



Hospital Advisory Committee Meeting

Wednesday, 27 November 2019

1.30pm

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

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Published 18 November 2019

Agenda

Hospital Advisory Committee

27 November 2019

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>Pat Snedden (Board Chair) ex officio</p> <p>Jo Agnew</p> <p>Michelle Atkinson</p> <p>Doug Armstrong</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>Dame 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>Chris Hutton</td><td>Acting Chief People Officer</td></tr> <tr><td>Riki Nia Nia</td><td>General Manager Māori Health</td></tr> <tr><td>Rosalie Percival</td><td>Chief Financial Officer</td></tr> <tr><td>Meg Poutasi</td><td>Chief of Strategy, Participation and Improvement</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, Children's Health</td></tr> <tr><td>Jo Brown</td><td>Funding and Development Manager Hospitals</td></tr> <tr><td>Ian Costello</td><td>Director of Clinical Support Services</td></tr> <tr><td>Suzanne Corcoran</td><td>Director Participation and Insight</td></tr> <tr><td>Dr Lalit Kalra</td><td>Acting Director Community and Long Term Conditions</td></tr> <tr><td>Rachel Lorimer</td><td>Director Communications</td></tr> <tr><td>Mr Arend Merrie</td><td>Director Surgical Services</td></tr> <tr><td>Kieron Millar</td><td>Acting General Manager Commercial Services</td></tr> <tr><td>Auxilia Nyangoni</td><td>Deputy Chief Financial Officer</td></tr> <tr><td>Alex Pimm</td><td>Director Patient Management Services</td></tr> <tr><td>Anna Schofield</td><td>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 Robert Sherwin</td><td>Director Women's Health</td></tr> <tr><td>Dr Michael Stewart</td><td>Director of Cardiovascular</td></tr> <tr><td>Dr Richard Sullivan</td><td>Director Cancer and Blood</td></tr> <tr><td>Emma Maddren</td><td>General Manager Children's Health</td></tr> <tr><td>Deirdre Maxwell</td><td>General Manager Cancer and Blood</td></tr> <tr><td>Deborah Pittman</td><td>Director Midwifery Women's Health</td></tr> <tr><td>Mark O'Carroll</td><td>Clinical Lead for Heart and Lung Transplant</td></tr> <tr><td>Marlene Skelton</td><td>Corporate Business Manager</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	Dame Naida Glavish	Chief Advisor Tikanga – ADHB/WDHB	Dr Debbie Holdsworth	Director of Funding – ADHB/WDHB	Chris Hutton	Acting Chief People Officer	Riki Nia Nia	General Manager Māori Health	Rosalie Percival	Chief Financial Officer	Meg Poutasi	Chief of Strategy, Participation and Improvement	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, Children's Health	Jo Brown	Funding and Development Manager Hospitals	Ian Costello	Director of Clinical Support Services	Suzanne Corcoran	Director Participation and Insight	Dr Lalit Kalra	Acting Director Community and Long Term Conditions	Rachel Lorimer	Director Communications	Mr Arend Merrie	Director Surgical Services	Kieron Millar	Acting General Manager Commercial Services	Auxilia Nyangoni	Deputy Chief Financial Officer	Alex Pimm	Director Patient Management Services	Anna Schofield	Director Mental Health and Addictions	Dr Michael Shepherd	Director Medical, Children's Health	Dr Barry Snow	Director Adult Medical	Dr Robert Sherwin	Director Women's Health	Dr Michael Stewart	Director of Cardiovascular	Dr Richard Sullivan	Director Cancer and Blood	Emma Maddren	General Manager Children's Health	Deirdre Maxwell	General Manager Cancer and Blood	Deborah Pittman	Director Midwifery Women's Health	Mark O'Carroll	Clinical Lead for Heart and Lung Transplant	Marlene Skelton	Corporate Business Manager
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Agenda

Please note that agenda times are estimates only

- 1.30pm **1. Attendance and Apologies**
- Members: Pat Sneddon, Lee Mathias
- Senior Staff: Joanne Gibbs
- 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 16 October 2019**
- 4. Action Points**
- 1:40pm **5. PERFORMANCE REPORTS**
- 5.1 Provider Arm Operational Performance – Executive Summary
- 5.2 Provider Arm Scorecard
- 5.3 Cancer & Blood Services
- 5.4 Cardiovascular Services
- 5.5 Clinical Support Services
- 5.6 Perioperative Services
- 5.7 Pacific Health Services
- 5.8 Surgical Services
- 5.9 Women’s Health Directorate
- 5.10 Provider Arm Financial Performance Report
- 2.25pm **6. RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting: Wednesday, 12 February 2020 at 1.30pm A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton
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Attendance at Hospital Advisory Committee Meetings

Members	25 Jul.18	5 Sep.18	17 Oct.18	28 Nov.18	13 Feb 19	20 March 19	1 May 19	12 June 19	24 July 19	4 Sept 19	16 Oct 19	27 Nov 19
Judith Bassett (Chair)	1	1	1	1	1	1	1	x	1	1	1	
Joanne Agnew	1	1	1	1	x	1	1	1	1	1	1	
Michelle Atkinson (Deputy Chair)	x	1	1	1	1	1	x	1	1	1	1	
Doug Armstrong	x	1	1	1	1	1	1	1	1	1	1	
Lee Mathias	1	1	x	1	1	1	1	1	1	1	x	
Gwen Tepania-Palmer	1	1	1	1	1	1	1	1	1	1	1	
Pat Snedden	1	x	x	x	x	x	x	x	x	x	x	
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, majority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	30.07.2019
Michelle ATKINSON	Director – Stripey Limited Trustee – Starship Foundation Contracting in the sector Contracting Role – Shea Pita and Associates Chargenet, Director & CEO – Steve West - Partner	10.06.2019
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Shareholder – Orion Healthcare Trustee – Woolf Fisher Trust Trustee- Sir Woolf Fisher Charitable Trust Daughter – Partner Russell McVeagh Lawyers Member – Trans-Tasman Occupations Tribunal	18.09.2018
Judith BASSETT	Shareholder - Fisher and Paykel Healthcare Shareholder - Westpac Banking Corporation Husband - shareholder of Westpac Banking Corporation	29.03.2019
Lee MATHIAS	Chair – Medicines New Zealand Director/shareholder - Pictor Limited Director Pictor Diagnostics India Private 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 Chair – Collective Hospitality Limited Shareholder/Director – Project XYZ Ltd	12.08.2019
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Trustee - Recovery Solutions Trust Director – Recovery Solutions Services Limited Director – Emerge Aotearoa Limited and Subsidiaries Director – Mind and Body consultants Ltd Director – Mind and Body Learning & Development Ltd Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiaakalani Education Trust Chair – National Science Challenge Programme – A Better Start Chair – The Big Idea – Not-for-profit-trust Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd Director – Waimarama Orchards Ltd Chair – Auckland District Health Board	30.09.2019

	Director – Ports of Auckland Ltd Board Member – Counties Manukau DHB Chair – Counties Manukau Audit, Risk and Finance Committee Board Member – Kainga Ora – Homes and Communities Board	
Gwen TEPANIA-PALMER	Board Member - Health Quality and Safety Commission Chair - Ngati Hine Health Trust Life member – National Council of Maori Nurses Director - Hauora Whanui Limited Alumnus – Massey University Member – Lottery Waikato Community Committee Member – Board of Fire and Emergency New Zealand	12.09.2019



Minutes Hospital Advisory Committee Meeting 16 October 2019

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 16 October 2019 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 1:30pm

Committee Members Present Judith Bassett (Chair) Jo Agnew Michelle Atkinson (Deputy Chair) Doug Armstrong Gwen Tepania-Palmer (Deputy Board Chair)	Auckland DHB Executive Leadership Team Present Ailsa Claire Chief Executive Officer Margaret Dotchin Chief Nursing Officer Mark Edwards Chief of Quality and Safety Chris Hutton Acting Chief People Officer Rosalie Percival Chief Financial Officer Meg Poutasi Chief of Strategy, Participation and Improvement Shayne Tong Chief Digital Officer Sue Waters Chief Health Professions Officer Dr Margaret Wilsher Chief Medical Officer Auckland DHB Senior Staff Present Dee Hackett General Manager, Adult Medical Services Dr Lalit Kalra Acting Director Community and Long Term Conditions Kieron Millar Acting General Manager Commercial Services Riki Nia Nia General Manager Māori Health Alex Pimm Director Patient Management Services Anna Schofield Director Mental Health and Addictions Dr Michael Shepherd Director Medical, Children's Health Marlene Skelton Corporate Business Manager (Other staff members who attend for a particular item are named at the start of the minute for that item)
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1. APOLOGIES

That the apologies of the Board Chair, Pat Snedden and Lee Mathias be received.

That the apologies of Executive Leadership Team members Jo Gibbs, Director Provider Services and Dame Naida Glavish, Chief Advisor Tikanga be received.

That the apologies of senior staff; Dr Vanessa Beavis, Director Perioperative Services, Dr John Beca, Director Surgical, Child Health, Dr Barry Snow, Director Adult Medical, Dr Richard Sullivan, Director Cancer and Blood and Deputy Chief Medical Officer, Jo Brown, Funding and Development Manager Hospitals, Dr Robert Sherwin, Director Women's Health be received.

The Chair, Judith Bassett congratulated those Board members who had been successful in the Triennial Election and were returning for another term on the Board. Judith also welcomed Mark Edwards, Chief of Quality and Safety to his first meeting of the Hospital

Advisory Committee meeting as a member of the Executive Leadership Team.

2. REGISTER AND CONFLICTS OF INTEREST

There were no new interests to record. There were no conflicts of interest with any item on the open agenda.

3. CONFIRMATION OF MINUTES 04 September 2019 (Pages 8 - 16)

Resolution: Moved Jo Agnew / Seconded Gwen Tepania-Palmer

That the minutes of the Hospital Advisory Committee held on 4 September 2019 be approved.

Carried

4. ACTION POINTS (Page 17)

All actions were either complete or in progress.

5. PERFORMANCE REPORTS (Pages 18 - 101)

5.1 Provider Arm Operational Performance – Executive Summary (Pages 18 - 20)

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

- August and September were very busy months for the Hospital. There had been a late surge in presentations for this time of year.
- Over 50 planned patients have had their procedures postponed as a result of the high acute presentations in the last month.
- Over a four week period 78 suggestions were received for Fix it Fast. Out of the ideas received 34 are closed; 17 of the suggestions had a successful implementation of the intended fix it fast suggestion, 8 are now in a work stream as a larger piece of work or had alternative fix it fast solutions agreed and 9 weren't able to be fixed for a number of reasons. The team is still working on the remaining 44 ideas.

The following points were covered in discussion:

- Judith Bassett cautioned against underestimating the various impacts of impending strike action.
- Gwen Tepania-Palmer said it was important for the Committee to acknowledge the extra work placed on staff in maintaining quality care and be aware that this pressure will eventually manifest itself. The Committee needs to stay well briefed on all issues.

5.2 Provider Arm Scorecard (Pages 21 - 23)

Judith Bassett commented that it was good to see Patient Safety trending back to green in the scorecard and asked how Auckland DHB compared to other DHBs. Ailsa Claire advised

that in terms of wait times Auckland DHB is one of the better performers.

5.3 Adult Medical Directorate (Pages 24 - 30)

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

There were no questions.

5.4 Child Health Directorate (Pages 31 - 45)

Dr Michael Shepherd, Director Medical, Children's Health asked that the report be taken as read advising in brief:

- The winter had been a very busy period
- The impact of measles had been significant and the team had done well managing it. Hopefully this epidemic is now on the decline
- The financial results, once the actual August revenue position is reflected in the accounts, will look better than that currently reported.

The following points were covered in discussion:

- Michelle Atkinson asked about the reference to "medical neglect guidelines" as outlined on page 34 of the agenda and was advised that this was a sensitive area for a clinical practitioner. This action seeks to provide this area with more consistency and a multi-disciplinary approach. Judith Bassett considered that this was something that should be added to the new Board induction programme and that a deep dive be provided on inpatients with social complexity.
- Jo Agnew was advised that a further 10 beds had been made available over winter. The way the service was provided was reviewed in order to avoid high dependency patients being housed in a general ward which is not an optimal arrangement.
- Michelle Atkinson drew attention to a comment made at the bottom of page 40; "Directorate Health and Safety Strategy is not well described and is only partially aligned with Auckland DHB Health and Safety Strategy" and commented that it was concerning that the Directorate found itself in this position.

Action

That a deep dive be provided to the new Board on "inpatients with social complexity."

5.5 Commercial Services (Pages 46 - 52)

Kieron Millar, Acting General Manager Commercial Services asked that the report be taken as read, advising as follows:

- healthAlliance FPSC has returned savings of \$291K in Opex and \$1.04M in Capex
- Auckland DHB was a winner of the Enviro-Mark Solutions award for the "Excellence

in Climate Change” (Large Organisation) which recognised Auckland DHB for being one of the top carbon reducers.

The following point was covered in discussion:

- Judith Bassett noted that there had been 25 tonnes of food waste converted to compost and was advised that this came from the Kitchen and wards themselves. Commercial Services is continuing to work with Compass to reduce this.

5.6 Community and Long Term Conditions Directorate (Pages 53 - 62)

Dr Lalit Kalra, Acting Director Community and Long Term Conditions asked that the report be taken as read, advising as follows:

- There is a real opportunity for a “step change” in the delivery of Specialist Palliative Care services across Auckland DHB as outlined on page 56 of the agenda.
- A recent audit of “interim care patients” had demonstrated the benefit of a rehabilitation focus during interim care. This sustained change had allowed 153 discharges to be made directly from ED. The 40% of patients that used to return to the hospital has now reduced to 10%. This has meant a saving of 3000 bed days.

There were no questions,

5.7 Māori Health Services (Pages 63 - 67)

Riki Nia Nia, General Manager Māori Health asked that the report be taken as read, advising as follows:

He Kamaka Waiora Services Review

The model of care review for He Kamaka Waiora Services has commenced with a final report being due in December. Interim results have been confronting for management as staff have not felt that they have been adequately supported. There has been a positive response from the Wards. With 17000 patients across Auckland and Waitemata DHBs there is a need to prioritise who is seen in order not to stretch the service. To do that there is a need to access more real-time data and information about Maori admissions. This is being done with the support of Shayne Tong, Chief Digital Officer. An investment in Site Leaders is underway to address the feeling of staff isolation and better address how the service can work with and within the hospitals.

The following points were covered in discussion:

- Gwen Tepania-Palmer said that when reflecting on how far the He Kamaka Waiora Services team had come since its inception, the energy, drive and commitment were to be commended.
- Rikki Nia Nia advised that in terms of MALT all DHBs had now adopted something similar. This would not have occurred without the support of the CEO and the DHB. MALT aimed of gain Maori proportionality by 2030, proportionality by profession by 2040 and reduce to 0% those not identified by ethnicity. In terms of proportionality,

Auckland and Waitemata DHBs are in the top DHBs nationally.

5.8 Mental Health Directorate (Pages 68 - 83)

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

- The service has been very busy. There are a large number of very unwell people who are now spending longer in the service. Work is underway to look at an improved pathway for people to receive acute care.
- Anna drew attention to alignment across the mental health continuum outlined on page 71 of the agenda and the housing specialist role outlined on page 74 of the agenda.

The following point was covered in discussion:

- Anna was asked to elaborate on the regional youth forensic service and advised that recent legislation has allowed children up to and including those aged 17 to remain in the service. There is too, a move from the larger residential care homes toward smaller care homes.
70% of those in the RYFS service are Maori, 10% are Pasifika. Stakeholder engagement has revealed that investment in kaupapa Māori and Pacific specialist services to deliver all non-clinical work with a strong emphasis on cultural responsiveness and engagement with young people and their whanau is required. There may be an opportunity for Oranga Tamariki Youth Justice and DHB Mental Health services to commission the same services in the longer term. Such an approach aligns with the Mental Health Inquiry report findings. The service has yet to hear what funding will be applied from the Government Mental Health budget.
- There is also a lot of work occurring currently at the NGO level and with the Funder to get alignment across the mental health continuum. A number of initiatives have been commenced to maintain alignment across the Mental Health continuum. These are outlined on page 71 of the agenda.

5.9 Patient Management Services (Pages 84 - 91)

Alex Pimm, Director Patient Management Services asked that the report be taken as read, advising in brief that:

- Extreme winter pressures had placed a higher focus on managing high occupancy within the hospital.
- The Volunteer Service had transitioned to Patient Management Services in September 2019 and is now reviewing its work plan for the year, including identifying opportunities for development and expansion of the volunteer programmes across the organisation.
- Thank Your Cleaners Day was occurring this week.

The following points were covered in discussion:

- Gwen Tepania-Palmer drew attention to page 89 of the agenda and the launch of the Temporary Staff Bureau booking and scheduling application with Alex Pimm advising that it had increased the uptake of Bureau members of staff to directly book themselves into shifts through the app rather than by phone or text. Engagement had been very good.
- Jo Agnew drew attention to the metric relating to the Orderly Service and asked whether a full complement of Orderlies was currently being carried. Alex Pimm advised that it was the winter stress that had led to the Orderly service not being able to meet the arbitrary 30 minute target time. The average time had been around 45 minutes. Work would be done to better match seasonal demand to avoid this situation in future.

5.10 Provider Arm Financial Performance Report (Pages 92 - 101)

Ailsa Claire, Chief Executive asked that the report be taken as read.

There were no questions.

Resolution: Moved Gwen Tepania-Palmer / Seconded Jo Agnew

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

Carried

6. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 102 - 105)

Resolution: Moved Michelle Atkinson / Seconded Gwen Tepania-Palmer

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:

Carried

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

3. Confirmation of Confidential Minutes 4 September 2019	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5. Chief Executive Officer Verbal Briefing	N/A	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Change & Sustainability Benefits Realisation Report	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Auckland Cardiology Electrophysiology Services Oversight Report	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Clinical Support Oversight Report –	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of

MRI Capacity	<p>disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</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.</p>	<p>information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
7.3 Ophthalmology Department Oversight Report	<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>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.</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>
7.4 Orthopaedic Services Oversight Report	<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>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.</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>
7.5 Perioperative Services – Shortage of Perioperative Workforce Oversight Report	<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>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.</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>
7.6 Radiotherapy Workforce Oversight Report	<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</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</p>

	<p>1982 s9(2)(i)]</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.</p>	<p>sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
<p>7.7 Transplant Oversight Report</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. 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.</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>
<p>7.8 Women's Health – Midwifery Recruitment and Retention Oversight Report</p>	<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)] 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.</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>
<p>8.1 Clinical Quality and Safety Service Report</p>	<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)] 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.</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>
<p>8.2 Policies and Procedures (Controlled Document Management)</p>	<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>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>

The meeting closed at 3.15pm.

Signed as a true and correct record of the Hospital Advisory Committee meeting held on
Wednesday, 16 October 2019

Chair: _____ Date: _____
Judith Bassett

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 16 October 2019

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

Provider Arm Operational Performance – Executive Summary

Recommendation

That the Hospital Advisory Committee receives the Provider Arm Operational Performance – Executive Summary for November 2019.

Prepared by: Joanne Gibbs (Director Provider Services)

Endorsed by: Ailsa Claire (Chief Executive)

Glossary

Acronym/term	Definition
ED	Emergency Department

1. Executive Summary

The Executive Team highlight the following performance themes for the November 2019 Hospital Advisory Committee Meeting:

- The daily focus on patient flow and hospital occupancy continues. The new Integrated Operations Centre has just opened, and provides a 'hub' for the 24/7 hospital teams.
- Workforce and recruitment issues continue to be a challenge in a number of specialty areas, notably Perioperative, Midwifery, Radiation Oncology (Medical Radiation Therapists) and Radiology (Medical Imaging Technicians).
- Industrial action by the APEX union has impacted on delivery of planned care during September and October 2019.

2. Progress/Achievements/Activity

- The target was not met by Adult and Children Emergency Departments (EDs) during September 2019 (81.24% and 87.75% respectively). While ongoing work continues to improve whole of hospital function including ED, it is likely that this problem will persist given both patient numbers and available resources.
- Hospital occupancy continues to exceed previous years' levels. September saw an increase of 6.5 per cent on last year; there was a 3.6 per cent increase in October. Occupancy levels have reduced towards the end of October and flex capacity has been reduced. There continues to be spikes in occupancy mid-week, however this is being managed well by teams. The daily focus on patient flow and hospital occupancy continues and will continue throughout the summer period. There is a concerted effort to manage supplementary staffing to ensure that resources match current levels of demand.
- A detailed summer plan has been developed for the upcoming months. This plan balances the need to reduce overall capacity as part of seasonal fluctuations with the forecast increase in occupancy expected compared to prior years. Work will also commence to plan for next year's winter period.

- Bed realignment of medical and surgical beds is due to take place on the weekend of 14/15 December 2019. This is in order to meet the needs of our patients, create additional capacity for General Medicine patients and allow elective surgical patients to access their care.

In September 2019 we ran several pre consultation workshops outlining how we would realign the bed base and a formal consultation in October 2019. We published the response and final decision document in November 2019. We have worked in collaboration with our union partners.

The plan for the ward realignment bed base is:

- Ward 61 will look after New General Medicine beds and patients; HASU and ASU beds and patients (currently on Wards 31 and 42); Neurology beds and patients (currently on Ward 81)
- Ward 81 will look after General Surgical beds and patients (currently on Ward 61)
- Ward 83 will look after Neurosurgery beds and patients, including the current Ward 83 HDU; Neurosurgery HDU beds and patients (based on Ward 81); Neurology (video monitoring) beds and patients (two bedded room based on Ward 81)
- Ward 62 - bed base will increase from 10 to 15
- Ward 74 - bed base will increase from 23 to 27
- Performance against the MRI target of 95% of referrals completed within six weeks has deteriorated in September 2019 to 55.3% (54.4% general and 77.8% for Cardiac MRI) compared to performance in August 2019 of 65.3%. The department currently has a significant number of Medical Imaging Therapist vacancies which is starting to significantly impact capacity. The majority of new recruits are recent graduates who require a further six months post-graduate training to be able to perform MRIs. Locum Medical Imaging Therapists are being sought to support the increased demand.
- Work continues to respond to current budget pressures through eliminating unnecessary waste, making the best use of resources, and finding smarter ways to do the things that matter most.
- **Fix it Fast** – A small number of Fix it Fast ideas are still being worked on. The aim is to finish these by the end of the calendar year. Many of the suggestions were around people not being sure where to go to find information. In response to this a 'How do I' section on Hippo has been developed. A couple of good examples that were fixed include:
 - Email training and tips to save time spent on emails by the team in Adult ED
 - Improving the process for patients in hospital to access their records, saving time for staff and providing a much more patient-centred service
- Whilst Fix it Fast was a good way to engage with our people, it didn't create many cost saving ideas. Using Fix it Fast in future is still under consideration.
- Some benefits have been realised across the three work streams: Length of stay, Planned care (electives) and Out patients – pathways and equity. The focus over the next three months will be on **Planned Care** – where most benefits can be realised from a patient waiting time and patient experience perspective and also financial gain. A large multi-disciplinary group is taking part in a workshop to look at ways to deliver more elective surgery at Greenlane Clinical Centre.

- In addition to this we are continuing with some projects in the outpatients work stream, these include:
 - Making telephone interpreters (rather than face to face) the default which has the potential to create a better experience for patients and significant savings
 - Working with external providers to manage the demand for access to MRI
- Ward 51 (Integrated Stroke Unit) main contract has been executed and mobilisation is underway. Acceleration options and contingency beds are being assessed in order to ensure sufficient bed capacity for winter 2020. The Integrated Operations Centre has recently opened. Endorsement of the Strategic Assessment by the Capital Investment Committee was received early October 2019. The draft Programme case (excluding financial case) was endorsed by the Programme Board in October 2019 and is progressing for completion in November 2019. The draft Tranche 1 case (excluding financial case) is scheduled for review by the Programme Board early November 2019 for completion in November.

Auckland DHB - Provider
HAC report for September 2019

5.2

Equitable - equity is measured and reported on using stratification of measures in other domains				
Safety				
Metric		Actual	Target	Previous
Number of reported incidents	PR083	2,208		1,648
Number of reported adverse events causing harm (SAC 1&2)	PR084	8	Lower	6
Central line associated bacteraemia rate per 1,000 central line days	PR087	0	<=1	0
Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days	PR088	0.23	<=0.25	0.3
Healthcare-associated bloodstream infections per 1,000 bed days - Adult	PR089	1.59	<=1.6	1.39
Healthcare-associated bloodstream infections per 1,000 bed days - Child	PR090	1.15	<=2.4	0.54
Falls with major harm per 1,000 bed days	PR095	0.09	<=0.09	0.03
Nosocomial pressure injury point prevalence (% of in-patients)	PR097	2.28%		2.14%
Rate of HO-CDI per 10,000 bed days (ACH)	* PR143	1.52	<=4	2.22
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	2.5%		2.73%
% Hand hygiene compliance	PR195	86.12%	>=80%	84.15%
Unviewed/unsigned Histology/Cytology results >= 90 days	PR290	193	Lower	152
Patient-centred				
Metric		Actual	Target	Previous
% DNA rate for outpatient appointments - All Ethnicities	PR056	9.3%	<=9%	9.9%
% DNA rate for outpatient appointments - Māori	PR057	18.58%	<=9%	19.98%
% DNA rate for outpatient appointments - Pacific	PR058	18.44%	<=9%	19.83%
% Very good and excellent ratings for overall inpatient experience	# PR154	85.83%	>=90%	84.56%
Number of CBU Outliers - Adult	PR173	553	<=300	612
% Patients cared for in a mixed gender room at midday - Adult	PR175	26.62%	Lower	27.25%
Breastfeeding rate on discharge excluding NICU admissions	# PR099	78.41%	>=75%	77.47%
Discharge Transition Planning – Inpatient and Community	PR766	46.54%	>=95%	44.12%
% hospitalised smokers offered advice and support to quit	PR129	96.16%	>=95%	97.15%
Timeliness				
Metric		Actual	Target	Previous
(MOH-01) % AED patients with ED stay < 6 hours	PR013	81.24%	>=95%	83.12%
(MOH-01) % CED patients with ED stay < 6 hours	PR016	87.75%	>=95%	86.73%
% of inpatients on Reablement Services Wait List for 2 calendar days or less	PR023	85.21%	>=80%	89.14%
(ESPI-2) Patients waiting longer than 4 months for their FSA	PR038	0.47%	Lower	0.2%
(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	PR039	7.72%	Lower	7.6%

Cardiac bypass surgery waiting list	PR042	71	<=115	61
% Accepted referrals for elective coronary angiography treated within 3 months	PR043	99.3%	>=90%	98.7%
% Urgent diagnostic colonoscopy compliance	PR044	91.04%	>=90%	100%
% Non-urgent diagnostic colonoscopy compliance	PR045	46.36%	>=70%	54.4%
% Outpatients and community referred MRI completed < 6 weeks	PR046	55.32%	>=95%	65.29%
% Outpatients and community referred CT completed < 6 weeks	PR047	90.38%	>=95%	85.35%
31/62 day target - % of non-surgical patients seen within the 62 day target	PR181	92.59%	>=90%	92.86%
31/62 day target - % of surgical patients seen within the 62 day target	PR182	98.48%	>=90%	98.31%
62 day target - % of patients treated within the 62 day target	PR184	95.24%	>=90%	95.65%
% Chemotherapy patients (Med Onc and Haem) attending FSA within 2 weeks of referral	PR508	78.53%	100%	76.05%
% Radiation oncology patients attending FSA within 2 weeks of referral	PR509	37.18%	100%	45.31%

Effectiveness

Metric		Actual	Target	Previous
28 Day Readmission Rate - Total	# PR078	11.5%	<=6%	11.24%
Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	# PR119	4.88%	<=10%	9.76%

Efficiency

Metric		Actual	Target	Previous
HT2 Elective discharges cumulative variance from target	PR035	0.96	>=1	0.94
Elective day of surgery admission (DOSA) rate	PR048	71.62%	>=68%	68.74%
% Day Surgery Rate	PR052	53.25%	>=70%	49.3%
Inhouse Elective WIES through theatre - per day	# PR053	138.15	>=99	120.1
Average LOS for WIES funded discharges (days)	PR074	2.92	<=3	2.77
Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	PR120	24.7	<=21	28.5

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

Amber	Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target.
#	Actual is the latest available result prior to September 2019
*	Quarterly
	PR143 (Quarterly)
	Actual result is for the period ending June 2019. Previous period result is for period ending March 2019.

Cancer and Blood Directorate

Speaker: Richard Sullivan, Director

Service Overview

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

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

The Cancer and Blood Directorate is led by:

Director:	Richard Sullivan
General Manager:	Deirdre Maxwell
Director of Nursing:	Brenda McKay (Janine Rouse – Currently Acting)
Director of Allied Health:	Cheryl Orange
Finance Manager:	Dheven Covenden
Human Resources Manager:	Andrew Arnold

Directorate Priorities for 2018/19

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

1. Equity considerations
2. Improved patient experience
3. Health and wellbeing of our people
4. Research and innovation
5. Cancer and blood information system
6. Service improvements including Cancer Nursing Strategy
7. Prudent operational and financial management

Cancer and Blood Services

A3 owner: Dr Richard Sullivan, Director

Te Toka Tumai Provider Directorate Plan 2019/20

Date : June 2019



Ngā whāinga : Our priorities	Kei hea tātou ināianei? : Where are we now?	Ki hea te tihi o te hiahia? Where do we want to be?
1 – Equity considerations	<ul style="list-style-type: none"> There is a significant gap in cancer health outcomes for our Māori patients 	<ul style="list-style-type: none"> Health outcomes for our Māori patients are equivalent to our non-Māori patients Our workforce is culturally competent and committed
2 – Improved patient experience	<ul style="list-style-type: none"> Many aspects of our physical space are cramped and unsatisfactory for our patients, whānau and staff Planning and agreement is underway with Facilities regarding waiting room upgrade, Level 4 clinic rooms and other areas 	<ul style="list-style-type: none"> Our patients and whānau experience a service environment that meets their needs
3 – Health and wellbeing of our people	<ul style="list-style-type: none"> Some of our staff are experiencing burnout. Issues/opportunities have been raised through employee survey results There are opportunities for better union engagement There are opportunities to utilise Care Capacity Demand Management (CCDM) and Trendcare to model and apply appropriate staffing 	<ul style="list-style-type: none"> We have a sustainable, healthy workforce with high levels of engagement We use a systematic process to establish and budget for staffing FTE, staff mix and skill mix to ensure the provision of timely, appropriate and safe services We have effective systems and processes in place to identify, capture and respond to risk and safety issues
4 – Research and innovation	<ul style="list-style-type: none"> A regional process is underway regarding multi-campus delivery, including local delivery of Oncology Cancer and Blood Research restructuring is underway Integrated Cancer Service - service delivery model and business case production has commenced 	<ul style="list-style-type: none"> The Integrated Cancer Service is established across the cancer precinct as an Academic Centre of Excellence, developed in conjunction with the University of Auckland
5 – Cancer and Blood information system	<ul style="list-style-type: none"> We have difficulties providing timely, updated clinical information across the region's DHBs to support focus on distributed models of care 	<ul style="list-style-type: none"> We have regionally coordinated IT systems to better support patient care, and facilitation of safe and consistent practice through use of shared protocols/scripts
6 – Service improvements including Cancer Nursing Strategy	<ul style="list-style-type: none"> A range of projects are in play, and not all are time-lined and structured with appropriate resource to enable delivery 	<ul style="list-style-type: none"> Planned activities in order to improve services are undertaken, prioritised and agreed through sanctioned and inclusive processes
7 – Prudent operational and financial management	<ul style="list-style-type: none"> Financial challenges exist, particularly related to Tertiary services Radiation oncology demand/capacity issues 	<ul style="list-style-type: none"> A sustained financial position which supports best clinical practice, including the prudent management of costly fleet and equipment

#	Me pēhea tātou e tae ki reira? How are we going to get there?	Te Kaitohutohu : Owner	Due by	#	He pēhea te āhua o te angitu? What does success look like?	Current (end 2018/19)	Target (2019/20)
1	Māori Health engagement in place agreed programmes of work implemented	Director	Q4	1	Track outcomes for our Māori patients . KPIs to be developed	0%	80%
	Staff cultural competencies strengthened by providing cultural training and development opportunities	Director	Q4		Waiting times do not breach (Med onc Referral to FSA 14 days, Rad onc Referral to FSA 14 days, Rad therapy Decision to treat to treat 1 month)	30%	90%
2	Facilities projects mapped and completed as planned - waiting room upgrade, Linac cooling system upgrade, brachytherapy bunker, Level 4	Director	Q4	2	Facilities projects delivered in agreed timeframes, including improvement in patient experience metrics	100%	90%
3	Employee survey actions completed as planned	Director/SCDs	Q4		Employee survey activities completed	10%	80%
	CCDM and Trendcare actions as planned	Nursing Director	Q4	3	Greater than 90% of shifts do not exceed negative 40 minutes variance per FTE	60%	90%
	Integrated Cancer Service Board to oversee project delivery linked to Building for the Future Programme, with business cases produced and approved	Director	Q4		Milestones agreed and adhered to	10%	60%
4	Cancer and Blood Research Service restructured and operational	SCD Research	Q4		Cancer and Blood Research Service trials/budget targets delivered	80%	100%
	Local Delivery of Oncology (medical) rollout continued, consistent with regional agreement	SCD Medical Oncology	Q4		Local Delivery of Oncology programme delivered	100%	100%
5	Information system requirements translated into a business case, aligned to the Integrated Cancer Service	Director	Q4	5	Business case prepared	10%	80%
6	Cancer Nursing Strategy Implementation Plan completed, with initial work concluded	Nursing Director	Q4	6	Implementation Plan deliverables	20%	100%
7	Sustained financial management across the financial year with balanced cost/revenue emphasis	Director/SCDs	Q4	7	On or under budget month end results delivered	80%	100%
	Radiation oncology demand/capacity issues managed, consistent with patient/financial imperatives	SCD Radiation Oncology	Q4				

Glossary

Acronym/term	Definition
CCDM	Care Capacity and Demand Management
FCT	Faster Cancer Treatment
FSA	First Specialist Assessment
ISSP	Information Systems Strategic Plan
LDO	Local Delivery of Oncology
MDM	Multi-disciplinary Meeting
NRICS	Northern Region Integrated Cancer Service
PCT	Pharmaceutical Controlled Treatment
SCD	Service Clinical Director

Q1 Actions – 90 day plan

1. Equity considerations

Our Directorate is working with Auckland DHB and Regional processes to explore how we can best address the gap in health outcomes for Māori patients. With Dame Naida Glavish's oversight we will pursue greater engagement with Māori patients/whānau assisted by psychology staff, to better understand the experience and what can be improved. Learnings will inform further activity. We are working with Māori health staff regionally to develop further initiatives. We will work with the new National Cancer Agency to support equity work when this is developed.

2. Improved patient experience

Waiting Room Upgrade: Work will commence shortly using charity funding to redevelop our main waiting area in Building 8. This area sees approximately 300 patients with their whānau daily, and houses the pharmacy pickup area. We will later bring in artwork that is consistent with the new Māori name of our Regional Service 'Te Pūriri O Te Ora'.

Brachytherapy bunker development: Design and quotations are now complete and we continue to work with the anaesthetic and theatre teams towards finalising the business case.

Cancer and Blood space requirements: More broadly we are working through Building 8 space requirements linked to demand for medical oncology and haematology daystay, as well as Senior Medical Officer and other staff clinics on-site. This is integrally linked to the approval processes and speed with which we can implement region-wide Local Delivery of Oncology – with further extension to the delivery of breast cancer cytotoxic mediations at both Counties and Waitematā DHBs being modelled.

3. Health and wellbeing of our people

We are working to progress employee engagement action planning with all groups of staff, where plans are being implemented with the majority of teams. We are also working on the implementation of Care Capacity and Demand Management (CCDM). This is currently being implemented as a change management process in Ward 64 where nursing staffing numbers have been augmented and improved flexible rostering has moved away from a minority of staff working on fixed shifts leading to a fairer arrangement for the majority of nursing staff.

4. Research and innovation

The Integrated Cancer Service work spans business case generation for both the cancer precinct rebuild (Buildings 7, 8, 9 and 13), and the regional electronic protocol and prescribing system. Current activity includes the development of a radiation oncology 10-year regional plan (draft completed by January 2020), and the development of a draft model of care (medical oncology, radiation oncology, haematology and research) by January 2020. These activities will provide the foundation for completing the business case for Auckland DHB cancer facilities rebuild during 2020.

Our Research Service has been restructured to support more efficient and effective operation, with linked activity across Early Phase and Late Phase areas. The Early Phase Trials Centre, in conjunction with the University of Auckland, is sourcing increasing numbers of international trials.

We continue to work with our regional colleagues to extend the Local Delivery of Oncology (LDO) initiative in medical oncology, with financial modelling of the next step underway. Subject to regional approval through the Northern Region Integrated Cancer Service (NRICS), this will see all Counties Manukau and Waitematā DHB patients with breast cancer treated at their local DHBs for the full spectrum of medical oncology treatment. Closer to home provision is the firm direction of travel as patients report an improved experience without having to travel to our Grafton campus.

5. Cancer and Blood information system

This regional work continues, progressing regional healthAlliance process regarding funding for the Regional Oncology Electronic System – note that this is consistent with the Regional Long Term Investment Plan. This system will support consistency regarding cancer and blood protocols and prescriptions to ensure the same standard of care is provided across the region. Seed funding for business case development and implementation planning has been approved through the Regional Information Systems Strategic Plan (ISSP) process, to be released in February 2020. Business case submission through this process is expected September 2020/21.

6. Service improvements including Cancer Nursing Strategy

In this quarter the two areas of focus for implementation of our Cancer Nursing Strategy are Develop our Workforce and New Models of Care. Excellent progress has been made on the new flexible roster redesign for Ward 64, with the new roster published and due to start 18 November 2019. This utilises CCDM data to appropriately allocate staffing numbers and skill where required over the 24 hour period, and also provides the ability to better roster within accepted guidelines for staff wellbeing. The recently appointed Nurse Educator and the newly developed Clinical Coach position will be integral to implementation of our team building and training programme. This programme will expand the skills and knowledge of the new team, provide them with a structured career progression and provide a positive base for the coming year.

Further improvements explore the success of a recent Greenbelt project which showed demonstrable reduction in the 'Did Not Attend' rate for first specialist assessments (FSAs) for Māori and Pacific patients, based within the breast tumour stream. Work is underway with our Faster Cancer Treatment (FCT) and Psycho-oncology teams, along with the Patient Administration Service team. We seek to understand and translate the attributes of this work to other tumour streams.

7. Prudent operational and financial management

Ongoing work within the directorate is underway to manage financial and operational pressures.

We operate monthly service meetings with Service Clinical Directors (SCDs) and senior directorate leadership team members to provide detailed understanding and management of financial, HR and other issues. Linked with this, monthly KPI meetings are held with SCDs, the Director and General Manager.

We also operate weekly standing meetings with wider directorate leadership members to understand and monitor service issues, aligned with MOS meetings.

Current issues concern radiation oncology and our stand up of two additional late shifts to manage increased radiation therapy demand. We are concurrently operating radiation therapy outsourcing with a private provider to ensure appropriate patient wait times in the interim. An Oversight Review process provides direction to these activities, with Auckland DHB Executive Leadership Team involvement.

A further piece of work pertains to linking Medirota administration processed with DHB-wide systems such as Workforce Central. This work ensures consistent administration practices regarding leave approval as an example.

Scorecard

Auckland DHB - Cancer & Blood Services

HAC report for September 2019

Equitable - equity is measured and reported on using stratification of measures in other domains				
Safety				
Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Nosocomial pressure injury point prevalence (% of in-patients)	PR097	0%		0%
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	0%		0%
Number of falls with major harm	PR199	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2)	PR084	0	Lower	0
Unviewed/unsigned Histology/Cytology results >=30 days	PR596	1	Lower	1
% Hand hygiene compliance	PR195	86.21%	>=80%	92.5%
Patient-centred				
Metric		Actual	Target	Previous
% Patients cared for in a mixed gender room at midday - Adult	PR175	18.38%	Lower	22.56%
% hospitalised smokers offered advice and support to quit	PR129	83.33%	>=95%	100%
% DNA rate for outpatient appointments - Māori	PR057	11.88%	<=9%	9.68%
% DNA rate for outpatient appointments - Pacific	PR058	10%	<=9%	12.35%
% DNA rate for outpatient appointments - All Ethnicities	PR056	4.84%	<=9%	5.08%
% DNA rate for outpatient appointments - Deprivation Scale Q5	PR338	8.76%	<=9%	9.28%
% Very good and excellent ratings for overall inpatient experience	# PR154	85.7%	>=90%	76%
% Very good and excellent ratings for overall outpatient experience	# PR179	92%	>=90%	94%
% Very good and excellent ratings for coordination of care after discharge	# PR493	85.7%	>=90%	53%
% Response rate to ADHB patient experience inpatient survey	# PR315	11%	>=25%	17%
Number of CBU Outliers - Adult	PR173	53	<=300	44
Timeliness				
Metric		Actual	Target	Previous
31/62 day target - % of non-surgical patients seen within the 62 day target	PR181	92.5%	>=90%	92.86%
31/62 day target - % of surgical patients seen within the 62 day target	PR182	98.48%	>=90%	98.31%
62 day target - % of patients treated within the 62 day target	PR184	95.21%	>=90%	95.65%
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific	PR330	0	Lower	0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	PR328	0	Lower	0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5	PR332	0	Lower	0
BMT Autologous Waitlist - Patients currently waiting > 6 weeks	PR186	0	Lower	0

% Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT	PR070	87.83%	100%	86.34%
% Chemotherapy patients (Med Onc and Haem) attending FSA within 4 weeks of referral	PR059	97.93%	100%	95.41%
% Chemotherapy patients (Med Onc and Haem) attending FSA within 2 weeks of referral	PR508	78.53%	100%	76.05%
% Radiation oncology patients attending FSA within 2 weeks of referral	PR509	37.18%	100%	45.31%
% Radiation oncology patients attending FSA within 4 weeks of referral	PR064	85.21%	100%	85.54%
% Patients from Referral to FSA within 7 days	PR180	14.88%	TBC	25%

Effectiveness				
Metric		Actual	Target	Previous
28 Day Readmission Rate - Māori	# PR079	26.67%	<=6%	15.79%
28 Day Readmission Rate - Pacific	# PR080	29.41%	<=6%	37.93%
28 Day Readmission Rate - Total	# PR078	23.74%	TBC	31.05%
28 Day Readmission Rate - Deprivation Scale Q5	# PR322	30.95%	<=6%	25%

Efficiency				
Metric		Actual	Target	Previous
% Day Surgery Rate	PR052	100%	>=70%	R/U
Average LOS for WIES funded discharges (days) - Acute	PR219	4.84	TBC	3.51
Average LOS for WIES funded discharges (days) - Elective	PR220	0.11		0.13

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

Amber	Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target.
#	Actual is the latest available result prior to September 2019
R/U	Result Unavailable
	% Day Surgery Rate
	Results Unavailable

Scorecard Commentary

Patient Safety/Quality:

- There have been no Severity Assessment Code 1 or 2 events or medication incidents with harm in this period. Hand Hygiene is 86.2%.
- Advice for smokers has been consistently above 90% since February 2019, with this recent drop signalling an increased focus point for staff.

Health and Safety:

- We remain well below the Auckland DHB average and continue a positive downward trend in lost time due to injury frequency rate.
- Patient and manual handling incidents are the highest in incident type reported. Variability in evidence of employees' completion of patient and manual handling training has been escalated to the Auckland DHB Health and Safety Governance Committee for organisation-wide consideration of how we can better assure attendance and completion of initial and refresher training to reduce this risk for all employees.
- Lone worker situations have been identified in Radiation Therapy and Medical Physics and procedures are in place for these areas.
- There are 12 key Auckland DHB Health and Safety risk categories with eight being applicable to the Directorate: manual tasks; remote work; vehicles/driving; contractor management, fatigue management; hazardous substances; violence/aggression; and biological hazards. Auckland DHB Occupational Health and Safety guidance will be followed to record and manage these identified risks in alignment with Auckland DHB process.

Key achievements in the month

- We are working with Nuclear Medicine on the potential implementation of a national Peptide Receptor Radionuclide Therapy service for patients with neuro-endocrine tumours. The Ministry of Health has signalled a willingness to pay for treatment at the Peter MacCullum Centre (Melbourne) while this work is undertaken.
- We are working up the next extension of the Local Delivery of Oncology, where this will likely be the extension of breast cancer chemotherapy to the full cohort of patients/whānau. A financial analysis is underway currently.
- We thank Facilities and Development for their work to bring the first new lift into service within Building 8, while continuing work on the replacement of the second of two critical lifts. This has substantially reduced the pressures on patients/whānau and staff to manage frequent lift entrapments and breakdowns.
- Our FCT team continues to work with clinical teams to improve the coordination of multi-disciplinary meetings (MDMs) - breast, lymphoma, neuroendocrine and thoracic, by streamlining processes across MDMs using service improvement methods. This assists by identifying blockages to data transfer and reducing the time required to coordinate MDMs. Very positive feedback has been received by clinicians and MDM chairs.

Areas off track and remedial plans

- Achieving Financial Savings: As mentioned we have instituted greater directorate leadership oversight to ensure robust process and management. We have processes to understand and manage instances where budgets are not met, for example increased use of pharmaceutical cancer treatments (PCTs) as a consequence of increased demand; and to explore reasons where revenue is not achieved, for example changes in Weighted Inlier Equivalent Separations prices year on year.
- A continued demand increase within Radiation Oncology has seen a sustained increase in referrals to FSA, with a flow through increase in radiation therapy treatments required. Note that the determinants of radiation therapy demand are linked to additional referral sources such

as acutes and on-treatment reviews. We have employed 7 additional radiation therapy staff to run 2 additional late shifts, and have a further fixed term outsourcing arrangement with a private provider. Recruitment has resulted in an additional 15 staff hires, although this process is complicated by a high on-going churn within this workforce. This process is managed through Oversight Review, with DHB senior leadership providing advice and direction.

Key issues and initiatives identified in coming months

- The capacity within our Medical Oncology (chemotherapy) daystay unit is being challenged with increasing numbers of patients requiring treatment. This is despite the LDO work providing decant to local DHBs. We are modelling this activity and will consider options to manage this using an Oversight Review process within Cancer and Blood.
- Equity focus within Cancer and Blood Directorate: We are engaged with the NRICS process to understand institutional racism awareness processes, and additionally how we can best employ regional planning processes regarding the development of models of care. Our intent is to develop substantive engagement/change management processes to result in improved decision-making and outcomes.
- We are developing Employee Survey initiatives across the teams in our Directorate. We have determined a specific focus on medical staff (both senior and junior) and their engagement/workplace issues. In addition we will pick up specific service-based issues.
- The New Zealand Gastro-intestinal Cancer Service (national service funded directly by the Ministry of Health) is being reviewed by the Ministry to ensure that the model of care utilised is fit for purpose going forward, considering the likely impact of the National Bowel Screening rollout as well as consistent national access to service nationwide.
- We have instituted comprehensive procedures to manage the measles outbreak to ensure that any potential impact on our immune-compromised patients is minimised.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Sep-19		
<i>Cancer & Blood Services</i>						
(\$000s)	MONTH			YEAR TO DATE (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,285	1,227	58 F	3,531	3,681	(150) U
Funder to Provider Revenue	10,494	10,497	(3) U	32,442	32,451	(9) U
Other Income	94	72	23 F	143	215	(71) U
Total Revenue	11,874	11,796	78 F	36,116	36,346	(230) U
EXPENDITURE						
Personnel						
Personnel Costs	3,741	3,870	130 F	11,651	11,962	310 F
Outsourced Personnel	3	52	49 F	92	156	64 F
Outsourced Clinical Services	502	272	(230) U	1,268	817	(450) U
Clinical Supplies	5,256	4,674	(582) U	15,427	14,460	(967) U
Infrastructure & Non-Clinical Supplies	137	171	34 F	459	515	56 F
Total Expenditure	9,639	9,040	(598) U	28,897	27,910	(987) U
Contribution	2,235	2,755	(520) U	7,220	8,436	(1,217) U
Allocations	746	807	61 F	2,469	2,423	(46) U
NET RESULT	1,489	1,948	(459) U	4,751	6,014	(1,263) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	77.4	73.1	(4.3) U	78.4	73.1	(5.3) U
Nursing	164.0	158.3	(5.7) U	156.6	158.3	1.6 F
Allied Health	91.4	117.8	26.4 F	91.3	117.8	26.5 F
Support	2.1	1.0	(1.1) U	2.0	1.0	(1.0) U
Management/Administration	55.2	53.9	(1.3) U	55.6	53.9	(1.7) U
Total excluding outsourced FTEs	390.0	404.1	14.0 F	384.0	404.1	20.1 F
Total Outsourced Services	-4.1	1.3	5.4 F	1.4	1.3	(0.1) U
Total including outsourced FTEs	385.9	405.4	19.4 F	385.4	405.4	20.0 F

Financial Commentary

The result for the year to date 30 September 2019 is an unfavourable variance of \$1,263k. This variance is mainly due to the PCT overspend (demand driven). This will mostly be offset by the funder to provider revenue wash-up from October 2019 onwards.

Volumes: Overall volumes are 98 % of contract.

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

Key drivers of the unfavourable variances are:

Total Revenue - \$230k Unfavourable. This is due to various smaller variances mainly the timing of Non-Residents and Donation income.

Total Expenditure (including allocations) - \$1,033k unfavourable. This is primarily due to

- Personnel cost including Outsourced Personnel \$374k F - due to Allied Health vacancies mainly Radiation Therapists and Physicists vacancies.
- Outsourced Clinical Services \$450k unfavourable – due to the outsourcing of radiotherapy delivered at Auckland Radiation Oncology and is offset by the Radiation Therapists vacancies.
- Clinical Supplies \$967k unfavourable – this is due to Pharmaceuticals \$969k U - driven by the PCT drug overspend (this will mostly be offset by the funder to provider revenue wash-up from October 2019 onwards).

FTE – 20 FTE favourable mainly Allied Health vacancies.

Cardiovascular Services Directorate

Speaker: Michael Stewart, Director

Service Overview

The Cardiovascular Directorate comprises Cardiology, Cardiothoracic Surgery, 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 services are Organ Donation New Zealand.

The Cardiovascular Services Directorate is led by:

Director:	Michael Stewart
General Manager:	Samantha Titchener
Director of Nursing:	Joanne Wright
Director of Allied Health:	Kristine Nicol
Director of Primary Care:	Jim Kriechbaum

Directorate Priorities for 2019/20

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

1. Enhancing Quality Frameworks and Risk management to drive safer and more effective care
2. Equity: Improve access and health outcomes for our Māori and Pacific population
3. Managing demand and delivering equitable and timely care across all Cardiovascular pathways
4. Our people: Enabling a culturally diverse workforce to deliver quality healthcare and providing professional development opportunities for all staff in a safe work environment
5. Being well led: Growing capability and accountability within the directorate leadership team
6. Improve revenue position and reduce cost

Cardiovascular Services

A3 owners: Dr Michael Stewart, Director and Sam Titchener, General Manager

Te Toka Tumai Provider Directorate Plan 2019/20

Date: June 2019



Ngā whāinga : Our priorities	Kei hea tātou ināianei? Where are we now?	Ki hea te tihi o te hiahia? Where do we want to be?
1 – Enhancing Quality Frameworks and Risk management to drive safer and more effective care	<ul style="list-style-type: none"> Monitoring quality of care is not embedded in practice Risk is not well defined or understood within our directorate Long time frames for review of adverse events/case reviews There is variance across implementation and how we learn from events 	<ul style="list-style-type: none"> Alignment with the organisational implementation of 'Just culture' A risk framework for cardiovascular services is developed and agreed Using data to look at positive quality metrics as well as areas for improving We have a culture that ensures "as many things as possible goes right"
2 – Equity: Improve access and health outcomes for our Māori and Pacific population	<ul style="list-style-type: none"> High Did Not Attend (DNA) rates within our Māori population across cardiology clinics Models of care that do not provide for (or attract or appeal to) our Māori patients Models of care that do not provide for (or attract or appeal to) our Pacific patients Our Māori and Pacific workforce numbers do not reflect the community we serve 	<ul style="list-style-type: none"> A focussed ongoing programme of work across the directorate dedicated to increasing our Māori and Pacific FSAs and follow ups A proportionate workforce of Māori and Pacific staff to the population we serve Our workforce is culturally competent and committed We provide culturally safe and effective services and care for our whānau
3 – Managing demand and delivering equitable and timely care across all Cardiovascular pathways	<ul style="list-style-type: none"> Challenges across all services with managing demand and capacity High waitlist numbers and wait times for patients across many of our services; both inpatients and outpatients Our capacity and demand models need developing, particularly in the complex national work such as Extracorporeal Membrane Oxygenation and high risk cardiac surgery Current constraints to flow in the clinical pathways with some extended waiting times, e.g. for complex diagnostics 	<ul style="list-style-type: none"> Seamless patient journey from referral to treatment, with no unnecessary delays All waitlists achieve their performance metrics ensuring timely access to diagnostics and cardiac or surgical intervention to provide best quality outcomes for patients Our patients are empowered to be part of decision making in their goals of care, to promote best treatment outcomes
4 – Our people: Enabling a culturally diverse workforce to deliver quality healthcare and providing professional development opportunities for all staff in a safe work environment	<ul style="list-style-type: none"> Results of employee survey - fatigue and wellbeing recurring theme High turnover in a number of specialised areas ranging between 18-24% Performance conversations are minimal in some areas Health and safety score for the SAFE 365 – 62% 	<ul style="list-style-type: none"> Wellbeing group established within the directorate addressing the needs of our people Our people report that by and large they enjoy a positive sense of wellness and connectedness with their leaders and peers who notice and facilitate their learning and development A high retention rate across the cardiovascular directorate Clear staff development plans that grow and develop staff who future proof our services Health and safety strategy implemented, with effective systems and processes in place to identify, capture and respond to risk and safety issues
5 – Being well led: Growing capability and accountability within the directorate leadership team	<ul style="list-style-type: none"> Lack of full accountabilities for all service metrics Limited positions descriptions for clinical lead roles, contributing to a lack of understanding of the role and key accountabilities 	<ul style="list-style-type: none"> Our leaders are equipped to lead multidisciplinary teams across services Our clinical leaders have position descriptions with clear objectives and accountabilities All leaders have the opportunity to develop both personally and professionally
6 – Improve revenue position and reduce cost	<ul style="list-style-type: none"> Ongoing implementation of financial sustainability key findings High catheter and stent costs particularly in the Interventional Radiology (IR)/Vascular service Under delivery of elective throughput impacting on our revenue position Low day of surgery admission and day case rates contributing to pressure on bed and reduced revenue position 	<ul style="list-style-type: none"> Sustained delivery of agreed 2019/20 Price Volume Schedule - improved revenue position Management of high cost interventional cases- cost mitigation in place and agreed Completion of delivery of financial sustainability key themes

#	Me pēhea tātou e tae ki reira? How are we going to get there?	Te Kaitohutohu : Owner	Due by	#	He pēhea te āhua o te angitu? What does success look like?	Current (end 2018/19)	Target (2019/20)
1	Develop Directorate Quality Scorecard as part of enhanced governance monitoring	Director	Q2	2	Increase our Māori nursing workforce by 2.3%	2.3%	4.6%
	Risk management framework developed and implemented for cardiovascular services	Director/GM	Q2				
2	Greenbelt project for improving access for our Māori population in Cardiology outpatients	Primary care Director	Q4		Increase our Pacific nursing workforce by 2.4%	4.5%	6.9%
	Capacity and demand models completed for all services	General Manager	Q4				
3	Work with critical care strategy and Building for the Future Programme to scope capacity and demand	SCD CVICU/General Manager	Q2	3	% of services including sub specialities that have completed capacity and demand models	10%	100%
	Develop plans to address flow constraints across clinical pathways	SCD	Q4				
	Ensure Care Capacity Demand Management is fully implemented across cardiovascular services	Nurse Director	Q4				
4	Health and safety strategy implemented and improve SAFE 365 score	Allied Health Director	Q4	4	Increase the number of ICU trained nurses with a formal post graduate certificate in Intensive Care Nursing (as recommended by the College of Intensive Care Medicine)	23%	50%
	Develop a plan to increase the number of Intensive Care Unit (ICU) trained nurses with a formal post graduate certificate in Intensive Care Nursing	Nurse Director	Q1				
	All staff have had a performance conversation completed and documented	All leaders	Q4				
	Development of position descriptions for all clinical lead roles	SCD	Q2		All staff have completed an annual performance appraisal	21%	100%
5	Clear performance goals for all clinical leaders are developed as part of their performance plans	SCD	Q4				
	Build on the financial sustainability work, identifying with leaders key areas of focus	GM	Q3	5	All clinical leaders have updated position descriptions that accurately reflect their roles and responsibilities	10%	100%
6	Review inventory and stock management to manage cost/consider various models	GM	Q3				
	Work with IR to develop financially sustainable model	Director/GM	Q3				

Glossary

Acronym/term	Definition
ACH	Auckland City Hospital
CTSU	Cardiothoracic Surgical Unit
CVICU	Cardiothoracic and Vascular Intensive Care Unit
DOSA	Day of same admission
EP	Electrophysiology
ESPI	Elective Services Patient Flow Indicator
NZBS	New Zealand Blood Service
ODNZ	Organ Donation New Zealand
SAC	Severity Assessment Code
SCD	Service Clinical Director
SMO	Senior Medical Officer
TAVI	Transcatheter Aortic Valve Implantation

Q1 Actions – 90 day plan

1. Enhancing Quality Frameworks and Risk management to drive safer and more effective care

Risk management is a standard item for discussion on our new leadership board agenda, enabling the team to identify and discuss any new risks and review existing risks that remain high or critical for the directorate.

The Cardiothoracic and Vascular Intensive Care Unit (CVICU) has implemented a new audit schedule to improve quality frameworks in the unit. This schedule, which aims to improve bedside compliance with patient safety guidelines, will be reported monthly.

The Cardiovascular Directorate continues leading the development of a Pressure Injury Website and revision of the current pressure Injury care plan for the organisation. A trial of the revised Pressure Injury Assessment and Care Plan commenced in October 2019 and is being trialled in six areas-Wards 41 & 42, Stroke, 65, 66 and 71. The trial period is for one month.

The Cardiovascular Directorate is also taking the lead in developing a Bundle of Care to support patients with post-operative delirium. A draft Bundle of Care has been progressed and is currently being revised prior to trialling. The information brochures previously developed about delirium for patient, family and whānau are now being included in pre-admission information packs for the Cardiovascular Directorate. The plan going forward will be to roll out to rest of Organisation where appropriate.

An organisational project is underway to develop a framework for staff support after serious unanticipated patient events. Recent feedback provided by Auckland DHB staff is that current processes do not consistently support staff at times when there is an unexpected patient event. The distress experienced can be compounded as a result, leading to detrimental health and work outcomes and reluctance to report future unexpected events. The project scope was to develop a framework and resources to support Auckland DHB staff from the occurrence of a patient event with serious unexpected outcomes through to the closure of the event. These events may be subject to a formal review process or they may form part of an internal morbidity and mortality meeting or other clinical review. The agreed solutions will be tested in 3 pilot areas by November 2019. The Cardiovascular Directorate is one of the pilot areas for testing the

proposed framework. The first piece of the framework around debriefing processes is to be tested in ward 31, CCU, CVICU and 41. The teams will be testing a defusing/debriefing tool.

A presentation was given at the recent European Cardiology Society forum reporting data outcomes on nurse led clinics post acute coronary syndrome admission. The presentation was titled; 'A way forward for cardiac rehabilitation nurse clinics with active holistic patient management'. Early cardiac rehabilitation nurse follow up clinics 2- 3 weeks post hospital discharge have been instituted at Auckland City Hospital (ACH) for all patients with established coronary artery disease to improve patient engagement and adherence. In the last 2 years these clinics have increased in attendance rates and patient complexity. There is now medical supervision allocated to these clinics to allow for active management of patients. Patients are seen multiple times to maximise evidence based treatments by the same nurse. Risk factors are addressed in these clinics and patients are invited into cardiac rehabilitation education classes and individualised prescribed exercise programs. The Cardiac Rehabilitation team prospectively recorded rates of adherence and interventions at Nurse Specialist clinics over a 12 month period. The conclusion was that the Nurse Specialist clinics with medical supervision that are scheduled early post discharge provide a safety net for patients who are discharged following short hospital stays. They also led to increased prescription of secondary prevention medication and patients having appropriate investigations and referrals. These clinics have resulted in a change in practice with routine doctor follow up clinics now cancelled. Early and intensive engagement with patients is associated with higher uptake of cardiac rehabilitation programs.

2. Equity: Improve access and health outcomes for our Māori and Pacific population

The Greenbelt project on improving access for our Māori patients to the Heart Failure clinic is going well. Team members across the service are now meeting weekly to review data. This data is being used to inform potential solutions moving forward that better meet the needs of our Māori patients.

Cardiac surgery has been focussing on preadmission and new ways of working to remove barriers to admission for cardiac surgery amongst our priority Māori and Pacific population. This has succeeded in progressing patients from the suspend list to preadmission, through surgery along the pathway to successful discharge. The Nurse Specialist leading this has engaged with the MDT and cultural support across the regions to work together to prepare patients preoperatively and ensure they have the supports in place on discharge.

Northland DHB has drafted a briefing paper that explores reducing delays for repatriation for Northland DHB patients post cardiac catheterisation. Northland District Health Board has asked Auckland DHB to review the paper from an ACH perspective. The business case is seeking additional FTE for patient transfer roles to support timely repatriation across a 7 day week.

3. Managing demand and delivering equitable and timely care across all Cardiovascular pathways

CVICU/Cardiac Services

DOSA is now underway in a trial phase for thoracic patients; patients have been selected and identified to move through the DOSA pathway. Thoracic preadmission clinic will operate fortnightly from early November which will identify potential DOSA patients in addition to ensuring better preparation of patients.

Work is progressing well on improving the routine cardiac surgical pathway which will enable optimisation of the CVICU capacity. The current focus of this project is reducing the time to extubation post routine cardiac surgery in CVICU to meet best practice guidelines. Key barriers to extubation have been identified and strategies have been put in place to mitigate these, including: reducing time between medical reviews for appropriate patients, timely interventions to speed up readiness for cessation of sedation and extubation, and increasing the available senior nursing support for bedside nurses to promote patients safely and effectively.

In order for timely and early progression to ward 42 (post-operative cardiac ward) from CVICU to occur we have been working on early discharge initiatives with the team. Access to early bloods and x-rays being taken to ensure all clinical tests have been completed in preparation for early discharge. Improving DOSA numbers for cardiac services is gaining momentum and discussions are underway regarding a DOSA 4 bed area on ward 42 in the New Year particularly for thoracic and vascular patients.

Cardiology

Regional referral forms for Transcatheter Aortic Valve Implantation (TAVI) have been updated and presented to the Regional cardiac network and the wider TAVI clinical group for feedback.

Cardiology is working through a number of initiatives to improve throughput in the Cardiac Cath Lab and ensure the most appropriate pathways are being developed for patients, particularly around DOSA procedures. A remodelling of the Cardiac Cath Lab schedule remains on track with an anticipated start date of 18 November, this will enable all day lists for operators and an increase in Electrophysiology (EP) cases across the week.

A greenbelt project reviewing start and finish times in the Cardiac Cath Lab is well underway with initial data exploring the “whys” for late starts, this data is to be presented to the MOS meeting in November with solutions to be agreed for mitigating late start times.

A proposal to pilot extended hours in ward 38 is being drafted. The service would like to increase their DOSA rates particularly in the EP service, however before requesting increased FTE to have this as a permanent requirement the service is keen to review utilisation of extended hours over a 3 month period.

The service is working closely with Northland DHB and the Cardiac Network to understand cost implications of reparation of some of their angiography volumes in 2021 when Northland DHB commission their new Cardiac Cath lab.

Vascular Surgery

Vascular is working with the radiology service to streamline processes around pre-hydration of patients who need renal protection and adopt the updated Diabetes Management Protocol. This will reduce the need to admit patients to a ward bed pre procedure. A process for accommodating Northland patients in a hotel bed night before the procedure is also being investigated.

Vascular Outpatients follow ups are currently under review. Senior Nurses in Vascular with input from primary health will adopt the SOS system for a cohort of vascular patients. Working alongside the Performance Improvement team to establish different ways to provide follow up appointments other than the traditional face to face appointment is progressing well, a sprint

methodology for SOS (self-referral into service) has been completed and a pilot is due to commence end of October/beginning of November.

A resignation in the Senior Medical Officer (SMO) workforce in vascular is adding to pressure across the on call roster. The service is interviewing for a replacement at the end of October 2019.

The progression of a regional model for the Northern Region for Vascular Services has been revisited and the service is drafting a paper outlining a hub and spoke model and implementation of the model across the region, this paper is being drafted for agreement and endorsement of ELT at ACH in the first instance.

4. Our people: Enabling a culturally diverse workforce to deliver quality healthcare and providing professional development opportunities for all staff in a safe work environment

A Nursing Strategy focussed on Māori and Pacific nursing workforce is in place across the Directorate. Nurse Unit Managers and Charge Nurses are working closely with Māori and Pacific nursing professional leads on identifying talent on entry to nursing practice.

The table below demonstrates the increase in Māori Senior Nurses and Staff nurses from 2017 to present.

2017	2019	2025
Senior nurses 1	Senior Nurses 4	Senior Nurses 5
Registered Nurses 8	Registered Nurses 15	Registered Nurses 23
9	19	28

CVICU has continued to reduce nursing staff turnover over the past quarter, with most recent turnover data showing CVICU is meeting organisational targets. This reduction in staff turnover has positively benefited the nursing skill mix in CVICU. The Staff engagement survey work is ongoing and there are action plans targeting three main areas, which are predominately implemented;

- appreciation and wellbeing
- equipment and storage, enabling improved workflow and easy access to equipment
- safe staffing levels, ensuring appropriate senior support.

Work has been done to increase the opportunities for CVICU nursing staff to access funding to enable them to complete postgraduate Intensive Care qualifications from the University of Auckland, with 9 students from CVICU currently undertaking this study, a 5% increase on our total number of nurses with these qualifications. We are expecting that we will be offering 11 students the opportunity to study in 2020.

The CVICU nursing team have established an active peer support group who are currently engaged in wellbeing activities and social events for the team. The Speak Up team are attending training next month and have been raising awareness of the Speak Up campaign. CVICU nurses are also represented at the Directorate Wellbeing group.

5. Being well led: Growing capability and accountability within the directorate leadership team

There has been increased activity in the Management Development programme (MDP) learning modules with 11 complete. It is encouraging that the Leading our Values is the most popular module but, the Developing People module has not been completed by anyone in the Cardiovascular Directorate - we will follow up to explore the barrier to this.

Recruitment into the Service Clinical Director (SCD) role for the Cardiothoracic Surgical Unit (CTSU) will commence in November, with the current incumbent signalling they wish to step down.

Cardiology will commence work reviewing and updating their Clinical leads roles, strengthening accountability and including in the KPI's a service improvement focus.

CVICU has established an 'Assistant Coordinator' Registered Nurse role which will support the Clinical Nurse Coordinator with; managing patient flow in CVICU, supporting the bedside nurses to promote timely transfers out of the unit and rapid promotion of patients after surgery. This role has shown some benefit in providing senior nursing support to nurses which enables safe timely transfers out of CVICU and the next evolution of this role will see it extending further in to the afternoon to provide additional support for timely extubation for routine cardiac surgery patients.

6. Improve revenue position and reduce cost

Please refer to the financial results section.

Scorecard

Auckland DHB - Cardiovascular Services

HAC report for September 2019

Equitable - equity is measured and reported on using stratification of measures in other domains				
Safety				
Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Nosocomial pressure injury point prevalence (% of in-patients)	PR097	8.7%		0%
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	2.5%		2.4%
Number of falls with major harm	PR199	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2)	PR084	2	Lower	0
Unviewed/unsigned Histology/Cytology results >=30 days	PR596	4	Lower	9
% Hand hygiene compliance	PR195	86.6%	>=80%	87.7%
Central line associated bacteraemia rate per 1,000 central line days	PR087	0	<=1	0
Patient-centred				
Metric		Actual	Target	Previous
% Patients cared for in a mixed gender room at midday - Adult	PR175	19.61%	Lower	18.92%
% hospitalised smokers offered advice and support to quit	PR129	95.4%	>=95%	99.09%
% DNA rate for outpatient appointments - Māori	PR057	16.53%	TBC	22.3%
% DNA rate for outpatient appointments - Pacific	PR058	17.05%	TBC	19.44%
% DNA rate for outpatient appointments - All Ethnicities	PR056	9.55%	TBC	10.64%
% DNA rate for outpatient appointments - Deprivation Scale Q5	PR338	14.86%	<=9%	17.33%
% Very good and excellent ratings for overall inpatient experience	# PR154	82.8%	>=90%	91%
% Very good and excellent ratings for overall outpatient experience	# PR179	88.9%	>=90%	95%
% Very good and excellent ratings for coordination of care after discharge	# PR493	82.8%	>=90%	80.4%
% Response rate to ADHB patient experience inpatient survey	# PR315	21%	>=25%	23%
Number of CBU Outliers - Adult	PR173	48	<=300	77
Timeliness				
Metric		Actual	Target	Previous
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Māori	PR323	7	Lower	6
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Pacific	PR324	6	Lower	2
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Total	PR327	68	Lower	54
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Deprivation Scale Q5	PR326	16	Lower	16
Cardiac bypass surgery waiting list	PR042	73	<=115	63
% Accepted referrals for elective coronary angiography treated within 3 months	PR043	99.3%	>=90%	98.7%

Vascular surgical waitlist - longest waiting patient (days)	PR235	143	<=150	141
Outpatient wait time for chest pain clinic patients (% compliant against 42 day target)	PR236	84.38%	>=70%	69.23%

Effectiveness

Metric		Actual	Target	Previous
28 Day Readmission Rate - Māori	# PR079	16.13%	<=6%	21.43%
28 Day Readmission Rate - Pacific	# PR080	23.73%	<=6%	8.89%
28 Day Readmission Rate - Total	# PR078	15.5%	TBC	13.72%
28 Day Readmission Rate - Deprivation Scale Q5	# PR322	21.79%	<=6%	16.88%

Efficiency

Metric		Actual	Target	Previous
Elective day of surgery admission (DOSA) rate	PR048	9.09%	TBC	6.02%
% Day Surgery Rate	PR052	20%	TBC	14.74%
Average LOS for WIES funded discharges (days) - Acute	PR219	5.44		6.11
Average LOS for WIES funded discharges (days) - Elective	PR220	3.26		2.89
HT2 Elective discharges cumulative variance from target	PR035	1.11	>=1	1.27
Inhouse Elective WIES through theatre - per day	PR053	21.93	TBC	20.09
% Adjusted Session Theatre Utilisation	PR198	81.4%	>=85%	84.4%
% Theatre Cancellations	PR218	17.73%	TBC	10.55%

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

#	Actual is the latest available result prior to September 2019
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Scorecard Commentary

- There were no Severity Assessment Code (SAC) 1 events reported for the period August to October 2019 for the Cardiovascular Directorate. There was one SAC 2 event reported in September-retained dressing product. This is an Always Report and Review event. The review is well underway.
- There were nine complaints received during this period. All have been resolved or are near resolution. Two of these complaints have come via HDC.
- There were no falls with harm reported during this period.
- There were no medication errors resulting in harm. The directorate has placed medication errors on the Risk Register. There are concerns related to available support via pharmacy and in errors in discharge prescriptions in particular.
- There was no stage three or four pressure injuries reported during this period.
- Elective Services Patient Flow Indicator (ESPI) 2 in Cardiology continues to meet 4 month targets.

- The Cardiology wait lists are tracking as follows:
 - Interventional: 123 patients on the waiting list.
 - Device: 72 patients on the waiting list.
 - EP: 224 patients are on the waiting list.
- Significant impact has been felt on the Cardiology waiting lists due to the MIT industrial action. This has led to a large number of patients having their procedure dates deferred, especially in the Interventional group.
- The cardiac surgery eligible bypass waitlist increased from 80 to 90 in September 2019. The service had 0 breaches for ESPI 5. The service performed 2 lung and 2 heart transplants and cared for 5 Extracorporeal Membrane Oxygenation patients. The service has maintained a waitlist well within the target waitlist number.
- Vascular surgery continues to meet ESPI 2 targets; however the service had 6 ESPI 5 breaches in September due to acute work and perioperative staffing levels, resulting in elective cancellations.

Key achievements in the month

- The build for the Electrophysiology Catheter Lab upgrade is on track, aiming for a start date of 17 November 2019.
- The continued success of developing our Māori workforce particularly in senior nursing positions is to be acknowledged.
- The final business case supporting a locality model for Cardiac Rehabilitation Exercise Programme based in East Auckland is complete and waiting on endorsement from both Clinical Support services and Cardiovascular, with an aim to commence in January 2020.
- Cardiovascular directorate initiated the huddle call system that has significantly reduced the time taken for staff to attend regular ward huddles throughout the day. This initiative is planned to be rolled out across all wards.

Areas off track and remedial plans

- The Regional EP waitlist continues to grow, although wait times have stabilised, the new updated CIU schedule and the return of an EP SMO from maternity leave should see the waitlist position improve over the coming months and stay on track for meeting the numbers indicated in our recovery plan.
- The service continues to be challenged in meeting PVS volumes and the revenue position reflects a year to date result is \$945k U. The service is working with the leadership team to ensure every opportunity for full utilisation of lists is happening with new escalation plans in place for cancellations across the directorate. Recovery plans are being put in place to emphasise the increased productivity that is required to improve this position, though that is currently hampered by MIT strike action in Cardiology and workforce shortages in Cardiac theatres.
- The ECHO service continues to be stretched with challenges in recruiting into the sonography workforce. The new Charge sonographer commences in December. Locums are providing cover in the outpatient setting where possible enabling our sonography team here at ACH to focus on ensuring the inpatient demand is met.

Key issues and initiatives identified in coming months

- Pilot of ward 38 to extend hours to increase the DOSA pathways for EP and angiography patients.
- Implementation of the new Cardiac Cath Lab schedule.
- Ongoing improvement work across the service, with a particular focus on prevention of cancellations, start times in Cardiac Cath Lab and DOSA pathways.
- Stranded costs work for repatriation of volume from ACH to Northland DHB when they commission their new Cardiac Cath Lab in 2021.
- Development and implementation of the new EP database, due to be implemented in January 2020 to improve audit and quality outcomes for EP patients.
- Recruitment of SCD role for Cardiac Surgery.
- Support of the ECHO service to deliver mitigation plans.
- Working with Organ Donation New Zealand (ODNZ) and New Zealand Blood Service (NZBS) on transition plans for ODNZ to move to NZBS once the legislative change has been finalised through the parliamentary process.
- Financial focus particularly across improving the revenue position.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Cardiovascular Services

Reporting Date **Sep-19**

(\$000s)

	MONTH			YEAR TO DATE (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	227	194	33 F	614	581	33 F
Funder to Provider Revenue	14,057	14,057	0 F	41,299	41,299	0 F
Other Income	371	998	(627) U	1,675	2,995	(1,320) U
Total Revenue	14,656	15,249	(594) U	43,587	44,875	(1,288) U
EXPENDITURE						
Personnel						
Personnel Costs	6,434	6,496	62 F	19,405	19,961	556 F
Outsourced Personnel	49	52	3 F	162	155	(7) U
Outsourced Clinical Services	59	233	174 F	789	698	(90) U
Clinical Supplies	3,652	3,551	(101) U	10,493	10,424	(68) U
Infrastructure & Non-Clinical Supplies	355	185	(170) U	724	555	(169) U
Total Expenditure	10,549	10,517	(32) U	31,573	31,794	221 F
Contribution	4,107	4,732	(626) U	12,014	13,081	(1,066) U
Allocations	1,209	1,333	124 F	3,885	4,006	122 F
NET RESULT	2,898	3,400	(502) U	8,130	9,075	(945) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	98.4	101.6	3.1 F	97.7	101.6	3.9 F
Nursing	373.1	361.2	(11.9) U	365.8	361.2	(4.5) U
Allied Health	66.9	69.0	2.1 F	66.0	69.0	2.9 F
Support	2.7	2.7	0.0 F	2.7	2.7	0.0 F
Management/Administration	33.1	33.8	0.7 F	32.3	33.8	1.4 F
Total excluding outsourced FTEs	574.2	568.2	(5.9) U	564.5	568.2	3.8 F
Total Outsourced Services	3.4	1.7	(1.6) U	3.0	1.7	(1.3) U
Total including outsourced FTEs	577.5	570.0	(7.6) U	567.5	570.0	2.5 F

Comments on Major Financial Variances

The September year to date result is \$945k U – driven by unfavourable Revenue, Outsourcing (due to Waikato volumes), offset by favourable Personnel costs.

Year to date inpatient Weighted Inlier Equivalent Separation is 94% of budget with Cardiology at 96%, Cardio-thoracic at 96% and Vascular at 86% of budget. This number is expected to increase somewhat once coding is more complete although is now likely below contract levels.

FTE Employed/Contracted is 2.5 favourable.

Revenue

Overall revenue variance is \$1,288k U - \$489k relating to non-resident income and the balance relates to general volumes at below planned levels.

Expenditure

Total Expenditure (including Allocations) for year to date September is \$343k F, this is mainly due to:

- Personnel and Outsourced personnel costs being net \$549k F; with the cost/fte being 2.3% favourable to budget in addition to FTE being 1% below budget.
- Outsourced Clinical is unfavourable \$90k. CTSU cases have been outsourced due to capacity issues at ACH in relation to referrals from Waikato and Capital & Coast DHBs.
- Clinical Supplies is \$68k U. The main drivers are:
 - Blood costs are still high (\$192k U or 118% budget) – the organisational review has not yet commenced. We are actively following up the position within cardio-vascular.
 - There is currently an effective \$119k savings requirement year to date (\$475k full year) built into the budget, associated with budgeted CTSU volume increase.
 - We continue to work on opportunities in the procurement space reviewing graft and stent usage and engaging Health Alliance to negotiate rebates with suppliers. There have been a number of procurement initiatives implemented through the 18 19 year which will continue to be monitored through 19 20 in addition to on-going negotiations.
- Infrastructure & Non-Clinical Supplies is \$169k U relating to Doubtful Debt provision and Internal Allocations are \$122k F associated with lower vascular volumes.

In summary, there are a number of improvement projects running across the directorate that, whilst focused on quality outcomes, patient experience, and improved utilisation and patient flow – will have the indirect benefit of improving productivity and effectiveness of spend. These projects are on-going and will support service delivery and financial management through 2019/20.

Clinical Support Directorate

Speaker: Ian Costello, Director

Service Overview

The Clinical Support Directorate is comprised of the following service delivery groups: Patient Services Centre (Administration, Contact Centre and Interpreter services), Allied Health Services (including Physiotherapy, Occupational Therapy, Speech Language Therapy, Social Work and Dietetics), Radiology, Laboratory (including community Anatomical Pathology services, Gynaecological Cytology), Clinical Engineering and Pharmacy.

The Clinical Support Directorate is led by:

Director:	Ian Costello
General Manager:	Kelly Teague
General Manager (Labs and Pathology)	Daniel Hunt
Director of Nursing:	Jane Lees
Director of Allied Health:	Moses Benjamin
Director of Primary Care:	Barnett Bond
Human Resource Manager:	Andrea Long
Finance Manager:	Leanne Gatman

Directorate Priorities for 2019/20

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

- 1. Integrated strategic service planning:** Continue implementation of the agreed strategies for Pathology and Laboratory Medicine Services and Pharmacy and Medicines Management. In addition, to developing service strategies for Radiology, Clinical Engineering, Patient Administration, Contact Centre and Allied Health (AH) working in collaboration with other Directorates to deliver agreed priorities aligned to Auckland DHB strategy.
- 2. Capacity and demand management:** Develop workforce and capacity plans, business models and recruitment and retention strategies for all our services that support quality, efficiency, diversity, Directorates and organisational priorities and enable planning and delivery of required activity.
- 3. Health and wellbeing of our people:** Develop and implement a systematic process to establish and budget for staffing Full-time Equivalent, staff and skill mix, to ensure the provision of timely, appropriate and safe services using Trendcare and Care Capacity Demand Management methodology where appropriate. Each of our services has an engaged and empowered workforce that reflects Auckland DHB values and that our people are equipped and supported to lead and be successful.
- 4. Improved patient experience:** Patients experience a service and environment that meets their quality and cultural expectations.
- 5. Service quality and improvement:** Further develop the Quality and Safety Excellence Programme across the Directorate, building on work already in place to ensure quality and

safety excellence is embedded across all our services. To develop indicators and measure and improve patient-centred outcomes and clinical safety.

- 6. Operational/financial management:** Achieve a sustainable financial position which supports best clinical practice. An agreed strategy for managing significant key equipment replacement and facilities constraints is developed and implemented.
- 7. Research and collaboration networks:** Clinical networks established for all our services. Our services have agreed research strategies aligned to strategic priorities. Further develop collaborations with the University of Auckland, in Pharmacy, Pathology and Laboratory Medicine Services and Radiology. To develop further collaborations with Auckland University of Technology and other potential partners to deliver improvement in quality, outcomes, training, research and joint ventures.

Clinical Support

A3 owner: Ian Costello, Director

Te Toka Tumai Provider Directorate Plan 2019/20

Date: June 2019



Ngā whāinga : Our priorities	Kei hea tātou ināianei? : Where are we now?	Ki hea te tihī o te hiahia? Where do we want to be?
1 – Service quality and improvement	<ul style="list-style-type: none"> A patient-centred safety and quality framework has been developed in each of our services Key performance metrics identified and scoping measurement and reporting options Directorate governance structure implemented 	<ul style="list-style-type: none"> Quality and safety excellence is embedded across all our services with measurement, analysis and reporting of patient-centred outcomes, clinical safety and equity Key metrics agreed and reported internally and across the organisation Top of scope working identified and strategies agreed
2 – Improved patient experience	<ul style="list-style-type: none"> Review of patient experience and quality measurement underway Options for developing more patient-focussed and patient involvement in feedback on our services complete Project plan in development Review across all services focussing on timely access to services and measuring patient experience with a focus on Māori and Pacific patients 	<ul style="list-style-type: none"> Patients experience a service and environment that meets their quality and cultural expectations and are able to easily feedback comments and ideas for improvement Patients are able to access our services equitably. Services are flexible in their approach and focused on patient's need Māori and Pacific patient experience measured, reported and improvement targets identified
3 – Health and wellbeing of our people	<ul style="list-style-type: none"> Staff engagement plans developed for all services and in implementation phase Focus on fatigue and burn-out risk across services People and wellbeing strategy agreed for all services Equity and diversity awareness training underway across all services Equity and diversity review underway across all services with a focus on Māori and Pacific workforce recruitment and career development 	<ul style="list-style-type: none"> People and wellbeing strategy embedded across all services Each of our services has an engaged and empowered workforce that reflects Auckland DHB values Our people are equipped and supported to lead and be successful All our staff are culturally competent and committed All services are successfully implementing clear strategies for Māori and Pacific workforce recruitment and career development We have effective systems and processes in place to identify, capture and respond to risk and safety issues
4 – Capacity and demand management	<ul style="list-style-type: none"> Workforce and capacity plans developed and agreed for Pathology and Pharmacy. In development for Radiology and Allied Health Strategic approach to recruitment, retention and workforce diversity underway across all services 	<ul style="list-style-type: none"> Workforce, capacity plans, business models and recruitment and retention strategies agreed for all our services that support quality, efficiency, diversity, equity, Directorates and organisational priorities enable planning and delivery of required activity A systematic process is used to establish and budget for staffing FTE and skill mix, to ensure the provision of timely, appropriate and safe services using Trendcare and Care Capacity Demand Management (CCDM) methodology where appropriate Reporting capability supports our referring clinical services to manage demand and identify appropriate use of services/tests/imaging including Choose Wisely
5 – Integrated strategic service planning	<ul style="list-style-type: none"> Strategies for Pathology and Laboratory Medicine, Forensic Pathology and Pharmacy and Medicines Management agreed and being implemented. Strategies for Radiology and Clinical Engineering in development 	<ul style="list-style-type: none"> Strategic vision and implementation plans agreed for all our services focusing on clinical pathways and agreed priorities
6 – Research and collaboration networks	<ul style="list-style-type: none"> Early stage collaborations developed for Radiology, Pathology and Laboratory and Pharmacy Teaching, training, research and joint appointments with academic partners agreed for Pathology and Laboratory and Pharmacy 	<ul style="list-style-type: none"> Clinical networks established for all our services Our services have agreed research strategies aligned to strategic priorities
7 – Operational/financial management	<ul style="list-style-type: none"> Significant capital investment in facilities and an equipment replacement programme will be necessary within the next 1-5 years, within a challenging capital funding environment Business model reviews underway for Pharmacy (Medicines) Radiology and Laboratories including service billing 	<ul style="list-style-type: none"> Sustained financial position which supports best clinical practice An agreed strategy for managing significant key equipment replacement and facilities within capital constraints Amended business model, funding and service billing approach agreed and implemented

#	Me pēhea tātou e tae ki reira? How are we going to get there?	Te Kaitohutohu : Owner	Due by	#	He pēhea te āhua o te angitu? What does success look like?	Current (End 2018/19)	Target (2019/20)
1	Agree quality, safety, equity and outcome metrics. Automate measurement where possible	Director/AH Director	Q4	1	Outcome measures developed. Quality and safety metrics reported regularly	Underway	Completed
2	Agree patient experience and equity measures. Develop training and improvement strategies	Director/GM/AH Director	Q4	2	Patient experience and equity measures agreed. Improvement strategy developed. Reduction in DNA rates for Māori patients by 30%. Reduction in DNA rates for Pacific patients by 30%	Scope for each of our services	PSC and Radiology implemented
3	Ensure Trendcare and CCDM is fully implemented where appropriate to ensure appropriate response to acuity and clinical requirements	Nurse Director	Q4	3	People Plans, including Engagement Strategies, embedded across our services. Engagement metrics developed and showing improvement	Pharmacy, AH and Clinical Engineering completed	Pathology and Radiology completed
3	Develop and agree on People and Engagement plans	HR Manager	Q4	3	Succession planning and leadership development plans in place for key roles. Increase participation and completion of LDP with focus on Māori and Pacific workforce. Meaningful increase in Māori and Pacific workforce across Directorate	Process and leadership development framework identified	Implement in Laboratory, AH and Radiology
3	Identifying key roles and succession plans. A commitment to completing dynamic Talent Mapping to the level of service leadership direct reports with targeted succession and development plans for all in this group	HR Manager/AH Director	Q4	4	Workforce and capacity plan proposals completed. Business model reviewed. Recruitment and retention strategies that support equity and diversity of our workforce agreed	Pathology and Pharmacy completed	AH and Radiology completed
3	Ensuring commitment to increasing Māori and Pacific workforce through designing and implementing robust systems and processes and through cultural competency training at all levels	HR Manager/AH Director	Q4	5	Strategies and priorities agreed with the Provider Group	Pathology and Laboratory, Pharmacy, Radiology agreed	Contact Centre, AH and agreed. Pathology and Laboratory and Radiology implemented
4	Develop our workforce, capacity plans, recruitment and retention strategies for Allied Health and Radiology	GM/SCDs/HR Manager	Q4	6	Clinical networks scoped and agreed. Academic partnerships progressed	Developed	Implemented
5	Develop strategies for Contact Centre, Clinical Engineering, Allied Health, all aligned to Strategic Programmes of work	Director/GM	Q4	7	Break even budget position and savings plans achieved for each of our services	Budget met	Budget met
6	Develop clinical networks in Pathology and Laboratory and Radiology. Further embed and develop academic partnerships	Director	Q4	7	Capital strategy agreed by Executive Leadership Team	Discussions on options with Finance underway	Proposal developed
7	Identify revenue, savings targets and capital expenditure strategies for all our services. Sustained and effective financial management across financial years with balanced cost/revenue emphasis	SCD/GM/Finance Manager	Q4				
	Develop and agree the capital strategy	Director/GM/Finance Manager	Q4				

Glossary

Acronym/term	Definition
AH	Allied Health
CT	Computed Tomography
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
MIT	Medical Imaging Therapist

Q1 Actions – 90 day plan

Priority	Action Plan
1	<ul style="list-style-type: none">Finalise the Radiology Strategy and align with Strategic Programmes of work
2	<ul style="list-style-type: none">Develop our workforce, capacity plans, recruitment and retention strategy and business model for Phlebotomy, Physiotherapy, Occupational Health and Clinical Engineering.
3	<ul style="list-style-type: none">Develop and agree a regional interpreter service strategy
4	<ul style="list-style-type: none">Embed the employment survey results within each serviceDevelop and implement succession plans within each service
5	<ul style="list-style-type: none">Automate quality measures where possibleDevelop capacity and demand reports for Radiology, Laboratories and PharmacyComplete the Health & Safety Directorate Strategy
6	<ul style="list-style-type: none">Identify revenue, savings targets and capital expenditure strategies for all our services. Sustained and effective financial management across financial years with balanced cost/revenue emphasisDevelop and agree the capital strategy
7.	<ul style="list-style-type: none">Develop clinical networks in Pathology and Laboratory and Radiology. Further embed and develop academic partnerships

Scorecard

Auckland DHB - Clinical Support Services

HAC report for September 2019

5.5

Equitable - equity is measured and reported on using stratification of measures in other domains				
Safety				
Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2)	PR084	0	Lower	0
Unviewed/unsigned Histology/Cytology results >=30 days	PR596	1	Lower	4
Timeliness				
Metric		Actual	Target	Previous
% Outpatients and community referred MRI completed < 6 weeks	PR046	55.32%	>=95%	65.29%
% Outpatients and community referred CT completed < 6 weeks	PR047	90.38%	>=95%	85.35%
% Outpatients and community referred US completed < 6 weeks	PR229	79.4%	>=95%	71.1%

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

Scorecard Commentary

Radiology

Performance against the Ministry of Health (MoH) indicators across Magnetic Resonance Imaging (MRI) has deteriorated but improved for Computerised Tomography (CT) in September 2019. We have been successful in recruiting 2 new permanent FTE Trainee MRIs and 3 casuals for the MRI service. There is on-going recruitment for a total of 6.7 FTE MRIs across the service.

MRI

Performance against the MRI target of 95% of referrals completed within six weeks has deteriorated in September 2019 to 55.3% (54.4% for General MRI and 77.8% for Cardiac MRI) compared to performance in August 2019 (65.3%).

The number of adult non-cardiac patients waiting longer than 42 days was 359 at the end of September 2019. The total waiting list has increased from 842 in August 2019 to 964 in September 2019. The number of adult cardiac patients waiting longer than 42 days at the end of September 2019 was 0 with the total waiting list reducing from 26 in August 2019 to 24 in September 2019.

The number of paediatric patients waiting longer than 42 days was 76 at the end of September 2019 compared to 81 in August 2019. The total waiting list increased from 145 in August 2019 to 185 in September 2019.

September 2019. The Starship MRI magnet had a significant upgrade from Monday 9 September until Friday 27 September 2019 which impacted capacity. Paediatric patients were managed on the Auckland City Hospital/Greenlane Clinical Centre and CAMRI magnets during this period.

The number of paediatric cardiac patients waiting longer than 42 days at the end of September 2019 was 0. The total number of patients waiting has decreased from 11 in August 2019 to 2 in September 2019.

MRI demand continues to grow. A number of challenges still remain that are impacting MRI capacity, especially MRI Medical Imaging Therapist (MIT) vacancies and strike action. We are outsourcing volume capped to within budget. As a result outpatient waiting lists will continue to increase and the MoH 6 week outpatient target will be significantly compromised. In-patient demand will need to be prioritised to ensure the clinical and patient flow impact is minimised. The majority of new recruits are recent graduates who require a further six months post-graduate training to be able to perform MRIs.

Mitigation actions are in place and we are continuing conversations with private providers to support increased MRI capacity for outpatients.

CT

Performance against the MoH indicator of 95% of out-patients completed within six weeks has improved to 90% in September 2019 compared to 85% in August 2019.

The number of adult patients waiting longer than 42 days is 0 at the end of September 2019 compared to 2 in August 2019. The total number of patients waiting has decreased from 173 in August 2019 to 159 in September 2019.

The number of paediatric patients waiting longer than 42 days is 5 patients at the end of September 2019 compared to 0 in August 2019.

Ultrasound

Whilst there 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 improvement of 79% of out-patients scanned within 6 weeks at the end of September 2019 compared to 71% in August 2019.

The number of adult patients waiting longer than 6 weeks is 45 patients at the end of September 2019 compared to 51 in August 2019. The total number of patients on the waiting list has decreased from 633 in September 2019 to 721 in August 2019.

The number of paediatric patients waiting longer than 6 weeks is 1 at the end of September 2019 compared to 0 in August 2019. The total number of patients on the waiting list has increased from 44 in August 2019 to 68 in September 2019.

Pathology and Laboratory Medicine

The number of un-viewed/unsigned Histology/Cytology results for September 2019 was 1 compared to 4 in May 2019 which are related to Perinatal Pathology Service. These tests have been ordered by the Perinatal Pathologists and then viewed and closed by the same Pathologist in Delphic (Laboratory System). This metric requires that the result is also signed out in Éclair. This process has been reviewed with the Pathologists.

At the end of September 2019, 71% of faster cancer treatment small biopsies were reported within the 5 day target and 81% of large specimens were reported within the 10 day target. The service continues to operate with a 1.6 FTE Pathologist vacancy and is utilising locum sessions to cover this gap. The service continues to review its constraints through the laboratory and reporting processes to ensure these levels of performance are sustained going forward. This will be evaluated as part of this work to build resilience within the service which will include managing the growing demand from transplant services, MDMs and expanded requirements for immune-histology testing.

The cytology premises at Anatomic Pathology Services, Mt Wellington is currently sub-leased from Labtests. The lease is due to expire in October 2020. There is a risk that the lease may not be renewed. Options for a new location are being explored as a contingency plan.

The Department of Forensic Pathology, Auckland City Hospital recently received accreditation from the National Association of Medical Examiners (USA). NAME is the pre-eminent organisation in the USA responsible for the training of forensic pathologists, accreditation and inspection of forensic pathology facilities, and quality and standards in forensic pathology. Their inspection and accreditation programme is the only forensic pathology specific programme in the world, and until recently the only forensic pathology department to gain accreditation outside of the USA was Singapore. NAME accreditation is an endorsement of the quality, integrity and credibility of the service, verification of adherence to peer-reviewed standards in forensic pathology, endorsement of a robust quality assurance programme and the credibility of courtroom testimony

Quality and Safety

Service level quality and risk is overseen by the AH Director, with newly reported incidents reviewed within 24 hours. The Directorate Quality and Safe Care Governance Group continues to provide oversight of service quality and clinical safety.

Service level quality meetings are taking place on a monthly basis with the Allied Health Director and Director of the Directorate. This structure allows time for more in depth and detailed risk reviews, quality oversight and incident management specific to each service.

The quality scorecards are being developed for each service in line with the new HAC scorecard. We also have a Quality Dashboard for the Directorate which is reviewed once a month by the Senior Leadership Team and also by the directorate Quality and Safe Care Forum.

Currently work is being undertaken with the Patient Engagement team to develop a framework to capture patient feedback through the Qualtrix system.

The Directorate Health and Safety Committee continues to have oversight of Health and Safety issues in the Directorate. Each department has developed a hazard register which in turn escalates to the Directorate register.

With the introduction of the Hazardous Substances Regulations late in 2017 there is now a requirement that all laboratories who previously followed the Exempt Code of Practice Section 33 HSNO meet the requirements of Part 18 of the regulations. An audit has been undertaken across LabPlus and Anatomical Pathology, Mt Wellington and a corrective action plan has been developed. Progress against this plan will be monitored through the Directorate's Health and Safety Governance Committee.

Incidents

Medication Incidents

There were 15 medication incidents reported in September 2019 relating to Pharmacy omissions/delays, incorrect quantity and documentation issues. There was no harm to patients.

Falls

There were 2 falls reported in September 2019, involving patients mobilising.

Incidents

There were no Severity Assessment Codes reported in September 2019.

Complaints

There was 1 complaint received in September 2019 compared to 1 in August 2019. All the complaints in September 2019 relate to the patients experience with a Radiology procedure.

Our People

Wellness: July and August saw an increase in sick days which is not unusual over the winter period. Overtime hours have only slightly increased compared to the same period last year- this however does remain below the peaks of 2017/2018. Excess annual leave continues to drop compared to the same period in 2018/2019 and will remain a focus. We still have pockets of staff taking less than 10 days of leave in a year and our focus with them to tackle this is with a wellbeing focus.

We continue to offer and conduct 1:1 exit interviews. Over the quarter we've spoken with departing MRT's, Physiotherapists and a Manager in a business support role.

The LabPlus Wellbeing Working Group has now been formed and the group will be working towards designing and delivering a range of wellbeing initiatives; key to the success of the programme is the feedback and engagement of all staff. An email address and suggestion box has been set up to encourage everyone to share their ideas. This template will be rolled out across all our services.

Leadership Development: We continue to focus on the importance of Management Development Programme modules, its pleasing to see the highest completion is for the modules developing our people and leading our values. We continue to see an increase in the percentages of staff with systemised performance conversations in KIOSK. We are aware further progress is needed as we know there are a number of Managers and Employees having these conversations they just aren't being recorded.

Culture: Greater focus is being placed on equity of health outcomes within the Directorate. We've committed to sending 17 people to the November sessions with Hone Hurihanganui. Hiring Managers are positively engaged with increasing diversity and interviewing Māori and Pacific candidates with suitable skill sets. The Rangatahi programme consultants presented at the most recent Quality & Safe Care Forum meeting. Every service in the Directorate has committed to supporting the programme. Clinical Support presented at the most recent Rangatahi Cohort meeting showcasing the career opportunities and entry points open to students. Next is attending Auckland Girls Grammar to talk this through in more depth with their year 7 and 8 students.

Teams are continuing to implement the actions that came out of their action planning workshops following their employee engagement survey results.

Te tino o mātou has been introduced at DLT and further sessions with HR Consultants alongside Managers of large services are being booked to help them understand how they'll implement and use the resources.

Managers continue to focus on their Engage Action plans and we now have 88% of these in Qualtrix up from 44% in the previous quarter.

Key achievements in the month

- A steering group has been established in relation to the relocation of Pharmacy Aseptic Production Unit (PAPU)
- A proposal for an Auckland DHB/Waitemātā DHB Interventional Radiology Service has been approved by both DHB boards and Interventional Radiology Senior Medical Officer positions will be advertised within the next 6 weeks
- The HIT Team have arranged a deep dive session to review the regional risks in relation to RIS/PACS systems being out of date and no longer supported by the vendor
- Agreement obtained to roll out Telephone Interpreting across the organisation
- Remote temperature monitoring of refrigerators containing medication and breast milk has been rolled out across the hospital, reducing risk of wastage and improving safety
- The Department of Forensic Pathology, Auckland City Hospital received accreditation from the National Association of Medical Examiners (USA)

Areas off track and remedial plans

- Waitemātā DHB acute Interventional Radiology volumes impacting on Auckland DHB capacity
- Regional strategy for the Interpreters
- MRI recovery plan

Key issues and initiatives identified in coming months

- Continue to implement solutions for Patient Services Centre data quality reports in conjunction with Business Intelligence
- Continue to improve the process for patients receiving their appointment letters
- Continue with implementation of the Interpreter Improvement Project
- Radiology waiting list recovery plan and strategic plan for MIT workforce planning
- Seek additional outsourcing capacity for Radiology should inpatient volumes remain high
- Further develop our Māori and Pacific employee recruitment and retention strategy
- Continue with engagement and values workshops in all services
- Sustain the recovery plan for LabPlus small biopsy turnaround times
- Continue to implement improvements related to the Part 18 hazardous substance audit across Laboratories

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
Clinical Support Services				Reporting Date		Sep-19
(\$000s)	MONTH			YEAR TO DATE (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,800	1,566	234 F	5,160	4,744	416 F
Funder to Provider Revenue	3,755	3,750	5 F	11,596	11,582	14 F
Other Income	3,325	3,141	184 F	10,179	9,422	757 F
Total Revenue	8,879	8,457	423 F	26,935	25,748	1,187 F
EXPENDITURE						
Personnel						
Personnel Costs	11,337	11,600	264 F	35,158	35,993	836 F
Outsourced Personnel	156	30	(126) U	372	90	(282) U
Outsourced Clinical Services	823	675	(148) U	2,902	2,075	(827) U
Clinical Supplies	4,444	4,247	(197) U	13,413	13,080	(333) U
Infrastructure & Non-Clinical Supplies	2,397	2,273	(124) U	6,992	6,819	(173) U
Total Expenditure	19,157	18,826	(331) U	58,836	58,057	(779) U
Contribution						
	(10,278)	(10,369)	91 F	(31,901)	(32,308)	408 F
Allocations	(9,426)	(9,714)	(288) U	(29,493)	(29,298)	195 F
NET RESULT	(852)	(655)	(197) U	(2,408)	(3,011)	603 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	145.6	153.9	8.3 F	152.6	153.9	1.4 F
Nursing	27.7	33.9	6.2 F	27.7	33.9	6.1 F
Allied Health	873.2	889.7	16.5 F	873.8	888.0	14.2 F
Support	0.3	0.0	(0.3) U	0.2	0.0	(0.2) U
Management/Administration	267.6	270.1	2.5 F	270.0	270.1	0.1 F
Total excluding outsourced FTEs	1,314.3	1,347.6	33.3 F	1,324.2	1,345.9	21.7 F
Total :Outsourced Services	23.8	2.1	(21.7) U	18.7	2.1	(16.6) U
Total including outsourced FTEs	1,338.1	1,349.7	11.6 F	1,343.0	1,348.0	5.1 F

Comments on major financial variances

September YTD result is \$603K F. The key drivers of this result are;

1. Personnel costs including outsourced were \$554K F to budget. This is due to vacancies across the directorate but predominately in Radiology and Laboratories.
2. Outsourced Clinical Services were \$827K U. \$407K was due to outsourced MRI scans in Radiology. This is partly offset by savings in MIT's and various strategies are in place to contain as per oversight paper. \$316K was due to the send away of lab tests predominately in Diagnostic Genetics. A review is underway of the feasibility of bringing some of this work in-house.
3. Clinical Supplies were \$333K U. \$273K of this is due to overspend in interpreters. Telephone interpreting is being rolled out across directorates to reduce this overspend.
4. Revenue is \$1,187K F. \$381K relates to Pharmacy and is offset by costs of goods sold. The remainder of the variance is largely in laboratories and is both price and volume related.

Perioperative Directorate

Speaker: 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 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:	Vanessa Beavis
General Manager:	Duncan Bliss
Director of Nursing:	Leigh Anderson
Director of Allied Health:	Kristine Nicol

Directorate Priorities for 2019/20

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

1. Safe and quality services
2. Equity
3. Health and wellbeing of our people
4. Efficient and effective clinical care
5. Service size to meet growth in demand
6. Financial sustainability

Perioperative Services

A3 owner: Dr Vanessa Beavis, Director

Te Toka Tumai Provider Directorate Plan 2019/20

Date: June 2019



Ngā whāinga : Our priorities	Kei hea tātou ināianei? Where are we now?	Ki hea te tihi o te hiahia? Where do we want to be?
1 – Safe and quality services	<ul style="list-style-type: none"> Inability to track instruments to individual patients Inconsistent pre-briefings for lists 	<ul style="list-style-type: none"> Single Instrument Tracking in place for Neuro as a start Improved briefings
2 – Equity	<ul style="list-style-type: none"> Low recruitment and retention of Māori and Pacific staff, with a need to shift from a Pākehā centric workplace Small percentage of overall workforce are Māori Small percentage of overall workforce are Pacific 	<ul style="list-style-type: none"> An attractive place for Māori and Pacific to work A workforce that is culturally competent and committed Improved retention rate
3 – Health and wellbeing of our people	<ul style="list-style-type: none"> Welfare advocates at present for anaesthetists Staff engagement currently is 79% Personal Health and well-being suffered by staff currently is 30% Emotionally drained staff currently is 50% 	<ul style="list-style-type: none"> Extend welfare advocates to all professional groups within perioperative services Improve staff engagement to a target of 85% Lower Personal Health and Well-being suffered by staff to below 20% Lower emotionally drained staff figures to 40%
4 – Efficient and effective clinical care	<ul style="list-style-type: none"> Paper based, duplicated documentation and processes Inadequate operating room (OR) capacity Gaps in communication with our patients and whānau regarding their journey through our services 	<ul style="list-style-type: none"> Redesign pre-assessment processes with the Elective Preoperative Patient Preparation Pathway (E4P) New OR build in the Greenlane Surgical Unit Provide culturally safe and effective services for our patients and whānau
5 – Service size to meet growth in demand	<ul style="list-style-type: none"> Historical models of care Hard to recruit to areas 	<ul style="list-style-type: none"> Evidence based models of care for ORs Workplace taskforce
6 – Financial Sustainability	<ul style="list-style-type: none"> Ageing and unsupported equipment 	<ul style="list-style-type: none"> Sustainable fleet replacement programme Sufficient capex to maintain and grow the service

#	Me pēhea tātou e tae ki reira? How are we going to get there?	Te Kaitohutohu : Owner	Due by	#	He pēhea te āhua o te angitu? What does success look like?	Current (end 2018/19)	Target (2019/20)
1	Implementation of Single Instrument Tracking briefing	Director	Q4	1	Audit Implementation	10%	20%
	Changed selection process	Nurse Director	Q4		Instrument etching progress	Nil	Neuro
2	Working with our partners to make our workplace attractive and supportive for Māori and Pacific staff	Nurse Director	Q4	2	Percentage of Māori and Pacific candidates who meet the core criteria for a role, being shortlisted for an interview by the Hiring Manager	<50%	100%
	Welfare advocate extended to all professional groups	Director	Q4		OR model of care tracking OR staffing vacancies vs. FTE	76%	80%
3	Develop and implement action plans from employee survey	Director	Q4	3	List cancellations due to Perioperative staffing	0.96%	TBC
					Absenteeism	4.5%	4%
4	Greenlane Optimisation Project; including patient experience and room usage	General Manager	Q4	4	Status of Acute Surgical Unit extended hours	0%	50%
5	Building for the Future strategic programme timelines	General Manager	Q3	5	Project A3s	Yet to start	2 new ORs
6	Review of ageing and unsupported equipment	General Manager	Q4	6	Appropriate fleet replacement program in place	"no formal processes in place"	Major equipment fleets identified and audit of current equipment

Glossary

Acronym/term	Definition
CSSD	Central Sterile Supply Department
OR	Operating Room
SAC	Severity Assessment Code
TDOC	Traceability Documentation

Q1 Actions – 90 day plan

1. Safe and quality services

Activity	Progress
Implementation of Single Instrument Tracking briefing	<p>Single Instrument Tracking System:</p> <ul style="list-style-type: none"> The NuTrace Laser Etching Machines x 3 have arrived and set up at Auckland DHB. The Ministry of Health (MoH) has visited CSSD in October to inspect them and are particularly happy with the speed. Super users x 3 have completed required laser training in USA. Service contract agreement is currently with hA. The (required) Traceability Documentation (TDOC) feature is currently turned off but the Project Manager is working with hA to resolve this issue. Currently working on options to avoid a 150K charge related to connectivity issues between the sterilisers and TDoc.

2. Equity

Activity	Progress
Working with our partners to make our workplace attractive and supportive for Māori and Pasifika staff	<p>A directorate Māori Workforce Hui (Listen – Learn – Understand) is being held on Friday 29 November 2019. The objectives for the Perioperative Services Māori Workforce Development Hui are as follows:</p> <ul style="list-style-type: none"> To create a space where Māori want to work. To produce more Māori leaders within the perioperative directorate. To create a community for Māori within the perioperative directorate. To increase the number of Māori working in the perioperative directorate. <p>National Anaesthesia Day held on 16 October was also an opportunity for Anaesthetists to Māori and Pasifika Anaesthetists took an opportunity to speak to showcase the work of the department with Māori and Pasifika Medical Students about a career in Anaesthesia.</p>

3. Health and wellbeing of our people

Activity	Progress
Operating Room (OR) Model of care tracking OR staffing vacancies vs FTE	<ul style="list-style-type: none">• Retaining Anaesthetic Technicians and Nurses and being able to attract and source staff has been the key focus. Greenlane was noted to have a low staff turnover this year.• This year's UK recruitment drive held in August 2019 has given us 16 new AT recruits and 5 OR Nurses who will arrive between October and April 2020.• Staff turnover statistics quarter ending June 2019 is showing a decrease and although the less than one year service rate is increasing, it is below last year. Face to face exit interviews have been requested recently by some specific Managers to provide commentary for analysis to understand turnover and improve retention.

4. Efficient and effective clinical care

Activity	Progress
Acute index time to OR from booking reporting available	<ul style="list-style-type: none">• A heavy acute load and maintaining the elective throughput is finely balanced. We achieved 78.26% against a target of 90%. Industrial action and leave has had a small impact on volumes.

5. Service size to meet growth in demand

Activity	Progress
Building for the future strategic programme timelines	<ul style="list-style-type: none">• The Building for the Future group has continued to meet with outlined plans endorsed by the group for the 2 additional OR's, new endoscopy and infusion facility. The business case was progressed in October following it being placed on hold in July.• A sprint group as part of the planned care work stream has been established in late July to focus on local procedures being moved out of OR.<ul style="list-style-type: none">○ Local skin lists were tested through August and September.○ From 4 October the sessions have been staffed from Dermatology freeing up 3 sessions per week to be backfilled in operating rooms.

6. Financial sustainability

Activity	Progress
Appropriate fleet replacement program	<ul style="list-style-type: none">• See financial report.

Scorecard

Auckland DHB - Perioperative Services

HAC report for September 2019

5.6

Equitable - equity is measured and reported on using stratification of measures in other domains				
Safety				
Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2)	PR084	0	Lower	0
% Hand hygiene compliance	PR195	96.43%	>=80%	75.09%
Wrong site surgery	PR255	0	Lower	0
Patient-centred				
Metric		Actual	Target	Previous
Number of complaints received	PR085	2		2
Number of compliments received	PR336	0		0
Timeliness				
Metric		Actual	Target	Previous
% Cases with unintended ICU / other area stay	PR258	0.52%	<=3%	0.76%
% CSSD incidents	PR260	2.8%	<=2%	3.03%
% Acute index operation within acuity guidelines	PR254	78.26%	>=90%	71.43%
Effectiveness				
Metric		Actual	Target	Previous
% 30 day mortality rate for surgical events	PR259	0.21%	<=2%	0.3%
% Patients with Hypothermia in PACU	PR271	3.6%	<=1%	0.84%
% Patients with PONV in PACU	PR272	3.29%	<=4.99%	2.96%
Efficiency				
Metric		Actual	Target	Previous
% Elective sessions planned vs actual	PR261	92.93%	>=97%	92.25%
% Adjusted theatre utilisation - All suites (except CIU)	PR262	84.11%	>=85%	85.38%

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

Amber

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

Scorecard Commentary

- There were 2 complaints received for Perioperative services for September 2019.
- No Perioperative Severity Assessment Code (SAC) 1 and no SAC 2 incident was reported in the three months from 1 July to 30 September 2019, although we are supporting other directorates as required.
- Recommendations from previous Root Cause Analysis have been implemented. Formal auditing of the surgical safety check list has recommenced this quarter, with good rates of engagement and compliance.
- There were 4 medication incidents reported for September 2019. 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.

Key achievements in the month

- National Anaesthesia Day was celebrated on 16 October. The theme was “Preparing for your anaesthesia” and the aim was to help the community understand the importance of preparing for an anaesthetic, such as getting fit, eating healthily and optimising medical conditions. The messages of discussing medical conditions with an Anaesthetist, stopping smoking, and getting fit and healthy before surgery were effectively conveyed and well received!
- We welcome the following new appointments: Matthew Drake, (Deputy Service Clinical Director (Level 9), Dean Frear, (Service Clinical Director (Starship ORs and Anaesthesia), Szelin Yap, (Nurse Consultant Perianaesthesia), Bronwyn Taylor, (Associate Nurse Director Workforce Development Education and Training), Mae Sabo-o and Mariza Limaz (CSSD educators).
- Starship OR Simulation - Networkz in conjunction with the Douglas Starship Simulation Programme successfully completed their first simulation in the Starship Operating Rooms in September. The feedback from the day was incredibly positive and this looks set to mark the first of many more simulation days to come!
- The first bariatric patient was operated on at the Greenlane Surgical Unit. This has been a real collaborative team effort to get this case mix to be performed at the Greenlane Surgical Unit from the patient selection, pre op clinic, anaesthesia, general surgery service, Level 8 nursing team, CSSD, nurse specialist and Totara ward and of course the awesome the Greenlane Surgical Unit team. Along with this being a great achievement, it opens an opportunity to doing more complex cases at the Greenlane Surgical Unit in the future.
- New to PACU and 3 New to OR programmes were held during the quarter, with a total of 24 nurses on boarded and orientated. Nurse Educators were also vital in moving the selection process to assessment centre days, which have provided a wonderful alternative to the classic panel interview, and are now being picked up by other directorates.
- The 2019 Allied Health, Scientific and Technical Award winner held in September 2019 had the following winners:
 - Chief of Health Professional Excellence in Leadership Award: Andrew Barr
 - Anaesthetic Technician Award: Rachael Jones—Charge Anaesthetic Technician, Level 9
 - ORs Sterile Supply Technician Award: Mariza Limas—CSSD Educator

- Blue Do week for prostate awareness at the Greenlane Surgical Unit was a team celebration. The department had a blue do morning tea in September and raised \$250 for the charity.
- The new NuTrace laser etching machines have arrived at CSSD and a demo was held in October along with Ministry of health staff who have inspected these Laser etchers and are very happy, particularly with the speed. They have asked if they can do a story for their publication on the laser etchers and the Single Instrument Tracking.

Areas off track and remedial plans

- Recruitment of staff for the additional acute work (the flex team, the extended Auckland Surgical Unit hours and the flex sessions at Greenlane Surgical Unit) is slow. The recruitment process has been reviewed and refined. There is more extensive advertising, targeted to specific groups using the networks of local contacts. Staffing vacancies are a significant cause of stress in the directorate given the production pressures.
 - These processes have been assisted with the annual UK recruitment drive which successfully provided 21 new recruits from a selection process of a combination of OR Nurses and Anaesthetic Technicians.

Key issues and initiatives identified in coming months

- Anaesthetic Technician training and staffing shortfall has significantly improved. As of October 2019, the directorate has 23 vacancies, this includes the new positions. To ensure a sustainable workforce is maintained following measures are being worked upon:
 - Auckland DHB currently has 29 trainees. A further 2 have been offered positions for a February 2020 start.
 - This year's recruitment drive held in August 2019 has given us 16 new recruits who will arrive between October and April 2020. All 16 have now accepted the positions and have been allocated through to the area charge technicians. This year we have only offered permanent positions as last years fixed term positions left the uncertainty of whether the staff would stay or leave.
 - Argentinean workforce is still with MSC for review.
- The Nursing workforce vacancy currently sits at 37.
 - Recruitment Drive to the UK has a confirmed 5 new recruits who will arrive between October and April 2020.

Financial Results

Summary Net Result

(All Perioperative results are reported exclusive of the Starship Operating Suite which is now managed under Child Health).

STATEMENT OF FINANCIAL PERFORMANCE

Perioperative Services Excluding SSOR

Reporting Date **Sep 19**

(\$000s)	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	174	172	3 F	478	515	(38) U
Funder to Provider Revenue	18	18	0 F	56	56	0 F
Other Income	16	17	(1) U	39	51	(12) U
Total Revenue	208	207	1 F	572	622	(50) U
EXPENDITURE						
Personnel Costs	7,716	7,733	17 F	23,526	24,079	554 F
Outsourced Costs	127	70	(57) U	231	210	(21) U
Clinical Supplies	3,626	3,399	(227) U	10,887	10,354	(532) U
Infrastructure	252	146	(106) U	614	439	(175) U
Total Expenditure	11,721	11,348	(372) U	35,257	35,083	(174) U
Contribution	(11,513)	(11,142)	(371) U	(34,685)	(34,461)	(224) U
Allocations	25	12	(12) U	60	38	(23) U
NET RESULT	(11,537)	(11,154)	(383) U	(34,746)	(34,499)	(247) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	134.3	145.4	11.1 F	133.9	145.4	11.4 F
Nursing	390.8	417.9	27.1 F	392.0	417.9	25.9 F
Allied Health	86.3	110.6	24.3 F	87.7	110.6	22.9 F
Support	113.0	115.3	2.4 F	113.7	115.3	1.6 F
Management/Administration	22.8	23.2	0.4 F	23.1	23.2	0.1 F
Other - Savings	0.0	-9.5	(9.5) U	0.0	-9.5	(9.5) U
Total excluding outsourced FTEs	747.1	802.9	56 F	750.4	802.9	52 F
Total :Outsourced Services	7.4	0.0	(7.4) U	3.8	0.0	(3.8) U
Total including outsourced FTEs	754.5	802.9	48 F	754.2	802.9	49 F

Comments on major financial variances

Volumes

Table 1:

Perioperative Theatres (Excl SSOR)	Year to date				
	Actual	Budget	Variance to budget	Prior year Actual	Variance year on year
Minutes	954,079	937,245	101.8%	890,824	107.1%
Cases	9,798	9,991	98.1%	9,648	101.6%
Cost per minute	\$ 36.42	\$ 36.81	98.9%	\$ 35.96	101.3%
Average minutes per case	97.4	93.8	103.8%	92.3	105.5%
Median minutes per case	69.0	63.0	109.5%	63.0	109.5%

Year to Date

The result is \$247k U unfavourable for the year to date.

Production is slightly ahead of plan year to date (YTD) in minutes 101.8%, yet cases are behind at 98.1%. This indicates that although fewer cases have been completed, they have been more complex. Average minutes per case are over budget 103.8%.

Revenue

- Government and Crown Agency revenue is \$38k unfavourable due to lower than expected clinical training funding.

Expenditure

- Personnel costs are \$554K F with the main drivers being vacancy across all professional groups, partially offset by;
 - overtime and SMO additional duties
 - Annual leave accrued is higher than taken.
- Outsourced Personnel \$21K U high use of Anaesthetic Technicians to cover vacancy offset by lower cost of Medical Personnel.
- Clinical supplies spend \$532K U YTD with the main drivers of cost being Laparoscopic Equipment \$187K U and Treatment Disposables \$397K U that include:
 - Catheters \$73K U.
 - Staples & Accessories \$83K U.
 - Patient Consumables \$93K U.

The actual cost per minute (Table 1) YTD is \$36.42 against a budget of \$36.81. The higher than budgeted production minutes have driven a favourable cost per minute result despite total costs being higher than budget.

Table 2 below demonstrates the cost per minute for all theatres across Auckland DHB provider.

Including Starship OR's results in an overall theatre cost of \$35.11 per minute against a budget of \$35.49

Table 2:

All Theatres (Incl SSOR)	Year to date				
	Actual	Budget	Variance to budget	Prior year Actual	Variance year on year
Minutes	1,156,007	1,139,902	101.4%	1,076,066	107.4%
Cases	12,356	12,740	97.0%	12,200	101.3%
Cost per minute	\$ 35.11	\$ 35.49	98.9%	\$ 34.67	101.3%
Average minutes per case	93.6	89.5	104.6%	88.2	106.1%
Median minutes per case	65.0	60.0	108.3%	60.0	108.3%

Pacific Health Auckland DHB

Service Overview

To partner with the Directorates, Pasefika staff, patients and their families and communities in realising their goals and aspirations for their holistic health.

General Manager:	Pulotu Bruce Levi
Director of Nursing:	Abel Smith
Operations Manager:	Penina Felise - Mackay
Projects Manager:	Tuliana Guthrie
Matua:	Mahe Ha'unga
Executive Assistant:	Josilina Silimaka

Division Priorities for 2019/20

In 2019/20 we will focus on the following Division priorities:

1. Cultural Competency Training: Pacific Best Practice, Kapasa framework.
2. Workforce Pipeline: Health Science Academies, Building Maintaining and Sustaining Outcomes.
3. Supporting high needs Pacific families in inpatient settings.
4. Leadership Support, advisory and staff wellness.

Key achievements in the month

Pacific Week Auckland DHB September 2019 Moana People today: Cultural Competency Training: Pacific Best Practice, Kapasa framework.

This week opened with a Tonga kava performed by the very capable Tongan staff with CEO Auckland DHB Ailsa Claire in participation and chair Auckland DHB Pat Snedden as the guest of honour. Other guest speakers included Dr Toeosulsulu Damon Salesa, Honourable Jenny Salesa, Tony Laulu, Alexis Cameron, Dr Seini Taufa, Dr Jean Mitaere. The week incorporated the Sustainability themes and saw the amplification of the Pasefika Millennial staff voice with the introduction of the forum Moana Millennials.

There was also workshops on learning basic Tongan language, Suicide prevention strategy consultation, nurse leadership stories, workforce pipeline with Rangatahi and teachers, Kapasa speakers on digital citizenship and racism, ward decorations, community stalls on level 5 main reception, Staff networking and wellness classes in Greenlane. Community groups came in to enhance the week which included Fresh movement, Tone6, Raw Brass, Grammar Duo, Tausisi etc.



Family Violence training from Dr Seini Taufa and Dr Jean Mitaere.



Group photo after the opening ceremony.



Assoc Minister of Health Jenny Salesa with the amazing Tongan staff who generously gave themselves to perform the traditional Tongan Kava ceremony.



Community Stalls/Ward decoration/Community Stalls, Greenlane networking/Supernurse session.

An evaluation via survey monkey has been disseminated and a summary to be reported on at next HAC. The feedback so far has been that this was the most successful Pacific week so far.

Pacific Corridors 3-4 October: Leadership Support and advisory.

This forum brought the Polynesian heads of Health. The theme for this year's dialogue is "Strengthening health linkages between Polynesia and New Zealand". The Dialogue is a key part of the Health Corridors initiative which is currently under development. The overall aim of Health Corridors is to create new and strengthen existing linkages between New Zealand health sector stakeholders and the Pacific Islands Countries and territory of Cook Islands, Niue, Tokelau, Samoa, Tonga and Tuvalu. The discussion points were around Cancer Control, Mental health and leadership and governance.

Pacific Health Strategy 13 September: *Supporting high needs Pacific families in inpatient settings.*

This was presented to Auckland DHB CEO and Chief of Strategy and to WDHB CEO and CIO with feedback given. There was much focused discussion in improving Pacific Patient experience for Auckland.

Meetings have been held since with WDHB CIO, Health Intelligence Group and I3 to progress some of the outputs of this strategy with objective to present to the WDHB board before Christmas. The five foci of the strategy include:

Pacific Intelligence Engine: Centralised Pacific peoples' data base, to anticipate and prioritise resourcing requirements and design and deliver more effective service improvements.

Pacific patient experience: Map, measure and develop a set of patient experience indicators that help improve health outcomes for Pacific people.

Cultural excellence: Delivering cultural excellence to maximise effective communication, diagnosis and health outcomes for Pacific people.

Multi-skilled Pacific workforce: Accelerating capability and skill by combining Cultural Excellence and Clinical Care to develop a multi-skilled Pacific workforce delivering the most effective clinical care based on patient and community needs, at the right time, every time.

CommUNITY: Creating a lasting and valuable relationship with our Pacific communities whereby they feel engaged, educated and empowered.

The strategy is summarised in the framework depicted on the following page:



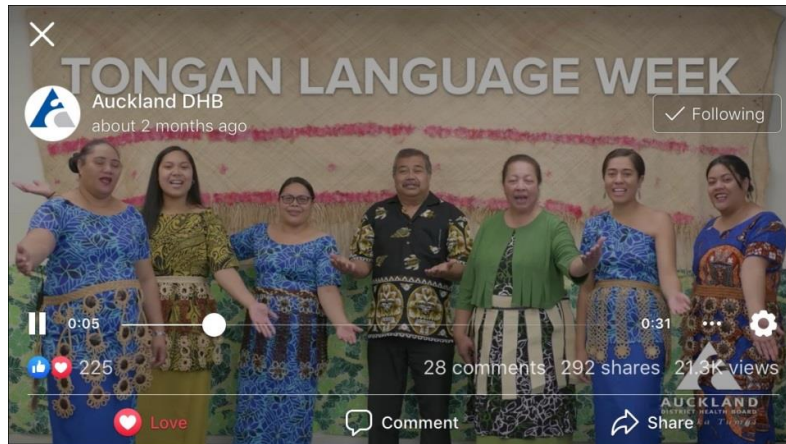
32 PACIFIC HEALTH SERVICES STRATEGY

The information in the document is proprietary and confidential.



Pacific Language weeks: *Cultural Competency Training: Pacific Best Practice, Kapasa framework.*

Auckland DHB continues to promote the Pacific language weeks on their social media platforms. This gives relevance and connection to our Pacific Island communities. Hugely successful with the Tongan language week as depicted in screenshot below starring the Tongan staff of the Pacific Mental health and addiction services *Lotofale*.



Key issues and initiatives identified in coming months

Measles: *Leadership Support and advisory*

The team continues to be in support of the Auckland Regional Measles meetings working close with Pacific Health Gains teams. We are also looped in to the support required in Samoa and now recently Tonga. In conjunction with Pacific Health Gains team and Communications Director Auckland DHB, the engagement will be held with Pacific Ministers and Pastors in Auckland before Christmas to co-construct messages for the communities.

Ministry's Commissioning Review 2 October: *Leadership Support and advisory*

A Pacific leaders fono was held at the Koawatea Middlemore with the Ministry of Health team. A goal of this fono has come from the Ministry wanting to do better in the commissioning space and considering the best ways to commission services that achieve equity for health and wellbeing, particularly for Pacific. A plan forward was devised on that day and meetings have been set up to further reach this goal.

Health Science Academies: *Workforce Pipeline: Health Science Academies: Building Maintaining and Sustaining Outcomes.*

30% expansion of Health Science Academies schools (from 6 HSAs to 9) in 2020 and forecasted growth in student numbers from currently 450 to 675 students will require changes to implementation model and subsequent resourcing. Synergia Evaluation results will be critical to future planning and development.

Cultural Competency

The Kapasa programme: continues to be rolled out with services with champions surfacing from Organisational Development Māori and Pacific lead, the Auckland DHB Youth Champion Forum, Mental Health and Child Health. The Ministry is currently evaluating its Kapasa/Yavu training programme. Independent evaluator, Dr Seini Taufa has been recruited to evaluate the programme.

Wellness Classes in Greenlane: Leadership Support and advisory and staff wellness.

Continued support is given for staff forums in Moana (Starship Community), VakaOla (ARPHS), Soalaupule (Mental Health and Addictions). The wellness classes bring together members from these forums each week to strengthen the communications, their confidence and leadership and wellness goals. They are currently halfway through their 8 week weight loss challenge.

Surgical Services Directorate

Speaker: Arend Merrie, Director

Service Overview

The Surgical Services Directorate is responsible for the provision of secondary and tertiary surgical services for the adult Auckland DHB population, and also provides regional and national services in several specialties. The services in the Directorate are structured into the following portfolios:

- General surgery, Trauma, Transplant and Intestinal Failure
- Otorhinolaryngology, Oral Health and Oromaxillofacial surgery
- Orthopaedics
- Urology and Neurosurgery
- Ophthalmology

The Surgical Services Directorate is led by:

Director:	Arend Merrie
General Manager:	Duncan Bliss
Director of Nursing:	Katie Quinney
Director of Allied Health:	Kristine Nicol
Director of Primary Care:	Kathy McDonald
Human Resources Manager:	Louise Bull
Finance Manager:	Alison West

Directorate Priorities for 2018/19

In 2018/19 our Directorate will contribute to the delivery of the Provider Services strategic programmes. In addition to this we will also focus on the following Directorate priorities:

1. Culture of safety
2. Timely and effective
3. Equitable and inclusive access
4. Efficient and financially sustainable pathways
5. Our people are happy, healthy and high performing

Surgical Services

A3 owner: Dr Arend Merrie, Director, and the Surgical Directorate Leadership Team

Te Toka Tumai Provider Directorate Plan 2019/20

Date: June 2019



Ngā whāinga : Our priorities	Kei hea tātou ināianei? Where are we now?	Ki hea te tihi o te hiahia? Where do we want to be?
1 – Culture of safety	<ul style="list-style-type: none"> Progress has been made over 2018/19 embedding incident management across our directorate, leading to the next phase of rolling out the risk module across all services The 'Just Culture' programme has been identified as a DHB priority and our directorate see it as a key focus area over the coming year 	<ul style="list-style-type: none"> Incident and Risk management systems operate in a timely manner 'Just Culture' is implemented across our directorate Care Capacity Demand Management (CCDM) is implemented across all surgical wards
2 – Equitable and inclusive access	<ul style="list-style-type: none"> Equity of access to elective surgery is inconsistent across services and subspecialties Our Māori and Pacific patients are recognised as having poorer health outcomes Very few of our measures of quality/key performance indicators are reported against ethnicity Our current workforce does not represent our population 	<ul style="list-style-type: none"> All our services have robust waiting list processes in place for managing equitable access to surgical services We have a directorate led aspiration for our DHB of: diversity and inclusivity; equitable patient access to healthcare and health outcomes; a workforce demographic that reflects our population; provision of culturally safe and effective services for our whānau
3 – Our people are happy, healthy and high performing	<ul style="list-style-type: none"> 2018 Starburst Health and Safety Assessment for Surgical services was 49%. A Directorate Health and Safety strategy has been completed We have newly appointed Service Clinical Directors across the majority of our directorate Health and Wellbeing has been highlighted as a key area of focus from the 2018 Staff engagement survey 	<ul style="list-style-type: none"> Health and safety is embedded across our directorate, with effective systems and processes in place to identify, capture and respond to risk and safety issues We have recruited to all budgeted FTE Our workforce is culturally competent and committed We have clearly defined clinical leadership roles across our directorate
4 – Timely and effective	<ul style="list-style-type: none"> There are increasing capacity constraints for both beds and operating rooms to meet the demand of the population we serve due to a growing population, increased acute volumes, and increased regional/national needs 	<ul style="list-style-type: none"> We work collaboratively with the Perioperative Directorate to manage and align capacity for acute and elective demand which meets the expectations of Elective Services Patient Flow Indicator, faster cancer treatment and acute flow targets
5 – Efficient and financially sustainable pathways	<ul style="list-style-type: none"> We are not able to meet the our current population demand leading to loss of revenue We have inconsistent job sizing and work books across our directorate Surgical Services does not have a 10 year strategy The Care Capacity Demand Management (CCDM) programme has started to be rolled out across the Surgical Directorate wards 	<ul style="list-style-type: none"> In conjunction with the Perioperative Directorate all funded capacity is fully optimised The successful optimisation programme from Greenlane Surgical Unit across all operating room suites is expanded Service sizing and Medirota are implemented across all surgical services Services to have forecast demand and succession planning over the next decade

#	Me pēhea tātou e tae ki reira? How are we going to get there?	Te Kaitohutohu : Owner	Due by	#	He pēhea te āhua o te angitu? What does success look like?	Current (end 2018/19)	Target (2019/20)
1	Embed the risk module within Datix across our services	Director	Q4	1	% of surgical leaders that are 'Just Culture' trained	0%	100%
	Identify champions for 'Just Culture' within our directorate	Director	Q4		Risk module implemented across each service	25%	100%
	Roll out of CCDM across all surgical wards including Visual Indicator Score and Variance Response Management	Nurse Director	Q4		% of wards with CCDM implemented	30%	100%
2	Through the introduction of Elective Preoperative Patient Preparation Pathway (E4P), embed the Access, Booking and Choice policy across all Services	General Manager	Q3	2	% of our workforce that identify as Māori		
	Strengthen waiting list processes for managing equitable access to elective surgery	General Manager	Q2		% of our workforce that identify as Pacific		
	Implement the Surgical Directorate Health and Safety Strategy	AH Director	Q4		% DNA rate for our Māori patients		9%
3	Establish service level actions plans from the results of staff engagement survey	Director	Q4	3	% DNA rate for our Pacific patients		9%
	Roll out optimisation projects across all operating rooms suites and services in Surgical and Perioperative Directorates	Director	Q4		Improved Safe 365 Audit	49%	70%
	Collaborate with Perioperative Directorate to utilise all appropriate and available capacity to deliver sustainable high quality care	Director	Q2		% of services with an engagement survey improvement plan in place		100%
5	Services to review access thresholds inline with funded capacity	Director	Q4	4	% fulltime equivalent employed vs. budget		
	Recruit to funded establishment across services	Director	Q2		Service usage of allocated operating room lists		
	Implement Medirota across services	General Manager	Q2		% of acute operating completed on day of booking (between 8am and 4pm)		
				5	A Surgical and Perioperative Directorate Leadership Team Meeting established		
					% of services with Medirota implemented		80%
					Quarterly performance reviews to support and strengthen services established		100%

Glossary

Acronym/term	Definition
ESPI	Elective Services Patient Flow Indicator
FTE	Full-time Equivalent
GSU	Greenlane Surgical Unit
NZNO	New Zealand Nurses Organisation
OR	Operating Room
ORL	Otorhinolaryngology
SAC	Severity Assessment Code

Q1 Actions – 90 day plan

1. Culture of safety

Activity	Progress
Embed the risk module within Datix across our services	<ul style="list-style-type: none"> The services have started adding risks to Datix with agreed Directorate review to ensure consistent scoring. We have had two meetings with the risk team to review and refine our current directorate risks. Our Directorate production meeting includes using the current risk matrix and links with the known risk.
Ensure that incidents and risks are continually reviewed and managed within agreed timescales	<ul style="list-style-type: none"> Weekly Directorate governance review is now embedded which review outstanding incidents, Severity Assessment Code (SAC) 1 & 2 events and newly added risks. A recently completed Greenbelt project looking at the time to scoring a submitted incident is now investigating how changes can be made for the incident to be scored at point of submission. This project gave greater understanding of the role responsible managers in incident management. Quality leads for all services are being established and service quality meetings are beginning to spread.
Ensure TrendCare is fully implemented within inpatient services to ensure appropriate response to patient acuity and nursing staffing requirements	<ul style="list-style-type: none"> Each surgical portfolio has established regular Trendcare focus groups and there is a monthly Directorate oversight group. It is envisaged this group will morph into the local data council as we progress through the Care Capacity Demand Management process. Three wards have completed Full-time Equivalent (FTE) calculations process and have implemented their new rosters. Additional funding from the Accord was awarded to two services within the Surgical Directorate and we are working in partnership with New Zealand Nurses Organisation (NZNO) to implement appropriate roles to provide immediate relief for these areas. Clinical Coaches were the predominant

	<p>roles funded. These roles support the 'grow your own' principles, the continued recruitment of new graduate nurses and provide support out of hours to ward teams.</p> <ul style="list-style-type: none"> • Variance response management (VRM) and visual indicator scoring (VIS) has commenced with an official go live date of 1 June. • A regular directorate NZNO meeting has been established to work with all stakeholders on relevant issues with a focus on safe staffing and short staffing reported incidents.
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2. Timely and effective

Activity	Progress
Complete seed funding business case for the expansion of operating rooms (ORs) as part of the Building for the Future Programme Board	<ul style="list-style-type: none"> • The Greenlane Surgical Unit (GSU) optimisation group continues to focus on improved usage and utilisation. The highlights for the last quarter include: <ul style="list-style-type: none"> ○ There have been continued TURP, TURBT's and Gastric Band procedures completed as business as usual at GSU. ○ Achieving further volumes are dependent on business case approval for additional OR sets as equipment is currently being loaned from Auckland City Hospital site. • Local skin procedure list continue to be moved into procedure room in Dermatology. From December there is resource to backfill these lists in OR's allowing them to be utilised for GA lists allowing more discharges moving forward.
Develop medium term plans to utilise all appropriate and available capacity to deliver sustainable high quality healthcare	<ul style="list-style-type: none"> • Agreed outsourcing model in place for Ophthalmology with 2 providers agreed for 2018/19 which delivered 1400 procedures. The contracts have been revised for 2019/20 with 1600 procedures planned. • Orthopaedic outsourcing achieved 407 procedures completed in 2018/19. A 10% increase of outsourcing has been applied to the 2019/20 target. <ul style="list-style-type: none"> ○ YTD position running at 102% for outsourcing and 94% for Ophthalmology where additional lists have been requested before January 2020.

3. Equitable and inclusive access

Activity	Progress
Develop robust waiting list processes for managing equitable access to elective surgery	<ul style="list-style-type: none"> • Develop service A3s to include Key Performance Indicators for delivery against Access, Booking and Choice policy.

	<ul style="list-style-type: none"> All services with Elective Services Patient Flow Indicator (ESPI) 2 & 5 have recovery plans established.
Develop reporting tools which identify our patient population groups	<ul style="list-style-type: none"> KPI established and monitored around the reduction of DNA rates for Māori and Pacific patients in Ophthalmology at Waitākere Hospital. Equity of access to elective surgery has been identified as a key sprint in the planned care workstream to explore ways of ensuring equity of access to elective surgery. <ul style="list-style-type: none"> Anaesthesia have a registrar who is doing research into why patients DNA when they have confirmed attendance.
Develop inclusivity plans involving intentional and deliberate targeted recruitment	<ul style="list-style-type: none"> Nursing recruitment targeting Māori and Pacific applicants has been built into the Directorate A3 for 2019/20 with KPI's set against the Auckland DHB agreed target. Good progress within nursing recruitment targeting Māori and Pacific applicants.

4. Efficient and financially sustainable pathways

Activity	Progress
Develop the future local and regional strategies for Orthopaedics, Urology and Ophthalmology	<ul style="list-style-type: none"> The regional Ophthalmology group was established in November 2018 with 3 meetings held with an initial focus on having consistent data sets across all DHBs. The Ophthalmology steering group continues to meet monthly and there is standard practice of recruiting medical staff across the region on dual contracts.
Implement the findings of the Transplant and regional Head and Neck Cancer reviews	<ul style="list-style-type: none"> The Head and Neck Cancer Framework document was approved by the Regional Executive Forum and the Northern Region Integrated Cancer Service Programme Board in December has been shared with the relevant teams and multidisciplinary staff is involved in all areas with the implementation of this framework. There has been agreement for the Head and Neck sub group recommendations for the allocation of the \$900k through Dental Services, Nurse Specialist and MDT Coordination. <ul style="list-style-type: none"> The first of these roles are now out for recruitment with an MDM coordinator which should be in post in January 2020.
Undertake a service improvement programme across Neurosurgery	<ul style="list-style-type: none"> Service improvement group established with particular focus on day of surgery admission opportunities and breakdown of virtual follow-up

	activity which is a key contributor to loss making within the service. The directorate team is reviewing these opportunities and aligning these with organisational and directorate work streams and priorities.
Identify and address loss making services	<ul style="list-style-type: none"> • Loss making reports have been completed for: <ul style="list-style-type: none"> ○ General Surgery ○ Neurosurgery ○ Otorhinolaryngology (ORL) ○ Orthopaedics • Action logs are being established for each service in time for the next finance committee. • The directorate has tightened processes across all services around acceptance for non Auckland DHB domicile patients to ensure funding secured from referring DHB's and not to the disadvantage of our own population. • There is now continued work with the central referrals office which will hold IDF referrals prior to triage to ensure they are appropriately accepted first.

5. Our people are happy, healthy and high performing

Activity	Progress
Continued recruitment towards a sustainable workforce and understand and address retention issues	<ul style="list-style-type: none"> • Turnover has been at or below the target of 10% for the 8 months of this calendar year which eases the demand to attract new hires. Opportunities to develop are highlighted in exit information and the desire for more support to professional development a key element of engagement survey feedback that is a directorate priority 2019/20. • Twenty-four Māori Nurses attended the directorate Māori workforce development hui in May which started a deliberate process to retain Māori nurses through connection and career progression.
Finalise staff engagement plans across the Directorate incorporating a leadership structure	<ul style="list-style-type: none"> • Directorate level priorities have been developed from the 2018/19 staff survey results. • Team actions are underway across the directorate with nursing leaders taking the lead for each Service. The focus is largely on wellbeing, professional development and tangible actions that make the work environment more efficient or enjoyable. • Regular service meetings with the Directorate Leadership Team at which, amongst other matters, the Service Lead Teams would report back on agreed action plans and achievements are established.

Prepare a communications strategy in preparation of the 2018/19 staff Employee Survey	<ul style="list-style-type: none"> A proposed central communications plan has been circulated and from this a draft communications strategy has been prepared. Awareness of results and local team actions is strong within nursing and administration teams. Different channels of communication are needed to reach the medical members of Services.
Embed values, Speak Up and a culture of kindness	<ul style="list-style-type: none"> The delivery of values sessions continue across the Directorate with 45% being held across all services in the last 12 months. The number of incidents of bullying and harassment being reported remains low. A facilitator has been appointed to work with medical staff in General Surgery to address some behavioural issues that have been identified.

Scorecard

Auckland DHB - Surgical Services

HAC report for September 2019

Equitable - equity is measured and reported on using stratification of measures in other domains				
Safety				
Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Nosocomial pressure injury point prevalence (% of in-patients)	PR097	1.6%		0%
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	1.5%		1.5%
Number of falls with major harm	PR199	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2)	PR084	1	Lower	1
Unviewed/unsigned Histology/Cytology results >=30 days	PR596	77	Lower	60
% Hand hygiene compliance	PR195	80.32%	>=80%	80.1%
Patient-centred				
Metric		Actual	Target	Previous
% Patients cared for in a mixed gender room at midday - Adult	PR175	27.23%	TBC	26.38%
% hospitalised smokers offered advice and support to quit	PR129	98.03%	>=95%	97.74%
% DNA rate for outpatient appointments - Māori	PR057	18.31%	<=9%	21.07%
% DNA rate for outpatient appointments - Pacific	PR058	18.42%	<=9%	19.67%
% DNA rate for outpatient appointments - All Ethnicities	PR056	9.15%	<=9%	9.93%
% DNA rate for outpatient appointments - Deprivation Scale Q5	PR338	13.55%	<=9%	14.76%
% Very good and excellent ratings for overall inpatient experience	# PR154	67.7%	>=90%	90%
% Very good and excellent ratings for overall outpatient experience	# PR179	89.9%	>=90%	90%
% Very good and excellent ratings for coordination of care after discharge	# PR493	67.7%	>=90%	68.2%
% Response rate to ADHB patient experience inpatient survey	# PR315	17%	>=25%	19%
Number of CBU Outliers - Adult	PR173	185	<=300	196
Timeliness				
Metric		Actual	Target	Previous
31/62 day target - % of non-surgical patients seen within the 62 day target	PR181	92.5%	>=90%	92.86%
31/62 day target - % of surgical patients seen within the 62 day target	PR182	98.48%	>=90%	98.31%
62 day target - % of patients treated within the 62 day target	PR184	95.21%	>=90%	95.65%
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Māori	PR329	0	Lower	0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific	PR330	8	Lower	3
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	PR328	43	Lower	15
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5	PR332	9	Lower	5

(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Māori	PR323	45	Lower	63
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Pacific	PR324	54	Lower	57
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Total	PR327	419	Lower	424
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Deprivation Scale Q5	PR326	94	Lower	115

Effectiveness				
Metric		Actual	Target	Previous
28 Day Readmission Rate - Māori	# PR079	7.89%	<=6%	11.76%
28 Day Readmission Rate - Pacific	# PR080	12.63%	<=6%	6.17%
28 Day Readmission Rate - Total	# PR078	9.85%	<=10%	9.92%
28 Day Readmission Rate - Deprivation Scale Q5	# PR322	8.57%	<=6%	8.07%

Efficiency				
Metric		Actual	Target	Previous
Elective day of surgery admission (DOSA) rate	PR048	80.67%	>=68%	80%
% Day Surgery Rate	PR052	58.97%	>=70%	53.65%
Average LOS for WIES funded discharges (days) - Acute	PR219	3.55	TBC	2.96
Average LOS for WIES funded discharges (days) - Elective	PR220	1.18	TBC	1.19
HT2 Elective discharges cumulative variance from target	PR035	0.96	>=1	0.97
Inhouse Elective WIES through theatre - per day	# PR053	71.21	TBC	68.33

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

Amber	Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target.
#	Actual is the latest available result prior to September 2019

Report Commentary

- SAC 1 and 2 Incidents
- This incident is related to reduction in vision due to overdue follow up in ophthalmology. Given the previous work in this space we are keen to ensure we build on the original improvements in process and systems. The case has been reviewed with involvement by the quality department to support the best review process and the operations manager for the quality department will work with the ophthalmology service to understand the broader picture and the detail of the service improvement work already done.

- There has been deterioration in the ESPI5 and ESPI2 position due to MRT industrial action throughout September and October. This means that during the strikes, no elective cases can be completed that require imaging pre, intra or post operatively so only cases that don't require imaging can be booked.
 - This has had significant impact in Orthopaedics, General Surgery and Urology in the main.

Key achievements in the month

- Continued improvement of Day of Surgery Admission rate due to successful implementation across services bringing patients in on day of surgery.
- Bed realignment planned for December 2019 is underway with consultation with staff which will see ward 61 become a medical facility and surgical flex capacity to be permanently utilised for surgery.
- The following improvement actions have been implemented to optimise usage and utilisation of the Greenlane Operating Rooms:
 - All 11 Flex sessions have been allocated to specific services, and are fully staffed and resourced.
 - All available operating room sessions (80 per week) have been available from March 2019.
 - Local anaesthetic skin lists have been moved out of operating rooms and into treatment rooms, allowing the OR's to be utilised for general anaesthetic work.
 - Weekly tracker now distributed to all stakeholders to monitor operating room usage at Greenlane.
 - Continued delivery of TURPS, TURBT's and gastric band operations at GSU with excellent feedback from staff.
 - Despite industrial action, Surgical Services is on plan to deliver against Ministry of Health ESPI 5 recovery plan targets.

Areas off track and remedial plans

- The Ophthalmology Service has implemented a weekly focus meeting for overdue follow ups. It has slowly improved (with some small increases in some weeks) to 580 =>1.5 risk score at 21 October 2019. The highest risk score is 2.33. The current total of follow ups waiting to be booked has continued to rise to 15,799.
- There have however been 0 ESPI 2 breaches for Ophthalmology through the introduction of imaging clinics. This resource will be redirected to reduce overall follow-up backlogs.
- ESPI 5 positioning worsening across Urology, Ophthalmology, ORL, Orthopaedics, Oral Health and Neurosurgery with recovery plans in place and shared with the Ministry of Health. All services are currently on track to deliver against recovery plans in December despite the impact of industrial action.
- Recruitment delays in ORL and Orthopaedic spines have resulted in ESPI 2 risks and shortfalls in capacity between June and October 2019. Additional weekend clinics are in place to mitigate the reduction in capacity.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
Surgical Services				Reporting Date Sep-19		
(\$000s)	MONTH			YEAR TO DATE (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	701	663	38 F	2,034	1,990	43 F
Funder to Provider Revenue	25,521	25,521	0 F	77,249	77,249	0 F
Other Income	491	430	60 F	1,065	1,291	(227) U
Total Revenue	26,713	26,615	98 F	80,348	80,531	(183) U
EXPENDITURE						
Personnel						
Personnel Costs	9,768	9,208	(560) U	29,126	28,296	(829) U
Outsourced Personnel	266	321	56 F	1,126	964	(162) U
Outsourced Clinical Services	327	329	2 F	928	986	59 F
Clinical Supplies	2,691	2,803	112 F	8,730	8,492	(238) U
Infrastructure & Non-Clinical Supplies	248	269	22 F	836	808	(28) U
Total Expenditure	13,300	12,931	(369) U	40,746	39,547	(1,199) U
Contribution	13,413	13,684	(271) U	39,602	40,984	(1,382) U
Allocations	2,858	2,866	8 F	8,741	8,626	(115) U
NET RESULT	10,555	10,818	(263) U	30,862	32,358	(1,496) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	246.5	234.2	(12.3) U	247.0	234.2	(12.8) U
Nursing	548.4	521.0	(27.4) U	541.4	521.0	(20.3) U
Allied Health	46.2	45.6	(0.6) U	44.3	45.6	1.3 F
Support	0.0	0.0	(0.0) U	0.0	0.0	(0.0) U
Management/Administration	101.9	105.9	4.0 F	100.3	105.9	5.6 F
Total excluding outsourced FTEs	943.0	906.7	(36.3) U	933.0	906.7	(26.3) U
Total :Outsourced Services	10.6	9.2	(1.4) U	12.7	9.2	(3.5) U
Total including outsourced FTEs	953.6	915.9	(37.7) U	945.7	915.9	(29.8) U

Comments on major financial variances

Surgical Services result is \$1,496k U for the year to September.

The key drivers are personnel costs for Medical \$485k U and in Nursing \$395k U and clinical supplies \$238k U from implants.

Revenue

Total volumes delivered are 100% of contract for the YTD. Demand for acute services is 103.1% and elective volumes at 96.1% against contract YTD. The revenue adjustment is not yet reflected in the financial result for Funder to Provider revenue, these adjustments will be recognized from the October month.

Non-resident revenue is \$121k U for the year to date.

Expenditure

The key drivers to the result are:-

- Expenditure including Internal Allocations \$1,314k U
- Personnel costs are \$829k U mainly driven by back pay for SMO relating to job sizing \$590k U and in nursing \$395k U due to the need for patient attenders to monitor high acuity patients, high occupancy across the hospital as well as high sick leave.
- Clinical supplies \$238k U
 - Pharmaceuticals Ophthalmology \$14k F - The change of Eylea moving to Community Pharmacy Schedule resulted in Ophthalmology now working within their Pharmaceutical budget
 - Implants \$384k U –Ophthalmology \$52k U relating to Ophthalmic Lenses. Neurosurgery \$107k U primarily from Neurostimulators, noting several of these procedures are ACC and implant costs are fully reimbursed when the patient event is invoiced. Orthopaedics \$169k U implants are driven by a small number of patients who have incurred very expensive implant costs for revision procedures.
- Infrastructure costs \$441k U - Bad debt write offs and provisions against non-resident billing \$75k F due to lower non-resident billings YTD, offset by Medirota costs of \$28k and hosting for HQSC Surgical Site Infection ICT \$12k U
- Internal Allocations \$115k U, driven mainly by interpreters \$170k U, noting a transition to telephone interpreters over the next quarter should reduce the annual impact.

Women's Health Directorate

Speaker: Rob Sherwin, Director

Service Overview

The Women's Health portfolio includes all Obstetrics and Gynaecology services. The services in the Directorate are divided into the following six service groups:

- Primary Maternity Services
- Secondary Maternity Services
- Regional Maternity Services
- Secondary Gynaecological Services (including Fertility Services)
- Regional Gynaecology Oncology
- Regional Gynaecology Day Service

The Women's Health Directorate is led by:

Director:	Rob Sherwin
General Manager:	Angela Beaton
Director of Midwifery:	Deborah Pittam
Interim Associate Nurse Director:	Lisa Middelberg
Interim Director of Allied Health:	Claudine Hutchings (Social Work Lead)
Director of Primary Care:	Orna McGinn

Directorate Priorities for 2019/20

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

1. Safe and high quality services
2. Better outcomes for our priority populations
3. Learning and responding to patient experiences
4. Workforce capacity and capability that meets the service demand
5. Develop models of care that are patient focused, sustainable and maximise value

Women's Health

A3 owner: Dr Rob Sherwin, Director

Te Toka Tumai Provider Directorate Plan 2019/20

Date: June 2019



Ngā whāinga : Our priorities	Kei hea tātou ināianei? Where are we now?	Ki hea te tihī o te hiahia? Where do we want to be?
1 – Safe and High Quality Services	<ul style="list-style-type: none"> Incident and risk management systems require coordination to ensure that learning and improvement is embedded 	<ul style="list-style-type: none"> Co-ordinated quality and safety improvements Measurement, reporting and improvement of clinical outcomes, including equity of access and outcomes
2 – Better outcomes for our priority populations	<ul style="list-style-type: none"> There are inequalities in access and health outcomes for our Māori and Pacific hapū māmā and whānau 	<ul style="list-style-type: none"> Care delivery aligned to the needs of our Māori and Pacific hapū māmā and whānau, delivered in a clinically and culturally competent manner
3 – Learning and responding to patient experiences	<ul style="list-style-type: none"> Patient feedback is not consistently measured, reported and used for improvement 	<ul style="list-style-type: none"> Findings from quality of life questionnaires and patient experience feedback are embedded into quality and safety improvements across our directorate
4 – Workforce capacity and capability that meets the service demand	<ul style="list-style-type: none"> There is a critical shortage of Midwives An ad-hoc use of work measurement tools for establishing safe staffing and skill mix There are challenges with recording Senior Medical Officer (SMO) work patterns and rostering of clinical activities, with variable patterns of working after on-call 	<ul style="list-style-type: none"> Improved recruitment, retention and job satisfaction of midwifery staff A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services Use of Trendcare and Care Capacity Demand management (CCDM) methodology (Midwives and Registered Nurses) along with job sizing workbooks (SMOs) Effective systems and processes in place to identify, capture and respond to risk and safety issues
5 – Develop Models of Care that are patient focused, sustainable and maximise value	<ul style="list-style-type: none"> Prolonged waiting times in our Emergency Department for our Gynaecology patients Induction of labour processes are resource (bed) intensive Multi site delivery for patients on early pregnancy pathway Womens Assessment Unit - Delivery Unit interface needs smoothing as women can experience delays in transfer to the delivery unit Transitional care for late preterm pregnancy is fragmented Lack of appropriate consenting rooms/privacy in our Operating Room Day Assessment Caesarean Section lists - variable week by week demand impacts on Operating Room utilisation and bed capacity Activity/complexity in Gynae Oncology is increasing No strategic view about a sustainable primary birthing model of care 	<ul style="list-style-type: none"> Improved patient streaming - promoting early assessment/fast tracking to definitive place and team Development of one stop services for Women's Health ambulatory assessment and treatment pathways at Greenlane Clinical Centre Increased utilisation of Greenlane Surgical Unit facilities Agreed DHB strategic view about primary birthing promotion and development

#	Me pēhea tātou e tae ki reira? How are we going to get there?	Te Kaitohutohu : Owner	Due by	#	He pēhea te āhua o te angitu? What does success look like?	Current (end 2018/19)	Target (2019/20)
1	Quality Improvement plan - develop and embed Quality Improvement strategy	Director	Q4	1	As per Quality Improvement plan	Not embedded	Fully Embedded
	Te Manawa O Hine - full project charter and programme plan	SCD Primary Maternity	Q2				
2	Promote access to smoking cessation and referrals to wellness services such as pregnancy and parenting/SUDI prevention	SCD Primary Maternity	Q4	2	Meeting project milestones for Te Manawa O Hine	In development	Planned milestones met
	Continue to deliver Tūranga Kaupapa in full day education hui and annual updates	Director Midwifery	Q4		Smoking referrals for hapū māmā	35 % of target population referred	70 % of target population referred
	Determine the feasibility of offering scholarships for Pacific Midwifery students	Director Midwifery	Q2		% of Women's Health/midwifery staff that have undertaken Tūranga Kaupapa	Underway	80%
3	Embed quality of life questionnaires into service: Uro -Gynae first	Director	Q1	3	Robust Maternity and Gynae clinical governance structure in place and external assurance of effectiveness	Fragmented system (rated as 'reactive' in audit)	Co-ordinated system (rated as 'proactive')
	Clinical Governance re-invigoration including Maternity Quality Safety Plan	Director	Q4				
	SMO recovery after on call duties/ team structure/escalation processes	GM/SCDs	Q2		SMO work patterns compliant with fatigue guidance	Improved, not implemented	Fully implemented
4	Implement Trendcare	Director Midwifery	Q4		% agreed clinical areas ready to enter CCDM/Trendcare	Underway	Per Trendcare plan
	Midwifery workforce - Recruitment, Retention, Responsiveness strategy	Director Midwifery	Q4	4	Retention rates at 2 years for new graduate midwives	Not known	50%
	Roll out our engagement survey findings and embed 'Just Culture'	Director WH	Q2		% services that have contributed to staff survey engagement plan	Underway	100%
	Womens Assessment Unit acute Gynae pathway	SCD 2° Mat/Gynae	Q1		'Just Culture' champions train the trainer programme	Not commenced	Completed
	Reviewing Level 9 operating room capacity and productivity	SCD 2° Mat/Gynae	Q2		Waiting times met for Gynae acutes; Emergency Department 6 hour target	Not met	95% target met
	Review options for changes to Women's Health Service configuration and patient flow	Director	Q2		OR usage and utilisation meets organisational wide standards	Not met	Fully met
	Support Auckland DHB organisational plan for transitional care	SCD 2° Mat/Regional Mat	Q2		New pathway for postnatal care agreed	Current system	New pathway in place
5	Redesign Postnatal pathway (Inpatient - Community Auckland DHB project)	Director Midwifery	Q4	5	<ul style="list-style-type: none"> Fertility Plus work plan timeframes met Gynae oncology work plan timeframes met Maternal Fetal Medicine once work plan established Epsom Day Unit strategy % MTOPs increase 	Variable progress	Tracking as per project / management review groups
	Fertility Plus service model review	SCD 2° Gynae	Q4				
	Gynae Oncology sustainability project	SCD Gynae Onc	Q4		Purchase Unit Code level mapping of patient care to funding streams	Variable progress	50% services completed
	Women's Health Epsom Day Unit - design project to improve access, patient experience and treatment pathways	SCD Regional Gynae	Q4				
	Maternal Fetal Medicine (MFM) sustainability project and National service provision	SCD Regional Mat	Q4				
	Optimise mapping of patient care to funding streams	GM	Q2				

Glossary

Acronym/term	Definition
ADMP	Associate Director of Midwifery (Physiological Birth)
FTE	Full-time Equivalent
LARC	Long Acting Reversible Contraceptive
QoL	Quality of Life
WIES	Weighted Inlier Equivalent Separation

Q1 Actions – 90 day plan

Priority	Action Plan	Commentary
1	Safe and Quality Services	<p>A Women's Health Service Health and Safety 2019/20 A3 has been developed (the key Q1 deliverable).</p> <p>Current health and safety representation is being reviewed to ensure appropriate training is completed.</p> <p>Sue Cole, Maternity Quality and Safety Programme leader is now providing oversight of DATIX incidents to ensure timely follow up and has commenced a process of development of a guideline, policy and documents working group to ensure consistent processes for development, sign-off and implementation of policies and documents within the service.</p> <p>Wahakura have been delivered and will be offered as part of the Auckland DHB safe sleep programme.</p>
2	Better outcomes for our priority populations	<p>All programmes and services support this priority, including but not limited to:</p> <p>Te Manawa o Hine</p> <p>The Women's Health Directorate is committed to establishing equity of outcomes for Māori and Pacific women and to increasing support for women to achieve physiological birth. We have consulted on the proposed Te Manawa o Hine service. The model clarifies roles and responsibilities and will grow a culture of appropriate care for Māori and Pacific women. Recruitment to the Charge Midwife Te Manawa o Hine role and to employed continuity of care midwifery roles, and expressions of interest for self-employed midwives will be sought during November with a plan to have a service up and running early in the new year if not before.</p> <p>Long Acting Reversible Contraception (LARC) Project</p> <p>A working group has been formed and led by Joanne Bos around how to effectively deliver LARC offering free contraception, specifically to Māori and Pacific women, and those on low incomes, within the Auckland area. Community delivery sites are currently being investigated and we are in the process of finalising a credentialing document regarding nursing scope of practice. This will support the education of our nurses who will work out of Greenlane Clinical Centre, in the Epsom Day Unit and in community clinics. A</p>

Priority	Action Plan	Commentary
		Gynaecology Nurse Specialist (0.6FTE permanent role) will be appointed to lead this work from a nursing perspective. Midwives who are either already inserting LARCs or who are interested in training to insert LARC are being trained and will also provide services to postnatal women in the community and in the inpatient setting.
3	Learning and responding to patient experience	<p>Quality of Life (QoL) surveys</p> <p>The process to implement QoL surveys in the Urogynaecology service is underway. A Northern Region hui is planned for early December to amongst other aims agree an approach to using validated quality of life surveys.</p> <p>Evidence informed service improvement</p> <p>The Women's Health Service is exploring systematic ways to embed findings from patient experience data into quality and safety improvements across the Directorate.</p> <p>I-Pad consumer feedback process for maternity</p> <p>This initiative is being finalised with planned implementation before the end of the year. Consumer volunteers are going to undertake this process in the wards.</p>
4	Workforce capacity and capability meets the service demand	<p>Workforce metrics</p> <p>Sick leave and overtime taken during Q1 have decreased significantly, compared with 2018 Q4.</p> <p>There is increased uptake of the Auckland DHB Management Development Programme. The Women's Health Service leadership will further encourage enrolment of clinical leaders especially on the Developing People Module. While there has been some increase in the systemised performance conversations, this activity needs to be lifted and sustained.</p> <p>Staff turnover has reduced significantly to a more healthy level and if we can sustain this our recruitment programmes should result in good net gains in midwifery.</p> <p>New staff should be afforded the time necessary to attend The Navigate induction programme, which is key to helping our people to connect with the wider organisation.</p> <p>Engagement survey action plans have been codeveloped with staff and are in place. The next quarter will see the Women's Health Service focus on following up on these actions.</p> <p>Pasifika nursing and midwifery staff</p> <p>The Pacific Health Pipeline Governance group has agreed that a regional approach will be taken to increase Pasifika nursing and midwifery workforce. The Women's Health service are firmly committed to ensuring that the ethnicities of our staff reflect the populations that we serve. A+ student scholarships for Māori and Pacific midwifery students will be advertised next week and retention</p>

Priority	Action Plan	Commentary
		<p>initiatives for graduates commenced.</p> <p>Midwifery Staff Retention Initiative</p> <p>This initiative has been discussed within the directorate and will be formally communicated to all staff and implemented in November. This initiative is intended to support midwifery graduates to continue to work at Auckland DHB and to encourage staff to maintain or increase FTE to increase the average FTE of the midwifery workforce.</p>
5	Develop models of care that are patient focused, sustainable and maximise value	<p>Theatre utilisation</p> <p>The Level 9 theatre optimisation project has been paused following the commencement of the Auckland DHB wide 'sprint programme'. However some improvements have been achieved in the planned caesarean section pathway. There are on-going productivity issues within L9 theatres, that are contributed to by the competing demands of acute and elective surgery.</p> <p>In addition current L9 theatre nursing FTE does not support the 10 hour operating sessions that are required by our Gynae-Oncology teams, who must operate on patients in a timely fashion. The Women's Health Directorate continues to liaise with Perioperative and other key stakeholders with the aim of achieving longer daily operating hours in L9 theatres. This issue is on the Divisional Risk Register.</p>

Scorecard

Auckland DHB - Women's Health

HAC report for September 2019

Equitable - equity is measured and reported on using stratification of measures in other domains				
Safety				
Metric		Actual	Target	Previous
Medication errors with major harm	PR215	0	Lower	0
Nosocomial pressure injury point prevalence (% of in-patients)	PR097	0%		0%
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	PR185	0%		0%
Number of falls with major harm	PR199	0	Lower	0
Number of reported adverse events causing harm (SAC 1&2)	PR084	3	Lower	1
Unviewed/unsigned Histology/Cytology results >=30 days	PR596	28	Lower	10
% Hand hygiene compliance	PR195	77.55%	>=80%	85.71%
Patient-centred				
Metric		Actual	Target	Previous
% hospitalised smokers offered advice and support to quit	PR129	89.66%	>=95%	92.05%
% DNA rate for outpatient appointments - Māori	PR057	19.75%	<=9%	24.84%
% DNA rate for outpatient appointments - Pacific	PR058	16.62%	<=9%	20.06%
% DNA rate for outpatient appointments - All Ethnicities	PR056	9.19%	<=9%	9.88%
% DNA rate for outpatient appointments - Deprivation Scale Q5	PR338	12.05%	<=9%	14.95%
% Very good and excellent ratings for overall inpatient experience	# PR154	73.8%	>=90%	82%
% Very good and excellent ratings for overall outpatient experience	# PR179	86.9%	>=90%	91%
% Very good and excellent ratings for coordination of care after discharge	# PR493	73.8%	>=90%	67.5%
% Response rate to ADHB patient experience inpatient survey	# PR315	16%	>=25%	14%
Number of CBU Outliers - Adult	PR173	29	<=300	23
Number of patient discharges to Birthcare	PR192	309	TBC	353
Breastfeeding rate on discharge excluding NICU admissions	# PR099	78.4%	>=75%	77.5%
Timeliness				
Metric		Actual	Target	Previous
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Māori	PR329	0	Lower	0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific	PR330	0	Lower	0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	PR328	1	Lower	0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5	PR332	0	Lower	0

(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Māori	PR323	0	Lower	1
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Pacific	PR324	1	Lower	0
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Total	PR327	3	Lower	3
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Deprivation Scale Q5	PR326	0	Lower	0

Effectiveness				
Metric		Actual	Target	Previous
28 Day Readmission Rate - Māori	# PR079	5.93%	<=6%	7.69%
28 Day Readmission Rate - Pacific	# PR080	6.4%	<=6%	6.67%
28 Day Readmission Rate - Deprivation Scale Q5	# PR322	6.01%	<=6%	4.81%
Post Gynaecological Surgery 28 Day Acute Readmission Rate	# PR210	8.18%		7.69%

Efficiency				
Metric		Actual	Target	Previous
Elective day of surgery admission (DOSA) rate	PR048	94.67%	>=68%	93.26%
% Day Surgery Rate	PR052	38.03%	>=50%	35.93%
Average LOS for WIES funded discharges (days) - Acute	PR219	1.73	<=2.1	1.72
Average LOS for WIES funded discharges (days) - Elective	PR220	1.3	<=1.5	1.24
HT2 Elective discharges cumulative variance from target	PR035	0.98	>=1	0.98
Inhouse Elective WIES through theatre - per day	# PR053	9.36	>=4.5	8.31

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

Amber	Variance from target not significant enough to report as non-compliant. This includes percentages/rates within 1% of target, or volumes within 1 value from target.
#	Actual is the latest available result prior to September 2019

Scorecard Commentary

Safety

- Hand Hygiene compliance rate has reduced compared with the previously reported rate and any trends will be monitored closely.

Patient-centred

- Smoking cessation continues to be below target and will be reviewed.
- Did not attend rates for Māori, Pasifika and Deprivation Scale Quintile 5 patients have improved but remain above target and will be reviewed.

- Patient experience ratings are below target and will be reviewed.
- With planned model of care changes, we anticipate improvements in the experience of our patients, their whānau and staff and improvements in the quality of care. This will be monitored.

Timeliness

- Elective discharge targets and ESPI compliance are within the predicted levels, but as noted above these are at risk because of L9 theatre productivity issues.

Effectiveness

- Readmission rates for Pasifika and Deprivation Scale Quintile 5 women are within 1% of target (Amber) and for Māori are within target. These rates will continue to be monitored.

Efficiency

- The day surgery rate is below target and will be reviewed.

Key achievements in this reporting period

- Christine Mellor, Associate Director of Midwifery (Physiological Birth) (ADMP) started Monday 14 October 2019. The primary function of the ADMP role is to provide expert clinical leadership and to work strategically and collaboratively to promote physiological birth.
- Angela Beaton, General Manager started Monday 14 October 2019.
- The Incentive and Retention Paper was approved by ELT and is being implemented.
- The Midwifery Leadership Consultation and Te Manawa o Hine Consultation Processes have been completed.

Areas off track and remedial plans

Several strategic issues continue to confront the service, including: (1) sustainable models for primary birthing, (2) high intervention rates during birth; (3) the impact of non-domiciled primary and secondary care; and (4) equity of outcomes as well as patient and whānau experience. A Women's Health Directorate position paper is being drafted and will examine and present these strategic issues for consideration by the ELT.

Key issues and initiatives identified in coming months

- Mitigating the impact of our ongoing midwifery vacancies whilst developing a sustainable pipeline of midwives remains an ongoing challenge. The chronic midwifery workforce shortage requires daily monitoring of capacity and demand, to flex the bed base, (re-)assign resources and develop more sustainable models of care. Flexible rostering options are being considered along with a strong focus on growing and nurturing students and graduates in the workplace.
- Mitigating workforce challenges to ensure continuity of our Maternal Fetal Medicine and Gynaecology-Oncology tertiary services.
- Supporting the maternity service as we develop new Midwifery Leadership frameworks.
- Ensuring our A3 and business as usual commitments are met in the context of these workforce challenges.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
Womens Health Services						
				Reporting Date		
				Sep-19		
(\$000s)	MONTH			YEAR TO DATE (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	256	197	59 F	619	592	27 F
Funder to Provider Revenue	7,572	7,572	0 F	24,381	24,381	0 F
Other Income	177	174	2 F	655	523	132 F
Total Revenue	8,005	7,944	61 F	25,655	25,497	159 F
EXPENDITURE						
Personnel						
Personnel Costs	3,604	3,897	294 F	11,566	11,826	260 F
Outsourced Personnel	90	84	(6) U	252	251	(1) U
Outsourced Clinical Services	68	47	(21) U	168	141	(28) U
Clinical Supplies	451	494	44 F	1,471	1,591	120 F
Infrastructure & Non-Clinical Supplies	134	112	(21) U	353	336	(16) U
Total Expenditure	4,345	4,634	289 F	13,810	14,144	335 F
Contribution	3,660	3,310	350 F	11,846	11,352	493 F
Allocations	812	804	(7) U	2,456	2,384	(71) U
NET RESULT	2,848	2,506	343 F	9,390	8,968	422 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	71.2	71.6	0.4 F	73.4	71.6	(1.8) U
Midwives, Nursing	256.4	257.9	1.5 F	258.0	257.9	(0.1) U
Allied Health	10.8	9.7	(1.1) U	11.2	9.7	(1.5) U
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	35.6	39.6	4.0 F	36.9	39.6	2.7 F
Other	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Total excluding outsourced FTEs	374.0	378.9	4.9 F	379.5	378.9	(0.7) U
Total :Outsourced Services	4.4	3.1	(1.4) U	4.6	3.1	(1.6) U
Total including outsourced FTEs	378.4	381.9	3.5 F	384.2	381.9	(2.2) U

Comments on major financial variances

Key factors impacting on the 2019/20 Year to Date performance are as follows:

- Revenue \$159k favourable:
 - Largely due to training agency income (\$88k F), ACC elective surgeries (\$21k F) and private patients' revenue, which may not continue due to budget phasing of those revenues.
- Expenditure \$335k favourable:
 - Personnel costs \$260k favourable. This was largely due to Midwifery and Nursing vacancies (\$133k F) – timing of expected training (\$88k F) and penal costs (\$91k F). Medical (\$73k F) with average per FTE cost for registrars and junior doctors less than budget.

Administration/Management (\$56k F) with 2.7 FTE vacancies offset by similar variance of outsourced personnel (agency temps).

- Clinical supplies (\$120k F), equivalent to 7.5% variance to budget of which 4% can be attributed to the lower case-weight discharges and a further 2.6% arises from blood costs \$42k F to budget. Also, Infrastructure & Non-Clinical (\$16k U) and Internal Allocations total (\$71k U), largely Gynaecology \$65k U (of which Labs are \$53k U).

3. Staffing overall 2.24 FTE unfavourable:

- 2019/20 budget 381.92 FTE, variance 2.2 FTE unfavourable including 1.6 FTE unfavourable outsourced. Medical 1.8 FTE unfavourable (SMO 0.97FTE U; HO 1.0 FTE U), Midwifery/Nursing (including Bureau) 0.11 FTE unfavourable; Allied Health 1.5 FTE unfavourable, Management 2.72 FTE favourable.

Note: approx. 11 FTE midwifery vacancies remain, which are being backfilled by Bureau.

- Oversight of vacancy and recruitment processes and leave management will continue.

The Directorate's three months result is \$422k F to budget, with the primary favourable variances being due to personnel vacancies, higher clinical training revenues and by the timing of some personnel costs; for example, training that will be happening later than budgeted.

Overall year to date CWD volumes stands at 96.0% of contract, with Specialist Neonates at 60% (FY18/19: 67%). This low result is now subject to a review of mapping of those volumes.

The Gynaecology and Gynae-Oncology acute WIES were 112.1% of contract, and performance of their electives contract was 97.1% (of WIES contract value, not discharge target). Obstetric inpatient WIES was (4.1%) below PVS contract, mostly due to lower birth numbers.

Financial Performance

Consolidated Statement of Financial Performance - September 2019

5.10

Provider \$000s	Month (Sep-19)			YTD (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
<u>Income</u>						
Government and Crown Agency sourced	9,292	8,496	796 F	24,143	25,356	(1,213) U
Non-Government & Crown Agency Sourced	8,842	8,605	237 F	26,579	26,987	(408) U
Inter-DHB & Internal Revenue	1,382	1,164	218 F	3,918	3,637	282 F
Internal Allocation DHB Provider	121,781	121,756	24 F	367,420	365,269	2,151 F
	141,298	140,022	1,276 F	422,060	421,248	812 F
<u>Expenditure</u>						
Personnel	86,607	87,986	1,379 F	268,387	273,393	5,006 F
Outsourced Personnel	2,276	1,138	(1,138) U	6,599	3,413	(3,186) U
Outsourced Clinical Services	4,175	3,823	(352) U	12,023	11,519	(505) U
Outsourced Other	5,592	5,608	16 F	16,790	16,825	35 F
Clinical Supplies	26,717	26,331	(386) U	80,730	79,752	(977) U
Infrastructure & Non-Clinical Supplies	18,714	18,408	(306) U	56,190	54,519	(1,671) U
Internal Allocations	652	652	0 F	1,956	1,956	0 F
Total Expenditure	144,735	143,947	(788) U	442,675	441,378	(1,297) U
Net Surplus / (Deficit)	(3,437)	(3,925)	488 F	(20,615)	(20,130)	(485) U

Consolidated Statement of Financial Performance – September 2019

Performance Summary by Directorate

By Directorate \$000s	Month (Sep-19)			YTD (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Adult Medical Services	1,731	1,536	196 F	4,722	4,602	120 F
Adult Community and LTC	1,430	1,322	108 F	3,727	4,165	(438) U
Surgical Services	10,555	10,818	(263) U	30,862	32,358	(1,496) U
Women's Health	2,848	2,506	343 F	9,390	8,968	422 F
Child Health	6,593	6,228	365 F	14,538	15,665	(1,127) U
Cardiac Services	2,898	3,400	(502) U	8,130	9,075	(945) U
Clinical Support Services	(852)	(655)	(197) U	(2,408)	(3,011)	603 F
Patient Management Services	(2,507)	(2,427)	(80) U	(7,480)	(7,666)	186 F
Perioperative Services	(11,537)	(11,154)	(383) U	(34,746)	(34,499)	(247) U
Cancer & Blood Services	1,489	1,948	(459) U	4,751	6,014	(1,263) U
Operational - Other	6,117	5,894	223 F	19,276	17,305	1,971 F
Mental Health & Addictions	495	293	202 F	1,493	283	1,210 F
Ancillary Services	(22,698)	(23,633)	935 F	(72,868)	(73,388)	520 F
Net Surplus / (Deficit)	(3,437)	(3,925)	488 F	(20,615)	(20,130)	(485) U

Consolidated Statement of Personnel by Professional Group – September 2019

Employee Group \$000s	Month (Sep-19)			YTD (3 months ending Sep-19)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical Personnel	30,783	32,375	1,592 F	97,805	100,916	3,110 F
Nursing Personnel	29,982	29,896	(86) U	90,552	91,183	631 F
Allied Health Personnel	13,469	13,372	(97) U	41,117	42,321	1,204 F
Support Personnel	2,885	2,127	(758) U	7,350	6,921	(428) U
Management/ Admin Personnel	9,488	10,216	728 F	31,563	32,052	490 F
Total (before Outsourced Personnel)	86,607	87,986	1,379 F	268,387	273,393	5,006 F
Outsourced Medical	892	832	(60) U	2,931	2,497	(434) U
Outsourced Nursing	438	15	(423) U	906	45	(862) U
Outsourced Allied Health	85	49	(36) U	232	147	(86) U
Outsourced Support	68	28	(40) U	221	83	(138) U
Outsourced Management/Admin	794	215	(579) U	2,309	642	(1,667) U
Total Outsourced Personnel	2,276	1,138	(1,138) U	6,599	3,413	(3,186) U
Total Personnel	88,883	89,124	241 F	274,986	276,806	1,820 F

Consolidated Statement of FTE by Professional Group – September 2019

FTE by Employee Group	Month (Sep-19)			YTD (3 months ending Sep-19)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Medical Personnel	1,488	1,498	11 F	1,501	1,498	(3) U
Nursing Personnel	4,011	3,932	(78) U	3,982	3,945	(37) U
Allied Health Personnel	1,919	2,002	83 F	1,917	2,000	83 F
Support Personnel	455	531	76 F	453	531	78 F
Management/ Admin Personnel	1,526	1,512	(14) U	1,516	1,499	(18) U
Total (before Outsourced Personnel)	9,399	9,476	77 F	9,370	9,474	104 F
Outsourced Medical	29	25	(3) U	31	25	(6) U
Outsourced Nursing	1	1	0 F	1	1	0 F
Outsourced Allied Health	11	0	(11) U	7	0	(7) U
Outsourced Support	18	0	(18) U	20	0	(20) U
Outsourced Management/Admin	125	7	(118) U	121	7	(114) U
Total Outsourced Personnel	183	33	(150) U	179	33	(146) U
Total Personnel	9,582	9,509	(73) U	9,549	9,506	(42) U

Consolidated Statement of FTE by Directorate – September 2019

Employee FTE by Directorate Group (including Outsourced FTE)	Month (Sep-19)			YTD (3 months ending Sep-19)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Adult Medical Services	1,009	975	(34) U	1,014	975	(39) U
Adult Community and LTC	586	564	(23) U	589	564	(25) U
Surgical Services	954	916	(38) U	946	916	(30) U
Women's Health	378	382	4 F	384	382	(2) U
Child Health	1,375	1,330	(45) U	1,379	1,330	(49) U
Cardiac Services	578	570	(8) U	567	570	2 F
Clinical Support Services	1,338	1,350	12 F	1,343	1,348	5 F
Patient Management Services	453	441	(11) U	455	441	(14) U
Perioperative Services	757	803	46 F	755	803	48 F
Cancer & Blood Services	386	405	19 F	385	405	20 F
Operational - Others	0	14	14 F	0	14	14 F
Mental Health & Addictions	777	796	19 F	764	796	32 F
Ancillary Services	991	963	(28) U	967	962	(5) U
Total Personnel	9,582	9,509	(73) U	9,549	9,506	(42) U

Month Result

The Provider Arm result for the month is \$0.5M favourable. This result is driven by favourable non MOH revenue streams.

Overall volumes for the month (for total Auckland DHB and IDF Funders) are reported at 94.5% of the seasonally phased contract - this equates to \$6.4M below the month contract. However, the latest coding update gives total contract performance at 98.3%, equating to \$2.0M below contract.

Total revenue for the month is \$1.3M (0.9%) favourable, with the key variances as follows:

- ACC income \$0.4M favourable reflecting particularly high volumes of community/ambulatory services.
- Other Income \$0.7M favourable primarily reflecting favourable donation income (which fluctuates from month to month).
- Other Government \$0.5M favourable – reflecting several one off additional funding streams including national Laboratory contracts one off \$0.2M favourable.
- Non Resident revenue \$0.4M unfavourable – this revenue fluctuates from month to month with the full year budget still expected to be achieved.

Total expenditure for the month is \$0.8M (0.5%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs are very close to budget at \$0.2M (0.3%) favourable. Total FTE for the month were 9,582, which was 73 (0.8%) above budget, however the favourable expenditure variance reflects lower cost per FTE driven by later phasing of MECA settlement costs than assumed.
- Outsourced Clinical Services \$0.4M (9.2%) unfavourable, reflecting elective surgery outsourced costs above budget for the month (but remaining close to budget for year to date).
- Clinical Supplies \$0.4M (1.5%) unfavourable due to funded pharmaceutical cancer treatment (PCT) costs which are \$350k over budget for the month and will be subject to full wash up.
- Infrastructure & Non Clinical Supplies \$0.3M (1.7%) unfavourable, with the key variance being unfavourable building depreciation (\$0.3M) due to the revaluation of the building asset category.

Year to Date Result

The Provider Arm result for the year to date is \$0.5M unfavourable.

Overall volumes for the year to date (for total Auckland DHB and IDF Funders) are reported at 99.3% of the seasonally phased contract - this equates to \$2.4M below the year to date contract. However, the latest coding update gives total contract performance at 100.6%, equating to \$2.1M above contract.

Total revenue for the year to date is \$0.8M (0.2%) favourable, with the key variances being offsetting miscellaneous revenue streams:

- ACC income \$0.3M favourable reflecting particularly high volumes of community/ambulatory services.
- Other Income \$0.8M favourable primarily reflecting favourable donation income (which fluctuates from month to month) and research income.
- Clinical Training Income \$0.6M favourable for washup relating to prior year.

- Non Resident revenue \$1.3M unfavourable – this revenue fluctuates from month to month with the full year budget still expected to be achieved.

Total expenditure for the year to date is \$1.3M (0.3%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs \$1.8M (0.7 %) favourable. Year to date average FTE are close to budget (27 FTE or 0.3% over budget), but the favourable expenditure variance reflects lower cost per FTE driven by lower medical education costs for the year to date and later phasing of MECA settlement costs than assumed.
- Outsourced Clinical Services \$0.5M (4.4%) unfavourable, reflecting cost of outsourcing MRI (\$0.4M unfavourable. There is a project underway to review utilisation of internal capacity.
- Clinical Supplies \$1.0M (1.2%) unfavourable due to funded pharmaceutical cancer treatment (PCT) costs which are \$950k over budget for the year to date and will be subject to full wash up.
- Infrastructure & Non Clinical Supplies \$1.7M (3.1%) unfavourable, with the key variances being:
 - Facilities costs \$1.4M unfavourable mainly driven by building depreciation (\$0.9M) due to the revaluation of the building asset category, insurance premiums \$0.2M higher than the budget, and repairs and maintenance \$0.3M unfavourable.
 - Cost of Goods Sold in Retail Pharmacy \$0.2M above budget, but this is offset by additional retail income.

FTE

Total FTE (including outsourced) for the month of September were 9,582 which was 73 (0.8%) above budget. This is an increase of 37 from the prior month but includes an additional 29 FTE for the insourcing of Security services.

2019/20 Provider Financial Sustainability

The full year Provider Financial Sustainability plan is \$31.9M. For September year to date savings of \$6.4M have been achieved against plan of \$6.9M, \$0.5M unfavourable to plan.

2019/20 Provider Financial Sustainability	YTD Actual \$000	YTD Target \$000	YTD Variance \$000	Full Year Forecast \$000	Full Year Target \$000	Full Year Variance \$000
Increase revenue	205	813	-607	5,751	5,751	0
Personnel - vacancy management and cost per FTE	5,020	2,806	2,214	11,224	11,224	0
Managing MRI outsourcing requirements	337	685	-348	2,740	2,740	0
Blood utilisation	156	500	-344	2,000	2,000	0
Reduce interpreter costs	0	250	-250	1,000	1,000	0
Clinical Supplies savings	272	162	110	1,648	1,648	0
Procurement savings	426	900	-474	3,600	3,600	0
Delivering more planned care	0	739	-739	2,958	2,958	0
Reducing unnecessary time in hospital	10	15	-5	655	655	0
Review of funded transport	0	75	-75	300	300	0
Total	6,426	6,945	-519	31,875	31,875	0

Volume Performance

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

Directorate	Service	Sep-2019				YTD (3 months ending Sep-19)			
		\$000s				\$000s			
		Cont	Act	Var	Prog %	Cont	Act	Var	Prog %
Adult Community & LTC	Ambulatory Services	1,369	1,400	30	102.2%	4,420	4,588	168	103.8%
	Community Services	1,993	2,260	267	113.4%	6,225	6,598	373	106.0%
	Diabetes	556	535	(20)	96.4%	1,718	1,701	(17)	99.0%
	Palliative Care	39	39	0	100.0%	117	117	0	100.0%
	Reablement Services	2,035	2,035	0	100.0%	6,105	6,105	0	100.0%
	Sexual Health	500	579	79	115.8%	1,549	1,780	231	114.9%
Adult Community & LTC Total		6,492	6,848	356	105.5%	20,135	20,889	754	103.7%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,575	2,584	9	100.3%	7,676	7,803	127	101.7%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	13,913	13,479	(434)	96.9%	42,728	42,217	(511)	98.8%
Adult Medical Services Total		16,489	16,063	(425)	97.4%	50,404	50,019	(385)	99.2%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	9,702	9,271	(431)	95.6%	30,096	30,144	48	100.2%
	N Surg, Oral, ORL, Transpl, Uro	11,317	10,397	(920)	91.9%	33,343	32,368	(975)	97.1%
	Orthopaedics Adult	4,501	4,915	413	109.2%	13,811	14,409	599	104.3%
Surgical Services Total		25,521	24,583	(938)	96.3%	77,249	76,921	(328)	99.6%
Cancer & Blood Services	Cancer & Blood Services	10,177	10,048	(129)	98.7%	31,448	30,920	(528)	98.3%
	Genetics	317	284	(33)	89.4%	994	829	(165)	83.4%
Cancer & Blood Services Total		10,494	10,332	(162)	98.5%	32,442	31,749	(693)	97.9%
Cardiovascular Services		14,057	11,467	(2,590)	81.6%	41,299	39,002	(2,297)	94.4%
Children's Health	Child Health Community Services	2,784	3,174	391	114.0%	8,719	10,484	1,766	120.2%
	Child Health Medical	6,939	5,137	(1,802)	74.0%	19,883	17,726	(2,157)	89.2%
	Child Health Surgical	10,881	9,624	(1,257)	88.4%	30,934	32,303	1,369	104.4%
Children's Health Total		20,603	17,936	(2,668)	87.1%	59,536	60,513	977	101.6%
Clinical Support Services		3,750	3,801	51	101.4%	11,582	11,584	2	100.0%
DHB Funds		10,491	10,254	(237)	97.7%	31,468	31,165	(303)	99.0%
Perioperative Services		18	8	(10)	45.6%	56	35	(21)	62.6%
Public Health Services		147	147	0	100.0%	441	441	0	100.0%
Support Services		102	102	0	100.0%	307	307	0	100.0%
Women's Health Total		7,572	7,797	225	103.0%	24,381	24,280	(101)	99.6%
Grand Total		115,736	109,338	(6,398)	94.5%	349,299	346,904	(2,395)	99.3%

2) Total Discharges for the YTD (3 Months to September 2019)

		Cases Subject to WIES Payment		All Discharges			Same Day discharges		Same Day as % of all discharges	
		Inpatient								
Directorate	Service	2019	2020	Last YTD	This YTD	% Change	Last YTD	This YTD	Last YTD	This YTD
Adult Community & LTC	Ambulatory Services	616	633	800	647	(19.1%)	760	603	95.0%	93.2%
	Community Services	0	0	0	5	0.0%	0	0	0.0%	0.0%
	Reablement Services	0	0	540	590	9.3%	12	36	2.2%	6.1%
Adult Community & LTC Total		616	633	1,340	1,242	(7.3%)	772	639	57.6%	51.4%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	3,119	3,863	3,198	3,871	21.0%	2,258	2,718	70.6%	70.2%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	5,618	5,706	5,734	5,753	0.3%	845	898	14.7%	15.6%
Adult Medical Services Total		8,737	9,569	8,932	9,624	7.7%	3,103	3,616	34.7%	37.6%
Cancer & Blood Total		1,240	1,380	1,467	1,622	10.6%	796	874	54.3%	53.9%
Cardiovascular Services Total		2,214	2,197	2,322	2,263	(2.5%)	649	581	28.0%	25.7%
Children's Health	Child Health									
	Community Services	846	976	852	980	15.0%	47	60	5.5%	6.1%
	Child Health Medical	3,388	3,269	3,783	3,555	(6.0%)	2,729	2,542	72.1%	71.5%
	Child Health Surgical	2,548	2,994	2,735	3,126	14.3%	1,153	1,296	42.2%	41.5%
Children's Health Total		6,782	7,239	7,370	7,661	3.9%	3,929	3,898	53.3%	50.9%
DHB Funds Total		377	445	379	448	18.2%	266	335	70.2%	74.8%
Surgical Services	Gen Surg, Trauma, N Surg, Oral, ORL, Transpl, Uro	4,457	4,903	5,206	5,239	0.6%	3,040	2,883	58.4%	55.0%
		2,998	3,235	3,233	3,435	6.2%	1,284	1,394	39.7%	40.6%
	Orthopaedics Adult	1,061	1,258	1,120	1,297	15.8%	206	199	18.4%	15.3%
Surgical Services Total		8,516	9,397	9,559	9,971	4.3%	4,530	4,476	47.4%	44.9%
Women's Health Total		5,025	5,425	5,212	5,591	7.3%	1,851	2,089	35.5%	37.4%
Grand Total		33,507	36,285	36,581	38,422	5.0%	15,896	16,508	43.5%	43.0%

3) Caseweight Activity for the YTD (3 Months to September 2019 (All DHBs))

		Acute								Elective								Total							
		Case Weighted Volume			\$000s				Case Weighted Volume			\$000s				Case Weighted Volume			\$000s						
Directorate	Service	Con	Act	Var	Con	Act	Var	Prog %	Con	Act	Var	Con	Act	Var	Prog %	Con	Act	Var	Con	Act	Var	Prog %			
Adult Community & LTC		313	325	12	1,630	1,693	63	103.9%	30	15	(15)	157	80	(78)	50.6%	343	340	(3)	1,787	1,773	(14)	99.2%			
Adult Medical Services	AED, APU, DCCM, Air Ambulance	984	1,050	66	5,133	5,479	346	106.7%	0	0	0	0	0	0	0.0%	984	1,050	66	5,133	5,479	346	106.7%			
	Gen Med, Gastro, Resp, Neuro, ID, Renal	5,568	5,486	(82)	29,043	28,616	(427)	98.5%	2	0	(2)	12	0	(12)	0.0%	5,570	5,486	(84)	29,055	28,616	(439)	98.5%			
		6,552	6,536	(15)	34,176	34,095	(81)	99.8%	2	0	(2)	12	0	(12)	0.0%	6,554	6,536	(18)	34,188	34,095	(93)	99.7%			
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	2,329	2,504	174	12,151	13,060	908	107.5%	1,922	1,866	(56)	10,024	9,733	(292)	97.1%	4,251	4,369	118	22,176	22,792	617	102.8%			
	N Surg, Oral, ORL, Transpl, Uro	2,621	2,405	(215)	13,670	12,547	(1,123)	91.8%	1,993	2,030	37	10,398	10,589	190	101.8%	4,614	4,435	(179)	24,068	23,136	(932)	96.1%			
	Orthopaedics Adult	1,459	1,700	241	7,610	8,867	1,258	116.5%	916	745	(171)	4,777	3,885	(892)	81.3%	2,375	2,445	70	12,387	12,752	365	102.9%			
Surgical Services Total		6,409	6,609	200	33,430	34,473	1,043	103.1%	4,831	4,641	(190)	25,200	24,206	(994)	96.1%	11,240	11,250	9	58,630	58,680	50	100.1%			
Cancer & Blood Services		1,665	1,629	(36)	8,685	8,499	(186)	97.9%	0	0	0	0	0	0	0.0%	1,665	1,629	(36)	8,685	8,499	(186)	97.9%			
Cardiovascular Services		4,141	4,290	149	21,600	22,377	778	103.6%	2,872	2,309	(563)	14,980	12,045	(2,935)	80.4%	7,013	6,599	(414)	36,580	34,422	(2,157)	94.1%			
Children's Health	Child Health Community	979	1,330	351	5,108	6,938	1,830	135.8%	0	0	0	0	0	0	0.0%	979	1,330	351	5,108	6,938	1,830	135.8%			
	Child Health Medical	2,446	2,156	(289)	12,757	11,247	(1,510)	88.2%	5	13	8	24	66	42	271.7%	2,450	2,169	(281)	12,781	11,313	(1,468)	88.5%			
	Child Health Surgical	2,700	3,058	357	14,086	15,950	1,864	113.2%	1,922	1,800	(122)	10,027	9,389	(638)	93.6%	4,623	4,858	235	24,113	25,339	1,226	105.1%			
Children's Health Total		6,125	6,544	419	31,951	34,135	2,184	106.8%	1,927	1,813	(114)	10,051	9,455	(596)	94.1%	8,052	8,357	304	42,002	43,590	1,588	103.8%			
Women's Health Services		2,768	2,650	(118)	14,439	13,825	(615)	95.7%	565	548	(16)	2,946	2,860	(86)	97.1%	3,333	3,199	(134)	17,385	16,685	(700)	96.0%			
DHB Funds		40	0	(40)	204	0	(204)	0.0%	496	487	(8)	2,585	2,543	(43)	98.4%	536	487	(48)	2,789	2,543	(246)	91.0%			
Grand Total		28,013	28,584	571	146,115	149,098	2,983	102.0%	10,723	9,813	(909)	55,932	51,189	(4,743)	91.5%	38,736	38,397	(339)	202,047	200,287	(1,760)	99.1%			
Excludes caseweight Provision																									

Acute Services

Acute growth has eased in September when compared to the last two months, although is still 5% higher than the same month last year.

Activity by service type:

- The growth in the acute medical area has declined a little and discharges are now sitting 6.7% higher than year to date last year. Excluding ED cases, the growth in discharges is 2%. The non ED cases have a 5% higher average WIES profile, and a 6% higher ALOS. When the ED admissions are incorporated, the average WIES and ALOS is only 1% higher than the same period last year.
- The rate of increase in surgical demand has eased slightly in September. The acute surgical discharge rate is now 14% higher than the same period last year. This has been driven by an increase in short stay cases with the growth rate for cases with a LOS of 0 or 1 increasing by 16% compared to cases 2 days and over. This is reflected in the ALOS and average WIES which are both lower than the same period last year, with average WIES sitting at 94.
Of note, there has been an increase in acute theatre cases as well, with an 8% increase in theatre cases compared to the same period last year. However the 1st quarter for 2017/18 was actually higher than this latest quarter which suggests this is natural variation.
- While birth numbers dropped slightly in September, Obstetric discharges are up 8% YTD September compared to the same period last year. ALOS is 10% lower, while average WIES has dropped by 8%.
- Newborn discharges have dropped significantly in September and are now only 5% higher than the same period last year. While birth numbers were down, the majority of the births in September were well babies who are managed by the Obstetric service. This has led to an increase in ALOS and average WIES as the service mix has moved to the more complex babies.

Elective Services

Elective performance is 7% higher than the same quarter last year. Of that, 4.8% is growth in in-house delivery, with the remainder being an increase in outsourced activity. Average WIES is up, reversing the downward trend of last year, with most surgical services having a higher average WIES than the same period last year. ALOS is also higher, but similarly that is likely to be impacted by the casemix with higher numbers of longer day cases being done over the 1st quarter.

4) Non-DRG Activity (ALL DHBs)

		Sep-2019				YTD (3 months ending Sep-19)			
		\$000s				\$000s			
Directorate	Service	Cont	Act	Var	Prog %	Cont	Act	Var	Prog %
Adult Community & LTC	Ambulatory Services	839	860	21	102.5%	2,633	2,815	182	106.9%
	Community Services	1,993	2,260	267	113.4%	6,225	6,598	373	106.0%
	Diabetes	556	535	(20)	96.4%	1,718	1,701	(17)	99.0%
	Palliative Care	39	39	0	100.0%	117	117	0	100.0%
	Reablement Services	2,035	2,035	0	100.0%	6,105	6,105	0	100.0%
	Sexual Health	500	579	79	115.8%	1,549	1,780	231	114.9%
Adult Community & LTC Total		5,961	6,308	347	105.8%	18,347	19,116	769	104.2%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	811	743	(68)	91.6%	2,543	2,324	(219)	91.4%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	4,377	4,233	(145)	96.7%	13,673	13,600	(72)	99.5%
Adult Medical Services Total		5,189	4,976	(213)	95.9%	16,216	15,924	(292)	98.2%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	2,527	2,250	(277)	89.0%	7,921	7,352	(569)	92.8%
	N Surg, Oral, ORL, Transpl, Uro	3,017	3,002	(15)	99.5%	9,275	9,232	(43)	99.5%
	Orthopaedics Adult	459	592	133	129.0%	1,424	1,657	233	116.4%
Surgical Services Total		6,002	5,843	(159)	97.4%	18,619	18,241	(378)	98.0%
Cancer & Blood Services	Cancer & Blood Services	7,250	7,015	(235)	96.8%	22,763	22,421	(342)	98.5%
	Genetics	317	284	(33)	89.4%	994	829	(165)	83.4%
Cancer & Blood Services Total		7,567	7,299	(269)	96.4%	23,756	23,250	(507)	97.9%
Cardiovascular Services		1,540	1,458	(82)	94.7%	4,719	4,580	(139)	97.0%
Children's Health	Child Health Community Services	1,189	1,162	(27)	97.8%	3,611	3,546	(64)	98.2%
	Child Health Medical	2,274	1,937	(337)	85.2%	7,102	6,413	(689)	90.3%
	Child Health Surgical	2,232	2,239	7	100.3%	6,821	6,964	143	102.1%
Children's Health Total		5,694	5,338	(356)	93.7%	17,533	16,923	(610)	96.5%
Clinical Support Services		3,750	3,801	51	101.4%	11,582	11,584	2	100.0%
DHB Funds		9,559	9,541	(18)	99.8%	28,679	28,622	(57)	99.8%
Perioperative Services		18	8	(10)	45.6%	56	35	(21)	62.6%
Public Health Services		147	147	0	100.0%	441	441	0	100.0%
Support Services		102	102	0	100.0%	307	307	0	100.0%
Women's Health Total		2,245	2,324	79	103.5%	6,996	7,595	599	108.6%
Grand Total		47,775	47,145	(630)	98.7%	147,252	146,617	(635)	99.6%

Performance to contract has picked up as expected. The year to date non DRG wash up is approximately \$750k. This is driven by both adult and paediatric cancer services which are below contract YTD.

Resolution to exclude the public from the meeting

Recommendation

That in accordance with the provisions of Clauses 32 and 33, Schedule 3, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies	N/A	N/A
2. Conflicts of Interest	As per that stated in the open agenda	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
3. Confirmation of Confidential Minutes 16 October 2019	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Change and Sustainability Benefits Realisation Report	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 ADHB Data	Commercial Activities Information contained in this report is related to commercial activities and	That the public conduct of the whole or the relevant part of the meeting would

Governance Oversight Report Benefits Realisation Report	Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 Auckland Cardiology Electrophysiology Services Oversight Report	<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>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.</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.3 Clinical Support Oversight Report – MRI Capacity	<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>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.</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 Head and Neck Oversight Report	<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>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.</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.5 Perioperative Services – Shortage of Perioperative Workforce Oversight Report	<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>Prejudice to Health or Safety Information about measures protecting</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]

	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.	
6.6 Radiotherapy Workforce Oversight Report	<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>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.</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]
6.7 Security for Safety	<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>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.</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]
6.8 Women's Health – Midwifery Recruitment and Retention Oversight Report	<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>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.</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.1 Clinical Quality and Safety Service Report	<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>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</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]

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