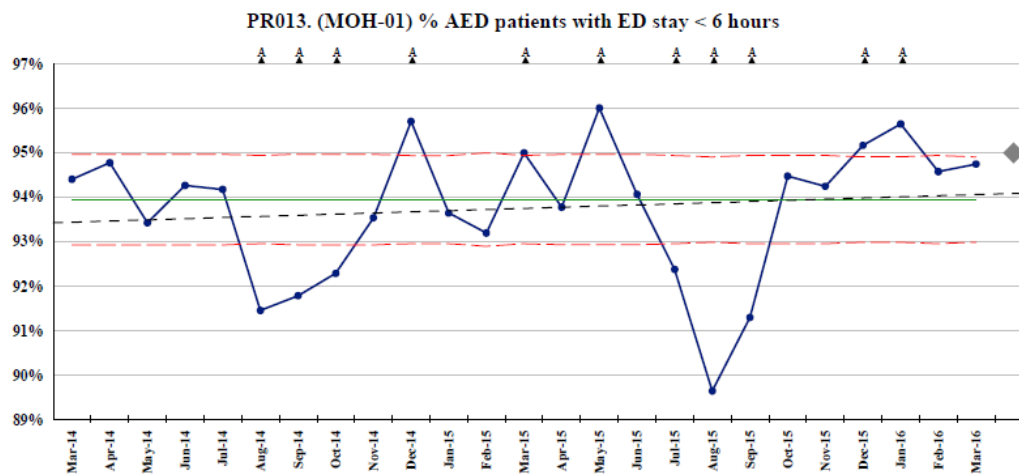
The majority of antimicrobial prescribing occurs in Primary Care. Further discussions on a system of monitoring, review and reduction of inappropriate antimicrobial will be undertaken with key stakeholders to identify options for establishing an AMS approach in primary care across the metropolitan region.

Shorter Stays in Emergency Departments

Adult Acute Patient Flow

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

Target Champions – Brenda Clune, Dr Barry Snow



Current Target Performance

- We are currently meeting the 6-hour target.

Current/ Planned Improvements

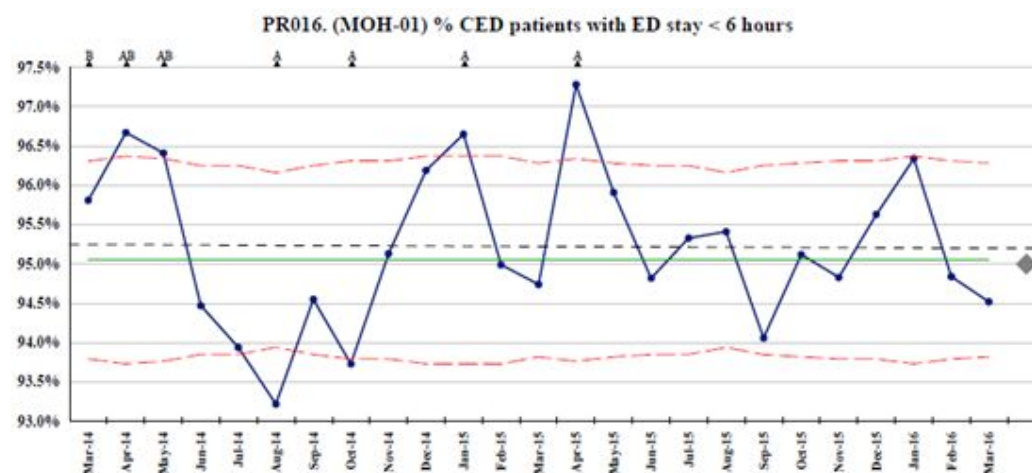
- We are continuing with our plans for this winter and a larger piece of work involving building a Clinical Decision Unit on the second floor.

Shorter Stays in Emergency Departments – continued

Children's Acute Patient Flow

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

Target Champion – Mike Shepherd



Current Target Performance

- Met target for quarter.
- 94.5% October.
- Some significant variations in performance related to unexpected patient surges.

Current/Planned Improvements

- Streamlining ED process.
- Streamlining admission process.
- Winter planning – bed capacity and patient flow/safety coordinators.

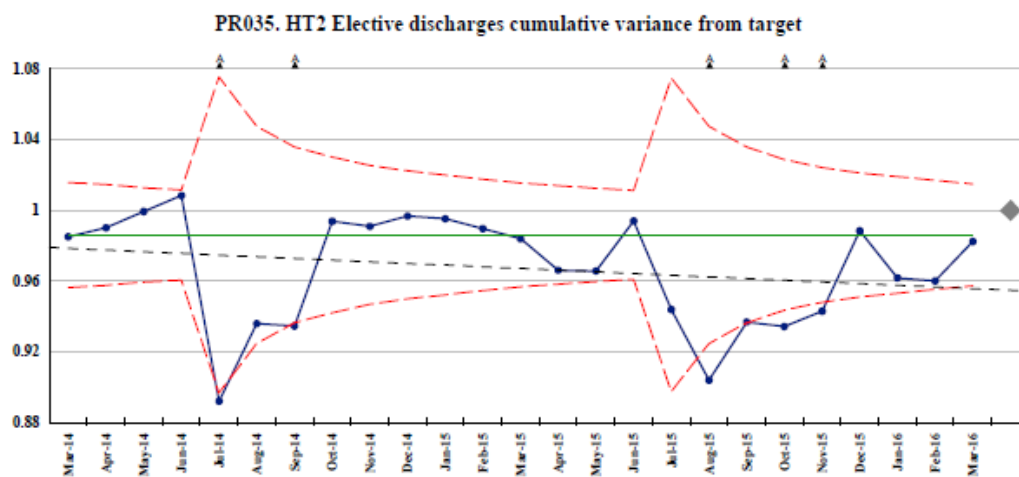
Improved Access to Elective Surgery

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

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

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

Target Champions – Wayne Jones, Paul Browne, Tara Argent



Current Target Performance

- Prediction of 98% for Q3.

Current/Planned Improvements

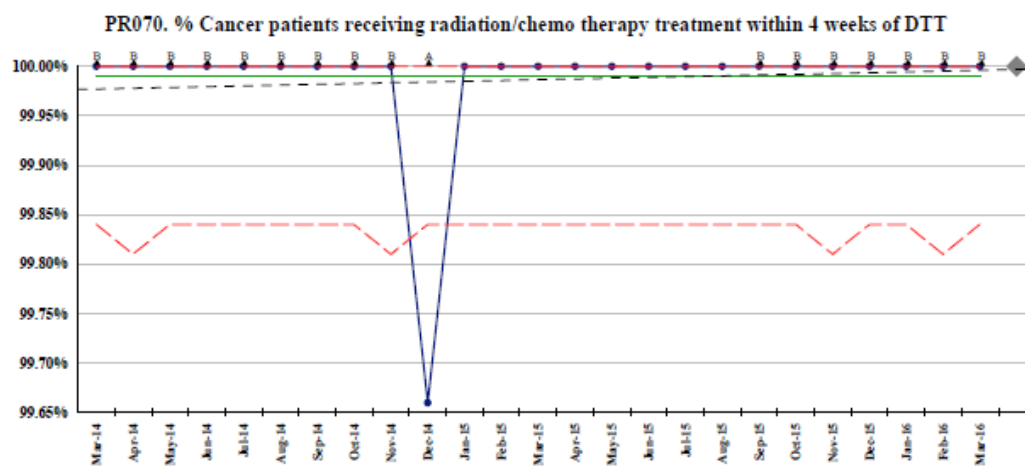
- The OR SCRUM process is ensuring that OR capacity is being fully utilised.
- Additional capacity is being provided in some specialities to meet ESPI demand.
- Waiting lists are being validated regularly.
- Initiatives are in place to move more cases to Greenlane to optimise the short stay surgical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

Shorter Waits for Cancer Treatment

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

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

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



Note:

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

Current Target Performance

Chemotherapy

- All patients have been seen in the required timeframes.

Radiation Therapy

- All patients have been seen in the required timeframes.

Current/Planned Improvements

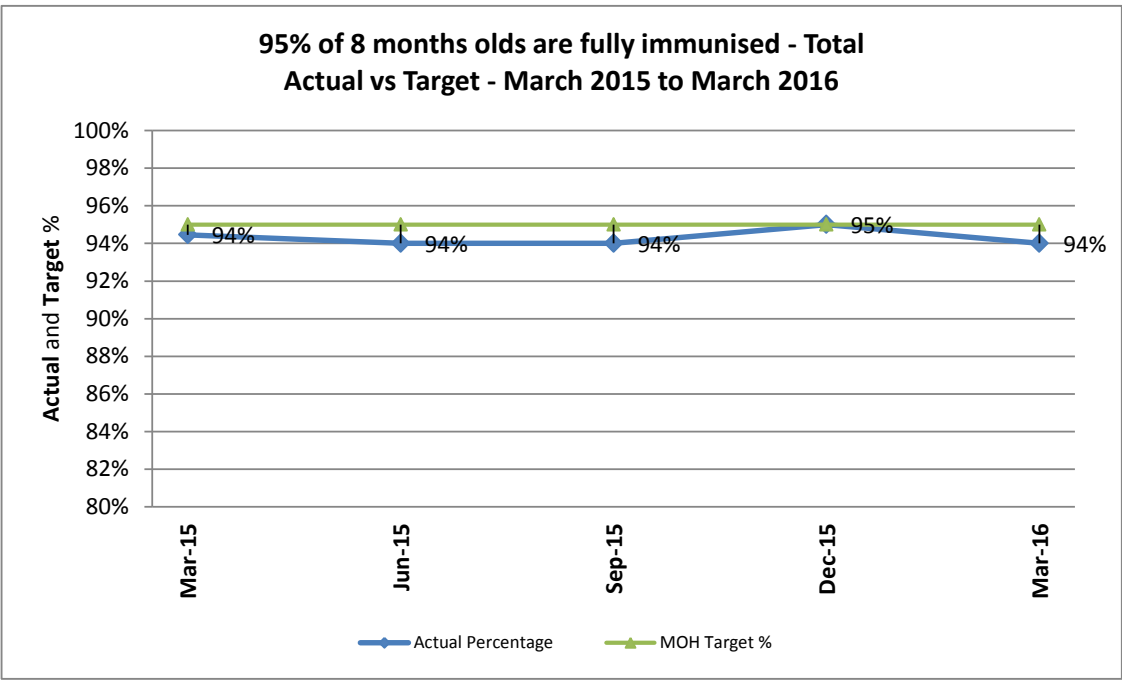
- The services continue to work to implement a tumour stream approach, and are working closely with Production Planning staff to understand and implement improved service delivery ways of working.

Increased Immunisation

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

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

Target Champion – Mike Shepherd



Current Target Performance

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

Current/Planned Improvements

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

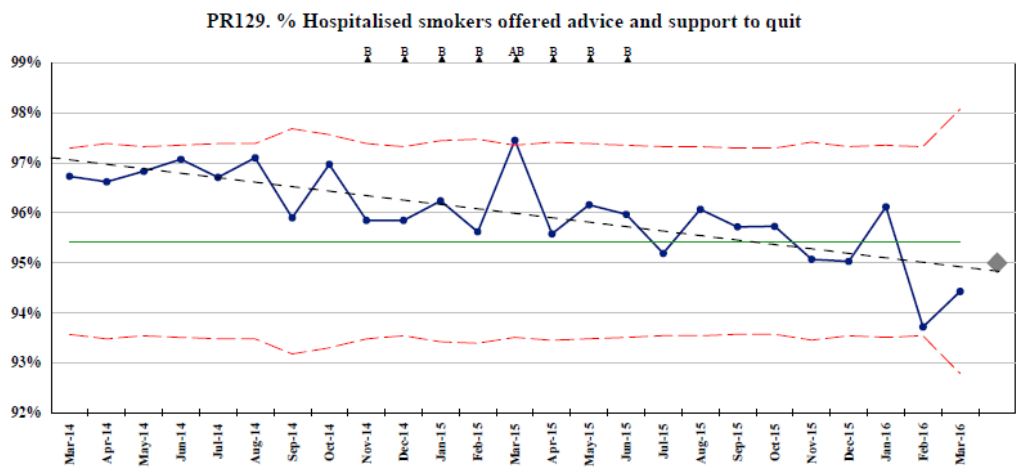
- The Six Month Milestone Plan current focus is on improving new-born enrolment (NBE) processes to ensure all babies are enrolled with a GP by 3 months of age. Regional NBE Workshop held on Friday 15th April to investigate and share improvement strategies.
- The Regional Child Health Steering Group has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

Better Help for Smokers to Quit

Target:

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

Target Champions – Stephen Child, Margaret Dotchin, Karen Stevens



Current Target Performance

- For the first time since September 2012 we did not achieve the 95% target. Reasons being; our hospital Smokefree Facilitator was away for a month and the month saw very high volumes of patients. In March we have managed to get back to 95% using a notice to all staff on how to give and document brief advice as well as ward based teaching sessions.

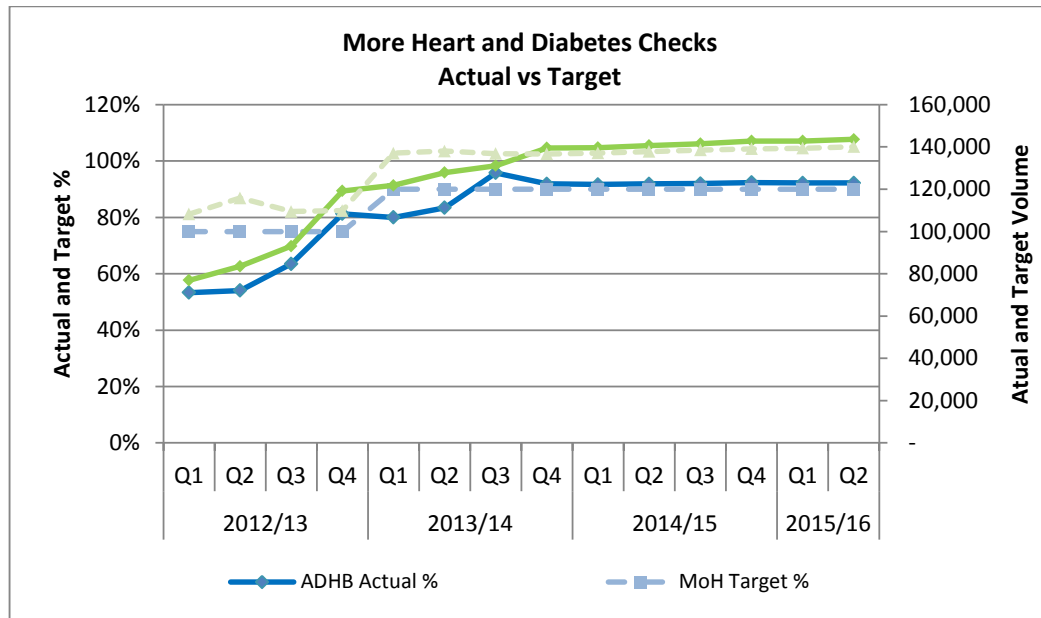
Current/Planned Improvements

- We will carry on with ward audits and connect with ward staff in the process as this has been the basis of our success. We will also seek the help of IS to put a message on all desktops around giving brief advice and making a referral to our service.

More Heart and Diabetes Checks

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

Target Champion – Jagpal Benipal



Current Target Performance

- Auckland DHB has met the More Heart and Diabetes Checks – National Health Target in Q2 2015/16. The results from the Ministry of Health show that Auckland DHB has achieved 92.2%. Auckland DHB has consistently met this target through the 2014/15 year (refer to the graph above).
- In Auckland DHB, 88.9% of the eligible Maori population and 90.8% of the eligible Pacific population has had a 'More Heart and Diabetes Check'.

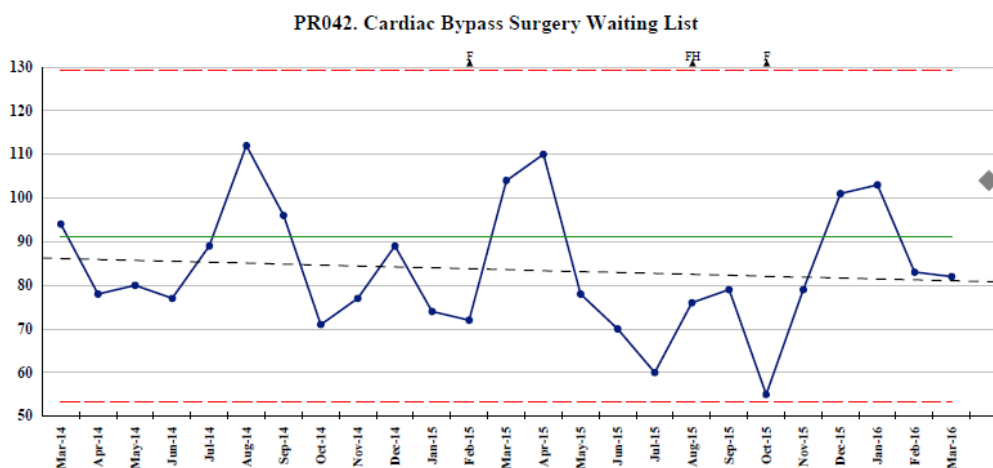
Current/Planned Improvements

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

Cardiac Bypass Surgery

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

Target Champion – Dr Mark Edwards



Current Target Performance

- During March 86 eligible procedures were delivered against a plan of 85. 93 new patients added to the waiting list in March. There were also 3 ECMO patients and 1 transplant during this period.
- The waitlist decreased from 83 in February to 82 at the end of March. At Month end, there were 7 patients waiting in hospital, 69 waiting up to 90 days and 6 patients waiting between 90 and 120 days.
- Fortnightly teleconferencing with the MOH to update them on the service performance and production continues.
- The challenge for the service over the next month will be maintaining the waitlist number as winter starts. Maintaining P1 and P2 targets in particular will be a focus, to place the service in a good position prior to winter.
- The service has remained ESPI2 and ESPI5 compliant.

Current/ Planned Improvements

- Ward review project continues in Ward 42. Work has commenced with the stakeholders in cardiology to develop a booking grid and streamline current activity that is occurring in ward 38 some of which is currently not being captured.

Auckland District Health Board
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- The service is reviewing House Officer rostering looking to improve junior doctor coverage at weekends. A new roster has been submitted to NORTH for the beginning stages of consultation and MECA compliance.

Resolution to exclude the public from the meeting

Recommendation

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
3. Confirmation of Confidential Minutes 30 March 2016	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p>	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	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Quality and Safety Issues and Priorities for Auckland DHB	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Faster Cancer Treatment	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act</p>	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

	<p>1982 s9(2)(ba)]</p> <p>Commercial Activities</p> <p>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
6.2 Cardiothoracic Surgery	<p>Obligation of Confidence</p> <p>The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities</p> <p>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>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]</p>
6.3 External Reviews Report	<p>Obligation of Confidence</p> <p>The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities</p> <p>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>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]</p>
6.4 Acute Flow Performance 7 April 2016	<p>Obligation of Confidence</p> <p>The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities</p> <p>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p>	<p>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]</p>
6.5 External Review of DCCM & Subsequent Actions	<p>Obligation of Confidence</p> <p>The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Negotiations</p> <p>To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official</p>	<p>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]</p>

	Information Act 1982 s9(2)(j))	
7.1 Complaints Report	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Privacy of Persons To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Compliments Report	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Privacy of Persons To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.3 Incident Management Report	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Privacy of Persons To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.4 Policies and Procedures Report	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.1 Seasonal Variation Plan – Winter 2016	<p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of

	<p>Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence</p> <p>The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p>	<p>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]</p>
<p>9.1 Clinical Services Planning for Auckland DHB 2016</p>	<p>Commercial Activities</p> <p>To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence</p> <p>The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p>	<p>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]</p>