AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Provider Services
2016/17 Business Plan

July 2016

Contents

Introduction

This is the Provider Services Business Plan which describes our focus for the 2016/17 financial year. Provider Services is made up of our ten Directorates that provide services for our population, for the region, and nationally. Our work spans the hospital and some community services. This plan outlines our intended activity to implement the Auckland DHB strategy and achieve our vision of Healthy Communities, World-Class Healthcare, Achieved Together.

Our Business Plan for 16/17 builds on the work begun in 2015/16, has been developed in line with our three year savings strategy and incorporates a greater focus on the seven strategic themes: Community, family/whānau and patient-centric model of healthcare; Emphasis and investment on treatment and keeping people healthy; Service integration and/or consolidation; Intelligence and insight; Consistent evidence informed decision making practice, Outward focus and flexible service orientation; and Emphasis on operational and financial sustainability.

Our plan follows the same format as the 2015/16 plan; we have developed a one page plan for each Provider Arm work programme and for each Directorate. Each work programme and Directorate priority has an action plan with accountable owners and performance measures have been identified to track our progress. This year's plan has a greater focus on financial and operational sustainability, linking in with the Provider initiatives proposed for year one of our three year savings strategy.

As part of the refresh of the Business Plan we have revisited our Provider Arm work programmes. These are important areas of work that affect all our Directorates and are therefore a shared responsibility. We have agreed that Daily Hospital Functioning, Afterhours Inpatient Safety, Deteriorating Patients and Faster Cancer Treatment will be carried forward into 2016/17. While we have made steady progress against the plans for each of these work programmes, there is still important progress that needs to be made over the next year to implement models of care and new systems / processes which focus on patient safety, efficiency, sustainability and value. Work relating to the Surgical PVS and the Clinical Services Plan will be absorbed as business as usual.

We have agreed two new work programmes to include in our Business Plan for 16/17; Using the Hospital Wisely and Outpatients Model of Care. Both of these programmes of work are aligned with the strategic themes, savings strategy and immediate actions outlined in our Clinical Services Plan. Using the Hospital Wisely and Outpatients Model of Care are large programmes of work which we anticipate will span two to three years. Both work programmes will be governed by or have key links to Steering Groups.

Introduction

Underpinning our business plan are our leadership priorities for the coming year which focus on continued collaboration with our Northern Region DHBs, increased visibility across the DHB (including visibility of our Business Plan), enhanced external relationships and networks, leadership and team development, and implementing the recommendations from the Clinical Services Plan. Our Business Plan will link with the People Strategy to enable the Provider's workforce to realise the changes in the Clinical Services Plan and meet future demands of our patient populations.

We have established a mechanism to deploy strategy through our Management Operating System (MOS) which is currently in use across the Directorates. Deploying and embedding MOS will enable us to communicate and execute our strategy and highlight our progress. We have also aligned our reporting to the Hospital Advisory Committee with our Business Plan.

As we move into 2016/17, the Provider Arm faces a number of risks primarily related to finance, people and performance. The three year savings plan is an ambitious programme of improvement and cost reduction activity which is in addition to business as usual savings already built into the budget allocations. Realising the benefits of the programmes included in the savings plan is going to be extremely challenging and will rely heavily on effective change management. Delivering the initiatives will also require careful and deliberate resourcing; where possible this will be redirected from existing resources but we will require additional support. Balancing the delivery of the savings initiatives with the ongoing achievement of national targets will require further careful planning and management, against a backdrop of significant increases in acute demand.

Alignment to Strategic Themes

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	Strategic themes						
	Community, family/whānau and patient-centric model of healthcare	Emphasis and investment on treatment and keeping people healthy	Service integration and / or consolidation	Intelligence and insight	Consistent evidence informed decision making practice	Outward focus and flexible service orientation	Emphasis on operational and financial sustainability
Provider Arm work programmes							
Daily Hospital Functioning	✓	✓	✓	✓	✓	✓	✓
Afterhours Inpatient Safety	✓	✓	✓	✓	✓	✓	✓
Deteriorating Patients	✓	✓	✓	✓	✓	✓	✓
Faster Cancer Treatment	✓	✓	✓	✓	✓	✓	✓
Using the Hospital Wisely	✓	✓	✓	✓	✓	✓	✓
Outpatients Model of Care	✓	✓	✓	✓	✓	✓	✓

Date: 10 June 2016
A3 Owners: Dr Barry Snow and Ian Costello

Daily Hospital Functioning

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Background

Over the last several years, Auckland DHB has not consistently met elective and acute organisational goals as well as our patients needs at the right time and the right place. The growing patient demand on Auckland DHB requires a higher and higher utilisation of resources (staff, beds, theatres, materials, etc.).

To meet this demand, Auckland DHB must strive toward best-in-class operations with respect to:

- Planning and Forecasting (Patient & Operations Planning)
- Booking, Scheduling and Rostering
- Daily Operations Monitor, Escalation and Response – focus of the "Integrated Operations Centre"

The capability of ADHB Operations must improve to meet these growing demands and provide safe clinical capacity for all our patients.

Best practice evidence supports the creation of an integrated operations centre that co-locates key operational staff and provides them with a timely view of past and predicted operational performance with agreed escalation plans.

Target condition

- High visibility and full understanding of the flow of patients through Auckland DHB
- Routinely meet the requirement for shorter stays in the Emergency Department
- An Integrated Operations Centre that leads and informs planning and escalation
- Having accurate, timely data available to manage planning
- Transit care model and facility that supports patient flow
- Standardised escalation plans and operating procedures for all medical and surgical services with clear roles and responsibilities of deliverables
- Support and information for directorates to facilitate hospital flow and patient safety

Measures	Current	Target (End 2016/17)	2017/18
Shorter Stays in the Emergency Department compliance			
Cancellations of elective surgery due to capacity			
Use of supplementary staffing			
Outlier management			

Current condition

Operational Intelligence & Forecasting

- Engagement of BI team
- Formation of work group
- Review of existing functionality complete
- Initial development work in progress

Integrated Operations Centre

- Review of required functionality in conjunction with After Hours Inpatient Safety and Deteriorating Patients work programmes
- SPUG approval for expansion of existing 24 Hours Centre
- Processes agreed for migration of bureau coordinator functions to ACH site

Transition Hub

- Transition Lounge phase one facilities changes complete.
- Work initiated to bring DOSA patients through transition lounge
- Formation of oversight group for development and facilities and functionalities

Variance Response Management (VRM)

- Revised template for escalation plans agreed
- Plans drafted for larger services with revised trigger points agreed
- VRM work stream underway with reporting to CCDM council
- Development of redeployment guidelines and variance indicators for ward areas

Key linkages

Daily Hospital Functioning is closely linked to:

- Afterhours Inpatient Safety
- Deteriorating Patients
- Level 2 redesign and model of care
- CCDM programme
- Acute Flow Board

Alignment to strategic mandatories:

✓		✓	✓	✓	✓	✓

#	Action	Owner	Q1	Q2	Q3	Q4
1	Develop an integrated approach to daily hospital functioning with appropriate personnel	Joyce Forsyth				
2	Reviewing existing functionality and developing new capability to improve management of patient flow and patient safety	Joyce Forsyth				
3	Engage and train workforce in use and implementation of technology and tools	Joyce Forsyth				
4	Deliver a comprehensive suite of SOPs and escalation plans for the organisation and by service	Joyce Forsyth				
5	Develop capability to manage DOSA patient through transition lounge					
6	Develop facilities and functionality of current transition lounge to enable improved patient access	Joyce Forsyth				

Date: 22 July 2016
A3 owners: Dr Mike Shepherd and Dr Sue Fleming

Afterhours Inpatient Safety

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Background

An increased focus on patient safety across the globe has identified afterhours safety as an area of particular risk. Afterhours is defined as 5pm to 8am weekdays and throughout the weekend.

Auckland DHB is a large and complex inpatient hospital offering a full range of services across 24 hours of operation. There is a growing concern that the model of care offered afterhours may not be optimally configured to ensure patient safety.

We need to develop and implement a robust and reliable afterhours inpatient safety function across the Auckland DHB inpatient settings. This is a cross directorate issue that is of significant importance.

Current condition

Stage one complete. Following discussion with the closely aligned Deteriorating Patients and Daily Hospital Functioning work programmes, the agreed priorities for this work programme for 16/17 will be:

Information for afterhours staff
- Afterhours staffing resources mapped for all areas.
- Development of an online tool to enable afterhours staff to easily find the information they require to deliver safe afterhours care is in the planning stage.

Staffing afterhours
- Ways of strengthening staffing models (clerical, nursing and medical) are being considered.
- Opportunity to look at innovative practice.

Out of hours operating theatre access and anaesthetic cover
- Currently staffed theatres on levels 4, 8 and 9 afterhours.
- Opportunity to look at theatre resource as a whole in order to enhance capacity and improve access.

Handover
- No consistent formalised handover process. Opportunity to leverage areas where structured handover is embedded (Women's Health).

Future oversight of afterhours inpatient safety
- Need to transition to ongoing and sustainable oversight once projects are completed.
- Will require development of measures and mechanism for routinely collecting and analysing data.

Target condition

- Afterhours safety for our patients is equivalent to daytime safety
- A sustainable afterhours staffing model
- Appropriate resources effectively shared across the inpatient settings
- Consistent and reliable access to and sharing of information to ensure patient safety
- Agreed process and measures for monitoring afterhours patient safety

Measures	Current	Target (End 2016/17)
Staff able to access the information they need to deliver care afterhours		
Safety on Weekends And Nights (SWAN) score		
Cases booked for theatre afterhours meet appropriate acuity timeframe		
Afterhours SAC 1 and 2 events		
Handover process compliance		
Patients feel safe afterhours		

Key linkages

Afterhours inpatient safety is linked to

- Daily Hospital Functioning
- Deteriorating Patients

Alignment to strategic mandatories:

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Agree priorities which impact on all areas of the hospital afterhours	Steering Group				
2	Scope and develop agreed priority sub-projects, including the development of project plans	Project Manager				
3	Review of current afterhours staffing model and current practice to contact relevant staff afterhours. Make recommendations for each work stream area	Steering Group				
4	Confirm measures for afterhours inpatient safety. Collect baseline data, identify gaps in current data collection and reporting, and implement required changes	Steering Group				
5	Progress specific actions as per the project plan for each work stream	Work stream leads				

Date: 22 July 2016; version 4

A3 owners: Dr Mark Edwards, Dr Barry Snow and Dr John Beca

Deteriorating Patients

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Background

Auckland DHB currently has diverse mechanisms for the management of deteriorating patients which are out of step with current best practice. The diversity of management is dependent on several factors including the geographic location of patients within the organisation. It is envisaged that a consistent approach would improve the care of medically unstable patients throughout the hospital, integrate the current separate structures and systems for these patients, and align Auckland DHB with current best practice for the care of deteriorating patients.

The high level vision (articulated following a facilitated workshop involving staff from across the organisation):

ADHB inpatients will have excellent, comprehensive, integrated, seamless care that identifies and manages physiologically unstable patients.

Target condition

- Regularly reported measures to the appropriate people and places
- Proactively review potentially unstable patients
- Timely recognition and appropriate escalation of deteriorating patients
- Integrated system that is reliable, easy to use and adaptable

Starting condition

Current management of deteriorating patients is inconsistent across Auckland DHB**.** Two recent reviews have recommended provision of formal intensive care unit (ICU) outreach services within the hospital.

Recognition

- Early Warning Score (EWS) – Adults, and Paediatric Early Warning Score (PEWS) - Children
- Scoring systems are not used universally across the organisation

Response

- Code Red and Code Blue system with different teams attending dependent on patient location
- Clinical nurse advisors operating outside normal working hours
- Several 'high dependency' areas outside the geographic location of formal ICU/HDU settings

Formal ICU outreach

- Limited outreach is currently being provided across the hospital (surveillance and part of response)

Key linkages

Deteriorating patients is closely linked to:

- Daily Hospital Functioning
- Afterhours Inpatient Safety
- HQSC national deteriorating patients programme

Alignment to strategic mandatories:

Current condition

Recognition

- Audit of current use of EWS and PEWS in clinical areas completed
- Baseline information regarding EWS / PEWS chart compliance
- Proposal to incorporate the EWS audit into the monthly safety audit. Initial trial pending

Response

- Options for structure of the response function have been developed by both work groups
- Further progress regarding the model of care to sit across the Deteriorating Patients, Daily Hospital Functioning and Afterhours Inpatient Safety work programmes dependent on progress of combined steering group

Future oversight of deteriorating patients

- Measures identified and developed. Draft forms to capture the required information have been developed and permission has been granted to use an already established database from NSW.
- Recognised the need to rearrange ongoing oversight and assess role and focus of the ADHB Resuscitation Committees.
- Ongoing liaison with HQSC to ensure alignment with the national deteriorating patient programme

Measures	Current	Target (End 2016/17)
1. Cardiac arrest without a prior DNR order	Not collected	Collected and reviewed
2. Unplanned ICU admissions	Collected	Collected and reviewed
3. Unexpected deaths	Not collected	Collected and reviewed
4. Composite of measures 1 – 3	Not collected	Collected and reviewed
5. EWS / PEWS chart compliance	Baseline data collected	Monthly audit and review

#	Action	Owner	Q1	Q2	Q3	Q4
1	Implement on-going audit of EWS / PEWS in clinical areas	GB / EM				
2	Plan and implement response function – based on agreed model of care across DP / AIS / DHF work programmes	GB / EM				
3	Agree and develop a plan for immediate and on-going education for new and existing staff	GB / EM				
4	Develop interim database to capture data for identified measures	Steering Group / BI				
5	Determine membership and operating principles for future oversight of deteriorating patients	Provider Directors				
6	Establish future oversight of deteriorating patients	Steering Group				
7	Conduct audit of high dependency care areas to confirm current state, make recommendations for each area and implement changes	GB / EM				
8	Monitoring, review and feedback of measures (embedding culture)	Oversight Group				
9	Implement communications plan	Steering Group				

Date: 10 June 2016
A3 owner: Dr Richard Sullivan

Faster Cancer Treatment

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Background

All people presenting to our services with cancer deserve the best treatment possible, in order to secure the best possible cancer care outcomes.

Within this cohort, people presenting with a high suspicion of cancer (HSC) need to be seen within as short a period as possible, so as to provide potentially curative treatment if this is appropriate.

85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017.

Current condition

- We are prospectively monitoring individual patient progress by tumour stream and directorate , using a suite of tools
- We have organisation-wide engagement, and are embedding clinical and managerial escalation processes to monitor and ensure visibility of patient tracking and the wider systems approach
- We have reasonable assurance that HSC definitions are being consistently applied within services although this remains work in progress, and we now have the means to identify patients coming from other Northern Region DHBs within this cohort
- We have mapped existing patient pathways within the tumour stream model, and have a range of initiatives underway to make these quicker where we can
- We need to continue to develop and implement ideal patient pathways, so we can move to better and quicker pathways
- We remain unable to assess patient experience through pathways

Measures	Current	Target (2016/17)	2017/18
85% of patients receive 1st cancer treatment(or other management) within 62 days of being referred with HSC and a need to be seen within 2 weeks	76%	July 2016 85%	June 2017 90%

Target condition

- We will use the information we already have to understand our current denominator baselines, and our performance against the new target
- We will set and monitor goals / targets by Directorates to improve performance, for both Clinical and Clinical Support Services
- We will progressively implement ideal tumour stream patient pathways, and meet Faster Cancer Treatment (FCT) health target thresholds
- We will work with our wider DHB partners to understand and manage inter-DHB FCT referrals

Key linkages

Faster Cancer Treatment is linked to

- Values-led care

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Continue to measure and improve clinic HSC baselines, by clinic	Directors & GMs				
2	Embed tumour stream coordinator roles, including cover arrangements (Cancer and Blood, Surgical, Adult Medical, Women's Health)	GMs				
3	Implement and operate cohesive DHB-wide governance structure to oversee performance, including escalation processes (Directorates accountable to Provider Directors)	Directors				
4	Work regionally to identify and track patients arriving from other Northern Region DHBs, and agree intra-DHB business rules	Information Management				
5	Continue to implement IT systems to assist tracking	Information Management				
6	Develop and implement ideal tumour stream pathways	Pathways Programme				

Date: 25 July 2016
A3 owner: Judith Catherwood

Using the Hospital Wisely

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Background

The Auckland DHB population is growing and will place increasing pressure on our hospital services unless the demand is managed. Our Emergency Department in particular continues to see a trend of increasing attendances which is unsustainable in the long-term. As recommended in the Clinical Services Plan, we need to address this increasing demand in order to provide a high standard of care to both our acute and elective patients.

Previous analysis has shown there are inconsistent processes in place across the provider arm for effectively managing inpatient demand. There is an opportunity to utilise a range of hospital and community services to reduce pressure on our limited hospital resources.

Using the hospital wisely ensures the best use of resources to meet the needs of the population. This work programme aims to reduce pressure on our hospital services through improvement to processes, pathways and use of services. This work programme aims to achieve this over the next three years.

Current condition

Acute:
- Growth in self referrals to Emergency Department (ED)
- Increasing attendance to ED
- Lack of clear clinical pathways from admission to discharge
- High number of social admissions
- No intermediate care beds for step up/step down

Elective:
- Low rates of admission on day of surgery
- Low day case rates

Discharging:
- Inconsistent use of estimated dates of discharge (EDD)
- Poor communication of EDD with patients and families
- High re-admission rates
- Poorly specified admission goals

Measures	Current (End 2015/16)	Target (End 2016/17)	2017/18
ED admissions rate (conversion rate from ED to APU to ward)	31%		
Proportion of expected deaths in hospital	28%		
Number of social admissions			
Ambulatory sensitive hospital admissions rates (ASH rates)	8265 (Age 00-04) 3321 (Age 45-64)		
Length of stay – specific patient groups/DRGs/etc.	2.7		
Bed days per 100,000 population – overall and specific DRGs/specialities	33411		
Re-admission rates – for children, adults and elderly	9% (28 day) 4% (7 day)		
Percentage discharged on planned EDD	Discharge date = EDD 59% Discharge date < EDD 34% Discharge date > EDD 7%		
Day of surgery admission rates	70%		
Elective day case rates	58%		

Target condition

The DHB will manage the expected growth in population and its changing needs without expanding its facilities, this will be achievable by the following conditions:
- Discharge planning is improved and efficient
- Consistently using EDD and communicating this with patients and families
- Specific admission goals embedded
- A significant reduction in (avoidable) admissions/re-admissions
- Patients better able to self manage their health
- Effectively and efficiently using day services
- Reduction in length of stay
- A range of flexible community and intermediate care services available to the population
- Clinical pathways in place and improved flow within the hospital

Key linkages

Using the Hospital Wisely is closely linked to:

- Outpatients Model of Care
- Daily Hospital Functioning
- Afterhours Inpatient Safety
- Deteriorating Patients

Alignment to strategic mandatories:

Resource required

- Involvement of clinical and leadership teams across the Directorates
- Executive sponsor
- Business Intelligence for rapid access to data and analysis
- Finance for financial modeling
- Human Resources to support change management
- Performance improvement project/programme management

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Gather baseline data					
2	Review existing pathways					
3	Form organisational wide programme team					
4	Prioritise areas of focus					
5	Develop detailed action plan					

Date: 19 July 2016

A3 owner: Ian Costello, Vanessa Beavis, Kelly Teague

Outpatients Model of Care

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Background

The Provider Arm currently cares for 1.03 million outpatient visits across all our facilities. As outlined in the Provider Clinical Services Plan, if the population continues to grow and there is no change in the current model of care, we could be facing a 9.8% increase in outpatient face-to-face visits by 2020. It is noted in the Provider Clinical Services Plan that we have an opportunity to redesign our outpatient model of care.

The aim of this work programme is to review the outpatients model of care to ensure that we provide a high quality outpatient service and experience that is patient centric, provides timely access to services in an appropriate setting, appropriate information, minimises risk and reduces waste.

Current condition

- Outpatient experience and communication is less than ideal. Clinics are not co-ordinated within specialities and across pathways. Patients often experience long waiting times for access to appointments as well as on the day of the clinic. Appointments are frequently rescheduled due to capacity planning issues.
- Communication with patients is variable and inconsistent which results in high DNA rates in some areas.
- There is loss of revenue due to uncoded activity. Appropriate investigations are not always available for the appointment which leads to delays or rescheduling.
- Patients often have to travel long distances for appointments. Patients find rescheduling of appointments difficult due to processes and hours of availability .
- The current structure and skill mix of staff results in delays and inconsistency when staff are absent.

Target condition

- Outpatient appointments are provided in the most appropriate setting for patients, utilise technology to best advantage, and deliver consistent outcomes against agreed quality measures encompassing a more integrated approach with primary care.
- A clear governance and management framework is in place to deliver agreed outcomes with each Directorate including reducing unnecessary waiting times, reducing avoidable and rescheduled appointments, providing improved access and better information to patients and primary care.
- The service is operationally and financially sustainable.

Key linkages

Outpatients Model of Care is linked to:

- Daily Hospital Functioning
- Using the Hospital Wisely

Alignment to strategic mandatories:

		✓	✓	✓		✓

Resource required

Project Manager, Production Planner, Business Intelligence Analyst

Measures	Current	Target (End 2016/17)	2017/18
Model and outcomes agreed with Directorates	Not started	Complete	
Production Planning implemented	Limited	Complete	
Quality measures (e.g. clinic templates, leave management, DNA rate) implemented and regularly reported	Limited	Measures regularly reported	
Patient experience (e.g. waiting times, clinic start and finish times, patient feedback) measured and improved	Not started		Measured?
Resource allocation (nursing and clerical) implemented and regularly reported	Not started	Implemented	Regularly reported
Consistent systems and processes implemented in each Directorate	Not started		Implemented

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Implement urgent solutions to critical issues	IC/KT/VB				
2	Scope out current delivery models, service quality and Directorate / service outcome requirements including options to improve financial sustainability	KT/IC/GMs/ Directors				
3	Review of capacity, demand and hours of operation	KT/IC/VB				
4	Review structure and skill mix (nursing & clerical)	AM/KT/IC				
5	Review of options for improving service, access and communication with patients and primary care including use of technology, systems and databases	KT/GMs/ Directors				
6	Options appraisal paper	IC/VB/KT				
7	Directorate implementation plan	KT/GMs/Dir ectors				
8	Scope options for more appropriate settings for clinics including primary care settings	IC/VB/KT				

Date: 27 May 2016
A3 owner: Judith Catherwood

Community and Long Term Conditions Directorate

AUCKLAND DISTRICT HEALTH BOARD
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Purpose

- To provide quality, patient-centred, self-directed care as close to home as possible.

Goals

- Develop new models of care and services, focussed on integration with primary care and other community health providers.
- Develop and provide responsive services to prevent hospital admission and support safe and early discharge from hospital.
- Building community resilience and capacity to enable excellent, high quality care with all our partners.
- Provide holistic and equitable rehabilitation across the continuum of care, maximising independence for our population.
- Enhance workforce engagement, succession planning and supporting staff to enable whole system navigation of care for the community.

Principles

- Working in partnership, enabling self-management, promoting independence.

Key priorities

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

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

Current condition

- Clinical outcome and patient safety measures developed for each service, however challenges remain regarding routinely reporting of these.
- Leadership structure in place with the development of leadership capability in progress. Recruitment to vacancies continues.
- Outpatient improvement programme agreed and being implemented; some early changes achieved, for example a reduction in failed attendances and rescheduling rates however significant work remains.
- Locality model of care for Community Services agreed and being implemented. Discussions had with other services regarding expanding the model to other community focussed services.
- Stroke model agreed and being implemented with work commencing on developing an integrated adult stroke unit. Not currently meeting national standards for the transfer to rehabilitation services for stroke patients.
- Intermediate care services underdeveloped resulting in longer lengths of stay and higher rates of acute readmissions.
- Long term condition services lack integration and management across the healthcare system.
- Palliative care integration with hospice/community services agreed but to be implemented.

Target condition

- Clinical outcome measures are embedded and monitored for each service.
- Development of a long term conditions strategy across the organisation.
- Leadership and management capacity and capability improved.
- Outpatient improvement programme fully implemented and achieving desired performance standards.
- Enhanced community and intermediate care services in place, including seven day working and alignment of other services with the locality model of care.
- Stroke change plan complete with robust plans for implementation of an integrated adult stroke unit.

Measures	Current	Target (End 2016/17)
Did not attend (DNA) rate	14.2%	<9%
Rescheduling rate	58%	<40%
Proportion of activity undertaken as virtual or non-face-to-face activity	1%	5%
Patient waiting times – outpatients, community and inpatients		Outpatients – max 3 months; Inpatients – max 2 days; Community – max. 6 weeks
Admissions to age-related residential care	Average 108/month	5% reduction per quarter
Proportion of HCAs and TAs as percentage of total workforce	tbc	tbc
Percentage of stroke patients transferred to rehabilitation services within seven days of admission	60%	80%
Percentage of patients transferred to hospice within 24 hours of being clinically ready to transfer	Tbc	85%
Breakeven revenue and expenditure position		Breakeven

#	Action	Lead	Q1	Q2	Q3	Q4
1	Extend and develop clinician leaders and managers to support improved service delivery through leadership and management programmes.	Director				
2	Implement plan for advancement in roles for nurses, allied health and support staff , increasing proportion of support staff in the workforce to meet agreed skill mix targets.	AHD/ ND				
3	Complete implementation of directorate outpatient improvement programme.	GM				
4	Implement stroke plan and work towards a compressive adult stroke unit.	GM/ AHD				
5	Extend locality model of care to other services, e.g. diabetes, palliative care and older people's health.	Director				
6	Implement frailty pathway.	SCD				
7	Implement step up/step down intermediate care model to support Rapid Response and improve acute flow.	Director				
8	Develop long term conditions strategy across the organisation to support holistic management of patients.	Director				

Date: 10 June 2016
A3 owner: Dr Barry Snow

Adult Medical Directorate

AUCKLAND DISTRICT HEALTH BOARD
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Key priorities for Adult Medical Directorate

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

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

Current condition

1. Leadership development: clearly identifying the governance structures in which the directorate works and enabling the directorate to hold the services to account for service delivery. Continuing with monthly service meetings reviewing service priority plans and HR and finance data
2. Organisational targets: good current performance in ED and meeting 6 hour target Q4. ESPI compliant but capacity issues within gastroenterology which we are managing and should be compliant in August 2016. Undertaken capacity and demand work and should be able to predict volumes that we need to undertake weekly to support clinical team in managing their capacity. Still working proactively with FCT and improving performance.
3. Facilities investment: developing the design for L2 CDU. Working on developing renal business case of hub and spoke. Submission of capital spend for Neurology to meet H&S requirements.
4. Service developments: several projects underway looking at readmission and management of COPD. Also looking at how we deliver OPD care in different ways.
5. Patient safety: good performance in both hand hygiene and falls. Will continue to closely monitor and work proactively.
6. Savings: we have developed a preliminary list of potential savings across the Directorate. These will be included within the priority plan for each service to ensure that they are a focus.

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

Target condition

1. Services being led and managed to agreed set standards and delivery of service transformation / improvement projects. Ability to evidence that the Directorate is being led through the organisational values.
2. Meeting all targets across the whole system in adult medicine.
3. Preparation, presentation and agreement of business case for renal dialysis. L2 build complete. Areas have been identified that do not meet H&S requirements and action plan is in place.
4. Whole Directorate service development plan that is able to be managed with all initiatives implemented.
5. Reduction in the number of falls with serious harm across the Directorate, reduction in the number of grade three and four hospital acquired pressure injuries and full hand hygiene compliance.
6. Delivery of savings initiatives and Directorate breakeven on agreed activity and funding within the PVS 16/17.

	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Continue with weekly and monthly meeting structure to review service improvements	BS				
1 -6	Review progress monthly of priority plans to ensure delivery	BS and OD department				
2	Delivery of capacity and demand plan to gastroenterology to deliver colonoscopy targets	BS, RT, and TD				
2	Regular review of KPIs to ensure performance delivery and development of balanced scorecard to monitor delivery	BS and TD				
2	Review and update the acute flow paper recommendations to support delivery of SSED	BS and TD				
3	Delivery of business cases for Renal and Neurology. Monitor progress of design and build for level 2 CDU	BS and DH				
4	Reviewing service priority plans monthly ensuring delivery to target and engagement of the Directorate team in supporting delivery for services	BS and GB				
4	Measuring patient experience across a range of measures	BS and GB				
5	Continue to work collaboratively across the Directorate in delivering a safe service	BS and BC				
6	Ensure each initiative within Directorate is reviewing cost effectiveness and value for money. Each service to have developed at least one savings specific project	BS				

Date: 10 June 2016
A3 owner: Dr Richard Sullivan

Cancer and Blood Directorate

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Key priorities for Cancer and Blood Directorate

Our Regional Cancer and Blood Services aim to provide the best cancer care services today, and the even better care tomorrow.

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

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

Current condition

1. We are reorganising our entire service in a tumour stream model, as this will provide better patient experience and outcomes. This work requires significant internal clinic restructuring, including a focus on efficiencies in outpatient models of care.
2. We continue to achieve our 28 day policy priority areas (4 weeks to chemotherapy and radiation therapy), and are continuing to improve our timeliness from First Specialist Assessment (FSA) to treatment for all patients as some are already tracking on 62 day pathways. 31 day pathways are of particular relevance to our services.
3. New and improved models of care within haematology will be explored across all areas including inpatient, day-patient, and outpatient delivery, in keeping with evidence-based best and safest practice, including opportunities for standardisation/benchmarking re blood transfusions.
4. We continue to work with our Regional DHB partners to deliver better psychological and social support services for patients/whanau, as at June 2016 service rolled out to 50% services in scope.
5. We are excited to be part of the combined ADHB/University of Auckland/Cancer Society team, developing ways to work in support of this new set of services. Greater research integration with clinical delivery is keenly awaited. This development requires regional DHB engagement to determine service models consistent with intended local chemotherapy delivery, with planning work already underway on this project.
6. We have a highly skilled and passionate workforce across the Directorate. A survey of our staff in 2014 highlighted areas where we could improve staff engagement.

Target condition

- Meet FCT target within Cancer and Blood Services
- Prepare and reshape Cancer and Blood Services consistent with NRICS implementation
- Further implement a tumour stream model within Cancer and Blood, consistent with regional process
- Maintain sustainable, high levels of staff engagement in priority initiatives

Measures	Current	Target (End 2016/17)	2017/18
3 additional tumour streams implemented within Cancer and Blood (Gastro-intestinal, Breast, Genito-urinary)	0	3	na
62 day FCT target	74%	July 2016 85%	June 2017 90%
Development /implementation of Haematology Model of Care	10% (baseline work)	July 50% implementation	100% implementation year end 2017/18
Supportive Care Services - % urgent referrals contacted within 48hrs from across all DHB cancer services	50%	July 100%	July 100%
Northern Region Integrated Cancer Service - Local delivery of chemotherapy (CMDHB) - ADHB meets regional project timeframes	100%	July 2017/18 commencement	100%
Employee engagement initiatives underway	1	3	tba
Breakeven revenue and expenditure position		Breakeven	

	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Developing and implementing a tumour stream approach within Cancer and Blood	Service CDs				
2	Reducing referral to FSA time across our services	Service CDs				
3	Review and improve model of care for malignant and non-malignant haematological services	Service CD				
4	Implementing ADHB and Regional Service for Supportive Care Initiative	Lead				
5	Producing Service Model for NRICS, including local delivery of chemotherapy	Sponsor, Lead				
6	Planned activity based on areas highlighted in staff survey	Human Resources				

Date: June 2016 *DRAFT ONE*
A3 owner: Mark Edwards

Cardiovascular Directorate

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Key priorities for the Cardiovascular Directorate

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes – (1) Daily Hospital Functioning; (2) Deteriorating Patients; (3) Afterhours Inpatient Safety; (4) FCT; (5) Using the Hospital Wisely -productivity improvement, discharge planning, patient pathways, day services; (6) Outpatients Model of Care. In addition to this we will also focus on the following Directorate priorities:

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

Current condition

1. All leadership positions are now filled; these appointments are supported by a plan for leadership induction and induction that will support our Vascular, Cardiothoracic Surgery and Cardiology patient management groups.
2. A quality framework that involves the whole team and focuses on structure, processes, and outcomes is in place – this will take time to bed down with formal governance arrangements.
3. Activities that support the various workstreams to reconfigure the model of care and improvements to discharge planning for Cardiothoracic Surgery patients are well underway and aligned into our business plan deliverables.
4. Communication with Directorate staff is still a little ad hoc and tends to be reactive.
5. There remain several services that have workforces that are small in number, highly specialised with significant amounts of on-call commitment and are therefore vulnerable.
6. Meeting budget will continue to be a challenge with the impact of a) increasing transplant work, and b) clinical practice change associated with high value interventions that increase access and improve patient outcomes, but may come at a higher cost to the directorate.

Measures	Current	Target	
2. Adverse events: number of outstanding recommendations by due date	TBA	<10	0
2. Adverse events: number of days from Reportable Events Brief-A submission to report ready for Adverse Events Review Committee (working days)	>100 days	<70 days	
2. % of patients with email address submitted at admission	28%	85%	
2. Inpatient experience very good or excellent	91%	>90%	
3. Number of Service redesign projects timeframes off track		0	
3. % patients waiting outside priority wait times		0	
4 Staff feedback from development and implementation of comms plan		Favourable	
6. Directorate remains within budget (within 5% variance) & Savings plan projects favorable to budget	On budget	On budget	

Target condition

1. Clinical Leadership structure embedded. Fully orientated and inducted Clinical Leadership and management team in place with ongoing development plans.
2. Integrated Clinical Governance and multidisciplinary quality frameworks in place and developing well.
3. Service redesign projects on track.
4. Regular communications with a variety of methods used.
5. All services (Cardiology, Cardiothoracic Surgery, Vascular Surgery, Cardiovascular ICU, Organ Donation NZ, NZ Heart and Lung Transplant Service) identify vulnerabilities in medical, nursing, allied health and support staff and have targeted workforce development plans in place spanning the next 5 year.
6. Achieve targets within financial constraints

	Action Plan	Owner	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
1,4	Roll out regular integrated Clinical Governance and quality meetings at directorate level	ME + DLT				
1,3	Move to the national cardiothoracic database - standardisation of quality measures	PA/AMcG/ JF				
2	Develop a shared Cardiology/Cardiothoracic Surgery care area for preoperative Cardiothoracic Surgery patients	ME, ST, DH, AG				
2	Improve discharge planning for Cardiothoracic Surgery patients - Two nurse-specialist co-ordinated care pathways – one for routine patients and one for complex patients	AMcG, AG , DH, JK, KN, ST				
2	Reconfigure Nursing Model of care on Ward 42 based on the new patient pathways for pre-op care and discharge planning	AMcG/ AG				
2	Introduce a nurse-specialist co-ordinated care pathways for complex chronic conditions - diabetic foot ulceration	RB/ST/AG				
3	Development of regional processes – regional roster for electrophysiology/ use teleconf for cardiac conference	CO/DC/DH				
3	Pathway resource and data review phase 2; development of model to assist in modelling of impacts of service change and production planning	DH/ST/DH				
4	Roll out multi nodal comms plan	ME + DLT				
3,5	Develop staffing plans targeting identified vulnerable workforces –EP allied health, Directorate information/technical roles, perfusion et TBA subject to DLT	JF + all				
3,5	Implement successful funding bid for Heart and Lung Transplantation and ECMO service	JF + all				
3,5	Develop sustainable delivery plan for overseas patient services phase 2 - explore different partnership arrangement	JF, DC, JS, ST,DH				
3,5	Develop sustainable delivery plan for services utilising the Hybrid OR – Vascular/ IR and CTSU/Cardiology	RB/ST, CO/DC				
5	Improve inventory management	DC/ST				

Date: 24 July 2016
A3 owner: Dr Vanessa Beavis

Perioperative Directorate

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Key priorities for Perioperative Directorate

The strategic direction of the organisation will influence how the Perioperative Directorate delivers an on-going cost effective and robust service for its customers, whilst providing an excellent patient experience. The plans for 2016/17 and beyond focus on sustainability, ensuring the divisional budget reflects the demand on all of the services but also to reduce waste with regard to time and money, and to achieve the Directorate financial savings target. The key aim is to deliver more for less, while releasing clinical time to care, and deliver an excellent patient experience. This will be achieved by ensuring that the Perioperative Directorate grows to meet the increasing demand for anaesthetic support outside of the OR environment, in line with the changes in practice and technology.

Partnership working is the key to the success of the Directorate for 16/17, working with all adult and paediatric surgical services to be able to deliver the capacity they require to continue to achieve the health targets. But to also explore opportunities for access to state of the art facilities and services against a reduced cost base.

Target condition

1. Single instrument tracking implementation.
2. Oracle Consignment module utilised and ready to upgrade to enable tunnel project.
3. All day operating lists fully resourced and utilised.
4. Financial position tracking to budget.
5. Supported delivery of the PVS and ESPI compliance.
6. A workforce that is fully engaged, recruited to establishment in line with demand and fully trained.
7. Consultation regarding structure to deliver clinical leadership model complete. Directorate restructure implemented according to feedback from consultation process.
8. Long term capacity / facility plan for Operating Rooms.

Current condition

1. Nexus project delayed timeline being rebased by new project manager.
2. Oracle consignment module to be switched on to be 'ready' for upgrade as an enabler for the 'Tunnel' project.
3. Reallocation of OR capacity to all day sessions (level 8) to be implemented, in line with Surgical Board approval provision.
4. Review of preadmission service provision and the need to increase capacity to match demand, look at technology to support all patients and staff. Review all roles and responsibilities across the pathway.
5. Increase DOSA to reduce length of stay (level 9 ORDA) (level 4 ORDA)
6. Capital Planning Committee established and Terms of Reference endorsed by Surgical Board. Major phases and milestones agreed.

Measures	Current	Target (End of 16/17)	17/18
Single instrument tracking in place	TDoc	Nexus	Nexus
Increase in access/capacity to ORs – reduce the number of half day lists and flex sessions.	Awaiting resource allocation	TBA	TBA
Reduction in waiting times for anaesthesia assessment clinic, including Paediatrics	Awaiting project manager report	TBA	TBA
Reduction in the number of preventable session losses	Baseline	65%	70%
Breakeven revenue and expenditure position		Breakeven	

	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Single instrument tracking implementation	Vanessa Beavis				
2	Reduce session losses unused by service and release sessions not filled	Business managers				
2	Maximise resourced sessions in conjunction with Surgical Services	SCRUM				
3	Oracle consignment implementation ready for upgrade	J. Woolford				
4	Ensure that all OR allocation requests are appropriately resourced	OR allocation committee				
5	Redesign ORDAs physical layout and processes across level 9 and level 4	JKG				
5	Pre-assessment clinic service improvement project recommendations	Service Improvement project manager				
5	Increase day of surgery admissions with the increased capacity of ORDA	JKG/Business Managers				
6	MOC for demand across the organisation (Inc. external and ORS)	Nurse Director				
7	Directorate restructure to align with the organisational Clinical Leadership model	Vanessa Beavis				
8	Surgical Capital Planning – development of business case					

Date: 8 June 2016
A3 owner: Dr Wayne Jones

Surgical Directorate

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Key priorities for Surgical Directorate

In 2016/17 our Directorate will contribute to the delivery of the six Provider Arm work programmes, and three year productivity improvement and savings strategy.

Based on current growth in demand it is predicted that the focus for the Surgical Directorate for the next three years is likely to be separating the acute and elective workflows to optimise acute care. By ensuring that we have efficient pathways, minimal delays for investigations, timely operating theatre access, rapid decision making by senior clinicians and early discharge planning, acute care will be more efficient with improved patient outcomes. This will also mean that there is less impact on the elective throughput so that it becomes more predictable and efficient.

A number of the specialties, including Upper GI, ORL and Urology are proposing to become regional service providers over the next three years for both elective and acute services. This will require regional agreement and appropriate funding. The models will be based on the "hub and spoke" approach. Further work needs to occur with the efficient delivery of our Ophthalmology service using a local approach.

The Directorate has a financial savings target for 2016/17 which will be a priority to achieve.

Current condition

1. The Directorate already provides a regional Renal Transplant service and the National Liver Transplant Unit, which will need to be monitored and appropriately funded going forward.
2. New Directorate structure in place, orientation and training will be on-going to ensure team is fully supported/enabled.
3. Working with production planning on the shortfall in capacity and the resource requirement has been identified for the delivery of 16/17 PVS and plans are being drawn up. Orthopaedics has been identified as a particular issue for 2016/17 capacity.
4. Patient pathways need further development with a multidisciplinary approach and to be more patient centred.
5. Regional Service delivery plans for ORL and Urology are being explored, papers being drafted.

Measures	Current	Target (End 2016/17)
ESPI compliance – 2, 5 and 8	ESPI2 – Compliant ESPI 5 Moderately non compliant	Compliant
Breakeven revenue and expenditure position		Breakeven
DNA rates for all ethnicities (%)		7%
Elective day of surgery admission rate (DOSA) %		≥70%
Day surgery rate (%)		≥72%
Reduction in length of stay		
FCT delivery		85%

Target condition

1. Increased throughput of cases in the Greenlane Surgical Unit, with a greater number of day surgery and short stay procedures performed. This will require investments in training, equipment and a 24/7 workforce. This will allow a 72 hour stay in Greenlane Surgical Unit, increasing the case mix that can be performed there.
2. All health targets achieved, including discharges and ESPI targets, within financial constraints and efficiency expectations.
3. Surgical OR list/clinic templates designed to accommodate the FCT demand. Service improvement work to be conducted in two key specialties, Orthopaedics and Ophthalmology, following review processes.
4. Improved patient experience due to the standardisation of surgical pathways within ADHB, across the region and nationally. Increased number of admissions on the day. Improved communication and use of technology to link with primary care and other providers to manage demand and keep services local to the patient.
5. Multidisciplinary pathways established in all departments to optimise and streamline the patient journey.

	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Resource flex lists to increase Urology throughput at GSU	Business Manager/SCD				
1	Purchase instrumentation to allow Urology to relocate	Capex Process				
2	Review MOC/overnight support at GSU	BM/SCDs				
2	Production planning process/phasing for 16/17 PVS	Production Planning				
2	Weekly monitoring of delivery of ESPI/FCT	BM/SCDs				
3	Implementation of clinic templates to accommodate FCT slots	Production Planning				
3	KPIs for OPD scrum process roll out	BM/Production Planning				
3	WT05/WT11 FCT management	BMs				
4	Standardisation of pathways	All services				
4	Increase number of admissions on the day – Neurosurgery work with SCD to establish process	BM/SCD				
4	Identify trends utilising patient complaints/comments to establish action plan on future communication platforms eg. web based.					
5	Roll out of actions from Rapid Improvement Events	All services				

Date: 9 June 2016

A3 owners: Dr John Beca and Dr Mike Shepherd

Starship Child Health Directorate

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Key priorities for Starship Child Health Directorate

Our aim is to deliver patient and whanau centred, world class paediatric healthcare to all of the populations we serve.

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

Current condition

1. Highly dedicated and skilled staff, with a commitment to service excellence. Pockets of effective quality and safety work occurring within the Directorate, particularly in nursing. Many services have excellent quality and audit activities but these are not coordinated and not interdisciplinary.
2. Ongoing financial challenges particularly related to Tertiary Services and donation timing. Expenditure at budget.
3. Fragmented community services, with a range of specific contract arrangements. Current model not sustainable, not delivering optimal outcomes and not well integrated with inpatient activity.
4. Many activities are delivered along somewhat ad hoc, service led pathways rather than patient pathways, resulting in some duplication, reduced efficiency and lack of standardisation.
5. Hospital operations generally working well. Refinement of hospital performance required particularly surgical production, acute flow and safety.
6. We have a capable and motivated workforce, but there are a significant number of small services and specialised workers which creates vulnerability. Further leadership development and quality improvement capability is required across our workforce.
7. Diverse range of Tertiary and National Services with uncertainty around sustainability, model of delivery and funding.

Target condition

World class patient and whanau centred paediatric healthcare delivery

1. Coordinated quality and safety programme implemented across the Directorate. Culture of clinical excellence embedded.
2. Financial sustainability
3. Community services are integrated, easy to navigate, empower whanau, community centric and sustainable
4. Services aligned to patient pathways – delivering greater quality including improved patient outcomes and greater standardisation
5. Highly reliable and efficient inpatient service
6. Sustainable workforce with high levels of participation in priority initiatives
7. Well described and agreed plan and effective funding model for Tertiary and National services

	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Further multidisciplinary work on handover practice	EMc / SL				
1	Robust system of safety event reporting and review	EMc				
1	Excellence Programme development within all services	JB/MS				
2	Ongoing effective financial management	EM				
3	Community service redesign programme	MS				
4	Establish Hospital Allied Health leadership and integration	JB / LH				
4	Rehabilitation service and TBI pathway development	EM / MS				
4	Surgical / Operating Room pathways (UHW)	JB				
4/5	Facilities programme for safety and patient experience	EM				
5	Implementation of deteriorating patients model	EMc				
5	Implementation of afterhours inpatient safety model	SL				
5	Surgical performance	JB				
5	Acute flow (Discharge planning focus – UHW)	MS				
6	Leadership development programme	EM / HR				
6	Improved programme of funding for research and training for all Starship Child Health staff	JB				
7	Tertiary Services stakeholder engagement	EM				

Measures	Current (end 15/16)	Target (End 2016/17)	2017/18
1. Quality and Safety metrics established across services	Some services with metrics	Well defined metrics	Reporting and improving
1. Quality and safety culture (AHRQ)	Measured	Improved	Improved
2. Meet budget	Expenditure met, Revenue not met	Budget met	Budget met
2. Achieve planned savings target	Nearly achieved	Achieved	Achieved
3. Community redesign programme	Concept design complete	Consultation completed, implementation commenced	Sustainable funding model aligned to service design
4. Operational structure that follows patient pathways	Includes Allied Health	Includes all	Includes all
4. Rehabilitation service model	Model Developed	Implemented	Pathway operational
5. Acute Flow metric	95%	95%	95%
5. Surgical performance and pathways	Scattered metrics	Balanced safety, performance, efficiency	Improving performance
5. Defined safety metrics – Code Pink, urgent PICU transfer from ward	Unknown	Defined and improving	Improved
6. Leaders completed leadership training	2/25	20/25	All
6. Staff satisfaction	Unknown	Measured	Improved
7. Tertiary services	Report complete	Consultation complete and outcome agreed	Implementation of agreed national approach

Date: 26 July 2016
A3 owner: Ian Costello

Clinical Support Directorate

Key priorities for Clinical Support Directorate

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

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

Current condition

1. Our services currently have limited shared strategic focus and planning with agreed priorities which results in a reactive response and engagement with other Directorates/Services.
2. The Clinical Leadership model is not consistently embedded across the Directorate resulting in fragmentation and in some cases suboptimal communication and engagement with other services and Directorates.
3. Our services do not currently have agreed capacity and workforce plans to facilitate delivery of required activity. This makes it difficult to identify the appropriate FTE and skill mix required and also limits our ability to respond to acute and long term changes in activity in a cost efficient manner whilst maintaining quality and safety.
4. An inconsistent approach to managing performance, quality and budgets across our services. We have opportunities to build on areas of good practice in the Directorate and to achieve efficiencies, address funding shortfalls and to generate revenue through benchmarking services and agreeing appropriate standards of care with all Directorates.
5. Potential opportunities for collaboration with UoA and AUT have been identified with Pharmacy, Laboratories, Pathology and Radiology for significant mutual benefit.

Measures	Current	Target (End 16/17)	17/18
Strategy and priorities agreed for each service			
Leadership structures implemented			
Succession plans in place for key roles			
Workforce, capacity and quality outcome measures developed for all services			
Strategic plans agreed for collaborations with the University of Auckland			
Breakeven to budget position and savings plan achieved		Breakeven	

Target condition

1. We proactively engage in strategic planning with other Directorates focusing on care pathways, clinical outcomes and agreed priorities. Our services are integrated to meet clinical and patient need, are flexible , patient focussed and tailored where appropriate, and are operationally and financially sustainable.
2. Clinical Leadership structure and leadership development is embedded across our Directorate. A Patient safety/Clinical Governance framework is in place. Our people are equipped and supported to lead and be successful.
3. Each of our services have a workforce capacity plan and business model agreed at an organisational level that supports quality, safety, cost effective delivery, and operational and financial sustainability.
4. Each of our services have embedded clear, visible and sustainable quality improvement plans and robust financial management systems which are facilitated by MOS and leadership development.
5. Sustainable academic collaboration and joint ventures are implemented within a range of our services that take advantage of our mutual strengths to improve quality, revenue, training and evidence based clinical outcomes via exploiting research opportunities.

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1,2	Strategy & Leadership structure– Radiology	IC/KT				
1,2	Strategy & Leadership structure – Laboratories	IC/KT				
1,2	Strategy & Leadership structure – PSC & Contact Centre	IC/KT				
1,2	Support the delivery of Daily Hospital Functioning, Deteriorating Patient and Afterhours Inpatient Safety work programmes					
1	Staff and Leadership Development Programme	IC/KT/SA				
2	Implement Patient Service Centre efficiencies	KT/SD				
3	Workforce & Capacity Plans (Pharmacy, Radiology, Laboratories, Allied Health, Patient Service Centre, Contact Centre, Daily Operations)	KT/SM				
4	MOS implementation and effective utilisation	TW				
4	Production planning – integration with Clinical Support	DH				
5	Collaboration models and objectives with UoA agreed	IC/KT				

Date: 19 July 2016
A3 owner:

Mental Health and Addictions Directorate

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Key priorities for MH&A Directorate

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

1. AN INTEGRATED APPROACH TO CARE: An implementation plan to align services with the 5 locality boundaries. Tamaki 'integrated care' recommendations implemented. The physical move of the Community Mental Health team from St Lukes in September 2017 will be part of this plan
2. RIGHT FACILITIES IN THE RIGHT PLACE: A Facilities Plan will be developed to ensure facilities (leased or DHB owned) are fit for purpose, align with integrated models of care and locality approach and are informed by the CSP. New facilities will be identified to replace the existing facilities with leases expiring
3. SAFE ACUTE ENVIRONMENT (Te Whetu co-design): Systematic approach to implementing an assault reduction / increased safety programme. TWT / CMHS integration in care planning, MDT and staff development to manage acute flow / transitions.
4. RIGHT INTERVENTIONS AT THE RIGHT TIME: Stepped Care key work training provided to staff involved in the first step of the care pyramid. Credentialing framework confirmed for Steps 2 and 3.
5. SUPPORTING PARENTS HEALTHY CHILDREN (SPHC): Implementation Plan in place that encompasses the Essential Elements of the SPHC framework. Regional dataset for SPHC data collection confirmed
6. EQUALLY WELL: Strengthened governance and relationships across mental health, NGO and PHO services for integrated care planning to improve the physical health of people with SMI. Develop template GP discharge summaries for service users highlighting physical health risks.
7. Achieve Directorate financial savings target for 2016/17.

Current condition

1. Services are organised across 4 localities & resource allocations reflect current demand. Boundaries for children, young people, adult & older peoples mental health services are inconsistent. Services are variably integrated with local localities health and social sector providers
2. Many of the MH facilities (some owned, others leased) are in disrepair or not fit for purpose. St Lukes is a priority as the lease is up in September 2017 and the residential EDS is seeking accommodation for May. Other much needed repairs, refurbishments are in the CAPEX plan.
3. Rate of assault within TWT is too high on both patients and staff. Ad hoc measures put into place over time & insufficient planning and support to sustainably reduce assaults. Consistently working to capacity in TWT & challenges with acute flow.
4. Key worker training developed to support the first step of the care pyramid. Credentialing framework in development. important link to care planning work currently underway.
5. Services primarily located within CAMHS services, with some outreach/ consultation to CMHS. Working group established to review current practice against Best Practice Elements.
6. People with SMI have much worse physical health than the general population.

Target condition

1. All service provision aligned to need and demand, and better integrated with local health and social services, including through co-location and hub and spoke model, and aligned with the 5 locality boundaries.
2. All mental health facilities will be fit for purpose and geographically located to reflect current and future need and demand.
3. Staff & service users feel safe from unnecessary physical constraint & assault; beds are available for acute need due to planned transitions between acute inpatient and community services.
4. Stepped care fully implemented across the CMHS so that clients have access to the right intensity of psychosocial intervention, as early as possible, stepping up or down as need changes.
5. Support & promote positive family relationships & the social & emotional development of all children of parents in our service with mental health &/or addiction services.
6. Promote physical wellbeing in people with severe mental illness through integration and alignment across primary, secondary and NGO services.
7. Achieve financial targets.

Measures	Current	Target (End 2016/17)	2017/18
Integrated Approach to Care Plan, aligned with localities approach signed off	N/A	Plan signed off	Staged implementation
Facilities Plan, aligned with CSP signed off	Scoping of EDS residential facility options to begin	St Lukes relocated by Q4 Residential EDS options confirmed & implementation plan	Work through facilities by priority
Escalation Plan implemented in 2 services and evaluated	Development stage	Evaluation completed, plan refined & roll out underway	Roll out to other services
Collaborative MDT plan implemented, MDT plans in place	Development stage	80% of TWT/CMHS users have an MDT plan	90% target
Assault reduction best practice plan developed and rolled out	Development stage	Reduction in assaults for staff and patients	Maintenance of assault reduction
Stepped Care keyworkers trained in all modules Credentialing completed for relevant staff doing Step 2 & 3 Training resources on-line	Development stage	80% keyworkers in CMHS trained in all modules 80% of staff credentialed for Steps 2 & 3 100% of training resources available online	95% of keyworkers trained in all modules
SPHC implementation plan developed & regional data set agreed	Development stage	Plan signed off >80% of new service users screened for parental/care giving status	90% of all service users screened
Equally Well governance group established & plan developed	Development stage	Implementation Plan signed off 80% of GPs have discharge summaries that include physical risks for service users	Staged implementation
Breakeven revenue and expenditure position		Breakeven	

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Develop Integrated Approach to Care implementation plan to align services with 5 locality boundaries	CB/AH				
2	Facilities Plan developed, aligned with the CSP & priority services moved as leases expire	AH				
3	Complete and evaluate the TWT/CMHS escalation plan and collaborative MDT implementation	AS				
3	Adoption and implementation of best evidence assault reduction activities	MB				
4	Specialist Stepped Care keyworker training & credentialing implemented with web resources	MB				
4	Shared care plan implementation	AS				
5	SPHC implementation plan and regional data set developed	MB				
6	Cross primary, secondary, NGO governance group established, TOR & implementation plan developed	KG				
6	Template for GP discharge summaries for service users highlighting physical risks	KG				
7	Balance clinical need, risk and safety with fiscal responsibility	Director / GM				

Date: 25 July 2016
A3 owner: Sue Fleming

Women's Health Directorate

Our vision: Excellent Women's Health through Empowerment and Partnership
Our mission: To deliver gold standard maternity and gynaecological care

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai

Key priorities for Women's Health Directorate

In 2016/17 our Directorate will have a primary focus on increasing the value of the care that we deliver. Our work will build on that achieved in 2015/16 and contribute to the agreed overall Provider Arm work programmes.

1. Demonstrably safer care (*Deteriorating Patients, Afterhours Inpatient Safety, Faster Cancer Treatment*)
2. An engaged , empowered and productive workforce (*Leadership development, efficient rostering and scheduling, teaching and training, expanding scope of practice, living our values*)
3. Delivery of services in a manner that is sustainable, closest to home and maximises value (*Daily Hospital Functioning, Using the Hospital Wisely, Outpatients Model of Care*)
4. Progress opportunties for regional collaboration (*ADHB-WDHB Maternity Collaboration*)
5. Ensure business models for services maximise funding and revenue opportunities. Achieve Directorate financial savings target for 2016/17 (*address funding shortfalls, public/private revenue opportunities*).

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

Current condition

1. To best meet patients' needs, improve outcomes and reduce avoidable harm the following require review: afterhours models of care ; afterhours access to operating theatres; and timeframes for patients with high suspicion of cancer.
2. Our clinical leaders are performing well but need ongoing support and investment to development their full leadership potential. Our midwifery and medical staffing models need to be reviewed to ensure they enable best care. We need to continue to invest in teaching and training to enable our clinicians to work to their full scope. ADHB values not yet fully embedded.
3. Good process for elective service delivery have been established. However, we have opportunities to improve efficiencies in our care delivery models and resource utilisation for both inpatients and outpatients. Our acute services are under pressure.
4. We have an agreed ADHB-WDHB maternity plan for primary and secondary maternity care. Work is commencing on two pieces of work: primary birthing and addressing inequities.
5. Our gynaeoncology services underfunded for some of the work that is done (gynaecological oncology). We have opportunities to generate revenue within our fertility and genetics services.

Measures	Current	Target (End 16/17)
Average length of stay after elective CS	4.1	3
Fully meet RANZCOG training requirements	3 fully, 4 partially	7 fully
Elective surgical targets met	91%	100%
% of category 2 caesarean section patients meeting 60 min time target	80%	100%
WH patients accepted from ED meet target	65%	100%
DNA rate for women attending Glen Innes Maternity service		<9%
Nursing and midwifery FTE variance from budget	10.8 FTE U	0 FTE
Breakeven revenue and expenditure position		Breakeven
FCT targets met		85%

Target condition

1. Strengthened after hours staffing and resources. A strong safety culture is embedded.
2. New leaders supported and enabled. ADHB values fully integrated. Sustainable balance between training needs and service delivery for junior doctors. Efficient rostering and scheduling processes.
3. Enhanced demand model for elective service. Acute service models strengthened. Agreed models of care/staffing for inpatient areas. Optimall use our inpatient areas. Efficient discharge planning.
4. Care delivery aligned to needs of priority populations. Community hub in GI well established. Regionally agreed approach to supporting primary birthing.
5. Gynaeoncology service appropriately funded and resourced. Revenue generating opportunities maximised.

	Action plan	Owner	Q1	Q2	Q3	Q4
1	Implementation of afterhours inpatient safety model	Sue Fleming				
2	Leadership training for all SCDs, MUMs and NUMs	Sue Fleming				
3	Efficient rostering of medical staff (senior and junior) aligned with service delivery and training needs (junior medical staff)	Sue Fleming				
3	Review of ACH inpatient facility use	Karin Drummond				
3	Review of acute care pathways	Karin Drummond				
3	Maternity workforce plan developed and implemented	Melissa Brown				
4	Pilot maternity community hub with Ngati Whatua	Sue Fleming				
5	ADHB plan for governance of /provision of genetics services outside of Northern hub activity	Sue Fleming				
5	Plan to increase private revenue generation by Fertility Plus	Karin Drummond				
5	Develop sustainability model for gynaeoncology service	Karin Drummond				