



Hospital Advisory Committee Meeting

Wednesday, 26 April 2017

1.30pm

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

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Published 20 April 2017



Agenda **Hospital Advisory Committee** **26 April 2017**

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

Time: 1.30pm

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

Apologies Staff: Margaret Dotchin, Mark Edwards, Andrew Old.

Agenda

Please note that agenda times are estimates only

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| 1.30pm | 1. Attendance and Apologies |
| | 2. Register and Conflicts of Interest |
| | Does any member have an interest they have not previously disclosed? |
| | Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda? |
| 1.35pm | 3. Confirmation of Minutes 15 March 2017 |
| | 4. Action Points |
| 1.40pm | 4.1 People Metrics for Directorate Reports (verbal update) |
| 1.50pm | 4.2 Auckland DHB Training for Resilience |
| | 5. PERFORMANCE REPORTS |
| 2.00pm | 5.1 Provider Arm Operational Performance – Executive Summary |
| | 5.2 Provider Arm Scorecard |
| | 5.3 Clinical Support Services |
| | 5.4 Women’s Health Directorate |
| | 5.5 Child Health Directorate |
| | 5.6 Perioperative Services Directorate |
| | 5.7 Cancer and Blood Directorate |
| | 5.8 Mental Health Directorate |
| | 5.9 Adult Medical Directorate |
| | 5.10 Community and Long Term Conditions Directorate |
| | 5.11 Surgical Services Directorate |
| | 5.12 Cardiovascular Directorate |
| | 5.13 Non-Clinical Support Services |
| | 5.14 Provider Arm Financial Performance Report |
| | 6. INFORMATION REPORTS |
| 2.25pm | 6.1 Patient Experience Update |
| 2.35pm | 7. RESOLUTION TO EXCLUDE THE PUBLIC |

Next Meeting:	Wednesday, 07 June 2017 at 1.30pm A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton
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Attendance at Hospital Advisory Committee Meetings

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

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

IMPORTANT

If in doubt – declare.

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

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.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
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder)	17.01.2017
Michelle ATKINSON	Evaluation Officer – Counties Manukau District Health Board Director – Stripey Limited	17.01.2017
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Shareholder – Orion Healthcare (no personal beneficial interest as it is held through a Trust) Trustee – Woolf Fisher Trust Trustee- Sir Woolf Fisher Charitable Trust Daughter – Partner Russell McVeagh Lawyers Member – Trans-Tasman Occupations Tribunal	16.01.2017
Judith BASSETT	Shareholder - Fisher and Paykel Healthcare Shareholder - Westpac Banking Corporation Husband – Fletcher Building Husband - shareholder of Westpac Banking Corporation Granddaughter - shareholder of Westpac Corporation Daughter – Human Resources Manager at Auckland DHB	26.01.2017
James LE FEVRE	Board member – Waitemata DHB Emergency Medicine Specialist - Adult Emergency Department, Auckland DHB DHB Representative (Auckland and Waitemata DHBs) – Air Ambulance Codesign Procurement Governance Board Fellow - Australasian College for Emergency Medicine - FACEM Member - Association of Salaried Medical Specialists Shareholder - Pacific Edge Diagnostics Ltd Trustee - Three Harbours Health Foundation Wife - Medicolegal advisor, Medical Protection Society Wife – Employee Waitemata DHB Department of Anaesthesia and Perioperative Medicine	16.01.2017
Lee MATHIAS	Chair - Health Promotion Agency Chair - Unitec Acting Chair - Health Innovation Hub Director - Health Alliance Limited (ex officio Counties Manukau DHB) Director/shareholder - Pictor Limited Director - Lee Mathias Limited Director - John Seabrook Holdings Limited Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Trustee - Mathias Martin Family Trust Member – New Zealand National Party	15.03.2017

Gwen TEPANIA-PALMER	Board Member - Manaia PHO Board Member - Health Quality and Safety Commission Board Member – Terenga Paraoa Ltd Northland Committee Member - Te Taitokerau Whanau Ora Committee Member - Lottery Northland Community Committee Chair - Ngati Hine Health Trust Life member – National Council of Maori Nurses Alumnus – Massey University	22.02.2017
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Minutes

Hospital Advisory Committee Meeting

15 March 2017

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 15 March 2017 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 1.30pm

<p>Committee Members Present</p> <p>Judith Bassett (Chair)</p> <p>James Le Fevre (Deputy Chair)</p> <p>Jo Agnew</p> <p>Michelle Atkinson</p> <p>Dr Lee Mathias</p> <p>Gwen Tepania-Palmer</p>	<p>Auckland DHB Executive Leadership Team Present</p> <table> <tr> <td>Ailsa Claire</td><td>Chief Executive Officer</td></tr> <tr> <td>Margaret Dotchin</td><td>Chief Nursing Officer</td></tr> <tr> <td>Joanne Gibbs</td><td>Director Provider Services</td></tr> <tr> <td>Dr Debbie Holdsworth</td><td>Director of Funding – ADHB/WDHB</td></tr> <tr> <td>Fiona Michel</td><td>Chief Human Resources Officer</td></tr> <tr> <td>Rosalie Percival</td><td>Chief Financial Officer</td></tr> <tr> <td>Shayne Tong</td><td>Chief of Informatics</td></tr> <tr> <td>Sue Waters</td><td>Chief Health Professions Officer</td></tr> </table> <p>Auckland DHB Senior Staff Present</p> <table> <tr> <td>Dr John Beca</td><td>Director Surgical, Child Health</td></tr> <tr> <td>Duncan Bliss</td><td>General Manager Surgical and Perioperative Services</td></tr> <tr> <td>Jo Brown</td><td>Funding and Development Manager Hospitals</td></tr> <tr> <td>Judith Catherwood</td><td>Director Long Term Conditions</td></tr> <tr> <td>Ian Costello</td><td>Director of Clinical Support Services</td></tr> <tr> <td>Dr Mark Edwards</td><td>Director Cardiovascular Services</td></tr> <tr> <td>Dr Sue Fleming</td><td>Director Women's Health</td></tr> <tr> <td>Anna Schofield</td><td>Acting Director Mental Health and Addictions</td></tr> <tr> <td>Dr Michael Shepherd</td><td>Director Medical, Children's Health</td></tr> <tr> <td>Dr Barry Snow</td><td>Director Adult Medical</td></tr> <tr> <td>Dr Richard Sullivan</td><td>Director Cancer and Blood and Deputy Chief Medical Officer</td></tr> <tr> <td>Michelle Webb</td><td>Committee Secretary</td></tr> </table> <p>(Other staff members who attend for a particular item are named at the start of the minute for that item)</p>	Ailsa Claire	Chief Executive Officer	Margaret Dotchin	Chief Nursing Officer	Joanne Gibbs	Director Provider Services	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB	Fiona Michel	Chief Human Resources Officer	Rosalie Percival	Chief Financial Officer	Shayne Tong	Chief of Informatics	Sue Waters	Chief Health Professions Officer	Dr John Beca	Director Surgical, Child Health	Duncan Bliss	General Manager Surgical and Perioperative Services	Jo Brown	Funding and Development Manager Hospitals	Judith Catherwood	Director Long Term Conditions	Ian Costello	Director of Clinical Support Services	Dr Mark Edwards	Director Cardiovascular Services	Dr Sue Fleming	Director Women's Health	Anna Schofield	Acting Director Mental Health and Addictions	Dr Michael Shepherd	Director Medical, Children's Health	Dr Barry Snow	Director Adult Medical	Dr Richard Sullivan	Director Cancer and Blood and Deputy Chief Medical Officer	Michelle Webb	Committee Secretary
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1. APOLOGIES

The apology of member Doug Armstrong was received. The further apologies of senior staff members Naida Glavish, Chief Advisor Tikanga, Arend Merrie, Director Surgical Services and Vanessa Beavis, Director Perioperative were also received.

The Chair introduced Shayne Tong, Chief of Informatics to the Committee and welcomed him to the meeting.

2. REGISTER AND CONFLICTS OF INTEREST

Lee Mathias advised that she was no longer a Director of New Zealand Health Partnerships.

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

3. CONFIRMATION OF MINUTES 07 December 2016 (Pages 8 to 19)

Resolution: Moved Jo Agnew / Seconded Gwen Tepania-Palmer

That the minutes of the Hospital Advisory Committee meeting held 07 December 2016 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Page 20)

People Metrics Report: Fiona Michel, Chief Human Resources Officer confirmed that the People Metrics report required discussion with the Human Resources Sub-committee prior to finalisation and therefore presentation of this report to the Hospital Advisory Committee has been deferred to April 2017.

Auckland Integrated Cancer Centre: Due to regional discussions about the business case still being in progress, the update report has been deferred until June 2017.

All other action items were complete.

5. PROVIDER ARM OPERATIONAL PERFORMANCE REPORT (Pages 21 to 151)

5.1 Provider Arm Operational Performance Report – Executive Summary (Pages 21 to 26)

[Secretarial note: Items 5.1 and 5.2 were taken as one item. Where there was comment it is recorded under the item it pertained to.]

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

- There has been a significant increase in volume of presentations and acuity to the Adult Emergency Department and as a result the 6 hour target for Quarter 3 is at risk.
- Electives discharge performance recovered during Quarter 2, however full recovery is dependent on orthopaedic outsourcing for the remainder of the year.
- Consultation on the 24/7 Hospital Functioning Model of Care and Structure proposal has closed. Feedback received supported the proposed model of care. Recruitment to new roles is in progress.
- A new vital signs chart and early warning score is being trialled as part of the Deteriorating Patients Programme. A peer review of the pilot by the Health and Quality Safety Commission is scheduled to take place in late March 2017.
- Management are developing the next Provider Services Business Plan in collaboration with the Funder. Particular attention is being given to the current challenges in financial sustainability and ongoing issues with transplant and orthopaedic services.

The following matters were covered in response to questions:

- Lee Mathias drew attention to the triage trends 2016 graph on page 22 of the agenda. The volume of Triage 1 presentations for the last quarter of 2015 was showing as 16%. It was clarified that the volumes experienced during the last

quarter of 2016 hadn't been laid over the top, which would have provided context of how the patient volumes had increased in that period of time.

- Gwen Tepania-Palmer asked whether there were penalties associated with non-compliance to the 6 hour Emergency Department target and was advised that there were none. The issues had been discussed with the Ministry of Health and the Auckland DHB performance is deemed good considering the significant volume increases.
- James Le Fevre observed that interpretation of the targets and measures achieved needed to be considered in context. The approach of Auckland DHB to the clinical pathway is to meet patient needs and outcomes rather than to focus solely on achieving outputs against targets.
- Advice was given that work is in progress on the new facility for safe treatment of mental health patients presenting to the Emergency Department which will improve the flow and experience for Mental Health patients entering the hospital environment.

5.2 Scorecard (Pages 27 to 30)

The Chair commented on the pleasing improvement in the elective day of surgery rate. Jo Gibbs advised that the improvement changes made to the transition lounge to enable pre and post-operative patients to be accommodated had assisted with this.

There was discussion regarding the current format of the scorecard. Ailsa Claire reiterated that the scorecard required review. The targets currently used are stretch targets and do not allow progress to be plotted. There was agreement that the scorecard would be more informative if it reflected both a stretch and a benchmark target, and that a revised Auckland DHB Provider Scorecard should be trialled at the next Hospital Advisory Committee meeting.

Action:

That a revised Auckland DHB Provider Scorecard be trialled for reporting at the next Hospital Advisory Committee meeting.

5.3 Clinical Support Services (Pages 31 to 39)

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

- The MRI capacity challenges as detailed in the report on page 35 of the agenda. Recovery plans are in place and as a result performance has returned to 80%.
- Focus is being placed on succession planning and discussions are in progress with training organisations to develop workforce planning strategies.
- The Medicines Academic Practice Unit which has been formed with the Schools of Pharmacy and Nursing as a collaborative initiative.

The Chair commended the directorate on being alert to collaborative opportunities.

A general discussion was had regarding challenges in the area of MRI. Of note was that MRTs training received overseas is not recognised in New Zealand.

New Zealand is unique in that it has a registered scope of practice for MRI. Other countries don't have the same scope so comparison of qualifications achieved internationally against the New Zealand standard is not possible. Discussion is occurring with regulatory bodies to explore the potential for past experience to be recognised during accreditation.

Action

That the Hospital Advisory Committee be kept informed of the progress of the MRI accreditation initiative.

5.4 Women's Health Directorate (Pages 40 to 48)

Sue Fleming, Director Women's Health spoke to the report highlighting the following:

- Workforce issues, particularly the ability to fill vacancies and a critical shortage of Maternal Fetal Medicine Specialists were proving to be a challenge. Recommendations to enable development of a sustainable workforce will be presented to the Board in the coming months.

The following matters were covered in response to questions:

- Lee Mathias commented that she had observed that an "Expression of Interest" tender regarding primary nursing had been recently notified. Sue Fleming advised that this was a Request for Information process being led by the Funder to inform development of options for delivery of a primary birthing facility in the Auckland DHB district.
- James Le Fevre asked what was involved around content for the Team Resilience workshops recently undertaken by the Women's Health staff. It was advised that these workshops were tailored to specific challenges experienced by the service with support from Human Resources management. It was noted that resilience is important throughout all services and the training approach needs to be consistent across the organisation. Other departments could benefit from the sharing of information on what aspects of the training worked well.

The Committee expressed interest in receiving a summary of the most effective key themes of the resilience workshops undertaken by Women's Health staff.

The Chair commented that the Wahine Ora programme of work was progressing well and producing positive outcomes.

Action:

That an information report summarising the most effective key themes of the resilience training delivered within Women's Health be provided to the next Hospital Advisory Committee meeting.

5.5 Child Health Directorate (Pages 49 to 61)

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

- Significant effort is being applied to maintain safety and reduce risk during the current refurbishment work in progress at Starship Hospital to ensure the efficient running of the service.
- The framework for the measures for the Starship Clinical Excellence Programme report and dashboard on page 52 of the agenda has been based on that of the Institute of Medicine. There has been interest from other hospitals to be involved in the work to develop international benchmark data.
- There has been variable performance against the Child Surgical target in paediatrics. Mitigation plans were activated to manage risk around not meeting the target.

Gwen Tepania-Palmer acknowledged the good work completed on Maori Did Not Attends and encouraged a continued focus on Pacific Did Not Attends. Gwen also noted that the intended focus of the proposed Pacific Navigator role on addressing Pacific Was Not Brought was positive.

The Chair commented that the intended collaboration with Waitemata and Counties Manukau DHBs to address the Was Not Brought rates was also positive.

5.6 Perioperative Services Directorate (Pages 62 to 70)

Duncan Bliss, General Manager Perioperative and Surgical Services asked that the report be taken as read, highlighting the following:

- The good performance in January, despite industrial action, which could be attributed to excellent management of the acute workload by staff.
- Delays in the single instrument tracking project have been reported to the Board and the contractual issues are being worked through.

The Chair noted the key achievements for the directorate, in particular the Local Heroes nomination for the staff member from Greenlane Surgical Unit – PACU, and the award received by the Greenlane Surgical Unit Technician at the Allied Health Awards.

Gwen Tepania-Palmer enquired about the timeframe for the risk review on the impact of transplants. Advice was given that the service was currently over delivering against contract but still meeting patient needs. There has been a 40% increase in volumes in the last two years. It was acknowledged that undertaking transplants beyond funded volumes impacts negatively on budgets. Information on the investment required to meet volumes has been presented to the Finance Risk and Assurance Committee for consideration.

5.7 Cancer and Blood Directorate (Pages 71 to 77)

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

- An options paper is being submitted to the Board regarding the planned replacement of one of the six Linear Accelerators in Radiation Oncology
- Auckland DHB are working closely with Counties Manukau DHB to establish a pilot of Adjuvant Herceptin delivery within the Counties Manukau region.

- Phase 1 of the Alignment Project to realign Cancer and Blood services prior to any moves into new facilities. There will be improvements in patient experience resulting from co-location of clinics and tumour streaming.

James Le Fevre commended the team on the good work done in a complex environment.

5.8 Mental Health Directorate (Pages 78 to 91)

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

- The successful appointment of a new Director of Nursing Mental Health and a new Medical Director for the service.
- The development of the Mental Health Facilities plan and relocation of Assertive Community Outreach Services from St Lukes to the Rehab Plus Building at Point Chevalier.
- The Escalation plan which is functioning well and is proving to be effective in managing acute demand.

The following matters were covered in response to questions:

- Gwen Tepania-Palmer queried the number of detox units available in Auckland and was advised that Waitemata DHB Community Alcohol and Drug Services held 10 beds and the City Mission held 4 beds. Lee Mathias added that there was also capacity at The Retreat in Mangere and that Capri was now closed. Anna Schofield advised that national work on Mental Health and Addictions relating to the need for detox management followed by locked care treatment was occurring and that the Funder would be presenting information about this to the Board in the future. Changes in legislation are pending, with a new Bill to be enacted in February 2018.
- Lee Mathias asked how well prepared Auckland DHB was for changes in the Addiction Act. It was advised that a key challenge was management of 'legal highs', which can still be purchased in some retail outlets, being brought back to the wards which can put other patients at risk.

5.9 Adult Medical Directorate (Pages 92 to 98)

Barry Snow, Director Adult Medical spoke to the report and provided an update highlighting the following:

- The significant and continuing growth in presentations to the Emergency Department which is averaging 199 presentations per day; more than this time last year. The patient profile is also becoming more acute. The directorate has continued to build capacity but demand continues to grow. Mitigation actions implemented include rostering of an additional patient flow nurse during the peak shift and opening further bed flex space.
- The success of the Rapid Improvement event for management of cellulitis held in December

- Delivery of a strategic business case for delivery of a Regional Hyperacute Stroke Service
- The strong focus being placed on Early Supported Discharge and Rapid Response services

Lee Mathias expressed interest in the cellulitis patient's pathway and what recommendations from the rapid improvement event were being implemented. Advice was given that these were specifically related to enhancing the POAC/Community response, use of a screening and assessment tool, and introducing new tools into the Emergency Department such as i.e. antibiotics packs to go. Lee also enquired whether primary care were utilising the iMoko app. Barry Snow undertook to review the tool to see if it could be used in the Auckland region.

Action: That a review of the iMoko application tool be undertaken to determine its suitability for use within the Auckland region.

5.10 Community and Long Term Conditions Directorate (Pages 99 to 109)

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

- The commencement of the Early Supported Discharge Service in July 2016.
- The improvements in performance against the 62 day target for Faster Cancer Treatment for high suspicion of melanoma patients.
- The good progress in recruitment to senior leadership roles within the directorate with most of the team now in place.
- The Community Services and Sexual Health Service new business rules and reporting arrangements which are now complete and implemented.

There were no questions.

5.11 Surgical Services Directorate (Pages 110 to 119)

Duncan Bliss, General Manager Surgical Services asked that the report be taken as read, noting formal thanks to the outgoing Director Surgical Services, Mr Wayne Jones and the welcoming of the new Director Mr Arend Merrie.

Duncan highlighted the following:

- Despite the impact of industrial action in January, effective summer plans led to service over performance.
- The significant improvement in the Electives Day of Stay Admission rate, which could be attributed to a large amount of targeted day stay work to counter the impacts of the industrial action
- The Adult ESPI 2 position which was non-compliant for Auckland DHB at 1.15% will also be moderately non-compliant in March.
- Progress in the use of the Greenlane Surgical Unit. Previously unallocated all day OR sessions are being utilised for additional Ocular Plastic sessions.

There were no questions.

5.12 Cardiovascular Directorate (Pages 120 to 127)

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

- The high levels of activity within the service, in particular the increase in cardiac bypasses being performed. There have been 77 more bypasses performed this year than in the same period last year.
- The positive comments made regarding the work of cardiac surgery as part of the Certification Audit.
- The Cardiovascular Intensive Care Unit (CVICU) open day held for all staff to showcase the work the CVICU team do for patients after heart surgery. It was noted that a short article about this event in eNova would highlight the success of this event.
- The review of the model of Nursing Education delivery to strengthen and streamline the way that nursing education is delivered across the Directorate.

The Committee expressed interest in staying informed on the progress of the nursing education model review.

Action:

That regular updates on the progress of the review of the Nursing Education model within Cardiovascular Services be made within the Cardiovascular Directorate report.

5.13 Non-Clinical Support Services (Pages 128 to 136)

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

- 59 cleaning services staff have achieved NZQA Level 3 and subsequently graduated
- The good feedback received from the public about the quality of service provided by cleaning staff.
- Work progressing on the Supply Chain Regional Review which presents opportunities for improvements and savings.
- The commencement of a further Workplace Literacy course for staff.

Michelle Atkinson acknowledged the excellent achievements of the cleaning services staff.

Action:

That formal congratulations and thanks for the excellent work and achievements of the cleaning services staff be extended.

5.14 Provider Arm Financial and Operational Performance Report (Pages 137 to 151)

Rosalie Percival, Chief Financial Officer spoke to the report.

The overall result for February is \$0.6M unfavourable.

Challenges in elective delivery have impacted the budget with acute surgical discharges and IDF patients (not currently charged) being over budget. Obtaining funding for an increased volume of transplants is being negotiated as current volumes pose a key risk to the budget. It was noted that recent publicity regarding organ donation had contributed to an increase in transplant activity. A draft national Organ Donation strategy is being finalised and submitted to Cabinet. If adopted, careful consideration when planning for future transplants service delivery will be required.

There were no questions.

Resolution: Moved Gwen Tepania-Palmer / Seconded Jo Agnew

That the Performance Reports for March 2017 be received.

Carried

6. INFORMATION PAPERS

6.1 Patient Experience Report (Pages 152 to 159)

Margaret Dotchin, Chief Nursing Officer asked that the reports be taken as read highlighting that the Partners in Care programme is focused on sharing information with staff on the wards. Historically space limitations had challenged the ability to enable increased family and whanau support. Facilities improvements are now being incorporated into the Patient and Family Care Programme to further support the inclusion of family and whanau and enhance the patient experience.

Resolution: Moved Michelle Atkinson / Seconded Lee Mathias

That the patient experience reports for December 2016 be received.

Carried

7. ITEM TRANSFERRED FROM CONFIDENTIAL AGENDA TO OPEN AGENDA

7.1 Hospital Advisory Committee forward work programme for 2017

(Item 5.1 on the Confidential Agenda)

The Hospital Advisory Committee passed a resolution allowing the decision below and the attached report item 5.1.1 to be transferred to the open agenda.

Resolution: Moved Judith Bassett / Seconded Lee Mathias

That the Hospital Advisory Committee:

- 1. Receive the draft Hospital Advisory Committee forward work programme for 2017.**
- 2. Approves the Hospital Advisory Committee forward work programme for 2017 subject to the agreed amendments being made and noting that the work programme is subject to revision.**

Carried

8. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 160 to 163)

Resolution: Moved Gwen Tepania-Palmer / Seconded Lee Mathias

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies		That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
2. Register and Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 07 December 2016	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points 07 December 2016	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

5.1 Hospital Advisory Committee Forward Programme for 2017	Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.2 Hyperacute Stroke Service – Progress Report	Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.3 Auckland DHB Organisation Wide Certification Audit – Draft Report	Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Faster Cancer Treatment	Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 Security for Safety	Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of

	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	the Official Information Act 1982 [NZPH&D Act 2000]
6.3 Food Services	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</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 Reablement Services	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</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]
7.0 Quality Report	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [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

	<p>Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</p>	6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Complaints	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</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	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</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	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p> <p>Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</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]

Hospital Advisory Committee Forward Programme 2017

Open Hospital Advisory Committee Meeting

	15 March 2017	26 April 2017	7 June 2017	19 July 2017	30 August 2017	11 Oct 2017	22 Nov 2017
Standing Items	Provider Arm Operational Performance Report - Executive Summary	Provider Arm Operational Performance Report - Executive Summary	Provider Arm Operational Performance Report - Executive Summary	Provider Arm Operational Performance Report - Executive Summary	Provider Arm Operational Performance Report - Executive Summary	Provider Arm Operational Performance Report - Executive Summary	Provider Arm Operational Performance Report - Executive Summary
	Directorate Updates	Directorate Updates	Directorate Updates	Directorate Updates	Directorate Updates	Directorate Updates	Directorate Updates
	Financial Performance Report	Financial Performance Report	Financial Performance Report	Financial Performance Report	Financial Performance Report	Financial Performance Report	Financial Performance Report
	Patient Experience Report	Patient Experience Report	Patient Experience Report	Patient Experience Report	Patient Experience Report	Patient Experience Report	Patient Experience Report
Information Items		People Metrics for Directorate Reports					
		Auckland DHB Training for Resilience					

Confidential HAC Meeting

Standing Items	15 March 2017	26 April 2017	7 June 2017	19 July 2017	30 August 2017	11 Oct 2017	22 Nov 2017
Oversight Reports:	Faster Cancer Treatment		Security for Safety		Security for Safety		Security for Safety
	Security for Safety	Orthopaedic Services	Transplants	Orthopaedic Services	Reablement Services	Orthopaedic Services	Reablement Services
Quality Report:	Food Services	Transplants	Reablement Services		Food Services	Transplants	
	Reablement Services						
	Complaints	Complaints	Complaints	Complaints	Complaints	Complaints	Complaints
	Compliments	Compliments	Compliments	Compliments	Compliments	Compliments	Compliments
	Incident Management	Incident Management	Incident Management	Incident Management	Incident Management	Incident Management	Incident Management
	Policies and Procedures	Policies and Procedures	Policies and Procedures	Policies and Procedures	Policies and Procedures	Policies and Procedures	Policies and Procedures
Discussion Papers		Provider Services Business Plan 2017/2018 – first draft for discussion (SA)	Auckland DHB Provider 3 Year Delivery Plan (RP / JG)	Clinical Facilities Plan for Mental Health (AS)	Transplant Strategy (ME / ST)	Adult Critical Care Strategy (ME)	Mental Health Strategy (AS)
	Hyperacute Stroke Services – Progress Report	Pathology Strategy (IC) <i>(moved to Directorate report in Open agenda)</i>	24/7 Hospital Functioning – Progress Report (JF / SA)	Using the Hospital Wisely – Progress Report (JC)	Daily Hospital Functioning – Progress Report (BS)	Afterhours Inpatient Safety / Deteriorating Patients – Progress Report (MS / ME)	Outpatients Model of Care – Progress Report (IC)
		Seasonal Variation Plan – Winter 2017 (JF)	Provider Services Business Plan 2017/2018 (SA)	Auckland DHB Provider 3 Year Delivery Plan (RP / JG)	Orthopaedic Strategy (AM)	Update on Level 2 AED Design (BS)	
	HAC Forward Work Programme 2017	Elective Delivery Plan 2017/2018 (DH)	Radiology Strategy (IC)	Provider Services Business Plan 2016/2017 – end of year review (SA)	Renal Dialysis Spoke Design and Delivery Update (BS)		
		Women's Health Workforce Challenges and Strategy (SF)					
Information Items	Auckland DHB Organisation Wide Certification Audit Draft Report		Hospital Advisory Committee Terms of Reference				

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 26 April 2017

4

Meeting and Item	Detail of Action	Designated to	Action by
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. <i>Update: discussions are occurring across the northern region relating to the development of a programme business case.</i>	R Sullivan	7 June 2017
26 Oct 2016 Item 6.11	People Metrics for Directorate Reports That the Chief Human Resources Officer submit a report proposing alternative people metrics for consideration.	Fiona Michel	26 April 2017 – in progress (verbal update to be provided at the meeting)
15 Mar 2017 Item 5.2	Scorecard That a revised Auckland DHB Provider Scorecard be trialled for reporting at the next Hospital Advisory Committee meeting.	J Gibbs	26 April 2017 – Complete (refer to Item 5.2 of this agenda)
15 Mar 2017 Item 5.3	Clinical Support Services Report (MRI Update) That the Hospital Advisory Committee be kept informed of the progress of the MRI accreditation initiative.	I Costello	26 April 2017 – completed (refer to Item 5.3 of this agenda) <i>Next update due 7 June 2017</i>
15 Mar 2017 Item 5.4	Women's Health Directorate Report (Resilience Training) That an information report summarising the most effective key themes of the resilience training delivered within Women's Health be provided to the next Hospital Advisory Committee meeting.	F Michel/S Fleming	26 April 2017 – complete (refer to Item 4.2 of this agenda)
15 Mar 2017 Item 5.9	Adult Medical Directorate Report (iMoko tool) That a review of the iMoko application tool be undertaken to determine its suitability for use within the Auckland region.	B Snow	26 April 2017 – verbal update to be provided at the meeting

15 Mar 2017 Item 5.12	Cardiovascular Directorate Report (Nursing Education Model) That regular updates on the progress of the review of the Nursing Education model within Cardiovascular Services be made within the Cardiovascular Directorate report.	M Edwards	26 April 2017j – complete (refer to Item 5.12 of this agenda) <i>Next update due 7 June 2017</i>
15 Mar 2017 Item 5.13	Non-Clinical Support Services Directorate Report (Cleaning Services Staff) That formal congratulations and thanks for the excellent work and achievements of the cleaning services staff be extended.	R Percival	26 April 2017 - complete

Auckland DHB Training for Resilience

Recommendation

That the Hospital Advisory Committee receives the background information for key themes of the resilience training delivered within Auckland DHB.

Prepared by: Fiona Michel (Chief Human Resources Officer)

Supported by: Sue Fleming (Director of Women's Health, Auckland DHB)

Glossary

EAP Employee Assistance Programme

1. Board Strategic Alignment

Emphasis/investment on both treatment and keeping people healthy	The employees of Auckland DHB are a valuable resource to the service. Due to increasing workforce pressures, the provision of programmes to support staff resilience and stress management is important to the workforce.
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2. Summary of support programmes available for staff resilience

Auckland DHB has a range of support programmes for resilience and stress.

Firstly, we provide counselling services through our EAP supplier (EAP Works). As well as self-referral counselling (three free sessions), there are manager referrals, critical incident debriefing, team support sessions (i.e. Peer Support) and supervision.

The ADHB Leadership Development Programme contains several components aimed at assisting in managing stress, including:

- A two hour Resilience component is run as a teleconference with Dr. Nick Petrie from the Centre for Creative Leadership in Colorado Springs, with a JumpShift facilitator in the room with our participants;
- Personal leadership tools from the course, which include reflection and prioritisation tools, with participants reporting results including a sense of greater control.
- Coffee Groups, which play a part in social connection and optimism for our participants.

This year, the People Strategy is scheduled to pilot a Management Practising Certificate that includes a module on Resilience. We also offer subsidised gym memberships and a number of classes including Tai Chi, Yoga and Pilates which assist with stress management.

The Manaakitia Rounds provide a structured monthly one-hour forum for all employees within the hospital to discuss complex emotional and social issues that arise in caring for patients. The goal of the Rounds is not to solve problems but to explore the human and emotional aspects of the experience of delivering care and the challenges that staff face from day to day.

We make one-to-one coaching available where it is requested – this is an excellent tool for individual work on managing stress.

There is also our Coaching Skills Programme which helps participants improve their working relationships and problem solving in a way that takes the onus off their shoulders and opens up creative thinking in their teams, another way to reduce stress.

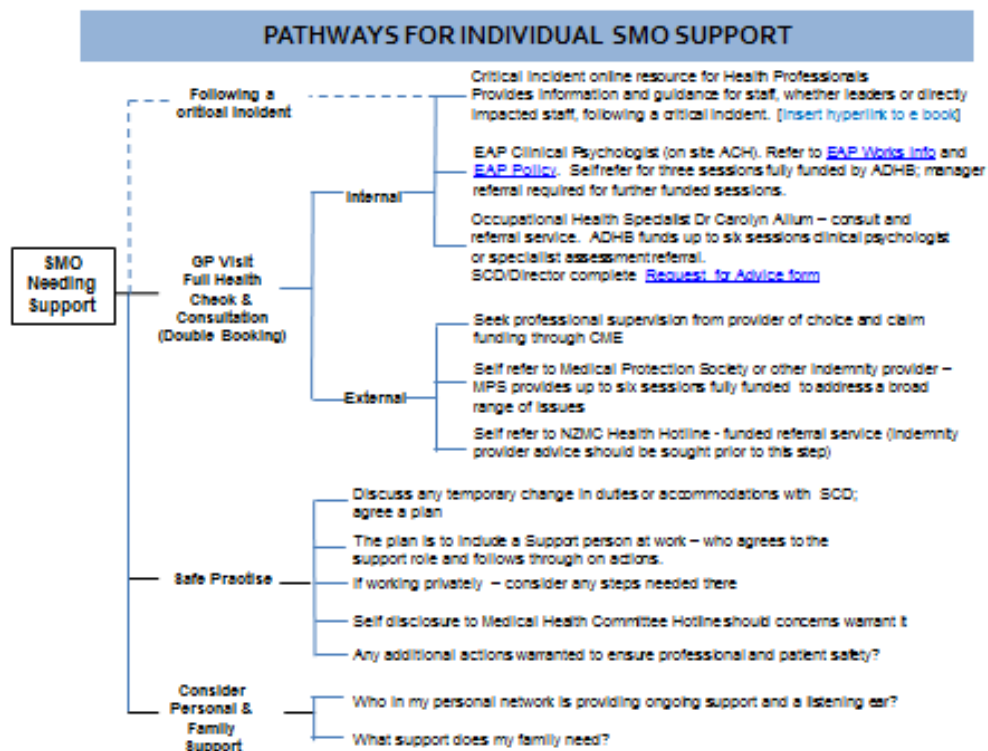
We are working on a series of bite-sized learning sessions that we hope to make available to meet some of the core needs in the organisation (e.g. having challenging conversations and understanding customer mind-sets) and there will be one on Resilience and Stress management.

There is also, of course, the superb Mindfulness Based Stress Reduction (MBSR) programme, widely used in Mental Health Services, complete with Mindfulness Champions for support. More than 200 people have completed the eight week programme, and we are exploring how to spread this more widely through the organisation.

Individual services have implemented their own programmes to respond to local needs. Women's health have been particularly focussed on this, and have supported the development of an outstanding Critical Support tool that is publically available on our website:

<http://nationalwomenshealth.adhb.govt.nz/health-professionals/critical-incident-e-book>

The Women's Health Directorate has also developed a pathways specific to SMO to guide line managers in supporting staff who are experiencing stress.



10. Conclusion

Auckland DHB recognises that employees are a valuable resource to the service. Workforce pressures have an impact on staff resilience. Considerable effort has been invested to ensure a range of programmes and strategies are in place to support staff resilience and manage workforce stress.

Provider Arm Performance Report

Recommendation

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

Prepared by: Joanne Gibbs (Director Provider Services)

Endorsed by: Ailsa Claire (Chief Executive)

5.1

1. Board Strategic Alignment

Community, whanau and patient-centred model of care	Our Daily Hospital Functioning, Deteriorating Patients and Afterhours Inpatient Safety work programmes directly led to reviewing and enhancing patient safety practices and outcomes; we are currently transitioning to the 24/7 Hospital Functioning model of care.
Emphasis/investment on both treatment and keeping people healthy	The FCT, ED and elective discharge targets focus on timely access to early interventions and effective treatments.
Service integration and/or consolidation	Our Using the Hospital Wisely work programme aims to reduce pressure on our hospital services through improvement to processes, pathways and use of services.
Intelligence and insight	We have developed a database to capture data for the identified measures for the Deteriorating Patients work programme.
Evidence informed decision making and practice	The new 24/7 Hospital Functioning model of care will enhance clinical leadership 24/7 to support staff and make care for our patients safer, increase the number and capability of clinical leaders in the afterhours team, introduce a 'Patient at Risk' model and streamline bed management.
Outward focus and flexible service orientation	Our Outpatients Model of Care work programme aims to review our current model of care to ensure we provide a high quality outpatient service and experience that is patient centric.
Operational and financial sustainability	To provide assurance of delivery of the three year financial savings plan we have introduced the Provider Financial Sustainability programme which has been endorsed by the Finance, Risk and Assurance Committee.

2. Executive Summary

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

- The Emergency Department (ED) target was just met during Quarter 3. To enable effective flow through A&E we have identified a need to increase inpatient short stay beds and are working with OPH to identify extra bed base.
- Elective discharge performance against plan is 95.2% for Quarter 3, and 96.1% YTD (including orthopaedics).
- Transition to the 24/7 Hospital Functioning Model of Care and Structure has commenced.
- Regional hyper acute stroke service progressing with excellent clinical engagement.
- The Provider Scorecard is currently being reviewed. Changes have been implemented for this reporting period with a more finalised scorecard to be presented at the June meeting.

3. Progress/Achievements/Activity

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

- The AED target was not met during this reporting period. As outlined in the previous report, the increase in volumes from the last quarter of 2015 to the last quarter of 2016 are focussed in the triage 1 and 2 categories (most critically ill patients)
- Plans are in place to achieve and maintain AED target. To enable effective flow through AED additional inpatient short stay beds are required and we are working with OPH to identify the extra bed base.
- CED achieved the target during this reporting period (96.35%).
- The overall combined target was therefore just met in Quarter 3.

Elective discharge cumulative variance from target

- Elective discharge performance (Auckland DHB) against plan is 95.2% for Quarter 3, and 96.1% YTD (including orthopaedics). The YTD performance excluding orthopaedics is 98%.
- IDF acutes have been at 109.3% of plan for Quarter 3 by discharges (106.5% of plan by WIES).
- Our total delivery of WIES funded patients through surgical services (Auckland DHB and IDF, both acute and elective) has been 97.5% for Quarter 3 only, and 97.8% for Quarter 1 - Quarter 3.

Regional hyper acute stroke service

- Regional hyper acute stroke service progressing with excellent clinical engagement
- Auckland DHB hyper acute working group is now meeting every two weeks to ensure delivery of the new model
- 16 work streams are identified and being worked up for go live in July
- Risks and issues identified and mitigation measures in place
- Commitment to funding from the Regional funders is sought and a paper has been written for the relevant Auckland DHB and regional Board committees.

Provider Scorecard

- The Provider Scorecard is currently being reviewed. Changes have been implemented to the Scorecard for this reporting period which includes the addition of a current year (17/18) target as well as the end state target.
- A finalised Provider Scorecard is due to be presented to the Committee in June.

Provider Services 2016/17 Business Plan

24/7 Hospital Functioning Transition

- As outlined in the previous report, the Provider Group has made the decision to move to the new 24/7 Hospital Functioning Model of Care and Structure.
- The new model will help us continue to improve the care we deliver, particularly to patients at risk and deteriorating patients by improving our hospital-wide system for identifying, monitoring and managing patients at risk; placing nursing leadership and clinical decision-

making closer to the patient, especially afterhours; and putting in place the next steps in our improvement journey for patient flow management.

- A transition plan has been developed and agreed by the 24/7 Hospital Functioning Transition Steering Group to ensure that we transition to the new model of care by winter 2017. Design and delivery of components of the plan have been assigned to the Daily Hospital Functioning, Afterhours Inpatient Safety and Daily Hospital Functioning Steering Groups and is in progress. Details regarding the key initiatives assigned to each programme are outlined in the individual programme updates below.

Daily Hospital Functioning

- Escalation plan development progressing with plan now complete for Cardiovascular services and plans nearing completion for the Adult Hospital, General Surgery, Reablement services, Cancer and Blood, and AED.
- Workshop held with Business Intelligence team to identify ideal high level structure for status at a glance information including content identified during prioritisation exercise.
- New occupancy dashboard by Business Intelligence team presented to working group including forecast occupancy and link to escalation plans.
- Review drafted regarding pilot of Day of Surgery Admissions (DOSA) patients through the transition lounge. Overall positive outcomes and recommendation to continue pilot process. Plans for improving discharge process through transition lounge being developed.
- The focus for the Steering Group until June 2017 will be on the design and delivery of components of the 24/7 Hospital Functioning transition plan. The design principle underpinning this work is to move to a patient-centric, rather than staff-centric decision process with increased support for wards with capacity issues. The following initiatives have been assigned to the Daily Hospital Functioning programme:
 - Culture shift to move accountability for patient flow to the services, including Community Health
 - Facilitate greater teamwork between the senior nursing staff to balance workload
 - Clarify roles and responsibilities for patient flow management (RACI), including elective and acute flows
 - Promote more comprehensive planning by daytime teams for the night shift
 - Improve use of Trend Care and Bed Board to support capacity management decisions in real time
 - More proactive capacity management by senior staff to
 - Manage the workforce across the hospital
 - Facilitate a higher proportion of 'straight-through' patient flow
 - Problem-solve complex patient transfers
 - Measurement and reporting of patient flow throughput
- Performance Improvement resource has been sourced to assist with the 24/7 Hospital Functioning transition initiatives to the end of June. Project Manager resource has been requested to assist with the other work streams that sit under this programme for the longer term.

Afterhours Inpatient Safety

- As reported previously, the Starship Hospital intranet page for staff who work afterhours is now live. The content for intranet pages for staff who work afterhours in Adult, Mental Health and Women's Health has been drafted and is currently being migrated to HIPPO.
- A working group has been established to progress the afterhours theatre access project. A business case is currently in development for improved access to theatres afterhours.
- The focus for the Steering Group until June 2017 will be on the design and delivery of components of the 24/7 Hospital Functioning transition plan. The initiatives that have been assigned to the Afterhours Inpatient Safety Programme are to:
 - Define operating model for highly impacted roles:
 - Individual responsibilities for CNMs and PaR team
 - How they work together
 - How they interact with other teams (including clinical pathways to other organisations)
 - Design consistent, structured handovers between daytime and afterhours operating models, including planning and recognition of patients of concern
 - Make relevant information available to support afterhours decision making and handovers (e.g. Trend Care, intranet SOPs)
 - Define communications mechanisms between afterhours team members, including responding to plan changes
 - Define clear escalation pathways for afterhours incidents (e.g. to SMOC, senior medical staff)
- Project Manager resource is currently being sourced to assist with delivery of the workstreams that sit under this programme.

Deteriorating Patients

- The trial of the new national vital signs chart and Early Warning Score (EWS) as part of the HQSC Deteriorating Patients Programme continues on Ward 65, Ward 76 and Te Whetu Tawera (TWT). A refined chart and escalation process was introduced in late April. Rollout of the new chart is and EWS is scheduled to commence around the country later in the year.
- Members of the HQSC national Deteriorating Patients team visited Auckland City Hospital during March. As well as meeting with the Steering Group and Trial Project Team, the HQSC team visited the ward trial areas and gave an open presentation on the national trial.
- Recruitment of PAR SMO, Charge nurse and nurse specialist team continues.
- The focus for the Steering Group until June 2017 will be on the design and delivery of components of the 24/7 Hospital Functioning transition plan. Key initiatives that have been assigned to the Deteriorating Patients Steering Group include:
 - Confirm and implement response protocols for PAR team using current EWS mechanism to be used until national process is rolled out
 - Plan roll out of new national process across adult hospital
 - Develop formal criteria and process for referral of patients from DCCM and CVICU to the PaR team
 - Define protocols and governance for adjustments to patient management by the PaR team, how changes should be communicated to patient's home team, and disputes escalated and resolved

- Design detailed handover for deteriorating patients between PaR team members
- Confirm and implement the PaR data collection process and roles
- As outlined in the 24/7 Hospital Functioning Model of Care and Structure decision document, there will be a PAR Governance Group established to oversee all aspects of the management of deteriorating patients. In the interim, the Deteriorating Patients Steering Group will provide governance of the PAR model.

Using the Hospital Wisely

The Programme Board has prioritised the initial areas of focus to be discharge planning, clinical pathways, and palliative care. Subsequent work streams to increase Day of Surgery Admissions and to remodel and realign bed allocation have recently commenced.

Discharge Planning Update

- Five priority directorates in scope: Women' Health, Child Health, Adult Medical, Surgical Services, and Adult Community and Long Term Conditions
- Results of the ward self-assessment against discharge planning best practice are being shared with ward teams. Ward teams are being asked to select an area for local-led improvement, identify a lead, form a team, and develop a plan for improvement.
- An additional 3 wards, bringing the total to 13, are piloting using new functionality on their electronic whiteboards to increase visibility, escalation, and tracking of discharge delays for our patients. This will also provide an opportunity to identify core reasons for delays and will inform further improvement.

Pathways Update

- An approach to developing end to end Clinical Pathways was presented to the Provider Directors in March and was broadly supported
- The cellulitis pathway will go-live in May 2017. The introduction of the following improvements is expected to improve clinical care, patient experience and reduce hospital bed days used as a result of cellulitis by over 1,000 days per year:
 - Revised regional clinical pathway decision making tool
 - A paper based hospital clinical pathway tool
 - Introduction of a "Cellulitis Coordinator" role performed by the Rapid Response team
 - Introduction of To Take Away (TTA) oral antibiotics in ED and APU

Palliative Care Update

- The final of three workshops was held in March with 25 stakeholders from across the system.
- An action plan was prioritised with individuals from the workshop. Participants volunteered to participate in priority work streams. The action plan will be finalised in April.
- Three work streams have commenced:
 1. Shared Care Platform: the aim is to create a shared care plan that follows the patient where ever they are cared for
 2. Social Worker and NASC: Increase assessment capability and response for palliative care patients.
 3. Role of Auckland DHB Locality Community Teams: The aim to provide a provision of palliative care for those with non-complex needs.

- Key measures for palliative care and support for patients in their final year of life is under development with support from the Business Intelligence team

Day of Surgery Admissions

- A request for service specialty leads to drive increased DOSA rates is to be tabled at the Surgical Board meeting in April.
- Analysis of DOSA rates by specialty, surgeon, ASA score, and domicile has been completed for further discussion at Surgical Board.

Bed Modelling and Realignment

- A team is currently forming with the aim to realign ward allocation and workforce to meet projected patient demand and gain efficiency by collocating services with synergies

The programme board is also continuing to review existing improvement work and identify new areas for improvement. In March, interviews were conducted with each Provider Director to identify additional opportunities. Additionally, the Health Round Table reports for year-end 2016 will be reviewed by the programme board in April to prioritise future work streams.

Outpatients Model of Care

- A Project Manager is in place for the Interpreter project. Additional services have agreed to trial telephone interpreting and a clear plan is in place. Trial outcomes presented to provider Group in February, further roll out and transition to BAU agreed.
- A proposal has been written to work collaboratively with Waitemata and Counties Manukau DHBs on interpreting services. Discussions around collaboration model with Counties Manukau DHB and Waitemata DHB started.
- A review of booking and schedulers working hours has been undertaken. This was presented at the General Managers' meeting in December 2016; detailed discussions are currently taking place with the Unions to determine whether a formal consultation is required.
- Data is being analysed in relation to clinic utilisation, volumes per speciality and clinic capacity to support the project.
- Access, booking and choice policy has been written and approved by the Provider Group. The policy will be rolled out across the organisation. Clear KPIs will also be implemented alongside this policy by 30 April 2017.
- A business case has been written to describe the various options for a more robust process for the management of letters across the organisation and this will be presented to the relevant committee within the next 4 to 6 weeks.
- Project Managers are currently being recruited for the workstreams.
- Literature reviewed for new models of care and mapped against requirements and criteria. DHB capability analysis has commenced.
- Discussions around a collaboration model with Counties Manukau DHB and Waitemata DHB have commenced.

Auckland DHB Provider Scorecard for February 2017

	Measure		Target 17/18	Actual	End State Target	Prev Period	Commentary
Patient Safety	% AED patients seen within triage time - triage category 2 (10 minutes) <i>PR006</i>		>=80%	76.67 %	>=80 %	77.49%	Not meeting target due to higher than expected patient numbers.
	% CED patients seen within triage time - triage category 2 (10 minutes) <i>PR008</i>		>=80%	86.55 %	>=80 %	93.86%	
	Number of reported adverse events causing harm (SAC 1&2) <i>PR084</i>		<=12	4	<=12	1	
	Central line associated bacteraemia rate per 1,000 central line days <i>PR087</i>		<=1	0	<=1	0	
	Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days <i>PR088</i>		<=0.25	0.25	<=0.25	0.29	
	Healthcare-associated bloodstream infections per 1,000 bed days - Adult <i>PR089</i>		<=1.6	1.42	<=1.6	1.62	
	Healthcare-associated bloodstream infections per 1,000 bed days - Child <i>PR090</i>		<=2.4	2.34	<=2.4	2.39	
	Falls with major harm per 1,000 bed days <i>PR095</i>		<=0.09	0.03	<=0.09	0.14	
	Nosocomial pressure injury point prevalence (% of in-patients) <i>PR097</i>		<=6%	2.9%	<=6%	4.81%	
	Rate of hospital-onset healthcare-associated Clostridium difficile inpatients >=16 years of age per 10,000 bed days (ACH) (Quarterly) <i>PR143</i>	*	<=4	3.04	<=4	1.56	

Better Quality Care	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	<=6%	3.7%	<=6%	3.7%	
	% Hand hygiene compliance	PR195	>=80%	84.08%	>=80%	81.55%	
	Unviewed/unsigned Histology/Cytology results >= 90 days	PR290	0	106	0	105	Significant progress over several months. Strategy agreed with Provider Group. to review the final tranche and ensure on-going management and governance. Quarterly review planned at Provider Group.
	(MOH-01) % AED patients with ED stay < 6 hours	PR013	>=95%	92.17%	>=95%	95.03%	Currently not meeting the target due to high hospital occupancy and high numbers of presentations.
	(MOH-01) % CED patients with ED stay < 6 hours	PR016	>=95%	96.35%	>=95%	97.57%	
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less	PR023	>=80%	89.63%	>=80%	75.89%	
	HT2 Elective discharges cumulative variance from target	PR035	>=1	0.96	>=1	0.97	Demand in Acute and Transplants has consumed ADHB Elective capacity through February.
	(ESPI-2) Patients waiting longer than 4 months for their FSA	PR038	0%	0.73%	0%	1.04%	Industrial action on the back of the holiday period has prevented mitigation of the reduced capacity. Expect to return to orange again in March.

(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	PR039	0%	4.61 %	0%	5.16%	ESPI 5 non-compliance is driven by Orthopaedics (for which we have MOH dispensation). The remainder of services were red for January due to industrial action on the back of the holiday period, but will recover to orange for March.
Cardiac bypass surgery waiting list	PR042	<=108	63	<=108	76	
% Accepted referrals for elective coronary angiography treated within 3 months	PR043	>=90%	99.3 %	>=90 %	100%	
% Urgent diagnostic colonoscopy compliance	PR044	>=85%	96.61 %	>=85 %	92.31%	
% Non-urgent diagnostic colonoscopy compliance	PR045	>=70%	79.7 %	>=70 %	73.89%	
% Outpatients and community referred MRI completed < 6 weeks	PR046	>=85%	63.98 %	>=85 %	48.14%	Performance has deteriorated due to the high number of MRT vacancies. Outsourcing will commence and the weekly performance for March 2017 has significantly improved due to overtime.
% Outpatients and community referred CT completed < 6 weeks	PR047	>=95%	92.66 %	>=95 %	91.77%	Performance has deteriorated slightly in month due to the high number of vacancies. Performance has improved on a weekly basis in March 2017.
Elective day of surgery admission (DOSA) rate	PR048	>=68%	67.59 %	>=68 %	67.23%	

	% Day Surgery Rate	PR052	TBC	56.81 %	>=70 %	58.15%	Overall improvement financial year to date with a slight decrease from February month where there was targeted day cases during industrial action.
	Inhouse Elective WIES through theatre - per day	PR053	>=99	R/U	>=99	103.08	
	% DNA rate for outpatient appointments - All Ethnicities	PR056	<=9%	9.92 %	<=9%	11.13%	
	% DNA rate for outpatient appointments - Maori	PR057	<=9%	20.84 %	<=9%	20.68%	Only a small drop this month, But gains still in the right direction. Resource/staff load is a current issue that we will be looking at within the Service.
	% DNA rate for outpatient appointments - Pacific	PR058	<=9%	18.82 %	<=9%	22.15%	DNA rate shows a positive trend in reduction from 22.15 to 18.82% We continue to work with Oncology call-backs.
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 2 weeks of referral		TBC	TBC			
	% Radiation oncology patients attending FSA within 2 weeks of referral		TBC	TBC			
	Average LOS for WIES funded discharges (days)	PR074	<=3	2.46	<=3	2.33	
	28 Day Readmission Rate - Total	PR078	<=8%	R/U	<=6%	9.41%	

	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	PR119	<=10%	R/U	<=10 %	11.11%	
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	PR120	<=21	23.2	<=21	33.7	Although above target, this is a positive result.
	% Very good and excellent ratings for overall inpatient experience	PR154	>=90%	R/U	>=90 %	88.63%	
	Number of CBU Outliers - Adult	PR173	300	416	0	350	
	% Patients cared for in a mixed gender room at midday - Adult	PR175	<5%	14.71 %	0%	13.58%	
	31/62 day target – % of non-surgical patients seen within the 62 day target	PR181	>=85%	R/U	>=85 %	94%	
	31/62 day target – % of surgical patients seen within the 62 day target	PR182	>=85%	R/U	>=85 %	88.68%	
	62 day target - % of patients treated within the 62 day target	PR184	>=85%	R/U	>=85 %	91.26%	
Improved Health Status	Breastfeeding rate on discharge excluding NICU admissions	PR099	>=75%	R/U	>=75 %	77.72%	
	% Long-term clients with wellness plans in last 12 months (6-Monthly)	*	40%	TBC			
	% Hospitalised smokers offered advice and support to quit	PR129	>=95%	94.64 %	>=95 %	95.21%	

NOTE

This report is under review

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

PR053

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

PR078, PR119

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

PR099

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

PR154

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

PR181, PR182, PR184

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

= Quarterly or 6-Monthly Measure

PR143 (Quarterly)

Actual result is for the period ending December 2016. Previous period result is for period ending September 2016.

Clinical Support Directorate

Speaker: Ian Costello, Director

Service Overview

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

The Clinical Support Services Directorate is led by:

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

Directorate Priorities for 16/17

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

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

Q3 Actions – 90 and 180 day plan

Priority	Action Plan
1	<ul style="list-style-type: none"> Laboratory and Radiology strategy documents to be discussed at the Provider Group February and April 2017 respectively Pharmacy and Medicines strategy- Phase 2 implementation underway
2	<ul style="list-style-type: none"> Leadership appointments, orientation and induction programmes are underway in Allied Health MOS system established and functional at Directorate and departmental level in the following areas: Pharmacy, Daily Operations, Radiology, Laboratory and Clinical Engineering
3	<ul style="list-style-type: none"> Workforce planning completed in Pathology. Model to be applied across specialities and professions within Laboratory Data and reports to support capacity planning in Radiology and Laboratory developed Four Clinical Support Staff members attending the next phase of the Improvement Practitioner (Green Belt) training commencing February 2017 Four Clinical Support Staff members attending the Coaching Programme commencing in March 2017 Four Senior Clinicians/Managers attending Leadership Development Course commencing in March 2017
4	<ul style="list-style-type: none"> Introduce regular integrated Clinical Governance and quality meetings at service level – Draft TOR established for Radiology and Laboratory Automation of Directorate Scorecard is underway Pharmacy and Clinical Engineering scorecards to be established Financial objectives set for each Department, monitoring and reporting process centralised at Directorate level Operational forecasting and planning - Production planning integrated with Daily Ops function – supports weekly Capacity and Demand forum and seasonal plan development
5	<ul style="list-style-type: none"> Collaboration Steering Groups agreed with University of Auckland for Pharmacy, Radiology and Laboratory
6	<ul style="list-style-type: none"> Savings plan developed and risk assessed Interpreter services pilot completed and report to Provider Group February 2017

Measures

Measures	Actual	Target (End 16/17)	Previous Period
Strategy and priorities agreed for each service	Consultations documents published	Labs and Radiology approved by April 17 Daily Ops Dec 16	Pharmacy implemented Daily Ops strategy approved
Leadership structures implemented	Consultations documents published	Labs and Radiology implemented by Jun17 Daily Ops Mar 17	Pharmacy implemented
Succession plans in place for key roles	Key roles identified	Key roles have leadership development plan within department	n/a
Workforce, capacity and quality outcome measures developed for all services	Workforce and capacity data collection underway	Workforce, capacity plans: Pharmacy completed Pathology completed Labs completed Radiology completed	n/a
Strategic plans agreed for collaborations with the University of Auckland	MoU's in development	Steering groups established for Pharmacy, Radiology, Labs	n/a
Breakeven to budget position and savings plan achieved	Savings plan developed. Suite of business management and quality reports in development.	Breakeven Detailed business management and quality reporting implemented	n/a

Key achievements in the month

- Clinical Engineering Service Manager has been appointed
- Women's Health Physiotherapy research paper has been accepted at the world conference for Physiotherapy
- Third pharmacist prescriber qualified and prescribing has begun within Renal services

Key issues and initiatives identified in coming months

- Continue progress on implementation of an Integrated Daily Operations Centre
- Continue to improve the process for patients receiving their appointment letters
- Continue with implementation of the Interpreter improvement project
- Orderly Service to commence review of patient dispatching and management of patient transfers in February 2017
- Radiology waiting list recovery plan and strategic plan for MRT workforce planning
- Consult on Pathology and Radiology strategies
- Work is underway to align our Laboratory and Pathology Services more closely with clinical pathways and organisational and Directorate priorities. A visioning document is under development, including proposals for service structure, clinical configuration and clinical and quality metrics.

Scorecard

Auckland DHB - Clinical Support Services HAC Scorecard for February 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of reported adverse events causing harm (SAC 1&2)	1	0	0
Better Quality Care	Number of complaints received	9	No Target	3
	% Outpatients and community referred MRI completed < 6 weeks	63.98%	>=85%	48.14%
	% Outpatients and community referred CT completed < 6 weeks	92.66%	>=95%	91.77%
	% Outpatients and community referred US completed < 6 weeks	81.7%	>=95%	78.5%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.6	0	\$0.63
	% Staff with excess annual leave > 2 years	7.51%	0%	7.56%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	R/U
	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	3.5%	<=3.4%	3.5%
	% Voluntary turnover (annually)	10.52%	<=10%	9.71%
	% Voluntary turnover <1 year tenure	5.26%	<=6%	4.86%

R/U Result unavailable

Scorecard commentary

Radiology

Overall: Performance against the MoH indicators across modalities has increased in February 2017 due to staff undertaking higher levels of overtime. Recruitment strategies and staff training combined with process improvement activity and short term outsourcing will have a positive impact on the waitlist over the coming months.

MRI

Performance against the MRI target of 85% of referrals completed within six weeks has improved considerably in February 2017 (63%) compared to performance in January 2017 (48%). The majority of vacancies have been filled, and the recently appointed graduates are progressing through their six-month post-graduate training to be able to perform MRIs.

A number of challenges still remain with specialist investigations, especially congenital cardiac services, due to acute staffing issues. Directorates are working in collaboration to rectify this issue and provide long term solutions.

The number of adult patients waiting longer than 42 days has decreased to 184 patients in February 2017 compared to 262 patients at the end of January 2017. The number of paediatric patients waiting longer than 42 days has reduced to two patients in February 2017 compared to three at the end of January 2017.

The recovery plan described at the March Hospital Advisory Committee meeting is progressing:

- External providers are being finalised with the support of healthAlliance procurement and Planning and Funding.
- Additional MRT graduates have been recruited
- Workforce planning strategies are being developed with the training institutions.

Scoping the potential for a collaborative approach to training, support and utilisation of MRT staff across the three Auckland DHBs may also be of value.

CT

Performance against the MoH indicator of 95% of out-patients completed within six weeks has slightly increased in February 2017 and is currently at 82% compared to 81% January 2017. A reliable service model is in place and there is a high degree of confidence that performance against this target will improve and be maintained over the coming months as recruitment to vacant posts continues.

Ultrasound

While this is an internal target (95%) we are mindful of the importance of patient access to service and safe waitlist management. Performance against this target has shown an improvement to 81% of outpatients scanned within six weeks in February 2017 compared to 78% in January 2017. We continue to work on long term solutions to manage demand, for example, through direct communication with all GP referrers and providing clinical advice and guidance where required.

Complaints

There were eight complaints received in February 2017 compared to three in January 2017. All the complaints in February related to accessibility, attitude and communication. We are reviewing options for customer service training for all booking, scheduling and Patient Contact Centre staff. The Directorate has recently introduced a complaints action plan database to ensure that actions are complete and that a 'lessons learnt' approach is adopted which will be shared across all departments.

Incidents

There was one medication incident in February 2017. This was a cytotoxic spill due to a faulty transfer device. The incident was dealt with in line with normal procedures and the faulty device reported.

One SAC 1 incident occurred in February 2017 within the Radiology Department at Greenlane which related to Anaphylaxis post IV Dotarem.

Quality and Safety

Quality and Patient Safety leads have been identified in each service to form the Directorate Quality, Safety and Governance Committee. Quality markers are being developed through this group for all our services together with an annual Clinical Audit Programme that aligns to corporate and Directorate strategies.

- Clinical Engineering has further increased compliance against the Safety Maintenance programme and has now reached 98% compliance for over 17,000 medical devices.
- The pilot of telephone interpreting consultations continues in a number of clinics within the Long Term Conditions and Surgical Directorates. Discussions on the potential for collaboration around Interpreting Services continue with CMDHB and WDHB.
- The Directorate is developing a strategic approach to education, training and research across a range of professions. A key element is the development of a strategic partnership with Auckland University through the Academic Health Alliance. Joint Steering Committees are developing collaboration strategies and work-plans in Pharmacy, Pathology and Radiology.
- The Directorate Health and Safety Committee continue to have oversight of Health and Safety issues in the Directorate. A gap analysis has been undertaken across the directorate to determine the training requirements for Health and Safety Representatives.
- A mandatory training database has been developed for the Directorate to ensure all staff have the relevant training to support safety and competency requirements within each of our services.
- Auckland DHB values workshops have been undertaken in several departments with view to a roll out.
- The staff engagement survey results are being analysed for each service. Initial analysis has identified areas for improvement in a number of services around engagement, awareness of strategy, workload and culture. Feedback to staff and support for our service leadership teams will be important to address the findings and improve staff engagement.
- The Speak Up campaign has been launched across all of our services through presentations and workshops.
- This year will see significant service transformation and strategy development in many of our services which will require staff engagement for this to be successful. Support for senior managers across the directorate is being developed with the support of the Organisational Development department.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
Clinical Support Services						
				Reporting Date Feb-17		
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,464	1,606	(142) U	11,955	13,207	(1,252) U
Funder to Provider Revenue	2,982	2,982	0 F	24,123	24,123	(0) U
Other Income	1,285	1,127	158 F	9,691	9,296	396 F
Total Revenue	5,730	5,714	16 F	45,769	46,625	(857) U
EXPENDITURE						
Personnel						
Personnel Costs	9,769	10,381	611 F	81,276	85,756	4,480 F
Outsourced Personnel	399	45	(354) U	3,231	360	(2,870) U
Outsourced Clinical Services	357	473	115 F	4,505	4,020	(485) U
Clinical Supplies	3,750	3,859	109 F	31,107	30,600	(508) U
Infrastructure & Non-Clinical Supplies	385	418	33 F	3,873	3,663	(210) U
Total Expenditure	14,661	15,175	515 F	123,992	124,400	407 F
Contribution	(8,930)	(9,461)	531 F	(78,223)	(77,774)	(449) U
Allocations	(7,495)	(7,444)	52 F	(62,451)	(62,949)	(498) U
NET RESULT	(1,435)	(2,017)	582 F	(15,773)	(14,825)	(948) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	142.5	143.0	0.5 F	140.9	143.0	2.1 F
Nursing	71.9	81.0	9.1 F	71.7	81.0	9.3 F
Allied Health	822.6	815.4	(7.2) U	806.4	819.5	13.1 F
Support	73.4	70.6	(2.8) U	72.4	70.6	(1.8) U
Management/Administration	295.5	292.7	(2.8) U	293.0	292.7	(0.3) U
Total excluding outsourced FTEs	1,405.8	1,402.6	(3.2) U	1,384.4	1,406.8	22.4 F
Total :Outsourced Services	8.1	1.1	(7.0) U	18.5	1.1	(17.4) U
Total including outsourced FTEs	1,413.9	1,403.7	(10.1) U	1,403.0	1,407.9	4.9 F

Comments on major financial variances

YTD result is \$948 K U. The key drivers of this result are:

1. Revenue is below budget in Radiology due to planned additional revenue for Clot Retrieval not yet received \$1,233K, offset by on call roster not implemented and additional service billing so cost neutral for Directorate. Other income is favourable due to a combination of increased Clinical Trial revenue in Pharmacy, and Laboratory, due to price per test and volumes being above budget.
2. Personnel costs including outsourced are \$1,610K F to budget due to vacancies and cost per FTE being below budget reflecting initiatives to reduce overtime and other premium payments.
3. The main contributor to outsourced clinical supplies is MRI scans in Radiology to meet Ministry of Health targets.
4. Clinical supplies over budget by \$508k. \$312k due to savings from delivery of interpreters service not being achieved in the first half of the FY. \$381k U in Pharmacy due to increased trials but offset by revenue above.
5. Internal allocations are lower than budget reflecting organisational volumes being below contract.

Women's Health Directorate

Speaker: Dr Sue Fleming, Director

Service Overview

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

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

The Women's Health Directorate is led by:

Director: Dr Sue Fleming

General Manager and Nursing Professional Lead: Karin Drummond

Director of Midwifery: Melissa Brown

Director of Allied Health: Linda Haultain

Director of Primary Care: Dr Diana Good

Directorate Priorities for 16/17 Q3

We have refreshed our Directorate Priorities for the 3rd and 4th quarters of 16/17. We will strengthen our focus on the value of the care that we deliver. Many of our work streams will continue. Some new pieces of work are underway.

1. Demonstrably safer care (*Deteriorating Patients, Afterhours Inpatient Safety, Faster Cancer Treatment*)
2. Strengthened leadership for both operational matters and clinical quality and safety (*Leadership development, New Excellence programme*)
3. An engaged, empowered and productive workforce (*efficient rostering and scheduling, teaching and training, expanding scope of practice, living our values*)
4. Delivery of services in a manner that is sustainable, closest to home and maximises value (*Daily Hospital Functioning, Using the Hospital Wisely, Outpatient Redesign, Regional Collaboration*)
5. Ensure business models for services maximise funding and revenue opportunities (*address funding shortfalls, public/private revenue opportunities*)

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

Q3 Actions: 90 Day Plan

Priority	Actions	Commentary
1	Implementation of after-hours inpatient safety model	<ul style="list-style-type: none"> After-hours Acute Theatres Escalation Plan is in final draft. After-hours Theatre Capacity Project close to final draft business case. Design for Women's Health after-hours workforce to align with new 24/7 hospital functioning model of care is in progress. Consultation on the Maternity Workforce plan is due April 2017.
1	Enhance outcomes for vulnerable populations	<ul style="list-style-type: none"> Vulnerable women pathway agreed (Wahini Ora). Markers of vulnerability is under development. Plans for reduced DNA for Pacific women continues with workshops in Q4. Targeted antenatal education is ongoing. Maori Maternity workforce strategy is under development in collaboration with our Maori Midwifery team and Auckland Maori Health team. Workstreams include: <ul style="list-style-type: none"> Identifying and engaging with Maori obstetricians Updating Maori workforce data Strengthening educational support for Auckland staff Engagement with schools Engagement with the tertiary sector Recruitment strategies Actively seeking and supporting Maori students
2	Leadership training for all staff in leadership roles	<ul style="list-style-type: none"> Accountability and reporting framework for SCD strengthened. L2 Leadership Seminars are commencing in April. Auckland Leadership programme continues for Women's Health staff. Most Level 2 and Level 3 have now completed.
2	Strengthen and embed Women's Health Excellence Programme	<ul style="list-style-type: none"> Women's Health Excellence meeting has been established, with the first meeting (workshop format) held in March. Maternity Excellence and Gynaecology Excellence meetings are scheduled for late March/early April. Aspiring to Excellence programme is ongoing. Consumer Voice project is progressing.
2	Strengthen employee engagement	<ul style="list-style-type: none"> Ensuring Auckland values underpins all of our activities. Our work involves seeking to understand the employee survey results and supporting leaders/managers to understand what this means for their teams in ongoing. Response to RANZCOG Re-certification Corrective Actions is completed and submitted.
3	Efficient and safe rostering of medical staff	<ul style="list-style-type: none"> Progressing full evaluation of preferred proprietary medical scheduling programme with a view to a one year trial. Plan to redesign SMO and RMO rosters is in the early stages of planning. Redesign of after-hours medical staff roster to ensure MECA compliance and safety for SMOs is in the early stages.

3	Maternity workforce plan developed and implemented	<ul style="list-style-type: none"> Active recruiting to fill midwifery vacancies is taking place. Graduate midwifery recruitment and interviews completed. Offers made. Disappointingly low acceptance rate. Consultation document on changes to workforce structure planned for April.
4	Pathways review for acute gynaecology patients	<ul style="list-style-type: none"> Escalation plan to manage demands on service of acute gynaecology patients redesigned and agreed. Redesign of acute gynaecology pathways defined as a formal project under Using the Hospital Wisely. Awaiting prioritisation against other competing projects.
4	Collaborative primary birthing project	<ul style="list-style-type: none"> We continue to work collaboratively with Birthcare to increase primary birthing. This project has encountered a significant setback due to difficulty recruiting midwives to provide: <ul style="list-style-type: none"> 24/7 onsite support for self-employed LMC and to enable Auckland women cared for by our community midwifery team, who have been reliant on Auckland Delivery Unit midwives to support them in labour, to birth at Birthcare
4	Postnatal model of care	<ul style="list-style-type: none"> Several threads of work are underway (some now business as usual) to support an appropriate postnatal stay and timely discharge against agreed EDD. A to D planned for maternity admissions in final draft. Project to redesign postnatal pathways in collaboration with funders is in the early stage. It is likely to sit as part of the Primary and Community Programme.
4	Enhancing surgical performance	<ul style="list-style-type: none"> Ongoing refinement of the production planning process. Better systems to manage medical workforce will help improve efficiency and productivity. Theatre capacity has been enhanced by now, fully utilising Friday lists. Analysis of anticipated demands on theatre capacity from the maternity service (elective caesarean section demand) and the Gynae-Oncology service is underway.
4	Reducing unnecessary obstetric interventions	<ul style="list-style-type: none"> A number of clinician led initiatives are underway as part of our Excellence Programme to reduce unnecessary interventions including: <ul style="list-style-type: none"> Development of an External Cephalic Version (ECV) pathway for women with a breech presentation which now includes ECV under regional anaesthesia Induction of labour review including a research arm looking at outpatient balloon induction (yet to be approved and funded)

5	Sustainability plan for Genetics (5 yr plan)	<ul style="list-style-type: none"> Planning at National level for new National Genetics Clinical Director and revised local accountabilities. Early stage planning around five key priorities for delivering sustainable genetics services.
5	Sustainable Fertility service	<ul style="list-style-type: none"> New pricing for private patients is now established. Improved workflow is enabled. Strengthened leadership now with full leadership in place. Appointment of two SMO's. Business case for new IT system is going to CAMP in early April.
5	Develop sustainability model for Gynae-Oncology service	<ul style="list-style-type: none"> Recruiting for additional Gynae-Oncology workforce is underway. Offer pending for new SMO on fixed term contract. Modeling of service needs for the next five years is in progress.

Measures	Current	Target (End 16/17)
Median length of stay after elective CS	2.3	>/=3
FCT targets met (62 day target)	83.3%	85%
Elective surgical targets met	95%	100%
% of category 2 caesarean section patients meeting 60 min. time target	6/12ly measure	95%
Number of unplanned transitions to care	0	0
Nursing and midwifery FTE variance from budget	6.1 FTE (F)	0 FTE
Breakeven revenue and expenditure position	\$1,126 (U)	Breakeven
Vacancies in midwifery workforce	20.5	10
Number of women having primary births at BirthCare/month	22	32

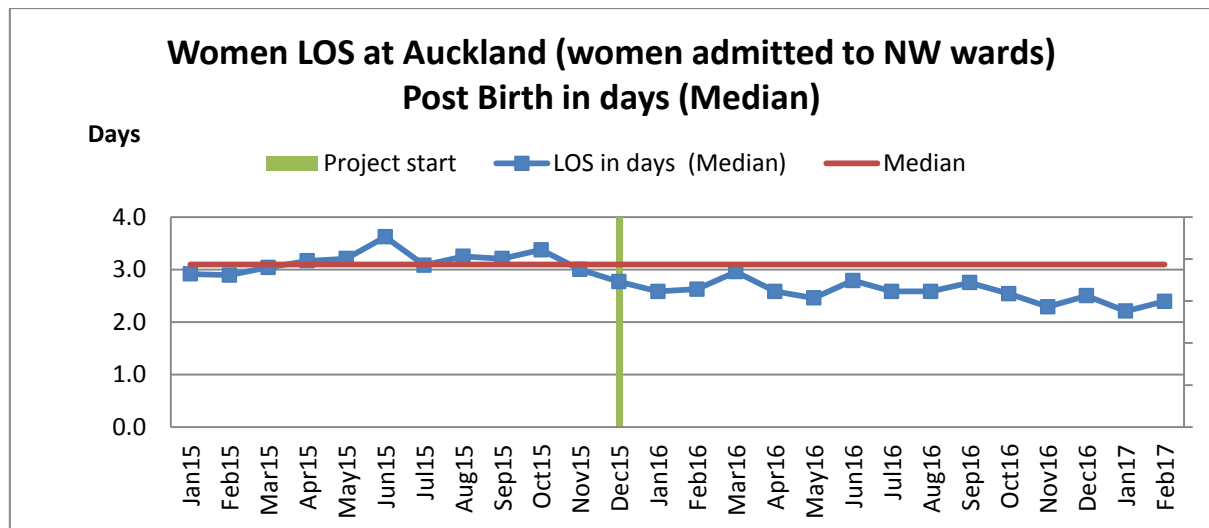
Key achievements in the month

- We held our first Women's Health Excellence meeting. The purpose of this meeting is to provide broad oversight of all care that is the responsibility of the Women's Health Directorate to ensure care is delivered in a manner that maximises value. It is envisaged that this meeting will transition to the key decision making forum in Women's Health where matters of strategy, major operational decisions, resource allocation and clinical quality and safety will be discussed and decisions made. This approach is designed to be more fully inclusive of Genetic services. We expect the group will mature over time and enable our clinical leads to work in a more strategic manner.

- Our Fertility Business Development project is on track. We are strengthening systems which ensure we capture all costs related to our private service. We have also rebranded our patient information to raise the profile of our Fertility service.
- Our After-Hours Theatre Capacity Business Case is progressing with a number of options being explored; a full risk assessment is also being undertaken.
- We performed well in the Auckland accreditation audit and in particular we were able to show the auditors the work our Midwifery Director had completed to address the prior corrective action around our midwifery staffing.
- We have made progress on a Gynae-Oncology service size to enable us to plan for the growth and demands of our Gynae-Oncology services.
- We have been successful in appointing two Fertility SMOs. One SMO has completed their RANZCOG sub-specialist fertility qualifications and has been offered a permanent contract. This appointment significantly strengthens our ability to train RANZCOG certified fertility sub-specialists. The other appointee is on track to complete their sub-specialist exams later this year and has a fixed term appointment which we hope to convert to permanent if they successfully achieve sub-speciality status. These new appointments are providing options for future clinical leadership for the fertility service.
- Work continues to review options for an integrated medical rostering tool. A number of options have been explored and negotiations are underway to pilot a UK rostering tool.

Areas off track and remedial plans

- Midwifery staffing vacancies have posed a significant risk to the service for some time now. Tertiary maternity services across New Zealand are facing similar difficulties. We were optimistic that the appointment of new graduate midwives in March with a start date of the 1 May to help mitigate this risk.
- Unfortunately, despite our plan to appoint 14 new midwifery graduates, only seven have accepted offers to work at Auckland. We compete regionally for these graduates against other DHBs. Those DHB's who have been granted Vulnerable Workforce funding were able to offer new graduates a stronger financial package making their offers more attractive.
- The reduction in new graduate appointments has increased the level of risk that we are facing. We are exploring a number of approaches to strengthen the current workforce and attract new employees including financial incentives.
- Managing our postnatal length of stay (LOS) is one the strategies we have successfully embedded to reduce the inpatient midwifery workload. Our median LOS post birth has gradually reduced from just over 3 days to 2.4 days in February.



Key issues and initiatives identified in coming months

- Our Maternal Fetal Medicine service remains under pressure with work re-allocated to our Generalist Obstetricians. One new SMO has been appointed. Advertising continues.
- We are actively recruiting for a Gynae Oncologist and Clinical Nurse Specialist to strengthen our Gynae-Oncology workforce.
- We will continue work as outlined above on our key priorities.
- The Annual Clinical Report day is confirmed for the 11 August, 2017.

Scorecard

Auckland DHB - Women's Health HAC Scorecard for February 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0%	<=6%	0%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results > 30 and < 90 days	18	0	8
	Unviewed/unsigned Histology/Cytology results > 90 days	0	0	0
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.95	>=1	0.9
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.1%	0%	0%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0%	0%	0.57%
	% DNA rate for outpatient appointments - All Ethnicities	8.95%	<=9%	10.32%
	% DNA rate for outpatient appointments - Maori	27.5%	<=9%	28.03%
	% DNA rate for outpatient appointments - Pacific	20.55%	<=9%	22.18%
	Elective day of surgery admission (DOSA) rate	94.74%	>=68%	91.49%
	% Day Surgery Rate	36.31%	>=50%	36%
	Inhouse Elective WIES through theatre - per day	7.15	>=4.5	6.61
	Number of CBU Outliers - Adult	11	0	9
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	86.2%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	89.6%
	Number of complaints received	10	No Target	6
	Number of patient discharges to Birthcare	265	TBC	312
	Average LOS for WIES funded discharges (days) - Acute	1.94	<=2.1	1.73
	Average LOS for WIES funded discharges (days) - Elective	1.54	<=1.5	1.9
	Post Gynaecological Surgery 28 Day Acute Readmission Rate	R/U	No Target	6.72%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	91.43%	>=95%	93.98%
	Breastfeeding rate on discharge excluding NICU admissions	R/U	>=75%	77.72%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.32	0	\$0.31
	% Staff with excess annual leave > 1 year	29.1%	0%	26.95%
	% Staff with excess annual leave > 2 years	14.25%	0%	14.8%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	R/U
	Number of Employees who have taken greater than 80 hours sick leave in the past 12 months	111	60	127
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	% Voluntary turnover (annually)	14.46%	<=10%	14.13%
	% Voluntary turnover <1 year tenure	7.41%	<=6%	7.55%

Amber

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

R/U

Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less

Result unavailable until after the 16th of the next month.

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

Post Gynaecological Surgery 28 Day Acute Readmission Rate

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

Breastfeeding rate on discharge excluding NICU admissions

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

Scorecard Commentary

- We continue to make good progress with our Auckland elective recovery plan. The service is expected to be fully compliant by the end of the financial year.
- Gynaecology (including Gynae-Oncology) acute WIES continues to be high at 103% YTD of contract, and performance of the electives contract is 109% of the WIES contract value.
- Our engaged workforce targets continue to be a challenge for the service. High levels of midwifery vacancies limit the amount of leave that can be offered.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
Womens Health Services						
				Reporting Date		
				Feb-17		
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	178	179	(1) U	1,609	1,489	121 F
Funder to Provider Revenue	6,305	6,305	0 F	55,640	55,640	0 F
Other Income	128	250	(122) U	1,268	1,650	(382) U
Total Revenue	6,611	6,733	(123) U	58,517	58,779	(261) U
EXPENDITURE						
Personnel						
Personnel Costs	3,343	3,238	(105) U	27,237	26,538	(700) U
Outsourced Personnel	22	77	55 F	344	618	274 F
Outsourced Clinical Services	44	38	(7) U	320	303	(17) U
Clinical Supplies	421	436	15 F	3,538	3,464	(74) U
Infrastructure & Non-Clinical Supplies	101	78	(23) U	662	625	(37) U
Total Expenditure	3,932	3,867	(65) U	32,102	31,548	(554) U
Contribution	2,679	2,866	(187) U	26,416	27,231	(815) U
Allocations	734	674	(59) U	6,115	5,804	(311) U
NET RESULT	1,945	2,192	(247) U	20,301	21,427	(1,126) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	71.3	66.3	(5.0) U	72.2	66.3	(5.9) U
Nursing	247.5	253.6	6.1 F	251.3	253.6	2.3 F
Allied Health	16.9	21.3	4.4 F	16.7	21.3	4.6 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	39.0	35.1	(3.9) U	39.3	35.3	(4.1) U
Other	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Total excluding outsourced FTEs	374.6	376.3	1.7 F	379.6	376.5	(3.1) U
Total :Outsourced Services	2.7	2.6	(0.1) U	2.5	2.6	0.1 F
Total including outsourced FTEs	377.3	378.9	1.6 F	382.0	379.0	(3.0) U

Comments on major financial variances (YTD)

The Directorate's result YTD shows a budget variance of \$1,126k U, mostly from lower private patient revenue, higher personnel costs, and higher laboratory test requests. These negative factors were offset by a favourable reduction in doubtful debt provision.

Overall YTD CWD volumes remains on 104% of contract and Specialist Neonates were steady at 83% for YTD (FY15/16: 70%).

The Gynaecology (including Gynae-Oncology) Acute WIES continues to be high at 103% YTD of contract, and performance of the electives contract 109 % of WIES contract value.

Revenue Allocation analysis YTD

The combined DRG and non-DRG volumes equated to being \$923k F (last month \$997k F) of revenue above contract (not recognised in the Directorate result); the month drop is due to an amendment to volume data for Obstetric non-contact (virtual) FSA.

February 2017: Year-to-date financial analysis:

1 Revenue \$261k U YTD.

- a. Non-Resident and Private Patient billing dropped further and is now \$297k U to budget. These revenues are unpredictable.
- b. Other income is \$85k U and consists of donations of \$38k F from the Starship Foundation to fund the purchase of Pepi-Pods (see below), which offsets a Genetics budgeted income variance of \$121k U arising from a change in accounting policy for income received in advance.
- c. Government Revenue is \$121k F due to ACC income, Colposcopy volume exceeding budget, and the new extension of the MFM contract which had been only budgeted to the known expiry date.

2 Expenses

Expenditure variance is now \$865k U YTD; this variance is mostly the net result of:

- a. Personnel \$700k U, mostly due to Medical payroll \$768k U:
 - i. Arising from 1.0 FTE Senior Medical Officer (SMO) to support elective surgical volume delivery and back fill MFM acute duties on generalist roster, and 1.0 FTE for unbudgeted Gynae-Oncology SMO.
 - ii. House Officers FTEs 2.37 FTE U.
Continued efforts in the Midwifery and Nursing workforce across a range of HR and operational strategies and initiatives has sustained a drop in Bureau cost, which were down 17% YTD compared to the same period YTD last year.
- b. Outsourced personnel \$274k F, as a result of a continued University vacancy, offsets some of the Medical payroll budget variance.
- c. Clinical supplies are \$74k U consisting of Pepi-Pod purchases \$38k U (this is in regards to funding received in the Other Income, above) and a range of instrument and diagnostic cost over-runs that are tracking in line with the volume increases of inpatients referred to above in the comments in Revenue Allocation analysis.
- d. Infrastructure and non-Clinical total of \$37k U.
- e. Internal Allocations total \$311k U, mostly due to higher than budgeted laboratory test requests \$244k U for Gynaecology, Maternity and send-away tests for Genetics.

Child Health Directorate

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

Service Overview

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

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

Surgical Child Health

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

Medical Child Health

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

The Child Health Directorate is led by

Director Surgical: Dr John Beca

Director Medical: Dr Mike Shepherd

General Manager: Emma Maddren

Director of Nursing: Sarah Little

Director of Allied Health: Linda Haultain

Director of Primary Care: Dr Barnett Bond

Directorate Priorities for 16/17

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

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

Q3 Actions – 90 day plan

Priority area	Action plan	Commentary
1.	Robust system of safety event reporting and review	<ul style="list-style-type: none"> Safe care committee established and reviewing all events Safety measures developed as part of directorate and service-level dashboard. Implementation of the new Safety Management System (Datix) in conjunction with Quality Department.
1.	Excellence programme development within all services	<ul style="list-style-type: none"> Directorate wide measures/dashboard. Development of service-level scorecards in progress. Resources to support service-level clinical excellence programmes developed and in use. Patient safety culture survey actions being implemented. Exploring options to capture families' perceptions of safety culture.
2.	Ongoing effective financial management	<ul style="list-style-type: none"> Dual emphasis on revenue (ACC, donations, tertiary services) and cost containment. Further financial mitigations were developed and presented to the oversight committee An extensive leave management programme is in place across Child Health with a \$100k reduction year to date. Emphasis on financial strategy across multiple years to ensure enduring change.
3.	Community service redesign	<ul style="list-style-type: none"> Governance group established Locality and outcomes leadership positions appointed. Transition and implementation plans developed. Implementation planned for May 2017.
4.	Establish hospital Allied Health leadership and integration	<ul style="list-style-type: none"> SCD Allied Health role has made immediate progress in a range of workforce, revenue and improvement areas.
4.	Rehabilitation service and TBI pathway development	<ul style="list-style-type: none"> Collaboration with Waitemata DHB around the delivery of the full continuum of rehabilitation services continues. Auckland DHB has subcontracted Waitemata DHB to provide residential rehab and outpatient services. Outreach plan, operational guideline and pathway developed in collaboration with Waitemata DHB.
5.	Implementation of deteriorating patients model; implementation of afterhours inpatient safety model	<ul style="list-style-type: none"> Proposed PAR governance structure and escalation process finalised Phase 1 of organisational Deteriorating Patients database completed which will enable reporting of identified measures once system change implemented. 24/7 Hospital Functioning decision document released.
5.	Surgical performance	<ul style="list-style-type: none"> The core requirements for a surgical dashboard have been agreed. The immediate priority is to provide sub-specialty production planning data for paediatric spinal surgery, this was complete in December with further refinements taking place in March – April.
5.	Acute flow	<ul style="list-style-type: none"> Direct admission from CED for General Paediatric patients is now occurring 24/7 Discharge planning focus continues <ul style="list-style-type: none"> Project group identified Initial data analysis completed

Priority area	Action plan	Commentary
		<ul style="list-style-type: none"> Priority wards agreed
6.	Leadership development programme	<ul style="list-style-type: none"> All Child Health service-level leadership staff have now participated in or are scheduled to participate in the leadership programme. Excellent feedback has been received to date and participants have identified development goals.
6.	Improved programme of funding for research and training for all Starship Child Health staff	<ul style="list-style-type: none"> The Starship Foundation research, training and education programme was launched in July with \$500k available for the initial round of proposals. Seven high quality research proposals have been approved for funding in 2017 A strategy for future funding has been developed with Starship Foundation.
7.	Tertiary services stakeholder engagement	<ul style="list-style-type: none"> A proposal to the Ministry of Health is expected to be delivered in 2017.

Measures

Measures	Current	Target (End 2016/17)	2017/18
1. Quality and Safety metrics established across services	All services are developing metrics and reporting has begun	Well defined metrics	Reporting and improving
1. Quality and safety culture (AHRQ)	Measured, priority areas identified, implementation commenced	Improved	Improved
2. Meet budget	Not met, contingencies in place	Budget met	Budget met
2. Achieve planned savings target	Nearly achieved	Achieved	Achieved
3. Community redesign programme	Leadership roles appointed to, implementation planned	Consultation completed, implementation commenced	Sustainable funding model aligned to service design
4. Operational structure that follows patient pathways	Includes Allied Health	Includes all	Includes all
4. Rehabilitation service model	Service commenced Dec 2016, pathway developed	Implemented	Pathway operational
5. Acute Flow metric	96%	95%	95%
5. Surgical performance and pathways	Metrics in development, spinal surgery emphasis	Balanced safety, performance, efficiency	Improving performance
5. Defined safety metrics – Code Pink, urgent PICU transfer from ward	Developing in conjunction with wider organization Patient at Risk model	Defined and improving	Improved
6. Leaders completed leadership training	15/25	20/25	All
6. Staff satisfaction	Engagement survey complete, action plans in development	Measured	Improved
7. Tertiary services	Report complete	Consultation complete and outcome agreed	Implementation of agreed national approach

Key achievements in the month

- Appointment to the redesigned community services leadership roles (Locality Leads and Outcomes Lead). Plan developed for transition to the virtual locality model.
- Safe, productive and high quality services maintained during significant facilities projects within Starship including the patient lift replacement programme, level 5 refurbishment, outpatient refurbishment and cath lab HVAC installation.
- Awarded an interim contract by ACC to fund the development of paediatric pain services.

Areas off track and remedial plans

- Appointment to the Lead Clinician Clinical Excellence role – a suitable candidate has been identified who is likely to commence mid-2017.
- Financial performance – unfavourable result YTD, continued focus on optimising revenue and cost containment.
- Significant risks emerging from the refurbishment of levels 3 and 5 in Starship which have potential to impact Child Health and Adult Health bed capacity into winter. Twice weekly risk mitigation meetings are occurring to ensure effective project delivery and to maintain clinical safety and minimise disruption to services.

Key issues and initiatives identified in coming months

- Starship level 5, outpatients and cath lab projects will continue until May 2017.
- Starship lift replacement programme will continue until September 2017.
- Community Redesign Project – implementation will occur from May 2017.
- Continued development of the service-level clinical excellence groups and finalisation of the service-level outcome measures.
- Tertiary services proposal to the Ministry of Health timeline and strategy to be agreed.

Starship Clinical Excellence Programme

The following scorecard is the latest iteration of the directorate wide Clinical Excellence programme measures.

Child Health is developing these measures and the corresponding targets and internationally relevant benchmarks. Over the next few months we will refine these measures and their use to either monitor clinical quality or assist with improvement. It represents a balanced view of quality for the directorate.

We plan to highlight different services' clinical outcomes each month; in this month's example the key clinical effectiveness indicators for the Paediatric Haematology and Oncology Service are profiled.

Safety

Metric	Frequency	Actual	Target	Benchmark	Previous
Central line associated bacteraemia rate per 1,000 central line days	Monthly	0	<=1		0
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	Monthly	4%	<=6%		3.4%
Medication Fluid Errors requiring intervention	Monthly	R/U	Lower		R/U
Medication Errors reported rate per 1,000 bed days	Monthly	10.2	Higher	6.6	6.1
Good Catches	Monthly	4	Higher		4
Unexpected PICU admissions	Monthly	22	Lower		7
Ward Code Blue Calls	Monthly	4	Higher		0
% PEWS Compliance	Monthly	96%	>=95%		95%
% Hand hygiene compliance	Monthly	83.8%	100%	>=80%	84.1%
	Starship Best		Starship Average		Blood & Cancer
Safety Culture – Paediatric Blood and Cancer		72		58	72

Timeliness

Metric	Frequency	Actual	Target	Benchmark	Previous
(MOH-01) % CED patients with ED stay < 6 hours	Monthly	96%	>=95%		98%
Median acute time to theatre (decimal hours) - Starship	Monthly	3.7	Lower		2.6
(ESPI-2) Patients waiting longer than 4 months for their FSA	Monthly	0.36%	0%		0.55%
(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	Monthly	4.6%	0%		4.9%
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Maori	Monthly	9	0		8
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Pacific	Monthly	5	0		7
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Asian	Monthly	5	0		4
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Deprivation Scale Q5	Monthly	10	0		14
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Total	Monthly	37	0		40
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	Monthly	12	0		12
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Maori	Monthly	4	0		4
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Asian	Monthly	1	0		1
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5	Monthly	2	0		2
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific	Monthly	3	0		3

Efficiency

Metric	Frequency	Actual	Target	Benchmark	Previous
% Day Surgery Rate	Monthly	63%	>=55%	47%	64%
% Adjusted Session Theatre Utilisation	Monthly	78.9%	>=80%	77%	75.3%
Occupancy	Monthly	91%	>=95%		86%
Pathway Use	Monthly	R/U	Higher		R/U
Laboratory cost per bed day	Monthly	\$75.67	Lower		\$74.65
Radiology cost per bed day	Monthly	\$107.42	Lower		\$94.77
Antibiotic cost per bed day	Monthly	\$21.78	Lower		\$14.89
% of patients discharged on a date other than their estimated discharge date	Monthly	29.6%	Lower		30.1%
PICU Exit Blocks	Monthly	7	0		0

Effectiveness

Metric	Frequency	Actual	Target	Benchmark	Previous
28 Day Readmission Rate - Total	Monthly	R/U	<=10%		7.3%
28 Day Readmission Rate - Maori	Monthly	R/U	<=6%		5.4%
28 Day Readmission Rate - Pacific	Monthly	R/U	<=6%		8.0%
28 Day Readmission Rate - Asian	Monthly	R/U	<=6%		9.9%
28 Day Readmission Rate - Deprivation Scale Q5	Monthly	R/U	<=6%		9.0%

Service Outcome and Benchmarking Measures – Paediatric Blood and Cancer

	Year	Starship	Benchmark Australasia
Stem Cell Transplants	2016	29	
Treatment related mortality rate at 1 year post transplant	2016	3.7%	9.7%
Time to antibiotics in febrile neutropenia (% < 60 minutes) – patients presenting to CED	2015	50%	

Patient Centred

Metric	Frequency	Actual	Target	Benchmark	Previous
% Was Not Brought (WNB) rate for outpatient appointments - All Ethnicities	Monthly	11%	<=9%	10.5%	12%
% Was Not Brought (WNB) rate for outpatient appointments - Maori	Monthly	21%	<=9%	10.5%	17%
% Was Not Brought (WNB) rate for outpatient appointments - Asian	Monthly	9%	<=9%	10.5%	10%
% Was Not Brought (WNB) rate for outpatient appointments - Pacific	Monthly	21%	<=9%	10.5%	25%
% Was Not Brought (WNB) rate for outpatient appointments - Deprivation Scale Q5	Monthly	17%	<=9%	10.5%	18%
Number of complaints received	Monthly	8	Lower		2
% Very good and excellent ratings for overall inpatient experience	Monthly	R/U	>=90%		91%
% Very good and excellent ratings for overall outpatient experience	Monthly	R/U	>=90%		87%
Number of compliments received	Monthly	14	Higher		58
Child Health Nursing Family Feedback	Monthly	89%	>=90%		97%

Scorecard

Auckland DHB - Child Health HAC Scorecard for February 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	7.8%	<=6%	11.1%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4%	<=6%	3.4%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results > 30 and < 90 days	9	0	6
	Unviewed/unsigned Histology/Cytology results > 90 days	1	0	1
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.88	>=1	8.89
	(MOH-01) % CED patients with ED stay < 6 hours	96.35%	>=95%	97.57%
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.36%	0%	0.55%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	4.62%	0%	4.96%
	% DNA rate for outpatient appointments - All Ethnicities	10.98%	<=9%	12.34%
	% DNA rate for outpatient appointments - Maori	20.57%	<=9%	17.3%
	% DNA rate for outpatient appointments - Pacific	21.06%	<=9%	25.25%
	Elective day of surgery admission (DOSA) rate	59.69%	TBC	68.6%
	% Day Surgery Rate	63.27%	>=52%	63.75%
	Inhouse Elective WIES through theatre - per day	21.76	TBC	18.45
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	90.9%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	86.8%
	Number of complaints received	8	No Target	2
	28 Day Readmission Rate - Total	R/U	<=10%	7.32%
	% Adjusted Session Theatre Utilisation	78.9%	>=85%	75.29%
	Average LOS for WIES funded discharges (days) - Acute	3.13	<=4.2	2.74
	Average LOS for WIES funded discharges (days) - Elective	1.21	<=1.5	0.97
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.41	0	\$0.44
	% Staff with excess annual leave > 1 year	29.3%	0%	28.01%
	% Staff with excess annual leave > 2 years	9.5%	0%	8.95%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	R/U
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.3%	<=3.4%	4.2%
	% Voluntary turnover (annually)	11.78%	<=10%	11.88%
	% Voluntary turnover <1 year tenure	9.23%	<=6%	12.31%

Amber

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

R/U

Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less

Result unavailable until after the 16th of the next month.

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Scorecard Commentary

Elective discharges

The Child Health Directorate is at 89% of the target for Auckland DHB discharges at the end of February 2017. Recovery plans are being implemented with emphasis on ORL, orthopaedics and paediatric surgery. Whilst demand is limiting performance in the short term to some extent, recovery plan includes extra clinics to maintain clinic volumes and stimulate surgical demand, insourced and outsourced lists.

Elective performance

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

ESPI -1 (acknowledgement of referral) – 100%

ESPI-2 (Time to FSA) 0.49% Non-compliant, 4 Paed Ortho, 3 Paed ENT and 4 Paed Cardiology in total 11 cases, all other services were 100% ESPI-2 compliant for the month.

ESPI-5 – (Time to surgery) 3.5% non-compliant, 41 cases breached (24 Paed Ortho, 13 Paed Surgery, 2 ACHD and 2 Paed Cardiac) contributing factors include spinal surgery capacity constraints and acute demand. Mitigations include re-allocated theatre sessions and insourced lists.

DNA rates

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

- An overall reduction from 12.34% to 10.98% signals some progress in this area. An increase for Māori, from 17.3% to 20.57% is very concerning and remains an area of close attention. Pacific rates continue to fluctuate with an improvement during the February period, 25.25% to 21.06%.
- Plans are currently underway for a Pacific Health Navigator who has recently qualified as a social worker, to join the Starship social work team for 2,000 hours of supervised social work practice. The intention is to focus her activity on assisting us to address the Pacific WNB rate.
- The WNB policy is in final draft and is being tested with a specific group of children, many of whom are Samoan or Tongan. These children are failing to attend Ponseti (clubfoot) clinic.
- Negotiations have begun with both Waitemata DHB and Counties MDHB in an effort to engage them in providing the social and cultural resources that may be able to assist us to address the barriers associated with children 'crossing DHB borders' who fail to attend their appointments
- The child health community redesign process continues to maintain a strong focus on reducing health inequalities, and addressing issues associated with barriers to access. This forms part of the integrated approach to access to child health services.

Excess annual leave usage

Excess annual leave management is continuing and the financial benefits of this work are now being realised with reductions in the latter part of 2016 and early 2017. In summary the key activity is:

- Enhanced and more granular reporting at directorate, service, team and individual level, both annual leave and time in lieu.

- Dual emphasis on reducing excess leave and annual consumption of the leave entitlement of each employee.
- Monthly review of each service's leave performance with the Director, General Manager and Finance Manager.
- Targeted leave reduction plans with all employees whose leave exceeds two years.

Staff turnover (annual)

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

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Feb-17		
Child Health Services						
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	879	805	74 F	6,986	6,440	545 F
Funder to Provider Revenue	17,116	17,153	(37) U	141,277	143,650	(2,373) U
Other Income	1,078	1,165	(87) U	8,028	9,319	(1,291) U
Total Revenue	19,073	19,123	(50) U	156,291	159,409	(3,118) U
EXPENDITURE						
Personnel						
Personnel Costs	10,496	10,239	(257) U	84,187	83,497	(690) U
Outsourced Personnel	124	122	(2) U	1,089	979	(110) U
Outsourced Clinical Services	201	238	37 F	1,915	1,907	(8) U
Clinical Supplies	1,722	1,884	162 F	15,225	14,980	(245) U
Infrastructure & Non-Clinical Supplies	355	297	(58) U	2,672	2,192	(480) U
Total Expenditure	12,899	12,781	(118) U	105,089	103,555	(1,533) U
Contribution	6,174	6,342	(167) U	51,202	55,854	(4,652) U
Allocations	784	867	83 F	6,998	7,534	536 F
NET RESULT	5,390	5,474	(84) U	44,204	48,320	(4,116) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	223.4	225.3	1.9 F	230.3	225.3	(5.0) U
Nursing	625.1	641.6	16.5 F	636.6	642.1	5.4 F
Allied Health	176.0	183.1	7.2 F	174.1	179.0	4.9 F
Support	0.3	0.3	0.0 F	0.3	0.3	0.0 F
Management/Administration	84.2	64.2	(20.0) U	82.5	64.2	(18.3) U
Total excluding outsourced FTEs	1,109.0	1,114.6	5.6 F	1,123.8	1,110.9	(13.0) U
Total :Outsourced Services	6.4	3.9	(2.5) U	7.5	3.9	(3.6) U
Total including outsourced FTEs	1,115.4	1,118.5	3.0 F	1,131.4	1,114.8	(16.6) U

Comments on major financial variances

The Child Health Directorate was \$ 84k U for the month of February and is now \$4.116M U year to date, including \$1.8M of wash-up risk on core volumes.

Year to Date revenue is \$3.118M unfavourable and driven primarily by wash-up risk on core WIES and non-WIES revenue (\$1.8M), and donation revenue (\$1.482M). Whilst year to date total expenditure (including allocations) is at \$0.998M U (100.9% of budget levels) this was compared to inpatient activity at 97.6% of budget volumes.

Total inpatient WIES for the month was 1% lower than 15/16 but 3% higher than contracted volume.

Year to date WIES is now 2% above last year although 2% below budget.

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

1. Revenue \$3.118M U:

- a. PVS base contract revenue \$1.8M U. Primarily relates to surgical inpatient under-delivery across Orthopaedics and Paediatric Surgery. Most services, however, continue to improve elective delivery. Since October overall year to date elective WIES budget achievement has improved from 91% to 95%.
- b. Donation revenue is \$1.482M U. Donation receipts will be skewed toward the second half of the year due to the phasing of major projects through summer. Whilst we are comfortable with this phasing, significant delays in the build to date meant December and January donations were lower than expected. February is the first month that the donation revenue has been achieved (\$278k F for month) and the last quarter will be very positive.
- c. ACC \$0.496M F. The ACC Rehab service commenced in December – generating new revenue of \$348k year to date (although there is approximately \$186k of related expenditure). Excluding the Rehab contract, ACC revenue is now tracking at 104% of budgeted core activity.

2. Expenditure \$0.998M U:

- a. Overall year to date expenditure is 100.9% of budget, compared to inpatient volumes at 97.6% of contract. Clinical supply costs were 91% of budget in February. The main cost drivers for the month were lower Haematology/Oncology volumes reducing pharmacy costs (\$50k F), and lower spine and cardiac surgery volumes reducing implant costs (\$95k F). Year to date overall cost per cwd is approximately 104% of budget. Total Child Health clinical supply costs are \$245k U – primarily due to due to very high haematology/oncology volumes (\$238k U). In Surgery, NICU (\$151k U); PICU (\$232k U, due to record occupancy levels); and orthopaedic implant costs (\$120k U, due to budget short-fall), are the other major drivers of expenditure. These are offset by favourable cardiac costs (\$459k F).
- b. Employee costs are \$690k U from the budget for year to date. The primary driver to this increased expenditure is additional RMO positions to budget (9.6 FTE, \$520k U year to date). RMO costs appear over-stated in February and should be corrected in March. Other year to date employee costs are reasonable overall – but would need to drop further to achieve budget FTE and cost levels, given assumed saving initiative levels.

3. FTE 16.6 FTE U:

The year to date result is 16.6 FTE U. This budget includes a savings target of 21.7fte. RMO staff are 9.6 FTE U which is the major reason the directorate is not closer to the target FTE level. Whilst nursing FTE is now below budget (5.4 FTE F) due to the level 5 ward closure for refurbishment, they would need to be at still lower levels to achieve overall FTE targets. However the nursing FTE result across January/February is 22 FTE F, reflecting much lower occupancy levels and represents a good result for that period.

Key strategies currently employed to mitigate the 16 /17 budget deficit include the following:

1. On-going focus on revenue streams – management of elective volumes, ACC, donations and non-residents. The new ACC Rehab Service contract has now been executed, which commenced 1 December. The on-going risk is donation revenue and wash-up risk.

2. Monitoring of clinical activity to ensure bed closures that are consistent with both clinical requirements and budgeted expenditure across the full financial year. However there were significant bed pressures over the past three months through general wards, PICU and NICU.
3. Implementation of Directorate savings initiatives in addition to participation in Provider level projects.
4. Tight management of vacancy and recruitment processes; and a focus on leave management.

Perioperative Directorate

Speaker: Dr Vanessa Beavis, Director

Service Overview

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

The Perioperative Directorate is led by

Director: Dr Vanessa Beavis

General Manager: Duncan Bliss

Nurse Director: Anna MacGregor

Director of Allied Health: Kristine Nicol

Directorate Priorities for 16/17

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

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

Q3 Actions – 90 day plan

1. Single Instrument tracking implementation

Activity	Progress
Implementation of single instrument tracking	Completion date for the single instrument tracking project has been extended – timeline yet to be confirmed due to IT and significant operational impacts. Further work is in progress regarding the suitability of the system. It is likely that an upgrade to the existing system will be preferred. There is high level contingency work underway by hA at present to provide some critical stabilisation of the current system.

2. Financial position tracking to budget

Activity	Progress
Review of material management stock levels	This will be the next phase of the oracle consignment stock implementation. Small working groups are working on multiple projects in the interim. This will be supported by the RFID process when implemented.
Ordering and usage of loan equipment	This will form part of the end to end stock management project commencing in early 2017. The Product Management Committee commenced in November which is establishing a process for new stock items to be assessed before being available to order. The top 20 consumable spends for both cost and volume have been reviewed by the project team to ensure products have been reviewed within the last year.
Late notice cancellations – work with specialities to understand the financial impact	Weekly scrum meetings have allowed recycling of sessions to avoid preventable losses.

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

Activity	Progress
NOS – National Oracle Project	To be advised

4. All day operating lists fully resourced and utilised

Activity	Progress
Convert half day operating lists to full day	Phase 1 complete. There is now focus on the sessions at GSU OR sessions to increase full day operating. The OR allocation committee met in February 2017 to review 16/17 allocations and establish 17/18 requirements based on the PVS proposal.

5. Support the delivery of the PVS and ESPI compliance

Pre- admission capacity and pathway review	<p>Patients booked for elective surgery require an anaesthetic assessment (as well as other possible interventions) prior to surgery being confirmed. The current model has variable work flows that limit the ability to offer economies of scale, and causes frustration for services and staff day to day through the layout and management of this stage of the elective pathway. In addition, the current model will not cope with elective volume demand for the 17/18 financial year and beyond.</p> <p>The project group has been formed and work has commenced with the assistance of the performance improvement team.</p>
SCRUM process	<p>Continue to reallocate sessions through the SCRUM process to reduce the number of sessions unfilled by service/late notice.</p> <p>Session utilisation is currently running at 97% YTD against the internal target of 95%</p>

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

Review of current Models of Care across ORs	<p>Nurse Director working with all OR managers to identify the current state and ensure that the skill mix is correct to deliver a safe service.</p> <p>17/18 OR requirements will inform the Models of Care across the DHB with predicted significant increases in acute operating.</p>
Transfer of Ophthalmology ORs to Perioperative from the service	<p>Review of staffing model and support underway. A new charge nurse has been appointed and a new senior role introduced (clinical co-ordinator) dedicated to support ophthalmology. Furthermore, an additional clinical coach role has been introduced to support the service as they move to consistent OR standards of practice.</p> <p>A review of the employee engagement survey results will be completed in March to establish the themes that form the people strategy for Directorate. The review will also look for trends and further opportunities that may have arisen since the transfer of Ophthalmology OR's to Perioperative Services.</p>

Measures

Measures	Actual - February	Current	Target (End of 17/18)
Single instrument tracking in place		TDoc	Nexus or TDoc upgrade
Increase in access/capacity to ORs – reduce the number of half day lists and flex sessions.		Recruiting to the identified reallocation of sessions to accommodate full day lists	All level 4/8/9 to be full day lists
Reduction in waiting times for Anaesthesia assessment clinic, including Paediatrics		Project manager recruited - Feedback from a number of Anaesthetists and Preassessment Clinic Staff on what the guiding principles should be	Establish new guiding principles for on-going improvement in preadmission clinics
Reduction in the number of preventable session losses	58.8%	58.8%	65%

Key achievements in the month

- New Theatre Manager – Leigh Anderson appointed for Level 9 Operating Rooms.
- Incredibly busy end of February and early March for Level 8 Operating Rooms with transplants. Great team effort to cover the service.
- Ongoing Saturday lists planned in Starship for cardiac, general surgery, oral health and laser days.
- Ongoing Saturday lists on level 8 for neuro.

Areas off track and remedial plans

- The single instrument tracking project is under review and delayed. Some additional legal requirements have been identified as being necessary. Health alliance and our legal team are working on this at Stabilisation of the TDoc platform is required urgently to mitigate the critical clinical risk of an unstable system. A briefing paper has been submitted to the Director of Provider Services outlining the current risk which is to be presented back through the executive group.

Key issues and initiatives identified in coming months

- There is a high vacancy level for Anaesthetic Technicians at Greenlane Surgical Unit, who are finding it difficult to recruit. March expected to be more challenging with planned leave. This is being managed presently with casuals, agency and overtime.

- CPE time for Nursing/Tech/PACU/HCA staff taken by extra lists on Level 9 Operating Rooms, management and planning of afterhours case load being worked out with Senior Management of both the women's health and Perioperative directorates.
- ORDA Level 8 Operating Rooms – lack of space for patients, difficult to maintain confidentiality.

Scorecard

Auckland DHB - Perioperative Services HAC Scorecard for February 2017

	Measure	Actual	Target	Prev Period
Patient Safety	% Acute index operation within acuity guidelines	79.01%	>=90%	75.93%
	Wrong site surgery	0	0	0
	% Elective prophylactic antibiotic administered <= 60 mins from procedure start	78.4%	>=90%	80.69%
Better Quality Care	% Unplanned overnight admission	4.74%	<=3%	4.28%
	% Cases with unintended ICU / DCCM stay	0.03%	<=3%	0.36%
	% 30 day mortality rate for surgical events	0.4%	<=2%	0.5%
	% CSSD incidents	2.89%	<=2%	2.51%
Improved Health Status	% Elective sessions planned vs actual	97%	>=97%	91.3%
	% Adjusted theatre utilisation - All suites (except CIU)	85.46%	>=85%	82.38%
	% Late starting sessions	7.6%	<=5%	5.84%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.34	0	\$0.33
	% of Staff with excess annual leave > 1 year < 2 years	27%	<=30%	27.17%
	% Staff with excess annual leave > 2 years	9.89%	0%	9.67%
	Sick leave hours taken as a percentage of total hours worked	4.6%	<=3.9%	4.6%
	% Voluntary turnover (annually)	10.26%	<=10%	10.9%
	% Voluntary turnover <1 year tenure	3.27%	<=6%	4.71%

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.

Scorecard Commentary

- There were two complaints received for Perioperative services for February 2017.
- No SAC 1 and SAC 2 incidents were reported in the three months from 1 December 2016 to 28 February 2017.
- Recommendations from previous RCAs have been implemented. The final set of recommendations from a previous RCA occurring in another directorate are being implemented.
- Formal auditing of the surgical safety check list has recommended this quarter, with good rates of engagement (and compliance).
- There were five medication incidents reported for February 2017, without harm. Each department holds a monthly quality meeting where all incidents are reviewed and investigated. This is monitored by a Directorate quality meeting where any recurring trends are reviewed and action plans agreed as necessary.

Better Quality Care

Unplanned overnight admissions in February were 4.74% against a target of 3%, which is attributed to the acute load and case mix.

Improved Health Status

Elective sessions planned vs actual

February planned vs actual elective session usage was 97%, this is attributed to the improved attendance of the SCRUM meeting and the release and reallocation of sessions across departments.

Late Starts

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

Engaged Workforce

- Health and Safety update Roadshow - Sue Waters and Denise Johnson invited to attend and brief the OR and Anaesthesia Senior team.
- The results of the staff engagement survey are being communicated and a plan in place to address the issues that have been identified.

Financial Results

Summary Net Result

STATEMENT OF FINANCIAL PERFORMANCE

Perioperative Services

Reporting Date **Feb-17**

5.6

(\$000s)

	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	189	191	(2) U	1,513	1,524	(11) U
Funder to Provider Revenue	3	3	0 F	20	20	0 F
Other Income	12	16	(4) U	139	130	9 F
Total Revenue	203	209	(6) U	1,672	1,674	(2) U
EXPENDITURE						
Personnel						
Personnel Costs	7,478	7,310	(168) U	61,477	60,226	(1,250) U
Outsourced Personnel	58	43	(15) U	497	343	(154) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	3,666	3,532	(134) U	28,775	28,047	(728) U
Infrastructure & Non-Clinical Supplies	149	156	8 F	1,337	1,251	(86) U
Total Expenditure	11,350	11,041	(309) U	92,086	89,867	(2,219) U
Contribution	(11,147)	(10,832)	(316) U	(90,413)	(88,193)	(2,221) U
Allocations	18	24	6 F	210	214	4 F
NET RESULT	(11,165)	(10,855)	(309) U	(90,624)	(88,406)	(2,217) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	161.4	168.8	7.4 F	164.5	168.8	4.3 F
Nursing	440.0	448.6	8.6 F	428.1	448.6	20.5 F
Allied Health	97.7	110.1	12.4 F	99.4	110.1	10.7 F
Support	107.9	115.3	7.4 F	109.0	115.3	6.3 F
Management/Administration	22.8	14.1	(8.6) U	23.0	14.1	(8.9) U
Total excluding outsourced FTEs	829.8	857.0	27.2 F	824.0	857.0	32.9 F
Total :Outsourced Services	4.4	0.0	(4.4) U	3.0	0.0	(3.0) U
Total including outsourced FTEs	834.2	857.0	22.8 F	827.1	857.0	29.9 F

Comments on major financial variances

Month

The net result for February is an unfavourable variance of \$309k.

- Total minutes were 351,164 (3,933 cases) compared to budgeted 350,419 minutes (3,986 cases), equating to 0.2% above budget for the month.
- The monthly variance in personnel expenses continues to reflect the unmet savings target of \$163.5k.
- Clinical supplies for the month are unfavourable due to a delayed depreciation expense recognised in February.

Year to Date

The year to date result is an unfavourable variance of \$2,217k. This result reflects a combination of activity levels greater than budget and savings targets not fully achieved.

- The volumes worked year to date of 2,868,804 minutes (32,220 cases) compare to budgeted minutes of 2,791,451 minutes (31,696 cases), equating to 2.8% above budget. This reflects the growing number of transplant cases (141 YTD compared to 114 in 2016) and increasing weekend elective cases (45 in Feb 17 compared to 29 in Jul 16).
- The increased volumes have made it difficult to achieve savings targets in Personnel costs, and this is the main driver of the \$1,250k unfavourable variance for Personnel costs. Focus continues on minimising wastage in session times and taking advantage of all opportunities.
- Clinical Supplies are \$728k (2.5%) above budget, in line with total minutes 2.8% above budget.
- The cost per minute for Perioperative services to date is \$31.68 compared to average cost per minute of \$31.13 in 2015/16.

Business Improvement Savings

Total savings achieved are \$426k YTD.

Cancer and Blood Directorate

Speaker: Dr Richard Sullivan, Director

Service Overview

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

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

The Cancer and Blood Directorate is led by:

Director: Richard Sullivan

General Manager: Deirdre Maxwell

Director of Nursing: Brenda Clune

Finance Manager: Dheven Covenden

Human Resource Manager: Andrew Arnold

Director of Allied Health: Carolyn Simmons Carlsson

Directorate Priorities for 16/17

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

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

Q3 Actions – 90 day plan

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

Our alignment project is underway, with the first meetings of Technical Advisory Groups underway. We have membership across all the service areas to ensure engagement with staff on the floor. Prioritised work sits with daystay and infusions, and clinics and utilisation as the first focus; with acutes and the haematology model of care as later areas of focus due to staffing and service pressures. The focus of our work is directorate-wide in the main. Our projects address all aspects of alignment, including mapping and readjusting clinic days/times to co-locate tumour streams to the greatest extent practicable. The patient experience will be improved where appointments can be scheduled across medical and radiation oncology together where appropriate for the patient.

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

The FCT Lead Tumour Stream Coordinator continues to work closely with our Service Clinical Directors, their teams and the scheduling lead to improve Cancer and Blood response times consistent with FCT and demand pressures. Our current focus is within radiation oncology, where mapping wait list demand to staffing availability is showing results. We are recruiting to SMO vacancies mapped to tumour stream FTE availability using this methodology. FCT visibility extends into radiation therapy/scheduling processes where we are reframing timelines.

3. Development and implementation of Haematology Model of Care

We continue to monitor our BMT waitlist on a weekly basis, to keep track of patient numbers and to ensure we do not breach Ministry guidelines re waiting time. There is now a real service willingness to progress the outpatient BMT workup, with this included within the Alignment work.

4. Supportive Care Services

The service continues to establish itself across the cancer care pathway. Referral numbers continue to increase, with increasing understanding of the service across the DHB. The complexity of the referrals made to the services continues to be high. The service continues to work in collaboration with the other Northern Region DHB's, with engagement through the Regional oncology operations group as a means to discuss analyses of referrals reviewing trends, tumour streams, volumes and future service implications by DHB. A recruitment process is underway concerning a recent resignation. The Ministry of Health has confirmed the key focus areas for the initiative include: patients at the front of the treatment pathway (from high suspicion/recent diagnosis through treatment), patients and whanau with complex psychological and social issues associated with cancer, and groups within communities who may find it more difficult to access and utilize services, e.g. Maori, Pacific, socio-economic disadvantaged, remote and rural populations and tumour groups with few existing supports

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

- Pilot Adjuvant Herceptin delivery at Counties Manukau DHB: Our Auckland DHB service is working closely with Counties staff to support the implementation of this pilot. This service is underway and sees approximately 10 herceptin patients per week treated at Middlemore Hospital. Cancer and Blood staff continue to provide nursing oversight/training, and chemotherapy is provided through the Auckland DHB Pharmacy Service.
- Breast and Bowel Cancer - Chemotherapy Local Delivery:
 - This regional work is underway consistent with Cancer Board oversight. The patient cohort includes adjuvant and metastatic breast and bowel cancer patients, but excludes complex cases and patients requiring concurrent radiation therapy.

Auckland DHB has provided a first cut of a financial impact analysis, however this needs refinement as the regional model of care does not provide sufficient detail. A regional workshop was held 24th March to extend this work, with model of care exploration/agreement to form the basis of further costing work. This workshop was well attended by senior clinicians across breast and bowel tumour streams. A paper will be presented to the Service Review Group prior to presentation to the Cancer Board in April.

6. Employee Engagement Initiatives

Our Cancer and Blood Directorate is now working on the issues raised through the DHB-wide Employee Survey. A 'state of the nation' session was held, open to all staff, where aggregate results were presented. Service CDs and nominated staff spoke to current work underway and planned approaches.

7. Breakeven revenue and expenditure position

We are working with our Service Clinical Directors and wider teams to ensure savings plans are produced and delivered, to meet with \$1.3M savings target required. Please refer Financial Results section.

Measures

Measures	Current	Target (End 2016/17)	2017/18
3 additional tumour streams implemented within Cancer and Blood (Gastro-intestinal, Breast, G-U)	1	3	N/A
62 day FCT target	87.3%	June 2016 85% July 2017 90%	June 2017 90%
Development /implementation of Haematology Model of Care	20% (baseline work)	July 50% implementation	100% implementation year end 2017/18
Supportive Care Services - % urgent referrals contacted within 48hrs from across all DHB cancer services	100%	July 100%	July 100%
Northern Region Integrated Cancer Service - Local delivery of chemotherapy (CMDHB) - Auckland DHB meets regional project timeframes	100%	July 2017/18 commencement	100%
Employee engagement initiatives underway	3	3	tba
Breakeven revenue and expenditure position		Breakeven	

Key achievements in the month

- **Cancer and Blood Alignment Project** – Work is underway to realign the Cancer and Blood Service preparatory to any moves into potential other builds. Service groups have been established, and will be key to ensuring good work practices are retained and built on as well as encouraging wider communication through this change process.
- **Welcome Video** – We have completed two days of filming and were delighted to find many patients who wished to participate on these days. Patients stated that they could see the benefits of having an on-line video and were keen to be involved. Filming of individual patients/whanau will happen off-site next, along with a kaumatua section including an overview from Ms Naida Glavich.
- **Memorandum of understanding with the Cancer Society** – We have been working with the Cancer Society to describe and agree the contents of a MOU, and are nearly at the point of final agreement. We very much appreciate the services the Cancer Society provide with and for our patients/whanau and look forward to a formal signing process in due course.

Areas off track and remedial plans

- **Achieving Financial Savings** – We have developed financial savings plans, and although these are in place they are proving challenging to deliver against.

Key issues and initiatives identified in coming months

- **Linear Accelerator Replacement** – We have secured formal agreement for the leasing of two replacement linear accelerators through a healthAlliance-led procurement process (consistent with planned replacement and national requirements). We are now planning for the installation of these replacement machines to ensure service continuity. In addition, we are working up a business case for an MRI linac, consistent with this agreement.
- **Phase 1 Trials Unit Establishment** – The Cancer and Blood Research Service, and University of Auckland staff are working to establish a formal Phase 1 Trials Unit. Governance arrangements are being carefully formulated under the Academic Health Alliance umbrella, consistent with Auckland DHB research requirements. Work is also progressing to develop the physical unit infrastructure (old BMT unit, Ward 62), and provide appropriate equipment. A strategic plan (and implementation plan) is being developed to make these arrangements explicit.
- **Internet/Intranet Project** – We are working with the Communications Team as an early adopter of the new internet/intranet upgrades. We have formed a project group to determine our Directorate requirements, with a view to utilising the full functionality available.
- **Radiation Therapy and Medical Physics career structures** - We have commenced a review of the Radiation Therapy and Medical Physics career structures and pathway to align with other workforce groups across Allied Health, Scientific and Technical groups.

Scorecard

Auckland DHB - Cancer & Blood Services HAC Scorecard for February 2017

5.7

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	5%	<=6%	4.7%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results > 30 and < 90 days	0	0	1
	Unviewed/unsigned Histology/Cytology results > 90 days	0	0	0
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	% DNA rate for outpatient appointments - All Ethnicities	5.83%	<=9%	5.99%
	% DNA rate for outpatient appointments - Maori	12.68%	<=9%	13.31%
	% DNA rate for outpatient appointments - Pacific	14.05%	<=9%	11.62%
	Number of CBU Outliers - Adult	37	0	48
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	88.2%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	95.2%
	Number of complaints received	3	No Target	4
	28 Day Readmission Rate - Total	R/U	TBC	21.51%
	Average LOS for WIES funded discharges (days) - Acute	3.78	TBC	3.85
	% Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT	99.62%	100%	99.37%
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 4 weeks of referral	97.56%	100%	94.69%
	% Radiation oncology patients attending FSA within 4 weeks of referral	83.33%	100%	85.25%
	% Patients from Referral to FSA within 7 days	25.61%	TBC	25.95%
	31/62 day target – % of non-surgical patients seen within the 62 day target	R/U	>=85%	94%
	31/62 day target – % of surgical patients seen within the 62 day target	R/U	>=85%	88.68%
	62 day target - % of patients treated within the 62 day target	R/U	>=85%	91.26%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	90%	>=95%	80%
	BMT Autologous Waitlist - Patients currently waiting > 6 weeks	0	0	0
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.13	0	\$0.12
	% Staff with excess annual leave > 1 year	28.1%	0%	29.06%
	% Staff with excess annual leave > 2 years	8.62%	0%	7.85%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	R/U
	% Staff with leave planned for the current 12 months	R/U	100%	15.61%
	% Leave taken to date for the current 12 months	R/U	100%	58.19%
	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	3.3%	<=3.4%	3.3%
	% Voluntary turnover (annually)	11.57%	<=10%	11.81%
	% Voluntary turnover <1 year tenure	2.7%	<=6%	2.63%

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less

Result unavailable until after the 16th of the next month.

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

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

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

62 day target - % of patients treated within the 62 day target

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

Scorecard Commentary

- No falls with harm occurred in this period, and there were no Grade III or IV pressure injuries.
- We continue to roll out production planning methodologies to provide quicker access to all aspects of our services, with radiation oncology work underway.
- Our services have experienced continued high numbers of admissions, with a need to outlie although this need appears to be reducing.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date		
Cancer & Blood Services				Feb-17		
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,156	1,200	(44) U	7,850	9,603	(1,753) U
Funder to Provider Revenue	7,714	7,714	0 F	64,224	63,224	1,000 F
Other Income	(15)	28	(43) U	530	225	305 F
Total Revenue	8,855	8,942	(87) U	72,603	73,052	(448) U
EXPENDITURE						
Personnel						
Personnel Costs	3,022	2,862	(160) U	24,187	23,520	(667) U
Outsourced Personnel	38	76	39 F	277	610	333 F
Outsourced Clinical Services	274	236	(38) U	1,829	1,886	57 F
Clinical Supplies	3,829	3,579	(251) U	28,916	28,459	(458) U
Infrastructure & Non-Clinical Supplies	80	74	(6) U	867	592	(275) U
Total Expenditure	7,243	6,827	(416) U	56,076	55,067	(1,010) U
Contribution	1,612	2,115	(503) U	16,527	17,985	(1,458) U
Allocations	574	568	(7) U	4,855	4,809	(45) U
NET RESULT	1,038	1,548	(510) U	11,672	13,176	(1,503) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	66.3	63.5	(2.8) U	65.1	63.5	(1.6) U
Nursing	143.6	145.2	1.7 F	145.4	145.2	(0.2) U
Allied Health	91.4	95.0	3.5 F	85.3	95.0	9.7 F
Support	2.7	1.0	(1.7) U	1.8	1.0	(0.8) U
Management/Administration	25.7	22.1	(3.6) U	25.3	20.7	(4.5) U
Total excluding outsourced FTEs	329.6	326.8	(2.9) U	322.9	325.5	2.6 F
Total Outsourced Services	2.4	1.3	(1.0) U	2.0	1.3	(0.7) U
Total including outsourced FTEs	332.0	328.1	(3.9) U	324.9	326.8	1.9 F

Financial Commentary

The result for the year to date February is an unfavourable variance of \$ 1,503k.

This excludes the PCT wash-up revenue of \$2.2m for IDFs, which if included, would result in a favourable variance to budget (the actual PCT costs are already accounted for in the YTD February result but the corresponding revenue is only washed up at year-end).

Volumes: Overall volumes are 100% of contract.

Total Revenue \$ 448k unfavourable - mainly due to

- Haemophilia blood product reimbursement \$ 1,620k U – (demand driven and offset by lower blood product costs).
- Provision for wash-up on Auckland DHB PCT costs \$ 1,000k F
- Non Residents Income \$ 135k F

Total Expenditure- \$ 1,055k unfavourable mainly due to

- **Personnel Including Outsourced Personnel – \$ 334k U** – primarily unfavourable SMO costs in Radiation Oncology and Haematology (mainly due to paid extended sick leave) offset by vacancies in Allied health. The key driver of the unfavourable variance was savings target not fully achieved \$ 493k U.
- **Clinical Supplies \$ 458k U** – made up of
 - **Haemophilia \$ 1,420k F** – mainly Haemophilia Blood product costs demand driven (offset by decreased revenue).
 - **Oncology \$ 1,124k U**- primarily due to Pharmaceuticals (mainly high cost demand driven drugs – Herceptin and Melanoma drugs combined with unbudgeted new high cost drug Pertuzumab).
This was offset by the provision for PCT wash-up revenue of \$ 1,000k F.
 - **Haematology \$ 769k U** – mainly due to blood products costs \$551k U and Pharmaceuticals \$ 207k U (volume driven combined with high cost BMT patients). Currently Haematology is over the YTD PVS contract by 1.8 % equating to \$ 287k over contract.
- **Infrastructure and Non Clinical Supplies - \$ 275k U**
This is primarily due to the unachieved opex savings target.

FTE – 1.9 FTE favourable

Mental Health and Addictions Directorate

Speaker: Anna Schofield, Director

Service Overview

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

The Mental Health and Addictions Directorate is led by

Director: Anna Schofield

Director of Nursing: Tracy Silva Garay

Director of Allied Health: Mike Butcher

Director of Primary Care: Kristin Good

Medical Director: Allen Fraser

General Manager: Alison Hudgell

Directorate Priorities for 16/17

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

1. **AN INTEGRATED APPROACH TO CARE:** An implementation plan to align services with the five locality boundaries. Tamaki 'integrated care' recommendations implemented. The physical move of the Community Mental Health team from St Lukes in September 2017 will be part of this plan.
2. **RIGHT FACILITIES IN THE RIGHT PLACE:** A Facilities Plan will be developed to ensure facilities (leased or DHB owned) are fit for purpose, align with integrated models of care and locality approach and are informed by the Clinical Services Plan (CSP). New facilities will be identified to replace the existing facilities with leases due to expire in the next 18 months.
3. **SAFE ACUTE ENVIRONMENT (Te Whetu co-design):** Systematic approach to implementing an assault reduction / increased safety programme. Te Whetu Tawera (TWT)/Community Mental Health Service (CMHS) integration in care planning, MDT and staff development to manage acute flow / transitions.
4. **RIGHT INTERVENTIONS AT THE RIGHT TIME:** Stepped Care key work training provided to staff involved in the first step of the care pyramid. Credentialing framework confirmed for Steps 2 and 3.
5. **SUPPORTING PARENTS HEALTHY CHILDREN (SPHC):** Implementation Plan in place that encompasses the Essential Elements of the SPHC framework. Regional dataset for SPHC data collection confirmed.

6. EQUALLY WELL: Strengthened governance and relationships across mental health, NGO and PHO services for integrated care planning to improve the physical health of people with Severe Mental Illness (SMI). Develop template GP discharge summaries for service users highlighting physical health risks.
7. Achieve Directorate financial savings target for 2016/17.

Q3 Actions – 90 Day Plan

#	Action Plan	Owner
1	Develop Integrated Approach to Care implementation plan to align services with five locality boundaries	AS/AH
2	Facilities Plan developed, aligned with the CSP and priority services moved as leases expire	AH
3a	Complete and evaluate the TWT/CMHS escalation plan and collaborative MDT implementation.	AS
3b	Adoption and implementation of best evidence assault reduction activities	MB
4a	Specialist Stepped Care keyworker training and credentialing implemented with web resources	MB
4b	Shared care plan implementation	AS
5	SPHC implementation plan and regional data set developed	MB
6a	Cross primary, secondary, NGO governance group established, TOR and implementation plan developed	KG
6b	Template for GP discharge summaries for service users highlighting physical risks	KG
7	Balance clinical need, risk and safety with fiscal responsibility	AS/AH

1 Implementation Plan to Align Services with Locality Approach

The Mental Health Directorate is an integral part of the Primary and Community Programme Board and continues to engage in working on options for aligning mental health service provision and support to provide services closer to home.

2 Facilities Plan

A Mental Health Directorate wide Strategic Facilities Plan will be provided to the Board for July 2017. To date a stocktake has been undertaken of all facilities and a health and safety assessment has been, or is planned, for all our facilities including those that are leased and DHB owned. There is a constant focus on alignment with the clinical services plan (including future need and potential co-location of services) and on prioritising services requiring alternative facilities in the next 12 to 24 months.

Of note is:

- Agreement has been reached to move ACOS to the Rehab Plus building at Point Chevalier meaning high and complex needs service will be co-located on one site. This will reduce some of the health and safety risks associated with ACOS service users at the St Lukes site.
- The options for the residential eating disorder service will be progressed once it is understood what the supra-regional requirements are for this service which will, in turn, determine the type and size of facility needed. The clinically preferred model is for the adult residential service to be co-located with the day programme and outpatient service. The lease for the existing facility is until February 2018. Proposed options, sized for a supra-regional service, have been scoped and shared with CAMP and the executive leadership team.
- The Early Intervention Service focused on first incidence psychosis for 18 to 30 year olds will, following a comprehensive review, be centralised. A suitable facility has been identified and a capital request will be made to ensure the facility is fit for purpose.

3(a) Te Whetu Tawera (TWT)/Community Mental Health Service (CMHS) Escalation Plan

The purpose of the escalation plan is to improve flow and access across the acute mental health service delivery continuum. Ideally, acute inpatient units should run at an average occupancy of 85% in order to manage acute demand in a timely manner. Te Whetu Tawera frequently operates at 95-98% occupancy which, in turn, can impact on the Community Acute Service's ability to admit people in a timely way. It can also impact on wait times in the ACH Emergency Department.

The Escalation Plan is now business as usual and functioning well. It has proved to be a more effective way of managing the response to high demand and occupancy when TWT is full. The plan is supported by the use of Real Presence secure videoconference technology across the community and inpatient teams.

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

During 2015 there was a high level of assaults occurring in Te Whetu Tawera compared to previous years. In early 2016 reducing assault work was commenced in response. This initial programme of work has now been incorporated into Project Haumaru, a wider change programme at TWT focusing on improving safety, patient flow and staff wellbeing. The project aims to proactively engage and involve all staff.

Te Tumanako (ICU), where there is the greatest risk of assault, has been the initial focus and pilot for assault reduction with components of the South London and Maudsley Trust (SLaM) model of assault reduction introduced. The Dynamic Appraisal of Situational Aggression (DASA) has been re-implemented within Te Tumanako and through the open wards, with training and support from leadership. This, along with Intentional Rounding, is now embedded during the working week. The use of the nursing handover tool ISOBAR in Te Tumanako and the open wards is to be refreshed.

Results of these interventions appear to be flowing through with reduced levels of assault in Te Tumanako. A significant reduction in the overall number of assaults since August 2016 suggests a sustained change although it can be expected that the rates will vary at times according to acuity, service user complexity and individual service user profile.

Assaults are two-thirds lower than the same period last financial year and assaults on staff have been more than halved. Assaults causing injury also show a marked drop.

Episodes of Restraint: the numbers of episodes of restraint are half what they were for the same period last financial year while the numbers of individuals restrained is also down.

Episodes of Seclusion: while the number of individuals secluded is slightly up on the same period last financial year, the episodes of seclusion and total hours duration are slightly down or on a par (note the relatively small numbers for individuals and episodes tends to exaggerate the % effect.) Auckland DHB has a very low seclusion rate when compared nationally.

Other initiatives being undertaken as part of Project Haumarū, and likely to have a positive long term effect, include:

- Development of a Compact (or Agreement) with service users. This is a component of the SLAM model noted above that establishes a baseline for how both service users and staff wish to be treated at Te Whetu Tawera. Each service user will be given a copy on admission and can personalise it to express their goals whilst in Te Whetu Tawera. It is being developed in consultation with both staff and service users.
- Establishment of a Whare Tautoko which is a small room dedicated in particular, but not exclusively, as a space for use by Māori service users and their whānau within Te Tumanako.
- The employment of a Recreation Assistant to work alongside other staff such as occupational therapists, to provide service users in Te Tumanako with a broad daily programme of activities.

4 (a) Specialist Stepped Care

Stepped Care is a system of delivering and monitoring treatments so that the least intrusive treatment is delivered to meet service user's presenting need within adult community mental health services. It involves matching people's needs to the level of intensity of the intervention and only 'stepping up' to intensive or specialist services as clinically required. This approach aims to support self-care as an important aspect of managing demand across primary, community and specialist care settings. Stepped care work uses robust tools to routinely collect outcomes data to support people's journey into, through and out of services.

Progress for specialist stepped care to date includes the development of additional resources available on the Intranet; refinement of the credentialing process for specialised interventions and the appointment of a Nurse Educator to support workforce development and enable implementation of a range of clinical programmes related to Stepped Care. Training sessions for the initial six modules are currently being provided in each of the six community services, with a completion date of end June 2017. Initial feedback from staff is positive.

4 (b) Shared Care Plan

A shared care plan is an electronically stored plan which details goals agreed by the service user and health professionals, along with actions and activities to support the achievement of these goals. One of the key benefits of the shared care plan is the ability for services outside of mental health (such as Emergency Department) to view portions of the plan to support patient led care and smooth the continuum of care through shared communication. It also facilitates appropriate information sharing with primary care.

The implementation of collaborative shared care plans across adult Community Mental Health services commenced in 2016. All adult CMHCs, Fraser McDonald Unit and the Mental Health Services for Older People (MHSOP) Community Team have now received training and begun to use the tool. The adult acute inpatient unit TWT will commence using the tool later in 2017 as a component of discharge planning. Services are receiving monthly reports of uptake. Further training and support is being provided in adult community teams to improve utilisation. This includes input from a Consumer Leader.

5 Supporting Parents Healthy Children (SPHC)

The Government led SPHC programme aims to support parents to do the best for their children by providing guidelines and assistance to all mental health and addiction services to work in a family-focused way. The aim to ensure the wellbeing of children is everyone's responsibility and not just infant child and adolescent services. SPHC also supports the children of parents to improve outcomes for children and youth as set out in Rising to the Challenge (Ministry of Health, 2012).

The SPHC guidelines includes voices of parents and young people talking about their experiences of services and provides evidence based practice to support both parents and their children.

An important component to implementing SPHC is workforce development and the Ministry of Health has commissioned the mental health and addiction workforce centres to provide this support to mental health service providers in DHBs and NGOs.

In Auckland, regional data collection to identify service users who are parents or caregivers and their children began in November 2016. Training in SPHC will be offered to all Directorate staff, along with a brief introduction to SPHC for CMHCs in the first half of 2017.

6(a) Cross Primary, Secondary, NGO Governance Group

Equally Well Governance Group:

In New Zealand and overseas, people with mental health and addiction problems tend to have worse physical health and a shorter life expectancy than their counterparts in the general population. Diabetes, cardiovascular disease, metabolic syndrome, cancer and oral health issues are more prevalent for this population group.

Equally Well is about working together for change with the common goal of reducing physical health disparities for those who experience mental health and addiction problems. This group has representation from the DHB, PHOs and NGOs. There is consensus that this initiative will

provide an opportunity to work differently and collaboratively to improve patient outcomes; and support for exploring the use of the Health Improvement Profile in an integrated fashion across primary and secondary care.

The Governance Group has been provided with information on initiatives currently underway in other parts of the country and has subsequently agreed to focus on establishing baseline data, determining elements to be included in the physical check, GP education, funding extended GP consultations and creation of contributory measures for inclusion in the Amenable Mortality System Level Measure.

Community Mental Health Service Primary/Secondary Integration Strategic Group:

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

The Community Mental Health Service Primary/Secondary Integration Strategic Group has been recently reconfigured. It is working collaboratively on a work plan to address the gap in access to appropriate care within the community for patients whose needs are currently unmet in either primary or secondary care. With the confirmation of funding for PREDICT as a key enabler for this initiative, this group given its effective and widespread use in primary care will work towards incorporation within primary and secondary services.

The CMHS primary/secondary integration initiative is provided in addition to the Tamaki Mental Health and Wellbeing Project being led by the Service Improvement Team.

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

Adult community mental health services (CMHCs) use a discharge letter template within the electronic clinical record (HCC) to enable information to be shared electronically between specialist services and General Practitioners in a consistent format.

Since July 2016 electronic discharge letters have been provided to GPs for 40% of discharges, and the Directorate aims to increase this to 90% by 2018. CMHCs are using the local KPI forum to track progress and share learnings to support the achievement of this goal. The next local forum is in May. This work will also be discussed at the May supra-regional KPI forum, (which is a component of the national mental health adult KPI stream.)

Our acute adult inpatient unit Te Whetu Tawera is in the early stages of exploring the possibility of generating discharge summaries for GPs through the electronic clinical record software, HCC. Currently these are generated and sent via Concerto.

7 Balance Clinical Need, Risk and Safety with Fiscal Responsibility

With significant Mental Health funding being FTE based, we continue to address skill mix, including clinical and non-clinical staff. We are working with our clinical and management teams to ensure staff are working to their strengths, and working collaboratively within and across services, to manage and lead clinical and operational components of mental health services.

We have made a minor skill mix adjustment in Te Whetu Tawera to enable the recruitment of Mental Health Assistants to the permanent staff teams, thus decreasing our reliance on casual staff.

We are, however, concerned about the increased difficulty mental health services are facing in recruiting staff into our services. Anecdotally we are aware of applicants who express interest in, or are offered, roles but subsequently do not progress with the recruitment process due to the current cost and availability of housing. This applies to international recruiting as well as from other regions in NZ. We continue to think of creative ways to access overseas staff, including offering fixed term contracts that enable more senior staff from overseas to take sabbaticals from existing roles for 18 months with the view to support for growing our own staff, along with increasing our internships from nursing and allied health.

Measures

Measures	Current	Target (End 2016/17)	2017/18
Integrated Approach to Care Plan, aligned with localities approach signed off	Development stage. With Primary /Community Programme Board	Plan signed off	Staged implementation
Facilities Plan, aligned with CSP signed off	EDS residential has been scoped. Alternative ACOS facility confirmed	St Lukes relocated by Q4 Residential EDS options confirmed and implementation plan	Work through facilities by priority
Escalation Plan implemented in 2 services and evaluated	Implementation complete	Evaluation completed, plan refined and roll out underway	Roll out to other services
Shared Care Plan in place for adult CMHS clients	Development stage	80% of CMHS users have a Shared Care plan	90% target
Assault reduction best practice plan developed and rolled out	Implementation ongoing	Reduction in assaults for staff and patients	Maintenance of assault reduction
Stepped Care keyworkers trained in all modules Credentialing completed for relevant staff doing Step 2 and 3 Training resources on-line	Implementation in progress	80% keyworkers in CMHS trained in all modules 80% of staff credentialed for Steps 2 and 3 100% of training resources available online	95% of keyworkers trained in all modules
SPHC implementation plan developed and regional data set agreed	Data set agreed. Training underway	Plan signed off >80% of new service users screened for parental/care giving status	90% of all service users screened
Equally Well governance group established and plan developed	Governance group established, plan in development	Implementation Plan signed off 80% of GPs have discharge summaries that include physical risks for service users	Staged implementation
Breakeven revenue and expenditure position	Ongoing with regular monitoring and review	Breakeven	

Key achievements in the month

Te Whetu Tawera (TWT)

The TWT leadership team have implemented Project Haumarū which aims to improve patient safety, staff well-being and safety and patient flow. This builds on and incorporates the co-design work undertaken in Te Whetu Tawera. The environmental upgrade and improvements are complete with some minor finishing touches in some areas. This focused activity is led by the SCD supported by a project manager, with input from the Performance Improvement team as appropriate. This activity is regularly reviewed.

With all service development and improvement work in Te Whetu Tawera now sitting under the 'umbrella' of Project Haumarū, staff across all disciplines and consumer representatives are actively engaged in this Project with the intention of increasing ownership and buy-in by staff. They are represented on the Steering Group and a range of sub committees including assault reduction, co-design, discharge planning, co-morbidities, staff wellbeing, outcomes and the development of a Compact. There is also a renewed focus in 2017 on seclusion and restraint reduction complemented through work underway in the national KPI forum.

As noted earlier, Project Haumarū appears to be having a positive impact with regard in particular to a significant and sustained reduction in assaults on service users and staff since August 2016. There were 3 reported assaults in February 2017. Work is now being undertaken to better understand our barriers to discharge and to link these to measures of acuity and complexity.

Areas off track and remedial plans

Supra- Regional Eating Disorder Service

Auckland DHB has acknowledged the Midland DHBs notice of intention to withdraw from all but the adult residential component of the supra-regional eating disorder programme. Work has been initiated to identify a suitable location for the EDS residential service and a feasibility project has scoped options.

Alternative options and financial and clinical impacts were developed by the provider, funder and NRA, and the recommended model endorsed by the Board. Midland DHBs have recently provided a response to the adult residential proposed funding model and the facility required for this service in the future will depend on the outcome of ongoing negotiations.

Ligature Risk at Te Whetu Tawera

Several of the identified ligature risks within TWT have been mitigated in the currently allocated funding. This includes an agreed new prototype for taps in ensuite and shower roses. These are being tested in the next few months in two ensuite and it is anticipated this will not require the walls to be opened. Whilst this is a longer wait than anticipated, it does reduce the disruption to wards.

However due to the structure of the building, more detailed work revealed that costs associated with mitigating ligature risks posed by some windows would be significantly greater than budgeted for. This is because the structure of the current facility means replacement of windows would be cost prohibitive (\$1 million plus). The other option is to seal windows and install an HVAC system and this too would require a significant investment. These options have been discussed by the DHB Leadership Team and will be re-presented to the Capital Asset Management and Planning Committee.

St Lukes CMHC and Acute Community Outreach Service (CMHC) Facility

As noted earlier, there are current challenges with sourcing an alternative facility for the St Lukes CMHC including our inability to secure a preferred facility to date. We continue to look for alternative options, including the use of the Point Chevalier campus. However there are numerous interdependencies associated with the use of this site.

Key issues and initiatives identified in coming months

Facilities

We will continue to proactively work on our Facilities Plan and to source fit for purpose facilities in the community or DHB facilities where existing leases are ending. There are significant interdependencies that impact on our ability to source appropriate facilities and we ensure these are clarified and considered in decision making processes.

Child and Family Unit

We are pleased to confirm that Anna Schofield will cover the role of CFU Service Clinical Director as of late March.

Occupancy remains high over the past 6 months, with the usual pattern of lower occupancy in December. An escalation plan to manage access to the 18 acute beds is being developed in consultation with the supra regional stakeholders along with implementation of recommendations from the review of the CFU model of care.

There is a project underway for analysing AWOL's and implementing an action plan for any new reduction and/or elimination strategies. The service is also building stronger relationships with the Auckland Police.

In addition a concerted effort has been made to work collaboratively with our Child Youth and Family colleagues at the regional and national level and the Ministry of Health to facilitate the best outcomes for children and young people with care and protection and mental health issues that access the Child Youth and Family Unit and to this end 3 workshops have been held. We are mindful that Child Youth and Families will cease as an entity when the Ministry of Vulnerable Children starts in April.

Mental Health Emergency Department

Increasing pressures for the Emergency Department and Mental Health services has highlighted a need to improve the flow and experience for Mental Health patients through ED services. This has

led to collaboration between senior clinicians and management from both departments to develop an action plan to move towards enhanced models of care. The agreed principles underpinning this plan are the 'Right Care' in the 'Right Time' by the 'Right People' in the 'Right Environment'. The implementation of the action plan is a focus for the year ahead with input and oversight from the leadership teams.

Community Pharmacy Technician Pilot

The directorate will be piloting the use of a pharmacy technician to enable the pharmacists to work at the top of their scope and support service improvement work across the five inpatient units and have pharmacist resource available to the community teams. This will also assist in the transition of the regional eating disorder service from community pharmacy to utilising Auckland DHB pharmacy services.

Roll Out of Safe Practice and Effective Communication Programme (SPEC)

The roll out of the SPEC programme has begun with a group of clinicians from our three acute inpatient units participating in the Train the Trainer programme for SPEC in February. Planning for roll out of the training is well underway. It will commence in early April for a 12 week period and involve all staff working in acute inpatient areas.

Scorecard

Auckland DHB - Mental Health HAC Scorecard for February 2017

5.8

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	2
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	0%	<=6%	0%
	Number of reported adverse events causing harm (SAC 1&2) - excludes suicides	1	0	0
	Seclusion. All inpatient services - episodes of seclusion	1	<=7	2
	Restraint. All services - incidents of restraint	26	<=86	52
	Mental Health Provider Arm Services: SAC1&2 (Inpatient & Non-Inpatient Suicides)	1		0
Better Quality Care	7 day Follow Up post discharge	100%	>=95%	93%
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	R/U	<=10%	11.11%
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	23.2	<=21	33.7
	Mental Health Average LOS (All Discharges) - Child & Family Unit	8.9	<=15	15.2
	Mental Health Average LOS (All Discharges) - Fraser McDonald Unit	22.8	<=35	29.2
	Waiting Times. Provider arm only: 0-19Y - 3W Target	73.5%	>=80%	70.9%
	Waiting Times. Provider arm only: 0-19Y - 8W Target	89.6%	>=95%	88.44%
	Waiting Times. Provider arm only: 20-64Y - 3W Target	89.2%	>=80%	88.3%
	Waiting Times. Provider arm only: 20-64Y - 8W Target	94.7%	>=95%	94.5%
	Waiting Times. Provider arm only: 65Y+ - 3W Target	68%	>=80%	66.7%
	Waiting Times. Provider arm only: 65Y+ - 8W Target	89%	>=95%	88.5%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	97.67%	>=95%	100%
	Mental Health access rate - Maori 0-19Y	6.03%	>=5.5%	5.97%
	Mental Health access rate - Maori 20-64Y	9.64%	>=12%	9.64%
	Mental Health access rate - Maori 65Y+	4.04%	>=4.25%	4%
	Mental Health access rate - Total 0-19Y	3.31%	>=3%	3.2%
	Mental Health access rate - Total 20-64Y	3.56%	>=4%	3.51%
	Mental Health access rate - Total 65Y+	3.12%	>=4%	3.01%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.1	0	\$0.1
	% Staff with excess annual leave > 1 year	22.1%	0%	23.2%
	% Staff with excess annual leave > 2 years	4.87%	0%	4.44%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	R/U
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.4%	<=3.4%	4.4%
	% Voluntary turnover (annually)	12.46%	<=10%	12.53%
	% Voluntary turnover <1 year tenure	6.45%	<=6%	8.6%

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

R/U Result unavailable

Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera

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

Scorecard Commentary

Average LOS: Te Whetu Tawera

Average Length of Stay is at 23.2d for February which is just above target. With the median for the month at 17d and less than 20% of discharges being over 35d, this is a fairly positive result. LoS is regularly monitored and the services is measuring and reporting on barriers to discharge with a view to formulating strategies to address key issues.

Waiting Times

Two data/reporting factors are still impacting on the rolling 12 month results. They are the introduction of the Starship consult liaison service into MoH reporting and the management of memory clinic clients within MHSOP.

Changes to memory clinic referrals and measures put in place to improve waiting times for MHSOP are proving effective. However, given that the data is for the previous 12 months, this will take several more months to demonstrate significant improvement.

Waiting times remain a challenge for the older adult Community Team (MHSOP) and for our Child and Adolescent services. Both services have experienced growth in demand and associated activity in the first half of 16/17FY compared to the same period in 15/16FY. This increase in demand and waiting times is occurring for CAMHS services nationally.

Access (DHB-wide)

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

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

While access rates for the Maori 20-64y group remains a challenge, Auckland DHB does have the highest access target for this group in the country. It should be noted that, across the adult continuum, Auckland DHB provider arm delivers approximately 36% of the access for this group with NGOs, community alcohol and drug services (CADS) and other DHB services delivering the balance. It is challenging to understand the relative performance of different parts of this continuum from this broad access data provided by the MoH.

Leave Management

The Directorate continues to require that leave plans be agreed for employees with excessive annual leave balances. In February more people moved into the group with leave balances in excess of 2 years, indicating the Directorate’s leave management focus needs to also include people who are at risk of moving into the group with excessive leave. The cost of excess AL at the end of February 2017 has not increased from end of January 2017.

Turnover and Recruitment

Voluntary turnover remained at 12.5% in February for the second month in a row, bringing to an end the slight downward trend in voluntary turnover that had been experienced during the first two quarters of FY2016-2017. The Directorate is identifying possible initiatives to improve employee morale and increase retention as part of the FY17-18 business planning and current engagement planning processes.

Attracting mental health nurses continues to be challenging. Selection of new nursing graduates has been a significant current focus and work is underway on re-establishing the Allied Health Internship programme within the Directorate.

The Directorate is also looking to work closely with the recruitment team to identify opportunities for improving our current approach and administrative processes to reduce the time it takes from identifying a need for recruitment through to making an offer to a successful candidate. We know that our current practices have led to some candidates accepting competing offers.

Staff Engagement Survey and Action Plans

Employee survey results have now been shared with all Mental Health and Addictions staff at a Directorate level and many leaders have started debriefing their team's results. Leaders and teams are planning for, and beginning to work through, the team action planning process. The Directorate Leadership team has been working on an all of Directorate plan with a view to supporting team plans. Proposed initiatives are targeted at improving the connection and support between teams within the Directorate and the wider Auckland DHB. Increasing the visibility of the Directorate Leadership Team and recognising and valuing staff are also focus areas for the Directorate plan.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date		
<i>Mental Health & Addictions</i>				Feb-17		
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	57	61	(4) U	563	514	49 F
Funder to Provider Revenue	8,882	8,882	0 F	71,058	71,058	0 F
Other Income	71	54	17 F	462	430	33 F
Total Revenue	9,010	8,997	13 F	72,084	72,002	82 F
EXPENDITURE						
Personnel						
Personnel Costs	6,326	6,229	(97) U	50,107	50,937	830 F
Outsourced Personnel	145	56	(90) U	1,227	445	(782) U
Outsourced Clinical Services	111	134	23 F	588	1,072	484 F
Clinical Supplies	88	78	(10) U	703	621	(83) U
Infrastructure & Non-Clinical Supplies	355	360	5 F	2,877	2,856	(20) U
Total Expenditure	7,025	6,857	(169) U	55,503	55,932	429 F
Contribution	1,985	2,141	(156) U	16,581	16,070	511 F
Allocations	1,862	1,789	(73) U	14,204	14,416	212 F
NET RESULT	123	352	(228) U	2,378	1,655	723 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	95.2	97.3	2.2 F	93.3	97.3	4.1 F
Nursing	323.3	322.6	(0.7) U	304.4	323.0	18.6 F
Allied Health	276.3	273.0	(3.2) U	271.0	273.0	2.0 F
Support	5.3	8.0	2.6 F	6.7	8.0	1.2 F
Management/Administration	58.9	55.8	(3.1) U	58.8	51.3	(7.5) U
Total excluding outsourced FTEs	758.9	756.7	(2.2) U	734.2	752.6	18.5 F
Total :Outsourced Services	16.8	6.0	(10.8) U	17.4	6.0	(11.4) U
Total including outsourced FTEs	775.7	762.7	(13.0) U	751.6	758.6	7.1 F

Comments on Major Financial Variances

The result for the month is a surplus of \$123k against a budgeted surplus of \$352k, leaving an unfavourable variance of \$228k.

The variance in Personnel costs is the key driver for the overall unfavorable results for February. There was \$187k unfavorable variance in Personnel costs including outsourcing in the month. The key issues are difficulties and delays in recruitment for some services resulting in a high number of vacancies. This leads to high overtime, significant penal cost and outsourcing, especially in areas with high acuity pressure. In addition to the Business as Usual, there was nursing cost accrual of \$163k to cover for SPEC staff training backfill.

There was a retrospective corporate overhead contribution catch-up adjustment in the internal allocations that led to Service Billing over-spending of \$73k in February, while YTD allocation is favorable.

The key drivers of the favorable YTD results are:-

- Previous high FTE vacancies offset by high overtime and high outsourced/backfill costs. The vacancy number is now reducing following the active recruitment and the trend is expected to continue in the following months;
- Outsourced Clinical Services mainly due to low Flexi-funding and the funded GP visits which are rolling out.

Actions:

- There is wider focused work commencing on reducing overtime and excessive annual leave across the Directorate
- There is an on-going review of relevant HR expenditure including Authority to Recruits (ATR), and overtime. This year we are phasing the increase in FTE through vacancy management in order to meet Funder expectations by the end of the financial year and to be clinically safe
- The on-going strategy to recruit new graduate nurses and interns will contribute in the long term to a lower skill mix and reduction in the premium paid on backfill
- The service is actively monitoring and reviewing non-clinical spending. Various controls and mitigations are being explored
- The service is in the process of tracking personnel and other resources initially located in various departments but utilised by the Tupu Ora Eating Disorder service. This activity is to ensure accurate costs are recorded for the regional services.

Savings:

Overall we are meeting our savings target for the year to date to February. This is achieved mainly through vacancy and annual leave management. We are forecasting to achieve our savings targets through to year-end through on-going active management of recruitment and other personnel costs.

Forecast:

The directorate is currently forecasting to be \$503k favourable to budget result at year end. There is on-going pressure in the balance of the year, especially with the additional costs of backfill to enable the implementation of the required National Safe Practice and Effective Communication (SPEC) Training Programme in the 3 acute units.

Adult Medical Directorate

Speaker: Dr Barry Snow, Director

Service Overview

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

The Adult Medical Directorate is led by:

Director: Dr Barry Snow

General Manager: Dee Hackett

Director of Nursing: Brenda Clune

Director of Allied Health: Carolyn Simmons Carlsson

Director of Primary Care: Dr Jim Kriechbaum

Directorate Priorities for 16/17

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

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

Q3 Actions – 90 day plan

- Weekly team and monthly Directorate meetings are working well. Each service developing and delivering MOS.
- Monthly meetings with each service reviewing priority plans, finance information, HR information and newly developed service scorecards with each service.
- Continuing with monthly steering group to progress renal business case. Strategic discussions for future spoke delivery have started with Tāmaki Regeneration Company. Business case to be submitted following further discussions with Tāmaki Regeneration Company.
- Construction of CDU will begin in May 2017. Level 2 Design Board met to assure progress. Construction meetings will be held and report to Level 2 Design Board. A working group has been established to plan clinical infrastructure of CDU and a separate group to explore the use of APU.
- Quality forum delivered. New scorecards for all services developed that include quality items. Scorecards reviewed with services on a monthly basis.

Measures

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

Key achievements in the month

- Colonoscopy target still being maintained and weekly performance meetings being held.
- Delivery of the contract with Waitemata for Colonoscopy has commenced. Monitoring weekly with Waitemata staff and currently working well. Will continue with weekly conferencing until we have established procedures and pathways.
- CDU design progressing and construction to start in May 2017 and a working group established to manage the build and developments within APU.
- Renal spoke concept design complete and design group established in preparation for concept design. Full engagement with Tāmaki Regeneration Company.
- Continued sustained improvement in hand hygiene across Directorate.
- Delivered the strategic business case for delivering a Regional Hyperacute Stroke Service submitted to March HAC for sign off. The Board has given approval to proceed and extensive planning is underway. Go live date is set for 24 July 2017

Areas off track and remedial plans

- Reducing performance in AED due to unprecedented demand. Working with OPH to identify extra bed base to ensure acute flow maintained
- Slight issue with gastroenterology and respiratory ESPI2. Currently working with services to rectify. Also seeking clarification of FSA status when patients are referred from the same speciality for a specialist opinion.
- DNA rates still an issue but remaining consistent. Will be looking at models of care for 2017/18 to review DNAs. Higher percentage within FUs.
- High number of CBU outliers due to high number of admissions within January 2017.
- Mixed gender rooms are predominantly occurring in two wards. These areas have a continued focus on adjusting this at the end of each shift.

Key issues and initiatives identified in coming months

- Progressing development of community dialysis provision and working collaboratively with Tāmaki Regeneration Company for future provision of capacity.
- Plan to achieve and maintain AED target. Need to access Inpatient short stay beds to enable effective flow through AED
- Monthly priority plan and service performance meetings continuing with good engagement. Planning day for booked for March 2017 to develop plans for each service for 2017/18.
- Continuing with Neurology, Gastroenterology and Respiratory capacity and demand planning.
- Implementation of recommendations from the rapid improvement event in care of cellulitis.
- Development and delivery of implementation plans for regional Hyperacute service for stroke and clot retrieval. Proposal submitted to the Hospital Advisory Committee in March 2017.
- Continuing to deliver extra colonoscopy capacity for Waitemata.
- Developing and delivering on action plans arising from the Employee Survey results

Scorecard

Auckland DHB - Adult Medical Services HAC Scorecard for February 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	0
	Medication Errors with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	2.1%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	5.3%	<=6%	5.8%
	Number of falls with major harm	0	0	0
	Number of reported adverse events causing harm (SAC 1&2)	1	0	0
	Unviewed/unsigned Histology/Cytology results > 30 and < 90 days	5	0	7
	Unviewed/unsigned Histology/Cytology results > 90 days	5	0	1
Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours	92.17%	>=95%	95.03%
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.28%	0%	0.38%
	% DNA rate for outpatient appointments - All Ethnicities	11.19%	<=9%	13.74%
	% DNA rate for outpatient appointments - Maori	25.25%	<=9%	27.56%
	% DNA rate for outpatient appointments - Pacific	17.75%	<=9%	26.24%
	Number of CBU Outliers - Adult	97	0	88
	% Patients cared for in a mixed gender room at midday - Adult	30.46%	0%	25.63%
	% Patients cared for in a mixed gender room at midday - Adult (excluding APU)	13.42%	TBC	10.45%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	84.8%
	Number of complaints received	16	No Target	12
	28 Day Readmission Rate - Total	R/U	<=10%	12.1%
	% Urgent diagnostic colonoscopy compliance	96.61%	>=85%	92.31%
	% Non-urgent diagnostic colonoscopy compliance	79.7%	>=70%	73.89%
	% Surveillance diagnostic colonoscopy compliance	79%	>=70%	78.93%
	Average LOS for WIES funded discharges (days) - Acute	1.94	TBC	2.08
Improved Health Status	% Hospitalised smokers offered advice and support to quit	93.81%	>=95%	94.16%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.55	0	\$0.56
	% Staff with excess annual leave > 1 year	33.8%	0%	31.64%
	% Staff with excess annual leave > 2 years	10.82%	0%	10.8%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	R/U
	% Staff with leave planned for the current 12 months	R/U	100%	10%
	% Leave taken to date for the current 12 months	R/U	100%	59.55%
	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	3.9%	<=3.4%	3%
	% Voluntary turnover (annually)	11.44%	<=10%	11.33%
	% Voluntary turnover <1 year tenure	6.45%	<=6%	5.43%

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less

Result unavailable until after the 16th of the next month.

% Very good and excellent ratings for overall inpatient experience

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

28 Day Readmission Rate - Total

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

Scorecard Commentary

- AED performance not met due to unprecedented attendance.
- SAC1 is a case of delayed diagnosis due to coordination of radiology and clinical assessment. A review is in process with the expectation of an improved system
- Improving position with ESPI. Currently working with services to ensure target met. Seeking clarification of FSA status when patients are referred from the same speciality for a specialist opinion.
- DNA rates still an issue but remaining consistent. Will be looking at models of care for 2017/18 to review DNAs. Higher percentage within FUs.
- High number of CBU outliers due to high number of admissions within January 2017.
- Mixed gender: Maintaining gender appropriate rooms remains a focus and has been a challenge in light of hospital capacity. Room re-orientation occurs as soon as possible.
- Number of complaints received increased but volumes much higher so slight percentage increase. All services responding within timeframes. Patients being contacted and in certain cases meetings have been arranged to address specific issues.
- Maintaining the colonoscopy target across all measures.
- Reduction in the % of staff with excess annual leave over two years is covered within the monthly service review meetings and has had a focus for 16/17. The number of hours of excess annual leave in this category has declined consistently since August 2016. In February 2017 the amount of excess annual leave in this category has decreased by more than 20% when compared with February 2016.
- Good result and target surpassed for staff sick leave (3%) as December and January were very busy with the increased volumes through AED and General Medicine. Also continuing to monitor sickness very closely within monthly review meetings.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Feb-17		
Adult Medical Services						
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	261	269	(7) U	2,449	2,185	263 F
Funder to Provider Revenue	11,851	11,851	0 F	103,882	103,882	0 F
Other Income	480	406	74 F	3,477	3,252	225 F
Total Revenue	12,592	12,526	66 F	109,807	109,319	489 F
EXPENDITURE						
Personnel						
Personnel Costs	8,264	8,031	(233) U	66,023	65,608	(416) U
Outsourced Personnel	94	94	0 F	738	775	37 F
Outsourced Clinical Services	38	50	12 F	357	395	38 F
Clinical Supplies	1,686	1,725	39 F	14,495	13,666	(829) U
Infrastructure & Non-Clinical Supplies	329	84	(245) U	1,441	837	(604) U
Total Expenditure	10,411	9,985	(426) U	83,054	81,280	(1,774) U
Contribution	2,180	2,541	(360) U	26,753	28,039	(1,285) U
Allocations	2,083	1,897	(186) U	16,706	16,084	(622) U
NET RESULT	97	644	(547) U	10,047	11,954	(1,907) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	202.8	192.3	(10.5) U	201.3	192.3	(9.0) U
Nursing	573.8	544.5	(29.3) U	553.2	540.1	(13.1) U
Allied Health	47.3	51.8	4.4 F	45.3	51.8	6.4 F
Support	6.1	6.0	(0.1) U	6.0	6.0	(0.0) U
Management/Administration	51.7	41.0	(10.7) U	53.6	41.4	(12.2) U
Total excluding outsourced FTEs	881.8	835.6	(46.2) U	859.5	831.6	(27.9) U
Total :Outsourced Services	5.2	5.0	(0.2) U	5.1	5.0	(0.1) U
Total including outsourced FTEs	887.0	840.6	(46.4) U	864.5	836.6	(28.0) U

Financial Commentary

The result for the year to date February 2017 is an unfavourable variance of \$1,907k.

A financial review meeting was held in 13 March to outline the projected year end position and to present the details of the current overspend and a recovery plan.

Volumes: Overall volumes are 99.3 % of contract. This equates to \$714k under contract (Variance not recognised in the Adult Medical Provider result).

Key drivers of the Unfavourable Variance

Total Revenue - \$489k favourable

- primarily due to additional colonoscopy revenue for achieving the 15/16 target \$233k F, nurse endoscopy training revenue \$95k F and WDHB Colonoscopy \$111k F.

Personnel Costs - \$379k unfavourable (including Outsourced Employees costs)

This is mainly unachieved savings target made up of personnel cost target saving of \$720k offset by favourable variances in Allied Health \$443k F. The savings initiatives comprises the management of overtime spend, patient attenders, allowances, sick leave, staff mix and annual leave.

Clinical Supplies - \$829k Unfavourable – due to

Treatment disposables \$ 449k – made up of

- Blood product costs \$177k U – mainly ED \$188k U (high cost patients and increased volume),
- Renal fluids \$108k U (increase in the usage of APD and Co APD (high performance fluids) which are more expensive than CAPD),
- Respiratory Patient Consumables \$78k U (mainly due to increased replacement of NIV machines in the Community - under budgeted).

Instruments and Equipment \$194k U – mainly

- Clinical Equip RandM \$99k U - unplanned repairs and maintenance to scopes and bariatric equipment \$99k U,
- Clinical Equip Operating leases/ Rental - \$66K U – mainly increased usage of pressure relieving mattresses, Respiratory ventilators at home underbudgeted.

Pharmaceuticals \$143k U – mainly Gastroenterology \$119k U (increases in IBD patient using high cost Biological infusions (infliximab)).

Infrastructure and Non-Clinical supplies - \$ 604k U

This is primarily due to unachieved opex savings target \$870k YTD.

Internal Allocations (Service Billing) - \$622k Unfavourable – due to

- Radiology \$463k U
 - ED \$265k U(volume driven)
 - Neurology \$274k U (Clot Retrieval)

FTE

The YTD unfavourable Medical FTE variance is overstated due to RMO leave transfers. There is also a combination of AED and General Medicine FTE due to increase in volumes.

The unfavorable FTE in nursing FTE is mainly in AED and due to complexity and volumes.

Community and Long Term Conditions Directorate

Speaker: Judith Catherwood, Director

5.10

Service Overview

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

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

The Community and Long Term Conditions Directorate is led by

Director: Judith Catherwood

General Manager: Alex Pimm

Director of Nursing: Jane Lees

Director of Allied Health: Anna McRae

Director of Primary Care: Jim Kriechbaum

Medical Director: Lalit Kalra

Directorate Priorities for 16/17

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

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

Q3 Actions – 90 day plan

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

A programme of facilitated team development based on Board mandates, values and strategic direction has commenced. Service Leadership Team events to support this are in progress across the Directorate. Two members of our new clinician leadership team have completed their leadership development programme. Nine members of staff have commenced the programme in various cohorts in 2017. A programme of people leaders regular networking meetings have been established with a focus on the engagement survey and other people leadership hot topics. Leadership and management support and training for our new leaders and level four team members has been identified as a priority for this year and will be supported.

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

Workforce planning for nursing and allied health role development continues to progress. New community health assistant roles are being developed to support our community locality teams. The new service developments in progress, including rapid response, intermediate care, early supported discharge and stroke services provide opportunities to enhance nursing and allied health roles. An advanced clinician role and nurse specialist role in Reablement Services have been recruited to. Nursing roles in Sexual Health, Diabetes, Dermatology and Rheumatology services are also currently being reviewed to support service requirements.

3. Complete the implementation of the Directorate outpatient improvement programme

DNA action plan continues to be implemented with our initial focus on Diabetes Services. Our DNA rates have declined slowly over the last six months. We have renewed our focus on this with Diabetes Services in the last two months and are hoping to see an impact report shortly.

The process to reduce rescheduling rates by applying a six week booking rule is in place in a number of outpatient clinics. Our rescheduling rates continue to slowly reduce and the trajectory is on target to meet our goal. At present we do not have data to indicate how many appointments are rescheduled due to patient choice versus service requirements.

Baseline assessment to ensure accurate measurement of virtual contacts is progressing in all services. Our services are increasing the use of virtual contacts in all services.

Implementation of business rules into Older People's Health outpatient services and Community Services has been completed to ensure accurate activity and waiting times reporting. Reporting processes have been completed with Business Intelligence.

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

The integrated all age stroke rehabilitation unit opened in July 2016. Early Supported Discharge Services (ESD) also commenced simultaneously. A plan for the hyper acute stroke pathway has been completed for regional approval. The quarterly data on admissions to a rehabilitation service within 7 days of acute stroke presentation was stable at 43.1% in the last quarter. We expect our quarterly data to reflect continuous improvement each quarter given we have implemented a new referral

pathway for stroke patients. In our most recent data for February 2017 80% of Auckland DHB patients were transferred within the seven day target, an improvement on the previous month. Plans to create the comprehensive adult stroke unit are progressing and will continue through 2017 as it will require a full business case to be developed.

5. Extend the locality model of care to other services

The locality model continues to develop with Community Services and Diabetes. A plan to achieve this in full by end of 2016/17 is in place. Geriatric Medicine are in the process of finalising a plan and work is now in progress to ensure gerontology support is in place in all localities.

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

The adult palliative care strategy continues to be implemented. The decision document on the new adult palliative care clinical leadership structure has been released. We are recruiting to these new roles. The final improvement events to plan improved care for those at end of life have been held in March 2017. An action plan from these events is being finalised and will be progressed under the Using the Hospital Wisely Programme.

A new workforce model for Sexual Health and Sexual Assault Services has been released and is in the process of being implemented. A transition period to implement the new workforce model will take place over the course of 2017 with the aim to be fully implemented by December 2017.

6. Implement the frailty pathway

The first stage of the frailty pathway was implemented successfully on 29 August. Further work is progressing to develop care pathways across the hospital and extend this to older adults living in their own homes and in aged care facilities over time. The aim of the pathway is to standardise the care bundle provided to all frail patients presenting to the ED and ensure rapid access to the most appropriate services and a comprehensive geriatric assessment early in the care pathway, with the aim of reducing the LoS for frail patients in hospital or supporting care in patient's own homes to reduce any unnecessary admissions.

7. Implement step up/step down intermediate care models

Rapid Response Services continue to be delivered and are now accessible from ED, hospital services, general practice, aged care facilities, St John and Homecare Medical referral sources. We continue to promote services and are working on a new community central referral model to enhance navigation and access to services.

An approach to utilise the interim care contract for a wider group of patients has been agreed. We have also completed work with Orthopaedics to enhance allied health and gerontology nursing input to these patients during their care period in aged care.

Develop long term conditions strategy across the organisation

This strategy and plan is being reconsidered. The Using the Hospital Wisely Programme and other programmes outside of the Provider arm has taken some of the outcomes envisaged forward in a different manner. We anticipate delivering similar outcomes using these programme board planning process.

Measures

Measures	Current	Target (end 16/17)	Previous Period
Did not attend (DNA) rate	14.97%	<9%	12.44%
Rescheduling rate	53.3%	<40%	57.69%
Proportion of activity undertaken as virtual or non-face-to-face activity	1%	5%	1%
Patient waiting times – outpatients, community and inpatients	Outpatients – max.4 mths Inpatients – 92.3% within 2 days Community – 84.2% within 6 weeks	Outpatients – max 3 months; Inpatients – max 2 days; Community – max. 6 weeks	Outpatients – max.4 mths Inpatients – 75.9% within 2 days Community – 86.6% within 6 weeks
Admissions to age-related residential care	Average 98/month	5% reduction per quarter Q2 Target: 86	Average 101/month
Proportion of HCAs and TAs as percentage of total workforce	11.4%	15%	11.4%
Percentage of stroke patients transferred to rehabilitation services within seven days of admission (MOH definition, quarterly reporting)	80%	80%	43.1%
Percentage of patients transferred to hospice within 24 hours of being clinically ready to transfer	37.5%	85%	70%
Breakeven revenue and expenditure position	Favourable	Breakeven	Favourable

Key achievements in the month

- The Directorate has met the 62 day treatment target in 100% of patients with high suspicion of melanoma for the first time. We are expecting to maintain this.
- A new programme of work has commenced with ACC to resign the care pathways within non-acute rehabilitation services for older adults and implement a new case mix funding model. As a result of changes to the model of care, we have been able to achieve over the last quarter a reduction in the LoS for fractured neck of femur patients of five days on average. We continue to review this data and are awaiting further information on outcomes and re-admissions to affirm the positive initial trend. The new funding model above has the potential to further improve the LoS and clinical outcomes and integration of care for the frail older adult.
- New funding jointly approved by the Board and ACC has seen the enhancement of additional home based strength and balance programmes commence this month. Recruitment to these new services is progressing and as the new enhanced services has been launched.
- A new Reablement Services central referrals point has been created for all in patient reablement referrals. Early Supported Discharge has been extended to under 65 patients in our neighbouring DHBs to extend that offering and expand the services to those already delivered. Both these initiatives should support a reduction in the acute LOS for suitable patients.
- The final decision document on the new Adult Palliative Care Clinical Leadership model has been released and recruitment has commenced.

- Staff team engagement planning events have commenced, to support how our teams, services and Directorate team can make the working environment and experience more positive. Our aim will be to increase engagement scores across our teams.

Areas off track and remedial plans

- DNA action plan for the Directorate has been developed and is being implemented across all services.
- Recruitment to clinical positions has proved challenging, particularly in community services. We have completed a recruitment initiative with HR support. Our recruitment position and high level of vacancies remain on the directorate's risk register.

Key issues and initiatives identified in coming months

- Complete recruitment to the Directorate Leadership team. Recruitment to the last two key leadership posts in the Directorate is in progress currently.
- Implementation, orientation and development of the revised Directorate structure, which embeds the Clinician Leadership model. This will be extended to leadership development events to promote shared team working between our senior people leaders.
- Embed improved clinical and service governance processes and decision making systems across the Directorate at service level.
- Implementation and further development of the locality model within community services, integrating Diabetes Services, Palliative Care and Geriatric Medical Services into the model during 2016/17.
- Implement the new Clinician Leadership model in the Adult Palliative Care Services across the district and integrate specialist palliative care.
- Implement the outpatient improvement programme in all relevant areas of our directorate.
- Implement the Specialist Diabetes Plan across Auckland DHB and continue to support the DSLA in their work to redesign the care pathway for people with diabetes in Waitemata DHB/Auckland DHB.
- Develop the full business case for the integrated stroke unit.
- Deliver the recommendations of the Reablement Clinical Review which will contemporise the rehabilitation model of care and support patients in achieving the most effective outcomes/level of independence.
- Continue the development of work streams to improve the quality and outcome of the patient's journey including intermediate care, dementia care, frailty pathway and the stroke pathway.
- Development of a capital planning programme for the Directorate and the facilities our services utilise.
- Continue work to improve our skill mix and use of support staff in all aspects of our service provision, in particular nursing and allied health workforce in Community and Reablement Services.

Scorecard

Auckland DHB - Adult Community & Long Term Conditions HAC Scorecard for February 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	1	0	2
	Nosocomial pressure injury point prevalence (% of in-patients)	11.1%	<=8%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4%	<=8%	3.6%
	Number of reported adverse events causing harm (SAC 1&2)	1	0	2
	Unviewed/unsigned Histology/Cytology results > 30 and < 90 days	0	0	0
	Unviewed/unsigned Histology/Cytology results > 90 days	0	0	0
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	14.97%	<=9%	14.27%
	% DNA rate for outpatient appointments - Maori	30%	<=9%	32%
	% DNA rate for outpatient appointments - Pacific	29.34%	<=9%	27.27%
	% Patients cared for in a mixed gender room at midday - Adult	13.1%	<=2%	16.78%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	100%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	86.7%
	Number of complaints received	5	No Target	5
	% Inpatients on Older Peoples Health waiting list for 2 calendar days or less	89.63%	>=80%	75.89%
	% Inpatients on Rehab Plus waiting list for 2 business days or less	92.31%	>=80%	100%
	% Discharges with Length of Stay less than 21 days (midnights) for OPH and Rehab Plus combined	73.08%	>=80%	67.42%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	100%	>=95%	100%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.03	0	\$0.04
	% Staff with excess annual leave > 1 year	30.5%	0%	30.59%
	% Staff with excess annual leave > 2 years	3.08%	0%	3.52%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	R/U
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.5%	<=3.4%	3.6%
	% Voluntary turnover (annually)	15.06%	<=10%	15.94%
	% Voluntary turnover <1 year tenure	6.49%	<=8%	9.88%

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less

Result unavailable until after the 16th of the next month.

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

Scorecard Commentary

There was one significant adverse event in February 2017. This was a fall with harm in Reablement Services and it is currently being investigated.

Overall there has been a clear downward trend in actual falls in Reablement Services over 2015/16 and the ward staff are being congratulated for their achievements in creating a safer rehabilitation environment for our patients.

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

We are compliant with ESPI 1 and ESPI 2. Our performance with FCT targets has improved significantly and we have achieved and are maintaining 100% of high suspicion of melanoma patients treated within the 62 day target this month.

We continue to work with services to support improvement in waiting times and are working towards a three month maximum waiting time within the Directorate. Our DNA action plan continues in all services. We remain committed to reducing these rates.

The Directorate remains committed to minimising the number of patients in mixed gender rooms but were above target in February 2017. This was in part due to an increased short term use of acute observation units in Reablement Services which are routinely excluded from reports but cannot be when the use is only short term. In addition, additional demand during the summer plan period for Reablement beds required us to offer patients a bed in a mixed gender room. No patient was in a mixed gender room for more than 24 hours and all patients consented to be placed there rather than wait for admission to our service. We have seen a significant improvement in this metric in the last two months and expect our normal standard of less than 2% use to be maintained. 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 were met in February 2017. Improved flow remains one of our goals and overall our trajectory is one of improved flow and responsiveness. We continue to work to reduce LoS and minimise the number of patients who have an extended LOS which could be avoided through improved discharge planning with stakeholders and other providers.

Complaints are being actively managed within our Directorate and action plans to address any learning points have been created and are being monitored. There were six complaints received in the month of February.

The Directorate has achieved a significant reduction in excess leave in the last year and we continue to see a reduction in levels linked to the summer plan. Sick leave is monitored monthly and currently just above target and is being actively managed applying the Auckland DHB Wellness Guide. We have established the Directorate Wellness Group to support staff health. Turnover has increased and is being actively monitored including regrettable turnover levels by service. As a Directorate with a significant change agenda, some turnover is to be expected. We have also completed a plan with Recruitment Services to work more strategically on hard to fill posts and recruitment at all levels as we have some significant recruitment challenges in leadership roles and in some specific clinical posts at this time. It is positive to note most of our senior leadership positions are now filled and the leadership team is now almost complete.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
Adult Community and LTC						
						Reporting Date Feb-17
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,022	1,072	(50) U	9,030	8,613	417 F
Funder to Provider Revenue	5,973	5,973	0 F	47,821	47,821	0 F
Other Income	60	28	31 F	260	227	34 F
Total Revenue	7,055	7,073	(19) U	57,111	56,661	451 F
EXPENDITURE						
Personnel						
Personnel Costs	3,782	3,935	153 F	31,378	32,423	1,045 F
Outsourced Personnel	126	70	(56) U	966	558	(408) U
Outsourced Clinical Services	101	143	42 F	1,104	1,140	37 F
Clinical Supplies	681	654	(27) U	5,482	5,197	(284) U
Infrastructure & Non-Clinical Supplies	140	116	(24) U	1,186	927	(259) U
Total Expenditure	4,829	4,917	87 F	40,115	40,246	131 F
Contribution	2,225	2,157	69 F	16,996	16,415	582 F
Allocations	393	404	11 F	3,232	3,472	240 F
NET RESULT	1,832	1,753	80 F	13,764	12,943	822 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	75.8	73.3	(2.5) U	69.6	73.3	3.7 F
Nursing	264.3	293.1	28.8 F	271.3	293.1	21.8 F
Allied Health	124.8	137.0	12.1 F	125.4	137.0	11.5 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	34.1	28.7	(5.4) U	36.0	28.7	(7.3) U
Total excluding outsourced FTEs	498.9	532.0	33.1 F	502.3	532.0	29.7 F
Total :Outsourced Services	15.8	4.2	(11.6) U	12.4	4.2	(8.2) U
Total including outsourced FTEs	514.7	536.2	21.4 F	514.7	536.2	21.5 F

Comments on Major Financial Variances

Current month

The current month result for February is \$80k F. The significant drivers in the directorate's result are:

Income:

- ACC revenue \$122k U is driven by low volumes for inpatient bed days in Reablement Services;
- Contract revenue \$54k F includes new service level agreements: In-home strength and balance falls prevention program, the fracture liaison service, and transgender clinical leadership – the favourable variance is partly offset by higher personnel costs.

Expenditure:

- Personnel costs, including outsourced, were \$138k F in February as an effect of the continuing vacancies, mainly in Community Services. These are being managed and progress on recruitment is being made despite some limited candidate selection pools and staff turnover. The vacancy situation is on the directorate's risk register.
- Clinical supplies were \$27k U in the month, driven by patient treatment volumes for both blood product and rheumatology drugs. Spend on continence and ostomy supplies however (approximately 25 per cent of clinical supplies), was on budget.

YTD result

Total net result YTD is \$822k F. Significant drivers of this are:

- Personal health contract revenue \$387k F predominantly reflecting the new service level agreements;
- Personnel costs, including outsourced, \$674k F due to the high vacancies within Reablement and Community Services, for which recruitment is ongoing;
- Clinical supplies are \$284k U due to scheduled high-cost drug treatments, high volumes of clients requiring ostomy and continence equipment, plus an increased need for bariatric equipment hire. Some supply cost pressures may be offset by a likely pharmacy rebate later in the year;
- Internal allocations are continuing to track below budget (\$240k F YTD) mainly as a result of a focus on appropriate laboratory test and radiology use.

Volumes and activity

Reported price volume schedule (PVS) volumes are \$4,687k (9.8%) below base contract. The key drivers of the under-delivery are in the Auckland DHB population, mainly in Community and Reablement Services. The directorate has implemented a number of major improvements in Community Service, including the accurate counting and mapping of volumes and the measuring of activity on actuals (in previous years recorded at budget). This has resulted in a change in counting but not the underlying activity. Community Services remains at 78% of contract YTD.

The estimated inter-district flow (IDF) wash-up liability increased slightly in the month to \$118k YTD. This is mainly in Ambulatory Services, which forecasts to achieve delivery by year end. The net under delivery of volumes is not recognised in the overall Directorate result.

Savings

The directorate's savings are favourable against target by \$60k YTD due to mitigating strategies, especially regarding additional revenue and other projects.

Forecast

The directorate is forecasting to achieve a surplus on budget by June 2017 largely due to the new unbudgeted service level agreements and significantly higher than anticipated vacancy levels.

Surgical Directorate

Speaker: Arend Merrie, Director

Service Overview

5.11

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

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

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

The Surgical Directorate is led by:

Director: Arend Merrie

General Manager: Duncan Bliss

Nurse Director: Anna MacGregor

Director of Allied Health: Kristine Nicol

Director of Primary Care: Kathy McDonald

Supported by Les Lohrentz (HR), and Lynette Hagenson (Finance)

Directorate Priorities for 16/17

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

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

Q3 Actions

1. Throughput of cases at the Greenlane Surgical Unit

Activity	Progress
Urology phase 1	Additional capacity allocated and cases moved to GSU from level 8
Urology phase 2	The stack system with 3D capability was approved by the Capital Asset Management Committee in December 2016. Once this arrived it will create greater flexibility for Urology operating at GSU.
Ophthalmology Ocular Plastics and increased Cataract capacity	Previously unallocated all day OR sessions are being utilised for additional Ocular Plastic sessions. This will continue through to the new financial year. Increased Saturday activity has also been agreed from March to July 2017

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

Activity	Progress
Manage discretionary spend	Each specialty has a 5% savings target built into their budget for delivery which is being performance managed through monthly service reviews.
Review of all activity being undertaken in non-Clinic/OR settings to ensure all activity is captured and funded	Review of Nursing MOC and activity underway including: <ul style="list-style-type: none"> Additional nursing activity not being captured, with potential revenue generation Use of patient attenders for patients on the behaviour of concern pathway (BOC) requiring support – capturing data and ensuring we have up to date info of where these patients are.
Weekly Service ESPI Reviews	There continues to be weekly ESPI and PVS reviews at service level to track compliance to explore ways of increasing discharge volumes. Services are on track with their recovery plans with the exception of Orthopaedics which has dispensation from the Ministry until 1 July 2017. Looking at further ways for Urology and General Surgery to increase activity for Q4.
End to End Stock Management	“Just In Time” project has been initiated that reports to the surgical board. This is to reduce waste in OR’s with only opening consumables when required and procedure for use if high cost disposable products. Margaret Wilsher is the executive sponsor for this project.

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

Activity	Progress
Managing capacity and demand	FCT – Priority code is now visible on the WT05 report / waiting list. PAS team leaders now need to ensure that all bookers are trained to enter the field to show the FCT status of the patient. This will improve our reporting and scheduling of patients from a surgical perspective.

Waitlist management and SCRUM	This continues to be effective in the OR setting and is now being rolled out in surgical outpatients to ensure that clinic capacity matches the demand for FCT FSA slots. The Surgical Board also now monitors a 'watch list' of the least used OR sessions with a view to reallocate to services that will use them.
Preadmission project	Feedback from a number of Anaesthetists and Pre assessment Clinic Staff on what the guiding principles should be Develop matrix of procedures and patient ASA score to determine standard pre-admit requirements. Neurosurgery to explore benefit of pre-admit service at Auckland DHB avoiding patients having multiple visits. GSU Ophthalmology staff have been moved into Perioperative Services to ensure consistent approach to quality and safety throughout the ORs at Auckland DHB.

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

Activity	Progress
National Bowel Screening	Representatives from Surgery are working as part of a regional group to deliver the service specification for the National Bowel Screening programme
Metro Auckland Exploratory Work	Exploring opportunities for Paed Oral Health and developing Spoke services at Counties Manukau DHB.
National Intestinal Failure Service	Meeting with the MoH Governance Board to review progress of NIFS to date. Successful Education Day held. Advances with the database and the national network. NIFS contract will be extended for a further 3 years from July 2017.

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

Increase ERAS with orthopaedic unit	Awaiting Orthopaedic productivity model agreement
Preadmission project	Pilot underway with Urology
>40 BMI pathway	Orthopaedics and Dietetic services are working together to manage the patients already on the waiting list. GP liaison working with GP forums to ensure that the new pathway is communicated and managed effectively to prevent inappropriate referrals. This pathway is now embedded and routinely reviewed to ensure inappropriate patients are not accepted into the service.
EQ-QD questionnaire	GP liaison to work with SMOs to evaluate the feasibility of implementing this process with GPs prior to referring a patient

Measures

Measure		Current	Target	Previous Period
ESPI compliance	ESPI 2	1.33%	0.41%	1.15%
	ESPI 5	5.29%	0%	6.1%
	ESPI 8	99.88%	100%	99.86%
DNA rates for all ethnicities (%)		9.82%	9%	12.18%
Elective day of surgery admission rate (DOSA) %		80.2%	≥68%	78.93%
Day surgery rate (%)		62.43%	≥70%	64.36%
FCT delivery			85%	91.26%

Key achievements in the month

- Improved DOSA rate due to successful implementation across services bringing patients in on day of surgery.
- Overall continued improvement of rates of day surgery.
- Continued delivery of bed savings through daily flexing of the surgical bed base.
- Successful summer planning for elective surgical delivery in line with bed flexing, resulting in improved financial performance.
- Administration validation complete for Ophthalmology “follow up pending list” resulting in over 300 patients being removed from the waiting list and ensuring we have the most accurate data to clinically risk assess patients waiting beyond their intended wait time. This work has extended to working through the highest risk patients and ensuring they have dates to be seen.
- Improved in ESPI 5 which continues into March moving back into moderately non-compliant.
- Deterioration in ESPI 2- which continues to improve into March moving back into moderately non-compliant.
- Established recruitment to WDHB site to improve capacity to deliver 20,000 FUPs from July 2017.
- Orthopaedic external review completed during March 2017, with report now awaiting.

Key issues and initiatives identified in coming months

- Weekly performance management of ESPI and Discharge targets at service level.
- Capacity planning for 17/18 PVS delivery for both elective and acute services.
- Written expression of interest for Auckland DHB to be considered to provide breast screening services when it goes out to tender.
- Continuation of preadmission project in Urology to be rolled out across other specialities.
- Working with Clinical Support Services to ensure that clinic letters are being produced and reaching patients in a timely fashion (via email or hard copy) to reduce the current increase in DNAs seen across the organisation.
- Service improvement work to commence in Orthopaedics to reduce waiting times and consider recommendations from the external review.

Scorecard

Auckland DHB - Surgical Services HAC Scorecard for February 2017

	Measure	Actual	Target	Prev Period
Patient Safety	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	6.1%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	2.9%	<=6%	3.3%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results > 30 and < 90 days	56	0	53
	Unviewed/unsigned Histology/Cytology results > 90 days	100	0	103
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.93	>=1	0.94
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	57.1%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	1.33%	0%	1.15%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	5.29%	0%	6.1%
	(ESPI-8) Proportion of patients prioritised using nationally recognised processes or tools	99.88%	100%	99.86%
	% DNA rate for outpatient appointments - All Ethnicities	9.82%	<=9%	12.18%
	% DNA rate for outpatient appointments - Maori	21.57%	<=9%	22.19%
	% DNA rate for outpatient appointments - Pacific	16.14%	<=9%	22.69%
	Elective day of surgery admission (DOSA) rate	80.2%	>=68%	78.93%
	% Day Surgery Rate	62.43%	>=70%	64.36%
	Inhouse Elective WIES through theatre - per day	58.99	TBC	50.86
	Number of CBU Outliers - Adult	172	0	105
	% Patients cared for in a mixed gender room at midday - Adult	9.66%	TBC	7.69%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	88.5%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	82%
	Number of complaints received	16	No Target	16
	28 Day Readmission Rate - Total	R/U	<=10%	10.03%
	Average LOS for WIES funded discharges (days) - Acute	3.69	TBC	2.98
	Average LOS for WIES funded discharges (days) - Elective	1.13	TBC	1.27
	31/62 day target - % of non-surgical patients seen within the 62 day target	R/U	>=85%	94%
	31/62 day target - % of surgical patients seen within the 62 day target	R/U	>=85%	88.68%
	62 day target - % of patients treated within the 62 day target	R/U	>=85%	91.26%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	96.17%	>=95%	96.78%
Engaged Workforce	Excess annual leave dollars (\$M)	\$1.26	0	\$1.24
	% Staff with excess annual leave > 1 year	30.6%	0%	30.51%
	% Staff with excess annual leave > 2 years	16.31%	0%	15.61%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	R/U
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.4%	<=3.4%	3.4%
	% Voluntary turnover (annually)	11.79%	<=10%	11.81%
	% Voluntary turnover <1 year tenure	4.49%	<=6%	6.74%

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less

Result unavailable until after the 16th of the next month.

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

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

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

62 day target - % of patients treated within the 62 day target

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

5.11

Scorecard Commentary

- In February, the cumulative achievement across Surgery was 98% of the WEIS contract volumes. The biggest area of over delivery against the plan is in General Surgery and Urology who have been utilising some of the lists released by Orthopaedics.
- Further increase in Surgery with 22 Liver and Renal transplants compared to an average of 14 in previous months.
- At the end of February the Adult ESPI 2 position was non-compliant for Auckland DHB at 1.33%. This worsened position was in part due to recovery from the RMO strike action in January 2017.
- The organisational position for ESPI 5 is reported as non-compliant for patients not receiving a date for surgery within 4 months at 5.29% (the target is <1.0%). This is predominantly due to the continuing Orthopaedic under-delivery of 157 cases by the end of February. Also impact from the loss of over 200 OR hours across all surgical services through the RMO industrial action for 3 days in January and recovery.
- Ophthalmology Services increased weekend activity throughout February in an attempt to increase cataract volumes that will continue for the rest of the year. The service will also be outsourcing 290 cataracts between January and April 2017.
- There were 0 SAC 1 and SAC 2 events reported in the month of February.
- There were 0 medication errors reported for the month of February, with major harm. The Directorate continues to work towards undertaking audits on medication administration compliance.
- There were 0 falls reported for the month of February where patients came to major harm.
- The DNA rate for appointments for all ethnicities in February is 9.82%. This has moved the Directorate back into amber for this measure on the scorecard. There is continued work around patient focused booking to improve this in the future.
- The number of outliers increased in February to 177. Where possible, teams have been working to align the capacity, cohorting and repatriating patients to reduce the outliers across the surgical bed base, to support the rest of the hospital and the patient flow.
- Smoking Cessation - Performance has remained static in February at 96.17%. This is as a result of the on-going work undertaken by the Charge Nurses to ensure that the information is being captured correctly.

Summary Net Result

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Feb-17		
<i>Surgical Services</i>						
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	862	773	89 F	6,196	6,184	12 F
Funder to Provider Revenue	21,413	21,413	0 F	165,891	170,291	(4,400) U
Other Income	279	376	(96) U	3,019	3,007	12 F
Total Revenue	22,555	22,562	(8) U	175,107	179,482	(4,375) U
EXPENDITURE						
Personnel Costs	7,696	7,389	(307) U	61,568	60,973	(596) U
Outsourced Personnel	303	265	(38) U	2,560	2,120	(440) U
Outsourced Clinical Services	321	521	200 F	1,554	4,215	2,661 F
Clinical Supplies	2,214	2,232	18 F	18,733	17,744	(989) U
Infrastructure & Non-Clinical Supplies	171	120	(50) U	1,799	963	(837) U
Total Expenditure	10,705	10,527	(178) U	86,214	86,014	(200) U
Contribution	11,850	12,035	(185) U	88,893	93,468	(4,576) U
Allocations	2,176	2,294	119 F	18,466	19,325	858 F
NET RESULT	9,674	9,740	(66) U	70,426	74,143	(3,717) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical - SMO	97.8	104.5	6.7 F	98.0	104.5	6.5 F
Medical - MOSS/GP	1.7	2.6	0.9 F	1.9	2.6	0.7 F
Medical - JRMO	111.3	97.2	(14.0) U	109.8	97.2	(12.6) U
Nursing	483.7	460.8	(22.9) U	480.4	465.2	(15.2) U
Allied Health	38.3	37.4	(0.9) U	37.5	37.4	(0.1) U
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	71.6	70.4	(1.2) U	69.6	71.2	1.5 F
Savings	0.0	-24.9	(24.9) U	0.0	-24.9	(24.9) U
Total excluding outsourced FTEs	804.3	747.9	(56.4) U	797.2	753.1	(44.2) U
Total :Outsourced Services	19.7	12.5	(7.2) U	19.1	12.5	(6.6) U
Total including outsourced FTEs	824.0	760.4	(63.6) U	816.4	765.6	(50.7) U

Comments on major financial variances

Month

The net result for February is an unfavourable variance of \$66k.

This was a busy month for Surgical with 22 liver and renal transplants (compared to an average of 14 per month previously) and above contract volumes in General Surgery and Neurosurgery. Coded inpatient WIES volumes at 13 March Feb17 were at 98% of contract with further upsides projected in March. We note that Level 8 theatre achieved the highest minutes per working day this year running 3% higher than the same month last year.

Year to date

The YTD result for February is an unfavourable variance of \$3.7M.

The two key drivers to the result are:

- Revenue \$4.4M U due to the Funder Provider revenue wash-up. This is higher than the reported Price Volume Schedule (PVS) volumes of \$3.2M (2%) below base contract. The difference between the recognised revenue and the PVS is mainly because we are over contract on Auckland DHB acute and Non-DRG volumes which are not subject to wash-up.
- Expenditure including Internal Allocations \$0.7M F due to the impact of lower volumes, offset by business improvement savings not yet achieved.

Minutes in Surgical Directorate related Theatres have increased 1% compared to the same period last year. This reflects the growing number of renal and liver transplant cases (121 YTD compared to 95 LYTD) and increasing weekend elective cases. WIES volumes have increased by \$1.3M compared to the same period last year.

Business Improvement Savings

We have achieved \$1.7M of \$5.3M budgeted savings YTD (\$3.6M U YTD).

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

- Surgical excluding Orthopaedics
- Orthopaedics

Summary Net Result

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Feb-17		
<i>Orthopaedics</i>						
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	179	211	(31) U	1,434	1,684	(250) U
Funder to Provider Revenue	4,844	4,844	0 F	33,129	37,229	(4,100) U
Other Income	1	14	(13) U	72	114	(42) U
Total Revenue	5,025	5,069	(44) U	34,635	39,028	(4,393) U
EXPENDITURE						
Personnel Costs	1,406	1,451	45 F	11,093	11,956	863 F
Outsourced Personnel	11	0	(11) U	27	0	(27) U
Outsourced Clinical Services	2	396	395 F	(32)	3,218	3,251 F
Clinical Supplies	734	832	98 F	7,550	6,691	(859) U
Infrastructure & Non-Clinical Supplies	10	1	(9) U	186	8	(177) U
Total Expenditure	2,163	2,680	518 F	18,824	21,874	3,050 F
Contribution	2,862	2,388	474 F	15,811	17,154	(1,343) U
Allocations	387	378	(10) U	3,066	3,167	101 F
NET RESULT	2,475	2,011	464 F	12,745	13,987	(1,242) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical - SMO	13.6	17.2	3.6 F	13.7	17.2	3.5 F
Medical - MOSS/GP	1.4	1.4	0.0 F	1.6	1.4	(0.2) U
Medical - JRMO	25.5	21.2	(4.3) U	26.2	21.2	(5.0) U
Nursing	101.8	104.3	2.6 F	101.0	104.3	3.3 F
Allied Health	0.2	0.8	0.6 F	0.3	0.8	0.5 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	5.9	5.5	(0.4) U	5.5	5.5	(0.0) U
Savings	0.0	-11.6	(11.6) U	0.0	-11.6	(11.6) U
Total excluding outsourced FTEs	148.4	138.8	(9.6) U	148.3	138.8	(9.5) U
Total :Outsourced Services	2.1	0.0	(2.1) U	0.6	0.0	(0.6) U
Total including outsourced FTEs	150.5	138.8	(11.7) U	148.9	138.8	(10.1) U

Comments on major financial variances

Month

The Orthopaedics service is \$0.5M F for the month. Underlying volumes were \$1.0M U which was not recognized in the month and was offset by low outsourcing.

YTD

YTD volumes are \$4.4M under contract and this is recognized in our result via the Funder to Provider revenue wash-up. The key drivers of the \$1.2M unfavourable result are (1) savings targets not fully achieved, particularly in staffing and implants and (2) high vacancies in Surgeons, and outsourcing not yet commenced, reflected in lower volumes. The full year increase in contracted volumes compared to last year (15/16) is 18.5% and \$9.2M.

Summary Net Result

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Feb-17		
<i>Surgical excluding Orthopaedics</i>						
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	682	562	120 F	4,763	4,500	263 F
Funder to Provider Revenue	16,570	16,570	0 F	132,762	133,062	(300) U
Other Income	278	362	(84) U	2,947	2,893	54 F
Total Revenue	17,530	17,494	36 F	140,472	140,454	17 F
EXPENDITURE						
Personnel Costs	6,290	5,938	(351) U	50,475	49,017	(1,458) U
Outsourced Personnel	292	265	(27) U	2,533	2,120	(413) U
Outsourced Clinical Services	320	125	(195) U	1,586	997	(590) U
Clinical Supplies	1,480	1,400	(80) U	11,183	11,053	(130) U
Infrastructure & Non-Clinical Supplies	161	119	(41) U	1,613	954	(659) U
Total Expenditure	8,542	7,847	(695) U	67,390	64,140	(3,250) U
Contribution	8,988	9,646	(659) U	73,081	76,314	(3,233) U
Allocations	1,788	1,917	128 F	15,401	16,158	758 F
NET RESULT	7,199	7,730	(530) U	57,681	60,156	(2,475) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical - SMO	84.1	87.3	3.1 F	84.3	87.3	3.0 F
Medical - MOSS/GP	0.3	1.2	0.9 F	0.3	1.2	0.9 F
Medical - JRMO	85.8	76.0	(9.7) U	83.6	76.0	(7.6) U
Nursing	382.0	356.5	(25.5) U	379.4	360.9	(18.5) U
Allied Health	38.1	36.6	(1.5) U	37.2	36.6	(0.7) U
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	65.6	64.9	(0.7) U	64.1	65.7	1.5 F
Savings	0.0	-13.3	(13.3) U	0.0	-13.3	(13.3) U
Total excluding outsourced FTEs	655.9	609.1	(46.8) U	649.0	614.2	(34.7) U
Total :Outsourced Services	17.6	12.5	(5.1) U	18.5	12.5	(5.9) U
Total including outsourced FTEs	673.5	621.6	(51.9) U	667.4	626.8	(40.6) U

Comments on major financial variances

Month

The net result for February is an unfavourable variance of \$530k U.

- **Revenue** - No funder wash-up occurred for the Surgical Directorate this month. Patient activity volumes in the month of February were 1.1% under contract, with inpatient activity 0.2% over delivered against contract. This does not include the full upsides to come relating to high volumes of transplant patients in the month and Ophthalmology outsourcing not yet coded.
- **Expenditure including internal allocations** - \$531k U mainly driven by high outsourcing in Ophthalmology, high transplant volumes and savings targets not fully achieved.

YTD

The net result for February is an unfavourable variance of \$2.5M U, primarily driven by the \$1.5M revenue not recognized, and business improvement savings not yet fully achieved.

Revenue

Total patient volumes are 101% of contract year to date despite the two JRMO strikes reducing capacity, with Neurosurgery inpatients at 111% of contract to date and of those, inpatient acutes are 20% over delivered.

Service	YTD Performance against contract	End of Year forecast
General Surgery	100%	101%
Neurosurgery	110%	100%
Ophthalmology	99%	100%
Oral Health	97%	100%
ORL	100%	100%
Transplants - Liver	108%	111%
Transplants - Renal	97%	100%
Urology	100%	102%
Total	101%	102%

Although our reported Price Volume Schedule(PVS) volumes are \$1.2M F with further upsides expected with the coding of complex patients and outsourcing, our Funder Provider revenue wash-up is \$0.3M U. The \$1.5M difference is an offset with Orthopaedics.

This does not include the full upsides to come relating to high volumes of transplant patients in the month, Ophthalmology outsourcing not yet coded and for a new Ophthalmology subcontract. These are estimated at over \$0.5M.

Business improvement savings not yet achieved

Surgical excluding Orthopaedics annual expenditure savings budget is \$4.9M pa, \$3.3M for the YTD.

Expenditure including internal allocations is \$2.5M U YTD due to costs associated with additional volumes, especially Transplant immunosuppressants and Ophthalmology demand, and for Ophthalmology Lucentis usage in line with Pharmac guidelines for improved health outcomes.

Including projected income, we are close to achieving Business improvement savings through the revenue upside.

Cardiovascular Directorate

Speaker: Samantha Titchener, General Manager

5.12

Service Overview

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

The Cardiovascular Team is led by

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

Directorate Priorities for 16/17

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

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

Q3 Actions – 90 day plan

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

Regular clinical leadership meetings are in place with a quality focus embedded; monthly service meetings to commence in April. Development of a Metric Dashboard encompassing clinical outcome measures for each service continues in conjunction with Business Intelligence.

The challenge remains for the service to submit risk adjusted data to the National Cardiac Surgery Registry in line with all other contributing DHBs. Two work streams have been identified, vendor selection and implementation. Development of the groups to progress the work streams has commenced.

The results from the employee survey at the end of 2016 showed good engagement of Cardiovascular Directorate staff. It also pointed to some areas where improvements can be made. People managers across the directorate are developing action plans focusing on these areas to work on with their staff to make improvements.

2. Reconfigure service delivery for patient pathway(s)

The draft document for the proposal to reconfigure the Nursing Model of Care in the cardiothoracic inpatient ward has been updated to support planned changes in the cardiothoracic patient pathway. The document has now been endorsed by stakeholders and consultation is about to commence.

Work has commenced reviewing the current nursing education model across the Cardiovascular Directorate. The decision document has now been published, recruitment to roles has commenced and NUMs are working with the nurse director on strategy for proposed changes.

3. Planning for future service delivery

As previously noted we have signalled a piece of work with Northland DHB to develop a shared plan for delivery of pacemaker clinics by local staff. Auckland DHB has provided some information to Northland DHB to inform their decision making; the long term plan will be to repatriate this service. We have not received any update on this work.

The final report for Clinical perfusion review is complete and will be circulated to the Steering group comprising Chief Health Professions Officer and the Directors of the Cardiovascular and Child Health Directorates for endorsement.

The Directorate is actively involved in assisting with development of a Solid Organ Transplant Board. FTE requirements for 17/18 were supported by the Finance and Audit committee, the transplant board will move forward on a strategic paper and development of model of care.

Discussion took place at the Regional Cardiac network meeting regarding the impact of increasing demand for TAVI. A regional working group has had their first meeting to strengthen patient selection processes. This group will continue to report through the regional cardiac network. Following clinical agreement to add a second type of TAVI valve to the inventory,

contract negotiations and plans to implement the valve into clinical practice are being made. Review of pricing and products with regard to catheters in cardiology continues. Work also continues with reviewing revenue and costs with regards to lead extractions.

Implementation of the out of hours use of the Hybrid OR has been delayed in order to ensure completeness of planning through all the services utilising the resource. The intention is to implement by the end of April 2017. There are no outstanding radiation safety issues currently.

4. Financial sustainability

Please refer to the financial results section

Measures

Measures	Current	Target (end 16/17)
2. Adverse events: number of outstanding recommendations by due date	tba	<10
2. Adverse events: number of days from Reportable Events Brief-A submission to report ready for Adverse Events Review Committee (working days)	>100 days	<70 days
2. % of patients with email address submitted at admission	34%	85%
2. Inpatient experience very good or excellent	92%	>90%
3. Number of Service redesign projects timeframes off track	0	0
3. % P1 patients waiting outside priority wait times	0	5%
4 Staff feedback from development and implementation of comms plan	NYC	Favourable
6. Directorate remains within budget (within 5% variance) and Savings plan projects favorable to budget	Off plan	On budget

Key achievements in the month

- Room 1 Cardiac investigations unit now fully functional after new equipment install. There is full utilisation for EP and Interventional services.
- Relationships with Tahiti CPS and the Tahiti insurer continue to strengthen. Visit to Tahiti to continue building relationships in planning stages.
- Appointment of Operations Manager CVICU, CTSU and vascular services
- Process improvement project in Vascular Surgery Service in define phase, problem statement complete and project team developed.
- Waitlist numbers for cardiothoracic surgery continue to improve in spite of acute volumes and complex patients. Improvement of the P2 waiting times across the cardiothoracic surgery waitlist.
- Agreement from clinicians for introduction of a second TAVI valve, contract negotiations being finalised.
- RFP process complete for haemodynamic monitoring for the Adult, Paediatric cath labs and the SSH lab. CAMP, NRCP Auckland DHB Audit and Finance Committee endorsement. Awaiting Board approval.

Areas off track and remedial plans

- The EP waitlist continues to grow with an increase in referrals; we continue to ensure clinically appropriate scheduling and review of the longest waiting patients. A waitlist project group is in place to review.
- Continued close monitoring of Haemodynamic monitoring project. Approval process underway and project team continue to work towards essential timeframes.
- The elective discharge targets for Cardiothoracic and Vascular: the service has made some progress on the recovery of the discharge targets particularly in Cardiothoracic and we will continue to monitor and manage this closely.
- ESPI2 cardiology breaches in February have been remedied and strategies for better monitoring are being investigated to ensure future breaches are avoided.

Key issues and initiatives identified in coming months

- Monitoring progress against the savings plan and making budget in the context of our waitlist challenges.
- Monitoring our elective discharge volumes against the recovery plan
- Managing the costs of clinical supplies against service delivery.
- Implementation strategy for the new nursing education model, recruitment to positions.
- Managing the replacement process for the Haemodynamic monitoring system within the time frames
- Consultation to commence on Cardiothoracic pathway nursing structure
- RFP for Perfusion Equipment Consumables and Services is complete; the evaluation team will now work on the proposals.
- Supply chain review has commenced.
- Identification of action plans from the employee survey to be developed.
- EP waitlist review to commence.
- Contamination of two heater chiller units in perfusion service; management of patient risk, management of cleaning and disinfection processes, notification and continued cardiac surgery production.

Scorecard

Auckland DHB - Cardiovascular Services HAC Scorecard for February 2017

5.12

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	18.2%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.6%	<=6%	4.4%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	3
	Unviewed/unsigned Histology/Cytology results > 30 and < 90 days	2	0	0
	Unviewed/unsigned Histology/Cytology results > 90 days	0	0	0
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.94	>=1	0.97
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.57%	0%	5.4%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0.99%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	12.25%	TBC	11.38%
	% DNA rate for outpatient appointments - Maori	17.92%	TBC	22.22%
	% DNA rate for outpatient appointments - Pacific	24.24%	TBC	27.21%
	Elective day of surgery admission (DOSA) rate	10.42%	TBC	13.92%
	% Day Surgery Rate	5.62%	TBC	8.42%
	Inhouse Elective WIES through theatre - per day	30.75	TBC	26.8
	Number of CBU Outliers - Adult	58	0	59
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	89.7%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	89.6%
	Number of complaints received	3	No Target	1
	28 Day Readmission Rate - Total	R/U	TBC	12.99%
	% Adjusted Session Theatre Utilisation	87.2%	>=85%	81.73%
	% Theatre Cancellations	9.04%	TBC	7.79%
	Average LOS for WIES funded discharges (days) - Acute	6	No Target	4.83
	Average LOS for WIES funded discharges (days) - Elective	3.03	No Target	4.3
	Cardiac bypass surgery waiting list	63	52-108	76
	% Accepted referrals for elective coronary angiography treated within 3 months	99.3%	>=90%	100%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	97.5%	>=95%	98.65%
	Vascular surgical waitlist - longest waiting patient (days)	137	<=150	116
	Outpatient wait time for chest pain clinic patients (% compliant against 42 day target)	81.58%	>=70%	72%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.59	0	\$0.57
	% Staff with excess annual leave > 1 year	29.8%	0%	29.56%
	% Staff with excess annual leave > 2 years	13.69%	0%	13.04%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	N/A
	Number of Pre-employment Screenings (PES) cleared after the start date	1	0	0
	Sick leave hours taken as a percentage of total hours worked	4.2%	<=3.4%	4.1%
	% Voluntary turnover (annually)	11.69%	<=10%	13.33%
	% Voluntary turnover <1 year tenure	9.52%	<=6%	8.45%

Amber

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

R/U

Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less

Result unavailable until after the 16th of the next month.

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Scorecard Commentary

- In February there were no SAC 1 or 2 events reported for the Cardiovascular Directorate.
- Three complaints were received. All have been responded to in the required timeframe. One related to noise levels from other patients visitors. Two related to communication and information concerns.
- There were no Grade 3 or 4 pressure injuries reported during February, no falls with harm and no medication errors resulting in harm.
- Pressure injuries, falls and medication errors remain within previous trends.
- At the end of February the cardiac surgery eligible bypass waitlist was at 70, a decrease from 92 at the end of January. This was achieved through strong production despite challenges of high complexity patients and slightly higher than expected inflows.
- The service has also achieved our aim to reduce the maximum wait time for P2 patients to back under 80 days with a longest wait of 75 days. We are now aiming for less than 70 days by the end of March.
- The high acute demand continues to impact on Vascular elective surgery production. The service is further challenged in achieving the Auckland DHB elective discharge targets due to diagnostic challenges of elective patients. A plan to mitigate this is being actioned.
- The Vascular service continues to work through service improvement processes and is seeing positive changes to their scheduling practises. This is one of the countermeasures to address the challenge of managing increasing acute volumes and the need to maintain elective throughput.
- At the end of February the Cardiovascular service achieved the 4 month target for ESPI 5.
- Cardiology interventional waitlist has improved with the re-opening of room 1.
- Sick leave hours taken are almost a full percentage above target despite the season, they have increased by 0.1% from the previous period.
- Overall, the number of employees with greater than 2 years accrued leave has increased slightly since January 2017, most particularly in the Cardiology area.
- Total leave liability for accrued leave of greater than 2 years total has increased by \$10K; despite the overall increase leave liability a decrease in SMO by \$7.5K since January 2017 has been observed.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Cardiovascular Services

Reporting Date **Feb-17**

(\$000s)

	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	218	116	102 F	986	932	54 F
Funder to Provider Revenue	10,021	10,021	0 F	85,750	85,750	0 F
Other Income	622	586	36 F	4,192	4,688	(495) U
Total Revenue	10,861	10,723	138 F	90,928	91,369	(441) U
EXPENDITURE						
Personnel						
Personnel Costs	5,242	5,203	(39) U	43,948	42,709	(1,238) U
Outsourced Personnel	1	48	46 F	302	383	82 F
Outsourced Clinical Services	5	57	52 F	401	456	55 F
Clinical Supplies	2,608	2,691	83 F	22,211	21,301	(910) U
Infrastructure & Non-Clinical Supplies	129	124	(5) U	1,203	991	(212) U
Total Expenditure	7,986	8,123	137 F	68,065	65,841	(2,224) U
Contribution	2,875	2,600	275 F	22,862	25,527	(2,665) U
Allocations	996	951	(46) U	8,293	7,989	(304) U
NET RESULT	1,879	1,649	229 F	14,569	17,538	(2,969) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	94.0	94.5	0.5 F	95.0	94.5	(0.6) U
Nursing	326.2	329.0	2.8 F	320.7	329.0	8.3 F
Allied Health	65.6	66.6	1.0 F	66.5	66.6	0.1 F
Support	2.7	2.7	0.0 F	2.7	2.7	(0.0) U
Management/Administration	27.5	23.0	(4.5) U	31.1	23.0	(8.2) U
Total excluding outsourced FTEs	516.0	515.7	(0.3) U	516.1	515.7	(0.4) U
Total Outsourced Services	-0.4	1.7	2.2 F	1.6	1.7	0.1 F
Total including outsourced FTEs	515.6	517.4	1.8 F	517.6	517.4	(0.2) U

Comments on Major Financial Variances

The year to date result is \$2,969k U – driven by lower other income, higher than budgeted SMO costs and higher clinical supply costs.

Total year to date inpatient WIES are 6% higher than 2015 16 and 101% of budget. Overall year to date WIES activity now has Cardiology at 101% of budget, Cardio-thoracic at 102% and Vascular surgery 102%. The overall total WIES position is 101% of year to date budget.

YTD FTE Employed/Contracted is 0.4 FTE unfavourable.

1. Revenue

Overall revenue variance year to date is \$441k U due to:

- \$447k unfavourable on non-resident revenue. We are ahead of budget for Cardiology and Vascular, but behind by about \$800k on Cardiothoracic. We expect to be close to total budget by the end of the year, although Tahiti volumes may still be a little low. We are encouraged by the relationship with CPS, the Tahiti insurer, in recent months.
- ACC revenue returned to a favourable position in February being 114% of budget.

2. Expenditure

Total Expenditure (including Allocations) year to date is \$2,528k U, this is mainly due to:

- Personnel and outsourced personnel costs being net \$1,156k U; primarily due to higher SMO costs (\$1,368k U) due to higher levels of insourcing than budgeted, and savings targets.
- Outsourced clinical is \$55k F year to date and will remain below budget for the year.
- Clinical supplies are \$910k U. There are three key drivers:
 - Cardiology clinical supply costs at \$423k U are impacted by both volume (101%) and cost drivers. In Cardiac Electrophysiology (EP), catheters are 118% of budget (\$263k U). A review of usage and price was undertaken in early September. While we have subsequently seen a significant reduction in average catheter cost/case, patient volume growth continues to trend upwards. Total Cardiology clinical supply costs fell significantly in January and February (\$306k F) due to the impact of one cath lab closure for refurbishment for the majority of that period but we expect costs to increase again from next month.
 - At the same time that catheter costs have reduced we have seen increases in EP Implant costs (\$585k U year to date) – with September, October and November being particularly high months. We are investigating this further – but the spend was much lower in December and January, increasing slightly in February.
 - Cardiothoracic costs \$588k unfavourable. Blood costs (\$251k U) due to five high cost patients. Catheter costs (\$125k U) are 75% higher than last year's cost. We are investigating this further – but again the spend has now reduced significantly.
 - Equipment depreciation is \$42k U however much of this cost relates to 15/16.
- In spite of the above drivers, average year to date cost per WIES equivalent (excluding depreciation) is slightly lower than last year actuals, and is now at budget levels, as volume growth has increased faster than expenditure (although we do expect this cost to increase from March as the cath lab is now back to full production).
- Infrastructure and non-clinical supplies are \$212k U. Internal allocations are \$304k U mainly due to Vascular Radiology charges.

We are actively working on implementation of Directorate savings initiatives, and participating in provider level projects. Other key actions to date include:

- Completing CPS non-resident pricing increase from January 2017 – now actioned
- Looking to introduce a different surgical skill mix into Cardiac Surgery for the next calendar year
- Review of pricing and products with regard to catheters and TAVIs in Cardiology
- Review of other consumable costs through supplier negotiation
- Ongoing vacancy management

Commercial and Non Clinical Support Directorate

Speaker: Clare Thompson, General Manager

Service Overview

The Commercial and Non Clinical Support Directorate is responsible for service delivery and management of Cleaning and Waste arrangement, Security, Food and Nutrition, Linen and Laundry, Car-parking, Motor Vehicle Fleet, Property leases, Retail, Dock management, Commercial Contracts, Clinical Education Centre, Sustainability, Volunteers, Mailroom, Health Alliance Procurement and 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 which has resulted in four core service groups and with a single point of accountability for each function;

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

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

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

Directorate Priorities for 16/17

The Commercial and Non Clinical Support Directorate developed a work programme that would align with the delivery of both the Provider Arm and Corporate Services key priorities including regional and national initiatives. This programme of work included;

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

Key Actions – 16/17

The following actions are currently being progressed to ensure delivery of Strategic Initiatives for Commercial and Non Clinical Support.

Service Group	Deliverable/Action	Q3	Q4	17/18
Contracts	Contracts Database		✓	
Contracts	Contracts Management framework		✓	
Contracts	Transforming Food Service Delivery	✓	✓	
Business Improvement	Motor Vehicle – Service Review	✓	✓	✓
Business Improvement	Motor Vehicle Fleet Strategy	✓	✓	✓
Business Improvement	Sustainability Strategy		✓	
Business Improvement	Sustainable Transport		✓	✓
Operations NCS	Security Access Control and CCTV	✓	✓	✓
Operations NCS	Security-for-Safety work programme	✓	✓	✓
Operations NCS	Security Strategy	✓	✓	✓
Operations NCS	Waste Transformation Project	✓	✓	✓
Procurement and Supply Chain	healthAlliance/Procurement Framework	✓	✓	✓
Procurement and Supply Chain	Supply Chain Framework	✓	✓	
Procurement and Supply Chain	Auckland Regional Supply Chain Review	✓	✓	
Procurement and Supply Chain	Gap analysis for National Oracle system	✓	✓	

Scorecard

Auckland DHB - Support Services HAC Scorecard for February 2017

	Measure	Actual	Target	Prev Period
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.03	0	\$0.02
	% Staff with excess annual leave > 1 year	35%	0%	36.28%
	% Staff with excess annual leave > 2 years	4.17%	0%	7.08%
	% Staff with excess annual leave and insufficient plan to clear excess by the end of financial year	R/U	0%	R/U
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.1%	<=3.4%	5.7%
	% Voluntary turnover (annually)	8.7%	<=10%	14.94%
	% Voluntary turnover <1 year tenure	50%	<=6%	21.88%
R/U Result unavailable				

Key achievements in the month

Cleaning Services

- Combined average audit score for February 2017 is 91%; Auckland Hospital (89%) and Greenlane Clinical Centre (91%). Although March data is not yet available the 12-month average combined score is consistent at 92%.
- Cleaning-related slips and trips continue to be low to zero. There were no cleaning-related slips and trips reported in February or March to date.
- The HDSS Full Certification Audit was undertaken between 28th February and 3rd March 2017. The Auditor commended Cleaning Service's high level of compliance.
- Cleaning Services has increased cleaning in Starship public area due to the current on-site construction.

- Workplace Literacy Course commenced at ACH and GCC in late February and will continue until May. Training Manager will be presenting to Employers Manufacturing Association to encourage use of government workplace funding by other employers for similar programmes.
- NZQA Level 3 Certification – A Graduation ceremony was held on 13th March for the Cleaners and Supervisors who have successfully completed the Level 3 Cleaning qualification. An additional 60 candidates have registered for the next course intake, starting later in year.
- Leadership Training - Introductory session completed and course has received very positive feedback for both facilitator and content. Coaching session days now also included to further support program and reinforce learning. Content made available via web is promoting further enquiry into developing digital literacy. Service managers have been contacted to participate in the program and share journey of leadership, experiences and encourage learning.
- Interviews for Service Delivery Coordinator, Permanent Cleaners and Casual Cleaners will take place during March. Casual interviews will be on-going to supplement our existing Casual Pool.



Compliments

- Cleaning staff continue to maintain high standards with 7 written compliments received in February and March to date.
- Customer Experience Portal - Cleaning standards continue to be rated highly, with an 8.6 cleanliness/hygiene rating in February March data is not yet available. Feedback examples for the month of February are set out below:

Rating	Comment	Location of Discharge
10	Very impressed with the high standards set and maintained in Ward 41. It seemed that as soon as a bed was wheeled out of the ward a cleaner would appear out of nowhere and clean the area.	Ward 41
10	Everything was clean and spotless, which was reassuring.	GCC Surgical Unit
10	Everything in the ward is clean and the sanitizer always full you never see an empty bottle.	Ward 97
10	My room and the hospital were spotless. I couldn't find fault.	Ward 98
10	Staff was always clean and washed and sanitized their hands. The floors and bedding was always clean. Tables and seating areas were clean and tidy and dust free.	Haematology/ Oncology Day Stay
9	I cannot reiterate enough how clean and hygienic every room I saw was - made for an enjoyable stay!	Ward 61

Staff Residences

- Residence occupancy for month of February was 75% (Level 3 79%, Level 5 69%, Level 6 72% and Level 7 78%). This reflects the increase in booking enquiries received during the month.
- The House Rules (Terms and Conditions) is being finalised to reflect updated agreements. This is now with OHandS for sign-off. The final approved document will be circulated to residents once complete.
- It is planned to undertake 6-monthly Health and Safety audits alongside Cleaning and Waste audits. This will be initiated when a Staff Residence Administrator has been appointed.
- A review of fire evacuation processes and posters at the Staff Residence is planned to ensure these align with the organisation-wide processes – dates being organised with Auckland DHB's Fire and Evacuation Advisor.
- Continued maintenance work undertaken by ATL on Level 6, with minor disruption as work carried out during business hours.
- Banking processes to be reviewed as there is high potential to reduce cash handling and utilize all bond payments being made through the Eftpos facility.

Security for Safety Programme

- All work-streams are progressing well with key milestones achieved including; obtaining approval of the access plan for building 37 and PC3 Lab, installation of CCTV cameras and access control in Adult and Children's emergency, upgrade the door card readers and review of Code Black policy.

Supply Chain and Procurement

Supply Chain Review

- The 8 streams of work under the 90-day plan are set out below:

Stream A	<ul style="list-style-type: none"> • Strategic, risk, maturity matrix, frameworks and policies including an inventory management policy for the region.
Stream B	<ul style="list-style-type: none"> • People – establish Responsibilities, Accountabilities, Supportive, Consulted, Informed (RASCI) across all 4 entities, appropriate staffing levels and training framework.
Stream C	<ul style="list-style-type: none"> • Reduced intervention and effort with simplified Procure-to-pay process. • The recommendations from the initial round of workshops were signed off on 24 November by the Supply Chain Operation Group (SCOG). • The second round of workshops to determine priorities for next 90 days

	commenced in January 2017.
Stream D	<ul style="list-style-type: none"> Information and data integrity held on Oracle – data quality relating to product and services held on Oracle is poor. DHBs and healthAlliance to work towards the data requirements for the National Oracle System (NOS) project. Clinical personnel have been included in the teams.
Stream E	<ul style="list-style-type: none"> Document the physical flows at each hospital in the Auckland Metro to better meet the needs of customers and improve efficiency of the region's distribution network. This also supports the renegotiation of the Onelink contract.
Stream F	<ul style="list-style-type: none"> Better represent Customer needs. The teams have been developing a regional customer matrix-model to agree on service priorities and resourcing in consultation with each DHB's service management. The expectation is this work-stream will align with healthAlliance resources and budget for its supply chain service. The recommendation on the model-matrix was presented to the SCOG 24th November. The work re-commenced after Christmas to allow the DHBs to test the matrix-model and that it performed as expected.

- The second 90-day plan is well underway and to maintain similar protocols and closer alignment across the region this includes the Northland DHB.
- A number of key actions under the work programme includes;
 - The development of a system-wide procurement and supply chain database for Auckland DHB and Counties Manukau DHB to determine procurement forecasts and supply activity planning.
 - A mathematical model for Metro regional supply chain review. This is being trialled at Auckland DHB and will assist NDHB in adopting a similar model.

Inventory Management Category Reviews

The category review is progressing and led by a specialist inventory manager to develop an Inventory Management Framework and a systemised approach to reduce days of inventory (day's stock on hand) to release investment without impacting the service and patient care. Key areas of focus are the highest spend and contracted/non contracted categories. While the focus is on reducing the levels of inventory investment, this project will also consider process improvements. Key findings will be made available to the Auckland Metro DHBs and incorporated into the above Metro Supply Chain review programme.

Pandemic stock

Two regional Technical Advisory Groups (TAG) have commenced to;

1. Identify the list of items required during a pandemic outbreak, and
2. Implement a procurement and supply chain framework to support the clinical requirements.

Onelink, healthAlliance and St Johns have been invited to join the Group. The aim is to minimise the participant's exposure to large amounts of slow moving items while ensuring the stock is available as required.

Security – Operations

- Bike thefts have declined sharply since the secured Bike Park areas were established. The Level 5 secure bike park now fully operational. Car Park B secure bike park is nearing completion. Police liaison is on-going to help prevent/address bicycle thefts.

- Auckland Police and Auckland DHB are planning another Police Awareness Day at Auckland DHB Level 5 atrium Building 32 (date to be confirmed).
- Further training has been provided by Auckland DHB on the Milestone and Gallagher security systems.
- Code Orange requests: A total of 81 Code Orange responses were attended in February compared to 86 in January. Data for March is not yet available. The 12-month average is trending at 77 per month.
- Patient Security Watches: There were 149 requests for the month of February compared to 111 in January. Data for March is not yet available. The 12-month average is trending at 152 per month.

Security – Parking

- Non-compliant parking during nights and weekends continues create challenges for the security staff. The key focus is the ambulance bays, cars on yellow lines, disabled car-parks, LabPlus. parking area with enforced parking restrictions at both sites.
- A zero tolerance approach to parking in the drop-off area has eased parking issues on Level 4.

Waste Services and Sustainability

- To ensure the health and safety, education on Sharps Waste include posters in sluice rooms to instruct staff on how to lock the bins. Further education sessions have been planned for 2017.
- A mandatory e-learning module on waste awareness/ segregation for all new Auckland DHB staff is being considered.
- A General Waste audit is planned for April 2017 in participation with IPC – further details will be confirmed in March's Waste Management meeting
- A waste awareness campaign is being developed in partnership with the waste provider. The intention is to use pop-up stalls and interactive information sessions to improve staff awareness on waste recycling. Planning underway to assemble contents for Earth Day and pop-up stall in mid-late April. Training for cleaning staff is planned as part of the waste awareness campaign. The training is to provide guidance on waste handling and removal.
- Tug Machine - New concept for pulling the rubbish bins is running successfully with the demo machine being utilised by Waste Orderlies. Machine is expected to add value for the service and increase productivity. Health and safety risks will be reduced in terms of back injuries and with improved safety for walkers in the corridors.
- Continuing roll-out of initial training on PVC Recycling being delivered to wards. There are however, some contamination and this is being addressed with further training.

Property Leases

- St Luke's Community Mental Health lease expires in October 2017 with a right of renewal for 3 years. No suitable building has been located and the service has requested the lease is extended with an early termination clause (12 months' notice). Awaiting a response from landlord. This proposal will enable the service to continue looking for alternative premises and relocate within 12 months. Water leak in the kitchen roof uncovered asbestos material, the landlords and their insurance company are working on a plan to remove the asbestos and repair damages. Discussions are also underway with landlord to submit an asbestos survey report.
- St Luke's Community Mental Health is also looking at the possibility of re-locating to the Carrington Site.
- Manaaki House, 15 Pleasant View Road, Panmure, site lease expires in March 2018. Discussions are underway with the landlord to renew with options to refurbish the property (paint, carpet etc).

- The following rent reviews or lease extensions are underway or completed in March 2017:
 - Ronald MacDonald House (RMH) – Lease renewal sent to RMH for signing.
 - The lease for the Lab Services located in Carbine Road, Mt Wellington has been extended to September 2018 (as per the agreement). Discussions are underway to secure this property until 2020.
 - Sexual Health Services- Lease renewal for 418 Glenfield Rd completed
 - Lab Services – Lease renewal for 46 Taharoto Ave Takapuna. underway
 - Starship – 3 Frenicroft St –rent review lease sent for signing
 - 126 Kyber Pass Road Community Mental Health – lease renewal underway
 - Counties Manukau DHB – Dental Clinic new 2 year lease underway.

Property Other

- The broken lift at the Sexual Health Clinic in Henderson cannot be repaired. The landlord obtained quotes for a new lift (\$112k) and requested Auckland DHB to contribute towards the replacement of the lift. Auckland DHB has rejected this request and reduced the rent by \$1,000 per month. The service is now considering re-location options.
- Community Mental Health Services are reviewing other MHS leased properties.
- A health and safety report was prepared by Ronald MacDonald House. This report is being reviewed to assess the impact on Auckland DHB.
- JLL has completed a property inspection and health and safety report for off-site leased premises. The report has been reviewed, but further clarification on the findings is being sought from JLL in order to determine any remedial work that may be required.
- HealthAlliance has requested a nil rent charge for the areas they currently occupy at Auckland DHB. The matter has been referred to Corporate Services for review.
- The lease terms for the New Zealand Blood Bank building extension has yet to be commence.

Leased Retail Outlet

- The Bookshop licence has not been renewed. The last trading day for the bookshop will be 2pm 31 March 2017. Paper Plus will be opening a “Pop-Up” bookshop for 6 months on 01 May 2017 the post box service is to be managed by Auckland DHB during the transition period.
- The new Planet Espresso opened on 15 March 2017 with positive feedback.
- Negotiations with the Florists to provide a florist cart /station in the area currently occupied by Planet Espresso is on-going. It is planned to have a florist in place by 01 July 2017.
- Park Road - Auckland Barbers have exercised their right of renewal for a further term of 4 years commencing 1 May 2017.
- Foodco lease variation to record commencement date –underway.
- Columbus lease renewal-underway.

Parking and Shuttle Services

- AMP has proposed an increase public parking rates. – discussion underway
- A usage survey of Carpark A is planned for April 2017 in an effort to identify and discourage non Auckland DHB related use of the carparks.
- Davis Crescent off-site parking lease has been extended for 2 years.
- Auckland Trotting Club lease has been extended for 6 months whilst the Trotting Club determines the building construction requirements.

Contract Management

Linen

- Auckland Region DHBs have approved a plain blue fabric (without print) as the universal patient gowns. The Kiwiana pattern will now become obsolete. With the agreement from all the DHBs the change on the new plain blue product line is underway. Confirmed dates are yet to be determined and will be discussed at the Linen Committee Meeting in March.
- Awaiting update on Towel Trial – to be discussed at the Linen Committee Meeting in March.
- The draft Linen Audit report and audit findings have been shared with the DHB's involved in the recent linen audit. The audit results were very satisfactory with only 3 aspects of non-compliance identified and these are being addressed.
- The Consumers Price Index (CPI) inflation rate was 1.3 percent in the year to the December 2016 quarter. Despite this significant increase, supplier prices are being held. This has resulted in cost avoidance for Auckland DHB.
- All laundry transfer equipment is to be identified with a unique numbered tag, this data will be recorded on a spread sheet with details of what and when repair work was carried out for each unit. The tagging will assist with the process of isolating damaged units for repair; the information will be available on the shared drive for reporting purposes. Estimated completion end April 2017.

Food and Nutrition Services

- Reinstatement of hot belt for Starship Hospital with formal Corrective Action Plan and weekly updates is on-going.
- The trial of Steamplicity in Older Peoples Health (Rangitoto Ward) has been extended. A business case is being prepared to fully implement Steamplicity for this service on a permanent basis.
- Standing orders for ward supplies have been reviewed and finalised. Compass Group and Auckland DHB have come up with a new process to ensure Auckland DHB has more visibility over orders and invoicing.
- Tupu Ora has declined Compass Group's business proposal but will be open to other options to meet their patients' nutrition needs.
- Boost trial completed and implemented for onsite non-Steamplcity wards. The aim is to increase the temperature of the meals on the wards without drying out or decreasing the quality. Latest audit results were positive. Review and audits are currently on-going to ensure quality of the meals is maintained.
- Complaints and corrective actions continue to be managed by Commercial Services in conjunction with Compass Group.
- Blue Sky session held between Auckland DHB and Compass Group to look at where both parties would like to see the service moving forward. Action points will be followed up by NZ Health Partnerships.

Hygiene and Pest Control Services

- Initial Hygiene is considering using weight scales to record waste data volumes removed from ACH as part of the sustainability programme.
- Bi-Annual Regional Business Review was held in February. Common issues are being experienced across the region. Further clarity was given for no-charges on 'jobbing' when the technician is on site and operating within the parameters of the contract.

Print Services

- Progress has been made to improve the working environment in the ACH Print Room including a general tidy up, creating more space and improving the effectiveness of the air-conditioning.
- This has been a great improvement for Konica Minolta's staff member who works full time in the Print Room.

Uniforms – Fashion Uniforms

- At the time of writing, uniform fittings were approximately 73% completed. The roll out will continue at ACH and GCC until the 17th and 24th March, respectively.
- As all fittings won't be completed in the roll-out period, remaining staff will be fitted in the uniform room which will be operational from 29th March, with most fittings being for Cardiac Services.
- BAU will be conducted by Fashion Uniforms in the old uniform room which will be manned twice a week. The online booking system will continue to be utilised for this purpose.
- Uniform delivery is expected mid-August.
- Commercial Services is currently updating the uniform policy and putting together a uniform returns process.

Key issues and initiatives identified in coming months

Area	Timeframe
Cleaning Services <ul style="list-style-type: none"> • Staff development and training programme • Implement staff PDRs • Cleaning staff recruitment 	On-going Commence Mar 17 Ongoing
Sustainability – Waste Reduction Programme	Jun 17
Security for Safety Programme	Jun 17
Security CCTV and Access Control upgrade	Jun 17
Motor Vehicle Fleet Strategy	Dec 17
HealthAlliance Regional Supply Chain Review	Jun 17
Oracle V12 Upgrade	Ongoing
Oracle V12 Upgrade - data Integrity audits and recovery of moneys due	Ongoing
DHB/HealthAlliance review of OneLink contract	Jun 17
Taylor's Linen Contract – sterile linen expiry extension	March 17
Mail Services – Investigation of Mail House Service	On-going
Sustainable Transport Programme	Jul 17

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
Non-Clinical Support Services						
				Reporting Date		
				Feb-17		
(\$000s)	MONTH			YEAR TO DATE (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	0	0	0 F	0	0	0 F
Funder to Provider Revenue	23	23	0 F	185	185	0 F
Other Income	814	847	(32) U	6,943	6,772	170 F
Total Revenue	837	870	(32) U	7,128	6,957	170 F
EXPENDITURE						
Personnel						
Personnel Costs	826	936	110 F	6,773	7,938	1,165 F
Outsourced Personnel	130	0	(130) U	1,119	0	(1,119) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	12	22	11 F	89	164	75 F
Infrastructure & Non-Clinical Supplies	2,250	2,410	160 F	19,673	19,275	(398) U
Total Expenditure	3,218	3,368	151 F	27,653	27,377	(276) U
Contribution	(2,380)	(2,499)	118 F	(20,526)	(20,420)	(106) U
Allocations	(984)	(930)	54 F	(8,302)	(8,053)	249 F
NET RESULT	(1,396)	(1,568)	172 F	(12,224)	(12,367)	143 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Nursing	0.2	0.2	0.0 F	0.2	0.2	0.0 F
Allied Health	0.0	0.0	0.0 F	0.1	0.0	(0.1) U
Support	183.4	224.5	41.1 F	183.5	224.5	40.9 F
Management/Administration	24.5	26.9	2.4 F	26.1	26.9	0.8 F
Total excluding outsourced FTEs	208.1	251.6	43.5 F	210.0	251.6	41.6 F
Total :Outsourced Services	36.0	0.0	(36.0) U	39.7	0.0	(39.7) U
Total including outsourced FTEs	244.1	251.6	7.5 F	249.7	251.6	1.9 F

Comments on major financial variances – Non- Clinical Support Services

YTD result is close to budget at \$143K F. The key drivers of this result are;

1. Revenue is above budget due to the sale of kitchen assets \$134K. Cafeteria revenue of \$87K has been received \$50K relates to prior year.
2. Infrastructure and Non–Clinical Supplies are \$398K U. This is mainly driven by food costs being higher than budget. Some of these are one off costs.

Provider Arm Financial Performance

Consolidated Statement of Financial Performance - February 2017

5.14

Provider \$000s	Month (Feb-17)			YTD (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
<u>Income</u>						
Government and Crown Agency sourced	7,910	8,002	(92) U	61,636	64,566	(2,930) U
Non-Government & Crown Agency Sourced	7,289	7,040	250 F	53,905	56,054	(2,150) U
Inter-DHB & Internal Revenue	895	1,280	(385) U	8,781	10,389	(1,607) U
Internal Allocation DHB Provider	102,192	102,082	110 F	818,566	816,654	1,912 F
	118,286	118,404	(117) U	942,888	947,662	(4,774) U
<u>Expenditure</u>						
Personnel	71,819	70,977	(841) U	583,670	583,663	(7) U
Outsourced Personnel	1,820	1,068	(752) U	15,634	8,617	(7,017) U
Outsourced Clinical Services	1,875	2,057	182 F	15,004	16,694	1,689 F
Outsourced Other	4,702	4,271	(431) U	35,014	34,169	(845) U
Clinical Supplies	20,687	20,727	39 F	168,940	164,520	(4,419) U
Infrastructure & Non-Clinical Supplies	15,152	15,420	268 F	125,099	124,067	(1,032) U
Internal Allocations	531	532	0 F	4,251	4,252	1 F
Total Expenditure	116,586	115,052	(1,535) U	947,613	935,982	(11,631) U
Net Surplus / (Deficit)	1,700	3,352	(1,652) U	(4,725)	11,681	(16,405) U

Consolidated Statement of Financial Performance – February 2017

Performance Summary by Directorate

By Directorate \$000s	Month (Feb-17)			YTD (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Adult Medical Services	97	644	(547) U	10,047	11,954	(1,907) U
Adult Community and LTC	1,832	1,753	80 F	13,764	12,943	822 F
Surgical Services	9,674	9,740	(66) U	70,426	74,143	(3,717) U
Women's Health & Genetics	1,945	2,192	(247) U	20,301	21,427	(1,126) U
Child Health	5,390	5,474	(84) U	44,204	48,320	(4,116) U
Cardiac Services	1,879	1,649	229 F	14,569	17,538	(2,969) U
Clinical Support Services	(1,435)	(2,017)	582 F	(15,773)	(14,825)	(948) U
Non-Clinical Support Services	(1,396)	(1,568)	172 F	(12,224)	(12,367)	143 F
Perioperative Services	(11,165)	(10,855)	(309) U	(90,624)	(88,406)	(2,217) U
Cancer & Blood Services	1,038	1,548	(510) U	11,672	13,176	(1,503) U
Operational - Other	4,811	5,169	(358) U	39,446	41,952	(2,507) U
Mental Health & Addictions	123	352	(228) U	2,378	1,655	723 F
Ancillary Services	(11,094)	(10,727)	(366) U	(112,912)	(115,829)	2,917 F
Net Surplus / (Deficit)	1,700	3,352	(1,652) U	(4,725)	11,680	(16,405) U

Consolidated Statement of Personnel by Professional Group – February 2017

Employee Group \$000s	Month (Feb-17)			YTD (8 months ending Feb-17)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical Personnel	27,139	26,548	(591) U	222,474	217,965	(4,509) U
Nursing Personnel	24,409	23,773	(636) U	195,232	194,601	(631) U
Allied Health Personnel	11,368	11,540	172 F	93,380	95,209	1,830 F
Support Personnel	1,531	1,570	39 F	12,443	13,202	759 F
Management/ Admin Personnel	7,371	7,546	175 F	60,141	62,685	2,544 F
Total (before Outsourced Personnel)	71,819	70,977	(841) U	583,670	583,663	(7) U
Outsourced Medical	833	744	(89) U	6,612	5,996	(616) U
Outsourced Nursing	270	45	(225) U	2,370	361	(2,009) U
Outsourced Allied Health	109	80	(29) U	637	645	8 F
Outsourced Support	138	6	(133) U	1,088	45	(1,043) U
Outsourced Management/Admin	470	194	(276) U	4,927	1,570	(3,358) U
Total Outsourced Personnel	1,820	1,068	(752) U	15,634	8,617	(7,017) U
Total Personnel	73,639	72,045	(1,593) U	599,304	592,280	(7,025) U

Consolidated Statement of FTE by Professional Group – February 2017

FTE by Employee Group	Month (Feb-17)			YTD (8 months ending Feb-17)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Medical Personnel	1,380	1,331	(49) U	1,377	1,332	(44) U
Nursing Personnel	3,585	3,384	(201) U	3,552	3,416	(136) U
Allied Health Personnel	1,866	1,846	(20) U	1,836	1,852	16 F
Support Personnel	384	417	33 F	385	419	34 F
Management/ Admin Personnel	1,229	1,293	64 F	1,228	1,284	56 F
Total (before Outsourced Personnel)	8,443	8,270	(172) U	8,379	8,303	(76) U
Outsourced Medical	27	28	0 F	27	28	0 F
Outsourced Nursing	12	6	(6) U	12	6	(6) U
Outsourced Allied Health	13	4	(9) U	9	4	(5) U
Outsourced Support	33	0	(33) U	37	0	(37) U
Outsourced Management/Admin	79	25	(54) U	100	26	(74) U
Total Outsourced Personnel	164	62	(102) U	185	63	(122) U
Total Personnel	8,607	8,333	(274) U	8,563	8,366	(197) U

Consolidated Statement of FTE by Directorate – February 2017

Employee FTE by Directorate Group (including Outsourced FTE)	Month (Feb-17)			YTD (8 months ending Feb-17)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Adult Medical Services	887	841	(46) U	865	837	(28) U
Adult Community and LTC	515	536	21 F	515	536	21 F
Surgical Services	824	760	(64) U	816	766	(51) U
Women's Health & Genetics	377	379	2 F	382	379	(3) U
Child Health	1,115	1,118	3 F	1,131	1,115	(17) U
Cardiac Services	516	517	2 F	518	517	(1) U
Clinical Support Services	1,414	1,404	(10) U	1,403	1,408	5 F
Non-Clinical Support Services	244	252	7 F	250	252	2 F
Perioperative Services	834	857	23 F	827	857	30 F
Cancer & Blood Services	332	328	(4) U	325	327	2 F
Operational - Others	0	(213)	(213) U	0	(183)	(183) U
Mental Health & Addictions	776	763	(13) U	752	759	7 F
Ancillary Services	773	767	(6) U	781	779	(1) U
Total Personnel	8,607	8,309	(298) U	8,563	8,348	(215) U

Month Result

The Provider Arm result for the month is \$1.7M unfavourable. This result is expenditure driven, primarily reflecting savings targets in Personnel Costs not fully achieved. Revenue is close to budget for the month.

Overall base volumes are 97.7% of the seasonally phased contract - this equates to \$2.1M below contract for the month.

Total revenue for the month is \$0.1M (0.1%) unfavourable, with the key variances as follows:

- Research Income \$0.4M favourable, offset by equivalent expenditure and bottom line neutral.
- Donations \$0.2M favourable - revenue fluctuates from month to month, depending on timing of key projects, with the full year budget expected to be achieved.
- Non Resident income \$0.2M unfavourable – this revenue varies from month to month, with year to date remaining close to budget.
- Financial Income \$0.7M unfavourable driven by term deposit rates lower than budget assumptions, but offset by favourable interest/financing expenditure.

Total expenditure is \$1.5M (1.3%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs are \$1.6M (2.2%) unfavourable. Total FTE at 8,607 are 274 (3.3%) above budget due to FTE savings targets incorporated into the budget not fully achieved. The total cost variance is less unfavourable than the total FTE variance due to lower cost per FTE (reflecting initiatives to reduce overtime and other premium payments).
- Outsourced Clinical Services \$0.2M (8.9%) favourable, primarily reflecting no Orthopaedic elective surgery outsourcing (which is offset by an unfavourable revenue position for Orthopaedics) partially offset by additional outsourcing for Ophthalmology to achieve discharge targets.
- Infrastructure & Non Clinical Supplies \$0.3M (1.7%) favourable, due to lower interest and financing costs (offset by lower Financial Income) – bottom line neutral.

Year to Date Result

The Provider Arm result for the year to date is \$16.4M unfavourable. This result reflects a combination of revenue below budget due to base volumes under contract and unfavourable expenditure due primarily to savings targets not fully achieved.

Overall volumes are reported at 98.9% of base contract - this equates to \$8.2M below contract. Of this, the estimated washup liability is \$5.8M and this has been provided for in the result.

Total revenue for the year to date is \$4.7M (0.5%) unfavourable, with the key variances as follows.

- Favourable variances:
 - Funder to Provider additional revenue outside of price volume schedule contract \$5.8M favourable.
 - Research Income \$2.3M favourable, offset by equivalent expenditure and bottom line neutral.
 - ACC revenue \$1.2M favourable – primarily due to one off revenue for new contracts and high value revenue for a small number of very high cost patients.

- Unfavourable variances:
 - Funder to Provider base contract revenue \$5.8M unfavourable for estimated washup liability for base elective and IDF volumes.
 - Donations \$1.7M unfavourable – revenue fluctuates from month to month, depending on timing of key projects, with the full year budget still expected to be achieved.
 - MOH Public Health Funding \$1.2M unfavourable, in line with services delivered – this revenue is expected to be closer to budget by year end.
 - Haemophilia funding \$1.6M unfavourable for low blood product usage, bottom line neutral as offset by reduced expenditure.
 - Financial Income \$1.5M unfavourable driven by term deposit rates lower than budgeted rates.
 - Inter DHB revenue \$1.6M unfavourable – primarily reflecting budgeted targets for additional IDF funding not yet achieved.

Total expenditure is \$11.6M (1.2%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs \$7.0M (1.2%) unfavourable reflecting total FTE 197 (2.4%) above budget due to FTE savings targets incorporated into the budget, partially offset by lower cost per FTE (reflecting reductions in overtime and other premium payments).
- Clinical Supplies \$4.4M (2.7%) unfavourable, comprising the following key variances:
 - Haemophilia blood products \$1.4M favourable due to low product usage year to date (highly variable), but offset by reduced income.
 - PCT (cancer) drugs \$2.2M unfavourable due to increased volumes of Herceptin and melanoma drugs combined with unbudgeted new high cost drug Pertuzumab (note partially offset by additional revenue of \$1.1M year to date, will be subject to full washup at year end and be bottom line neutral in Provider Arm).
 - Cardiovascular \$0.9M unfavourable reflecting volume growth over the same period last year for both Cardiology and Cardiothoracic combined with a small number of patients with very high blood costs.
 - One off costs for loss on disposal of assets \$0.4M.
 - Savings targets for procurement and logistics not yet achieved \$2.4M unfavourable
- Outsourced Clinical Services \$1.7M (10.1%) favourable, reflecting no Orthopaedic elective surgery outsourcing for year to date (\$3.3M favourable but this is offset by an unfavourable Orthopaedics elective revenue position), and this is offset by costs of additional outsourcing in Ophthalmology to address waitlist, and for MRIs to meet MOH targets.
- Infrastructure & Non Clinical Supplies \$1.0M (0.8%) unfavourable primarily reflecting unfavourable facilities costs due to additional health and safety related expenditure.

FTE

Total FTE (including outsourced) for February month were 8,607 which is 274 FTE above budget. The unfavourable variance predominantly reflects FTE targets incorporated into the budget – this is partially offset by lower cost per FTE (reflecting reductions in overtime and other premium payments).

February month FTE is an increase of 50 over the January year to date average, with the increase spread across Nursing and Allied Health. The Nursing increase reflects a temporary spike in FTE due to the main (February) intake of new graduates. The increase in Allied Health reflects recruitment into vacancies.

2016/17 Savings Programme

Significant steps have been taken to reduce costs at Auckland DHB over the past four years, underpinned by a comprehensive savings programme. Living within our means is core to sustaining our services and for 2016/17 our savings programme continues with a Provider target of \$37.35M and the key priority being to deliver services in a cost efficient and productive manner.

Key Strategies

For 2016/17, the \$37.35M savings have been targeted within one of three key strategies – Managing cost growth, Purchasing/Productivity Improvement and Service Reconfiguration.

Table 1: Provider 16/17 Savings Target (\$000's)

Strategy	Revenue	Personnel	Clinical Supp.	Infra-structure	Total
Managing Cost Growth	2,000	19,098	4,573	0	26,263
Purchasing/Productivity	1,425	3,091	1,271	1,300	7,287
Service Reconfiguration	580	3,220			3,800
Grand Total	\$4,005	\$25,409	\$5,844	\$1,300	\$37,350

Year to Date Result – 8 months to February 2017

For the 8 months to February, the Provider arm reported \$11.9M savings against the budget of \$24.9M, resulting in an unfavourable variance of \$13M U. The year to date unfavourable result continues to be affected by timing - although initiatives are being implemented, savings are not yet being achieved. In addition, the initiatives cover a range of directorates/services and the approach taken to implement the same initiatives will vary in timing in achieving the savings.

The year to date savings of \$11.9M are mainly from personnel/FTE/vacancy management, bed management, ACC Levy, Laboratory/Radiology efficiencies and supply chain and includes unbudgeted savings (offsets) of \$3.6M.

Table 2: Savings Update – 8 months to February 17 (\$000's)

Strategic Initiative	Category	16-17 Target	YTD Act	YTD Bud	YTD Var.
Managing Cost Growth	Revenue	\$2,000	\$157	\$1,333	-\$1,176
	Personnel	\$19,098	\$7,269	\$12,732	-\$5,463
	Outsourced Services	\$0	\$293	\$0	\$293
	Clinical Supplies	\$4,573	\$1,061	\$3,049	-\$1,988
	Infrastructure	\$592	\$464	\$395	\$69
Managing Cost Growth Total		\$26,263	\$9,243	\$17,508	-\$8,265
Purchasing/Productivity Improvement	Revenue	\$1,425	\$110	\$950	-\$840
	Personnel	\$3,091	\$746	\$2,061	-\$1,315
	Outsourced Services	\$1,300	\$337	\$867	-\$530
	Clinical Supplies	\$1,271	\$479	\$847	-\$368
	Infrastructure	\$200	\$56	\$133	-\$77
Purchasing/Productivity Improvement Total		\$7,287	\$1,728	\$4,858	-\$3,130
Service reconfiguration	Revenue	\$580	\$54	\$387	-\$333
	Personnel	\$3,220	\$878	\$2,147	-\$1,269
Service reconfiguration Total		\$3,800	\$932	\$2,533	-\$1,601
Grand Total		\$37,350	\$11,903	\$24,900	-\$12,996

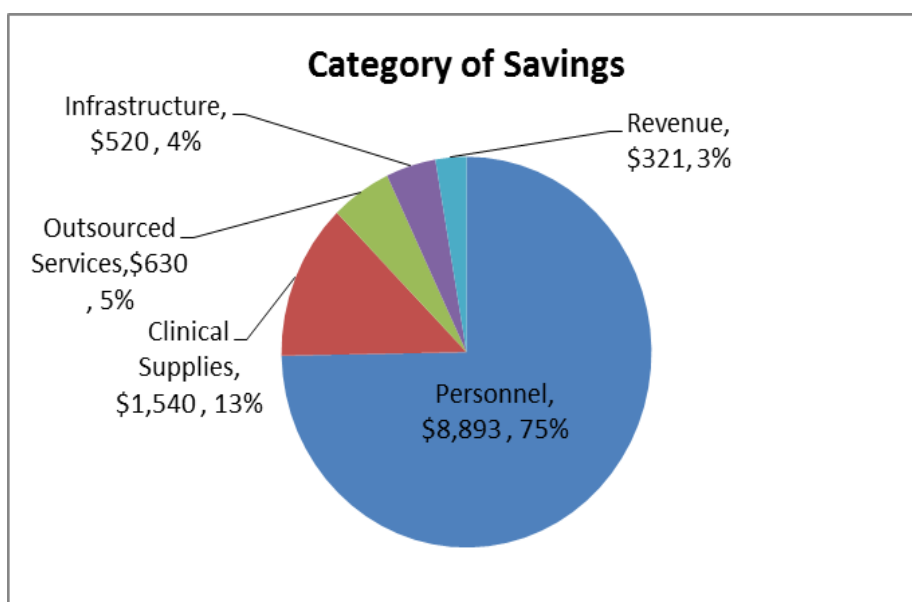
Offsets

The \$3.6M offsets are from Personnel (\$2.1M), Clinical Supplies (\$941k), Outsourced Services (\$293k) and Revenue (\$267k).

Category of Savings

Personnel-related initiatives continue to be the major source of savings at \$8.9M (75%), followed by Clinical Supplies \$1.5M (13%); Outsourced Services \$630k (5%); Infrastructure \$520k (4%) and Revenue \$321k (3%)

Table 3 Category of savings



Key Points by Programme

The Provider Arm 2016/17 savings programme covers 15 key work-streams and although some have no reported savings, the overall programme is being progressed to address the gaps. Some directorates have reported unbudgeted savings (\$3.6M) to help offset other unfavourable initiatives but this has not been sufficient to reduce the year to date unfavourable position.

A programme summary and commentary is set out below.

1. Address funding shortfalls 16/17 Target \$1,750k – Unfavourable variance \$1,167k U

The programme initiatives relate to tertiary services review of methodologies in relation to charging for multidisciplinary meetings for IDF patients (not currently charged), national and regional work to cover the increased costs of clot retrieval consumables and cover investment costs in personnel, and additional IDF funding for Ophthalmology. The services involved in this programme are Surgical, Women's and Clinical Support. No savings are reported to date but work is progressing on all streams with additional revenue expected by year end.

2. Using the Hospital Wisely 16/17 Target \$3,250k – Unfavourable variance \$1,402k U

This programme relates to productivity improvements and rationalisation of beds in line with seasonal occupancy and reduced length of stay. Savings of \$765k are reported to date against target of \$2,167k, resulting in an unfavourable variance of \$1,402k U. This programme is led by Community & LTC (\$304k savings), Surgical Services (\$166k savings) and Child Health (\$295k savings), along with considerable work undertaken by the Get on Track Project. This work also covers service reconfiguration of pre/post and early discharge planning pathways to maximise the use of beds.

3. Contract Management 16/17 Target \$550k – YTD Favourable variance \$73k F

Year to date savings of \$440k have been reported against a year to date target of \$367k, resulting in a favourable variance of \$73k F. This is a Non Clinical Services programme and the savings are attributed to reduced linen costs through standardised bed making. Opportunities for fleet management savings are being progressed.

4. Sustainability 16/17 Target \$200k – YTD Unfavourable variance \$77k U

This is a Non Clinical Services programme and relates to the sustainability initiatives from waste reduction savings and cleaning resources. Increased recycling has diverted waste to landfill and resulted in savings of \$56k from waste minimisation initiatives.

5. Corporate Services 16/17 Target \$2,290k – YTD Unfavourable variance \$646k U

Year to date savings of \$881k have been reported by Corporate Services mainly from personnel/ vacancy management. The programme also covers insurance cost savings.

6. Directorate Savings 16/17 Target \$5,059k – YTD Unfavourable variance \$1,526k U

This programme involves a number of opportunities to achieve business as usual savings within each Directorate including reduction in management infrastructure, personnel/vacancy management. Year to date savings of \$1,847k have been reported against a target of \$3,372k resulting in an unfavourable variance of \$1,526k U. The savings is attributed to ACC Levy/Mobile Phone (\$942k), business as usual personnel (\$606k) and Directorate management infrastructure (\$276k).

7. Junior Doctors 16/17 Target \$335k – YTD Unfavourable variance \$223k U

This is an organisation-wide programme which covers review of rosters, management of timing/cover for the RMO training programme, additional payments and RMO meal costs. No savings have been reported to date.

8. Outpatients Redesign 16/17 Target \$895k – YTD Unfavourable variance \$483k U

This programme covers out-patient clinical services (excluding Mental Health and Perioperative) to ensure robust processes are in place and all outputs are captured and coded, including ward reviews and virtual advice clinics. Due to the number of directorates involved in this programme of work, there are some timing factors. Savings of \$113k are reported to date from Surgical Service skill mix review.

9. Pay and reward strategy 16/17 Target \$500k - YTD Unfavourable variance \$333k U

The pay and reward strategy covers all clinical services and involves the audit of current systems and processes for compliance with MECAs and policies. Although no savings reported to date, this work-stream is underway.

10. Procurement and logistics 16/17 Target \$4,500k - YTD Unfavourable variance \$2,646k U

This programme relates to Pharmac pricing and rebates, rationalisation of surgical implants and tunnel programme to improve efficiencies in stock management, reduce waste and cost across the organisation. There are a number of work-streams underway expected to deliver savings.

11. Commercial Opportunities 16/17 Target \$950k - YTD Unfavourable variance \$633k U

The commercial opportunities are mainly from generation of additional revenue from services such as genetic testing, fertility services, review of model for overseas patients and retail pharmacy pricing. No savings have been reported to date but work-streams are now underway.

12. Regional collaboration 16/17 Target \$580k – YTD Unfavourable variance \$333k U

This is an Adult Medical programme involving endoscopy services for Waitemata DHB patients. Savings of \$54k have been reported to date and the unfavourable balance is due to the timing of the implementation of this initiative. This work which commenced in February 2017 is expected to deliver to budget.

13. Regional Infrastructure 16/17 Target \$130K - YTD Unfavourable variance \$87k U

This is an initiative to reduce regional infrastructure costs. No savings have been reported to date.

14. Service Model/Standardisation 16/17 Target \$5,190k - YTD Unfavourable variance \$2,133k U

This programme includes reduction in clinical variation within Ophthalmology, re-design model of service for Interpreter services, Laboratory/Radiology redesign, diagnostic testing and blood transfusion. Savings of \$1,327k are reported to date against target of \$3,460k resulting in an unfavourable variance of \$2,133k U. The year to date savings is attributed to Clinical Support Laboratory/Radiology Redesign/Diagnostic testing/Interpreters (\$1,155k), Women's blood transfusion (\$26k) and Surgical LOS (\$146k).

15. Personnel Initiatives 16/17 Target \$11,171k – YTD unfavourable variance \$1,381k U

Savings of \$6,066k (including offsets) have been reported to date against target of \$7,447k, resulting in an unfavourable variance of \$1,381k U. This is organisation wide focus on personnel costs and the savings are reported by Adult Medical (\$1,067k), Adult Community (\$775k), Surgical (\$564k), Women's (\$12k) Child Health (\$420k), Cardiovascular (\$600k), Clinical Support (\$1,251k), Non Clinical Support (\$567k), Perioperative (\$59k), Cancer & Blood (\$227k) and Mental Health (\$525k). The result to date includes unbudgeted savings (offsets) of \$3,648k which are mainly from personnel (\$2,147k, 59%), clinical supplies (\$941k, 26%), outsourced services (\$293k, 8%) and revenue (\$267k, 7%).

Table 3: Summary of Savings by Programme/by Directorate – 8 Months to February 2017 (\$000's)

Programme	February 2017 YTD Variance by Directorate														16-17 Target Savings	8 months - February YTD		
	Med	C & LTC	Surgical	Women	Child	Cardio	ClinSupp	Non ClinSupp	Periop	C&B	MH	Corp	Provider Wide	YTD Var		Act	Bud	Var.
Address Funding Shortfalls			-667	-33			-467							-1,167	1,750	0	1,167	-1,167
Using the Hospital Wisely	-167	-196	-501		-372	-167								-1,402	3,250	765	2,167	-1,402
Contract Management								73						73	550	440	367	73
Sustainability								-77						-77	200	56	133	-77
Corporate Services												-646		-646	2,290	881	1,527	-646
Directorate Savings	-208	-51	31	-284	-102	-120	-118	-5	-167	-370	-91	-42		-1,526	5,059	1,847	3,372	-1,526
Junior Doctors	-15	-4	-19	-6	-17	-8	-5	-133	-8	-4	-4			-223	335	0	223	-223
Outpatients redesign	-41	-29	-137	-19	-93	-20				-144				-483	895	113	597	-483
Pay and Reward Strategy	-39	-16	-43	-14	-55	-26	-50		-50	-15	-26			-333	500	0	333	-333
Procurement / Logistics	-377	-152	-2,011	-67	-127				196	-109				-2,646	4,500	354	3,000	-2,646
Commercial Opportunities			-100	-167		-100	-133					-133		-633	950	0	633	-633
Regional Collaboration	-333													-333	580	54	387	-333
Regional Infrastructure												-87		-87	130	0	87	-87
Service Model/Standardisation	-11	-5	-217	-33	-5	-120	-1,057		-667	-17				-2,133	5,190	1,327	3,460	-2,133
Personnel initiatives	555	513	82	-197	-223	261	566	505	-412	43	120	73	-3,267	-1,381	11,171	6,066	7,447	-1,381
Provider Total	-\$636	\$60	-\$3,583	-\$819	-\$993	-\$300	-\$1,264	\$363	-\$1,107	-\$616	-\$0	-\$835	-\$3,267	-\$12,996	\$37,350	\$11,903	\$24,900	-\$12,996

Volume Performance

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

5.14

		February 2017				YTD (8 months ending Feb-17)			
		\$000s				\$000s			
Directorate	Service	Cont	Act	Var	Prog %	Cont	Act	Var	Prog %
Adult Community & LTC	Ambulatory Services	1,001	838	(163)	83.7%	7,888	7,172	(716)	90.9%
	Community Services	2,038	1,305	(734)	64.0%	16,587	13,002	(3,585)	78.4%
	Diabetes	452	460	8	101.8%	3,658	3,699	41	101.1%
	Palliative Care	39	39	0	100.0%	312	312	0	100.0%
	Reablement Services	2,035	1,536	(499)	75.5%	16,071	15,255	(816)	94.9%
	Sexual Health	408	482	74	118.0%	3,306	3,694	389	111.8%
Adult Community & LTC Total		5,973	4,659	(1,314)	78.0%	47,821	43,134	(4,687)	90.2%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,043	2,155	111	105.4%	16,433	17,082	649	104.0%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	9,807	10,327	520	105.3%	87,449	86,086	(1,363)	98.4%
Adult Medical Services Total		11,851	12,482	631	105.3%	103,882	103,168	(714)	99.3%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	8,146	7,741	(405)	95.0%	65,275	65,146	(129)	99.8%
	N Surg, Oral, ORL, Transpl, Uro	8,472	8,699	227	102.7%	70,226	71,541	1,315	101.9%
	Orthopaedics Adult	5,284	4,237	(1,047)	80.2%	35,930	31,525	(4,406)	87.7%
Surgical Services Total		21,902	20,677	(1,225)	94.4%	171,430	168,211	(3,219)	98.1%
Cancer & Blood Services		7,714	7,478	(236)	96.9%	63,224	63,286	62	100.1%
Cardiovascular Services		10,488	10,378	(111)	98.9%	86,559	87,835	1,275	101.5%
Children's Health	Child Health & Disability	934	912	(22)	97.7%	7,492	7,388	(104)	98.6%
	Medical & Community	5,624	6,218	594	110.6%	51,828	51,314	(515)	99.0%
	Paediatric Cardiac & ICU	4,491	4,409	(82)	98.2%	36,528	35,860	(668)	98.2%
	Surgical & Community	4,567	3,981	(585)	87.2%	36,121	33,369	(2,753)	92.4%
Children's Health Total		15,616	15,521	(95)	99.4%	131,969	127,930	(4,039)	96.9%
Clinical Support Services		3,084	3,180	97	103.1%	24,950	25,758	808	103.2%
Non-Clinical Support		23	23	0	100.0%	185	185	0	100.0%
DHB Funds		6,178	6,178	(0)	100.0%	49,426	49,426	(0)	100.0%
Perioperative Services		2	2	0	100.0%	20	20	0	100.0%
Public Health Services		130	130	0	100.0%	1,036	1,036	0	100.0%
Support Services		101	101	0	100.0%	811	811	0	100.0%
Women's Health	Genetics	252	255	3	101.3%	2,054	2,099	45	102.2%
	Women's Health	6,025	6,204	179	103.0%	53,891	56,159	2,268	104.2%
Women's Health Total		6,277	6,459	182	102.9%	55,945	58,258	2,312	104.1%
Grand Total		89,340	87,269	(2,071)	97.7%	737,259	729,058	(8,201)	98.9%

2) Total Discharges for the YTD (8 Months to February 2017)

		Cases Subject to WIES Payment		All Discharges			Same Day discharges		Same Day as % of all discharges	
		Inpatient								
Directorate	Service	2016	2017	Last YTD	This YTD	% Change	Last YTD	This YTD	Last YTD	This YTD
Adult Community & LTC	A+ Links, HOP, Rehab	0	0	1,404	0	(100.0%)	6	0	0.4%	0.0%
	Ambulatory Services	1,092	1,203	1,334	1,457	9.2%	1,249	1,386	93.6%	95.1%
	Reablement Services	0	0	0	1,499	0.0%	0	32	0.0%	2.1%
Adult Community & LTC Total		1,092	1,203	2,738	2,956	8.0%	1,255	1,418	45.8%	48.0%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	8,374	9,179	8,378	9,183	9.6%	5,991	6,542	71.5%	71.2%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	13,272	13,121	13,394	13,279	(0.9%)	2,405	2,398	18.0%	18.1%
Adult Medical Services Total		21,646	22,300	21,772	22,462	3.2%	8,396	8,940	0.0%	0.0%
Cancer & Blood Total		3,305	3,342	3,564	3,805	6.8%	1,817	2,009	51.0%	52.8%
Cardiovascular Services Total		5,497	5,630	5,692	5,812	2.1%	1,403	1,422	24.6%	24.5%
Children's Health	Medical & Community	9,880	9,217	10,732	10,062	(6.2%)	6,112	5,816	57.0%	57.8%
	Paediatric Cardiac &	1,499	1,508	1,625	1,587	(2.3%)	343	349	21.1%	22.0%
	Surgical & Community	6,000	5,880	6,367	6,286	(1.3%)	2,990	2,919	47.0%	46.4%
Children's Health Total		17,379	16,605	18,724	17,935	(4.2%)	9,445	9,084	50.4%	50.6%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	11,721	11,880	13,589	13,533	(0.4%)	7,723	7,536	56.8%	55.7%
	N Surg, Oral, ORL, Transpl, Uro	7,341	7,642	7,783	8,118	4.3%	3,009	3,242	38.7%	39.9%
	Orthopaedics Adult	3,214	3,228	3,420	3,437	0.5%	635	601	18.6%	17.5%
Surgical Services Total		22,276	22,750	24,792	25,088	1.2%	11,367	11,379	45.8%	45.4%
Women's Health Total		13,914	14,698	14,427	15,259	5.8%	0	0	0.0%	0.0%
Grand Total		85,109	86,528	91,709	93,317	1.8%	33,683	34,252	36.7%	36.7%

3) Caseweight Activity for the YTD (8 Months to February 2017 (All DHBs))

		Acute							Elective							Total						
		Case Weighted Volume			\$000s				Case Weighted Volume			\$000s					Case Weighted Volume			\$000s		
Directorate	Service	Con	Act	Var	Con	Act	Var	Prog %	Con	Act	Var	Con	Act	Var	Prog %	Con	Act	Var	Con	Act	Var	Prog %
Adult Community & LTC		559	535	(24)	2,698	2,583	(115)	95.7%	73	55	(19)	353	264	(89)	74.7%	632	590	(42)	3,051	2,847	(204)	93.3%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,352	2,506	154	11,347	12,089	742	106.5%	0	0	0	0	0	0	0.0%	2,352	2,506	154	11,347	12,089	742	106.5%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	12,187	12,019	(167)	58,797	57,990	(808)	98.6%	4	0	(4)	21	0	(21)	0.0%	12,191	12,019	(172)	58,818	57,990	(829)	98.6%
	Adult Medical Services Total	14,539	14,525	(14)	70,144	70,079	(66)	99.9%	4	0	(4)	21	0	(21)	0.0%	14,543	14,525	(18)	70,165	70,079	(86)	99.9%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	5,926	5,975	49	28,590	28,829	239	100.8%	5,055	4,874	(181)	24,388	23,516	(872)	96.4%	10,981	10,849	(131)	52,978	52,345	(633)	98.8%
	N Surg, Oral, ORL, Transpl, Uro Orthopaedics	5,707	6,054	347	27,534	29,207	1,673	106.1%	4,634	4,606	(28)	22,358	22,225	(134)	99.4%	10,341	10,660	319	49,892	51,432	1,539	103.1%
	Adult	3,807	3,923	117	18,366	18,929	563	103.1%	3,085	1,874	(1,211)	14,885	9,043	(5,842)	60.8%	6,892	5,798	(1,094)	33,252	27,973	(5,279)	84.1%
Surgical Services Total		15,440	15,952	513	74,491	76,965	2,474	103.3%	12,774	11,355	(1,419)	61,632	54,784	(6,847)	88.9%	28,214	27,307	(906)	136,122	131,749	(4,373)	96.8%
Cancer & Blood Services		4,052	3,962	(91)	19,551	19,114	(437)	97.8%	0	0	0	0	0	0	0.0%	4,052	3,962	(91)	19,551	19,114	(437)	97.8%
Cardiovascular Services		9,549	9,905	357	46,070	47,790	1,720	103.7%	6,705	6,587	(119)	32,351	31,778	(574)	98.2%	16,254	16,492	238	78,421	79,568	1,147	101.5%
Children's Health	Medical & Community	7,307	7,584	278	35,253	36,592	1,339	103.8%	0	1	1	0	6	6	0.0%	7,307	7,586	279	35,253	36,598	1,345	103.8%
	Paediatric Cardiac & ICU	3,940	3,782	(158)	19,008	18,248	(760)	96.0%	1,634	1,617	(17)	7,885	7,803	(82)	99.0%	5,574	5,400	(174)	26,893	26,051	(842)	96.9%
	Surgical & Community	3,669	3,316	(352)	17,701	16,000	(1,700)	90.4%	2,936	2,726	(210)	14,165	13,152	(1,013)	92.8%	6,605	6,042	(562)	31,865	29,152	(2,713)	91.5%
Children's Health Total		14,915	14,683	(232)	71,962	70,841	(1,121)	98.4%	4,570	4,344	(226)	22,049	20,960	(1,089)	95.1%	19,486	19,027	(458)	94,011	91,801	(2,210)	97.6%
Women's Health Services		6,816	7,024	208	32,886	33,890	1,004	103.1%	1,307	1,421	114	6,308	6,857	549	108.7%	8,124	8,446	322	39,194	40,747	1,554	104.0%
Grand Total		65,870	66,587	717	317,801	321,262	3,461	101.1%	25,435	23,762	(1,673)	122,714	114,643	(8,071)	93.4%	91,305	90,349	(956)	440,515	435,905	(4,610)	99.0%
Excludes caseweight Provision																						

5.14

Acute

The acute WIES performance over contract has increased again. However, this is due to a couple of high WIES cases that were discharged in February (one of which was over 200 WIES). Excluding the high WIES cases, the activity is in line with the January trend.

Looking at the activity by service type:

- The month of February had fewer acute medical discharges than the same period last year. Looking at the YTD comparison medical cases are slightly below population growth, although with a higher average WIES.
- There was a slight reduction in acute surgical discharges but there are still nearly 3% more than last year overall. Average WIES is up over 4% than the same period last year.
- Newborn discharges continue to be lower than last year despite the increasing number of births. This has been offset by higher average WIES, which suggests greater complexity. Obstetric services are 3% more than contract (and nearly 500 WIES more than the same period last year). Note that 200 of this increase is due to an increase in the WIES due to the change in the caseweights.

Elective

Despite a greater number of discharges for the month of February compared to last year, there was a drop in performance to contract due to contract phasing. YTD, there have been 545 more discharges than the same period last year, but at a lower average WIES which offsets the increase in discharges (overall there is an increase of 200 WIES year on year).

- The Cardiovascular Directorate continues to be 2% lower than contract. There is a continuing decline in the average WIES which has been driven by reductions to specific DRGs where the cost of the implant has also dropped. This means year on year comparisons are difficult.
- There was a decrease compared to contract for YTD February for the Child Health Directorate. However there were improvements in both Paediatric ORL and Surgery, but this was offset by a decrease in Orthopaedic discharges.
- Women's Health continues to be over contract, particularly in Gynae-oncology. In part some of this increased access is because of the successful implementation of the outpatient hysteroscopy programme, which has freed up some theatre space.
- There was a decrease in performance against contract for Surgical Services.

4) Non-DRG Activity (ALL DHBs)

		February 2017				YTD (8 months ending Feb-17)			
		\$000s				\$000s			
Directorate	Service	Cont	Act	Var	Prog %	Cont	Act	Var	Prog %
Adult Community & LTC	Ambulatory Services	592	475	(117)	80.3%	4,837	4,325	(512)	89.4%
	Community Services	2,038	1,305	(734)	64.0%	16,587	13,002	(3,585)	78.4%
	Diabetes	452	460	8	101.8%	3,658	3,699	41	101.1%
	Palliative Care	39	39	0	100.0%	312	312	0	100.0%
	Reablement Services	2,035	1,536	(499)	75.5%	16,071	15,255	(816)	94.9%
	Sexual Health	408	482	74	118.0%	3,306	3,694	389	111.8%
Adult Community & LTC Total		5,565	4,297	(1,268)	77.2%	44,770	40,287	(4,483)	90.0%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	649	501	(148)	77.2%	5,086	4,993	(93)	98.2%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,436	3,402	(34)	99.0%	28,631	28,096	(535)	98.1%
Adult Medical Services Total		4,085	3,903	(182)	95.5%	33,717	33,089	(627)	98.1%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	1,506	1,394	(112)	92.6%	12,296	12,801	505	104.1%
	N Surg, Oral, ORL, Transpl, Uro	2,507	2,417	(90)	96.4%	20,333	20,109	(224)	98.9%
	Orthopaedics Adult	328	474	145	144.3%	2,678	3,552	873	132.6%
Surgical Services Total		4,342	4,284	(57)	98.7%	35,308	36,462	1,154	103.3%
Cancer & Blood Services		5,364	5,057	(307)	94.3%	43,673	44,172	499	101.1%
Cardiovascular Services		1,007	985	(22)	97.8%	8,138	8,267	129	101.6%
Children's Health	Child Health & Disability	934	912	(22)	97.7%	7,492	7,388	(104)	98.6%
	Medical & Community	2,057	1,671	(386)	81.2%	16,575	14,716	(1,860)	88.8%
	Paediatric Cardiac & ICU	1,198	1,189	(9)	99.3%	9,635	9,809	173	101.8%
	Surgical & Community	522	483	(39)	92.5%	4,256	4,216	(39)	99.1%
Children's Health Total		4,711	4,256	(455)	90.3%	37,958	36,129	(1,829)	95.2%
Clinical Support Services		3,084	3,180	97	103.1%	24,950	25,758	808	103.2%
Non-Clinical Support		23	23	0	100.0%	185	185	0	100.0%
DHB Funds		6,178	6,178	(0)	100.0%	49,426	49,426	(0)	100.0%
Perioperative Services		2	2	0	100.0%	20	20	0	100.0%
Public Health Services		130	130	0	100.0%	1,036	1,036	0	100.0%
Support Services		101	101	0	100.0%	811	811	0	100.0%
Women's Health	Genetics	252	255	3	101.3%	2,054	2,099	45	102.2%
	Women's Health	1,806	1,737	(70)	96.1%	14,697	15,412	714	104.9%
Women's Health Total		2,059	1,992	(66)	96.8%	16,751	17,510	759	104.5%
Grand Total		36,650	34,388	(2,262)	93.8%	296,743	293,152	(3,591)	98.8%

There has been a small decrease in performance to contract for non DRG activity. Cancer and Blood Services remain over contract and there will be a positive wash up payment from other DHBs.

Patient Experience Update

Recommendation

That the Hospital Advisory Committee:

1. **Receives the report**
2. **Discusses future preference as to reporting overall experience of care**

Prepared by: Dr Andrew Old (Chief of Strategy, Participation and Improvement)
 Presented by: Sarah Devine (Online Participation Manager)
 Endorsed by: Margaret Dotchin (Chief Nursing Officer)

Glossary

NPS Net Promoter Score
 FFT Friends and Family Test

1. Executive Summary

This report presents our recent patient experience performance and includes for the first time use of a Net Promoter Score (NPS) and comparison with Waitemata DHB.

It includes information on the Net Promoter Score, and the related Friends and Family Test, as well as discussion about their relationship to our existing 'overall experience of care' measure.

We are in the process of revamping our standard patient experience reporting and will keep the Committee updated as we develop this work.

2. Background

In 2015, the Committee requested we produce a Net Promoter Score to allow comparison with Waitemata DHB. To meet this requirement Auckland DHB included the Friends and Family Test question in the National Patient Experience Survey from its inception in 2015. From April 2016 Waitemata DHB has included the same question so with four quarters comparative data we can now start reporting this in a meaningful way.

3. Definitions

Net Promoter Score

The Net Promoter Score (NPS) is a research technique developed by Fred Reichheld, Bain & Company, and Satmetrix in 2003. It is designed to measure the extent to which users of a product or service would recommend it to others.

It does this by asking:

"How likely is it that you would recommend our company to friends or colleagues?"

Typically respondents are asked to score the organisation concerned on an 11 point (0 to 10) scale, with those scoring:

- 0 – 6 being labelled as "detractors"
- 7 – 8 being labelled as "passives"; and
- 9 – 10 being labelled as "promoters".

The score is then calculated by simply subtracting the percentage of detractors from the percentage of promoters (passives are ignored):

Net Promoter Score = (% of Promoters) - (% of Detractors)
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The equation delivers a simple numeric output anywhere in the range -100 (all detractors) to +100 (all promoters). The basic premise is that Promoters are highly loyal, advocates of the organisation, whereas detractors are at risk of being lost to competitors - hence a higher score indicates a more satisfied customer base.

More recently it has been applied in healthcare, most notably in the UK as the 'Friends & Family Test'. In New Zealand some DHBs, notably Waitemata, have elected to use the Friends and Family Test question (explained below) as their headline measure of patient experience. It is also an optional inclusion in the New Zealand National Inpatient Experience Survey and we have opted to include it for the purposes of comparison with other DHBs.

Friends & Family Test (FFT)

The Friends and Family Test is based on the NPS and asks:

"How likely are you to recommend our [ward/A&E department/maternity service] to friends and family if they needed similar care or treatment?"

Answers are on a 10 point scale of extremely likely to extremely unlikely. It should be noted that there is ongoing debate about the validity of the FFT as a measure of patient experience despite its widespread rollout.^{1,2}

Overall Experience of Care

In 2012, the Care Quality Commission in the UK commissioned Picker Institute Europe to identify the best single 'overarching' question to ask patients and service users about their experiences of healthcare³. They concluded that asking people to score their overall experience of care from 0 (I had a very poor experience) to 10 (I had a very good experience) was the best option they tested.

In both our inpatient and outpatient experience surveys we ask an overall question about experience:

"Thinking about your whole stay in hospital overall, how would you rate the care you received?" and

"Thinking about your experience at the outpatient clinic, how would you rate the care and treatment you received?"

This question is based on the findings of the Picker Institute, although we use a five point scale (Poor, Fair, Good, Very Good, Excellent).

We can derive an NPS from our existing data by treating people who answer 'Excellent' as promoters; those who answer 'Very Good' or 'Good' as passive; and those who answer 'Poor' or 'Fair' as detractors

¹ <http://www.theguardian.com/healthcare-network/2013/apr/09/friends-family-test-unfit-for-purpose>

² <http://www.bbc.com/news/health-23489102>

³ Graham C & MacCormick S. *Overarching questions for patient surveys: development report for the Care Quality Commission (CQC)*. Picker Institute Europe (2012). Available from: http://www.nhssurveys.org/Filestore/reports/Overarching_questions_for_patient_surveys_v3.pdf

4. Results

Figure 1. displays four quarters of Net Promoter Score data from the National Patient Experience Survey Friends and Family Test question for Auckland and Waitemata DHB. This data is directly comparable as it uses the same sampling method and the same question. The sample size is 400 but due to low response rates the actual number of responses is less. In the latest reporting period (Jan-Mar 17) Auckland DHB received 99 responses and Waitemata 144.

Auckland DHB is consistently a few points higher than Waitemata DHB on this measure but we have not tested for statistical significance of this difference.

Figure 1: Net Promoter Score comparison with Waitemata DHB

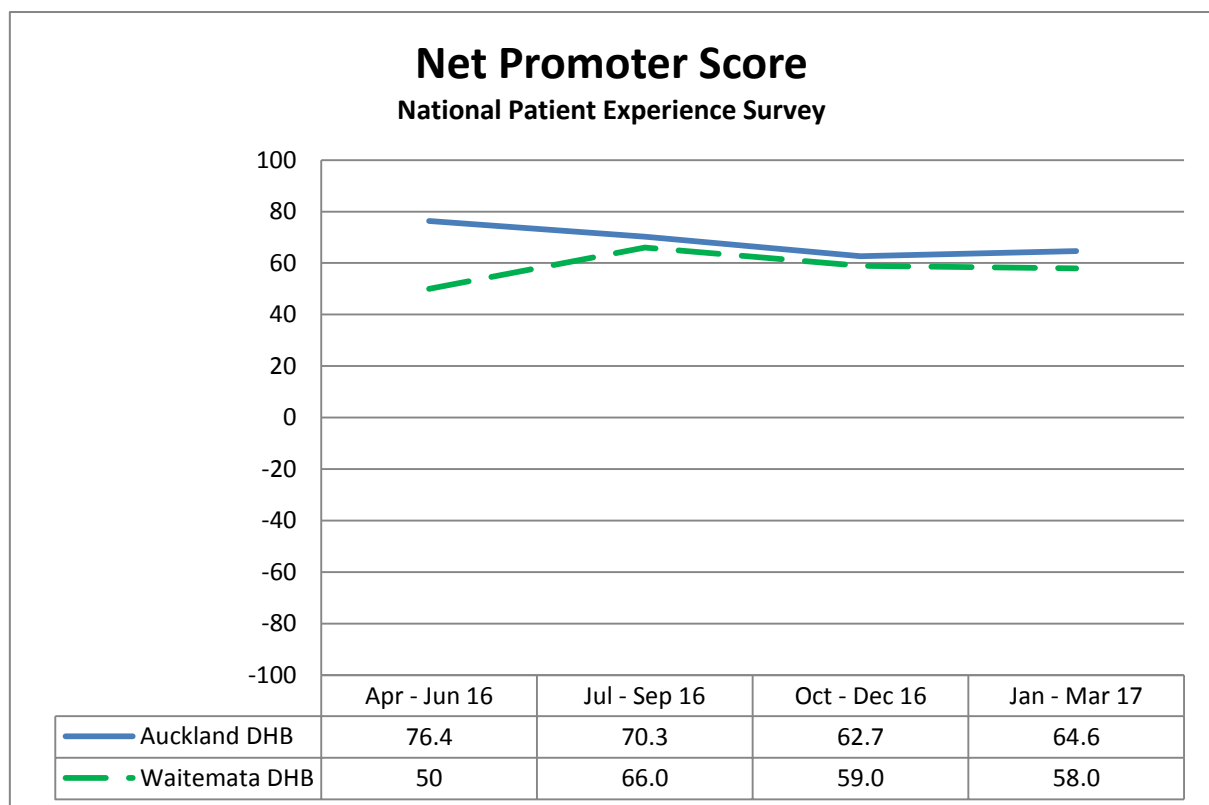


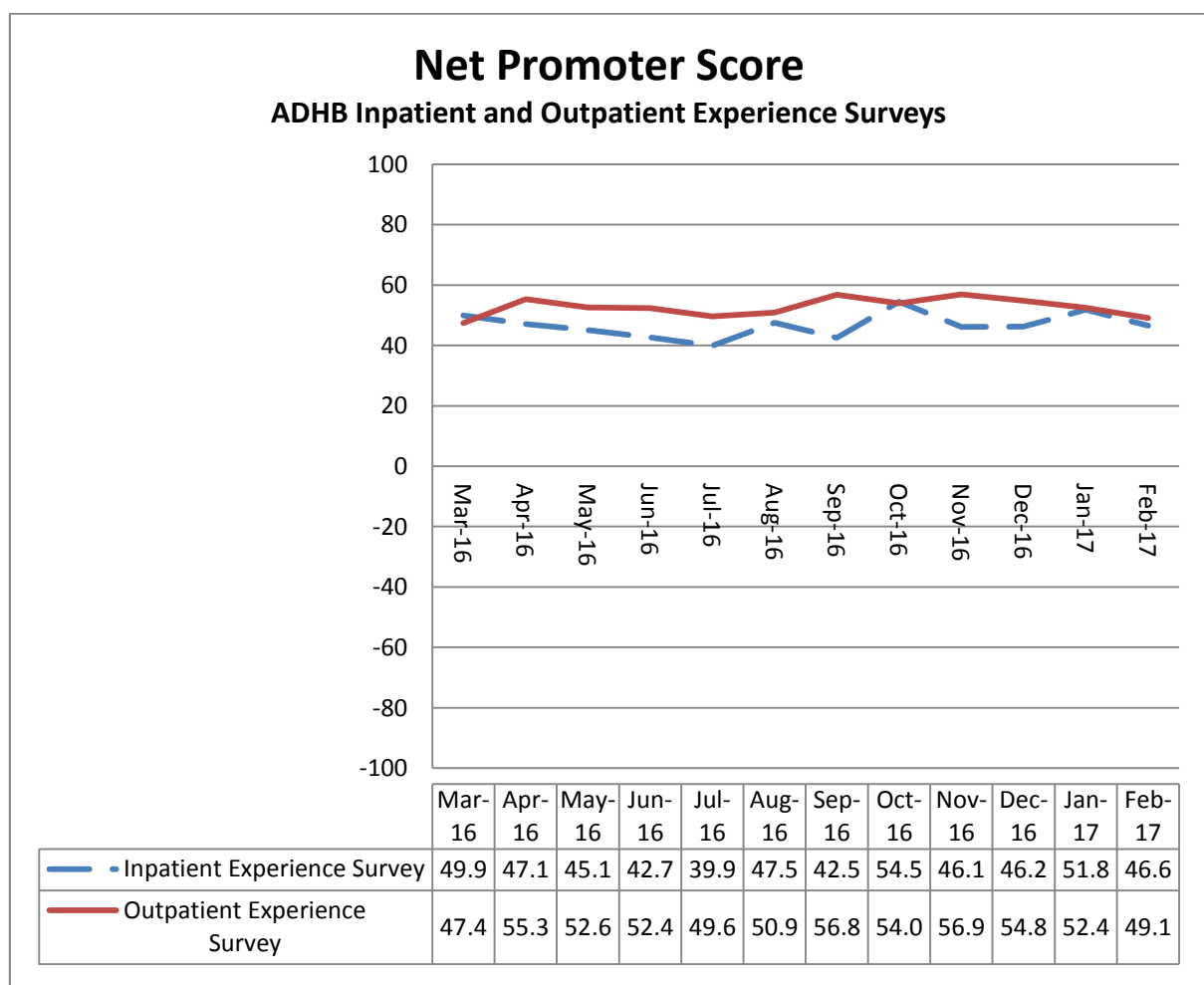
Figure 2 displays derived Net Promoter Scores for Auckland DHB based on our Inpatient and Outpatient Experience surveys. The scores are lower than the national survey results (Figure 1) due to the different question and method used to derive them and therefore the actual values are not comparable.

This NPS is only people who rate us as excellent, minus those that rate us as fair or poor. Anyone who rates us Very Good or Good is excluded. We have deliberately chosen a tough threshold for this measure by excluding people who rate us as 'Very Good' from our Promoter score. If we included those rating us as Very Good then our NPS on this measure would be around 80.

Presenting our data in this way could provide us more useful insight than simply presenting those who rate us as very good and excellent given the increased sensitivity by including people rating us as fair and poor.

Due to higher numbers going through our services these results reflect the views of about 1,000 people per month (numbers presented as n values under 'very good and excellent' below).

Figure 2: Net Promoter Scores from ADHB Surveys



Very Good and Excellent

In comparison to the NPS scores presented above, our overall measure of those who rate us very good or excellent continues to be high.

Our results for patient visits/discharges in February 2017 are:

- Outpatients **87%** (54% excellent, 33% very good), n=680
- Inpatients **82%** (52% excellent, 30% very good), n=324

5. Conclusion

Whichever measure we use, Auckland DHB performs well on patient experience and we can be justifiably proud of our scores.

We are currently reviewing the way we report patient experience data and will keep the Committee up to date through this process. We will report comparative NPS scores with Waitemata DHB on a quarterly basis as these become available via the National Patient Experience Survey.

Overall our performance continues to be very good, with the data about areas to improve able to be fed into our improvement programmes, most notably through the soon-to-be constituted Patient and Whānau Centred Care Programme.

Resolution to exclude the public from the meeting

Recommendation

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies		That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
2. Register and Conflicts of Interest	As per that stated in the open agenda.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 15 March 2017	Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the New Zealand Public Health and Disability Act [NZPH&D Act 2000]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Provider Services Business Plan 2017/2018	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] Negotiations Information relating to commercial and/or industrial negotiations in	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]

	progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]	
5.2 Seasonal Variation Plan – Winter 2017	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</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]
5.3 Elective Delivery Plan 2017/2018	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</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]
5.4 Women's Health Workforce Challenges and Strategy	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</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 Orthopaedic Services	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act</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)(i)]</p> <p>Negotiations</p> <p>Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</p>	<p>9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
6.2 Transplant Services	<p>Commercial Activities</p> <p>Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations</p> <p>Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]</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>
7.0 Quality Report	<p>Privacy of Persons</p> <p>Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Prejudice to Health or Safety</p> <p>Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</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>
7.1 Complaints	<p>Privacy of Persons</p> <p>Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence</p> <p>Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</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>
7.2 Compliments	<p>Privacy of Persons</p> <p>Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence</p> <p>Information which is subject to an</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</p>

	express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]	1982 [NZPH&D Act 2000]
7.3 Incident Management	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p> <p>Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</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 (Controlled Documents)	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</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]