

# Provider Services Directorate Plans 2019/20

# Adult Community and Long Term Conditions

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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 – Services for Frail Older Adults	<ul style="list-style-type: none"> <li>We understand the support needs of Age Related Residential Care (ARRC) facilities to manage our complex patients with chronic conditions</li> <li>We have co-designed patient referral pathways with ARRC, Primary Care and St John Ambulance</li> <li>We have developed a new way of working on Level 2 and a business case for an acute inpatient service for frail older adults in line with our frailty model of care</li> </ul>	<ul style="list-style-type: none"> <li>We have specialist nursing support for ARRC facilities in localities</li> <li>Referrals to Intermediate Care are routinely made by ARRC and St John to avoid unnecessary presentation to the Adult Emergency Department</li> <li>Frailty pathways from Level 2 and direct admission to health of older adults services contribute to supporting better outcomes for older adults and managing overall acute patient flow</li> </ul>
2 – Responsive Intermediate Care Services	<ul style="list-style-type: none"> <li>There is no process or coordination across Auckland DHB for advance care planning (ACP) or defining goals of care and staff are not able to access ACPs reliably at the point of care delivery</li> <li>We have recruited Allied Health staff to the Rapid Community Access Team (RCAT) and now need to develop single access point and clear criteria for multidisciplinary referral from community and hospital</li> </ul>	<ul style="list-style-type: none"> <li>All our patients in ARRC are supported to make an ACP and documented conversations with our patients about their health goals occur as part of everyday care</li> <li>We have an easy to access Interdisciplinary Intermediate Care Team to support timely transition from hospital and Primary Care referrals for our complex patients in the community</li> </ul>
3 – Responsive Diabetes Services	<ul style="list-style-type: none"> <li>We have a traditional clinic based model with high Did Not Attend (DNA) rates for our Māori, Pacific and other priority populations contributing to inequity of outcomes</li> <li>The model and tools for the provision of retinal screening means not everyone who should be screened is, increasing the risk of diabetic eye disease</li> </ul>	<ul style="list-style-type: none"> <li>Existing specialist roles have evolved to work across settings and services to integrate care focused on improved engagement and outcomes for our Māori, Pacific and other priority patients</li> <li>We have the key components of an organised diabetic retinal screening service so that high-quality screening can be provided for everyone at risk of diabetic eye disease, in particular Māori and Pacific</li> </ul>
4 – Supportive and Palliative Care Services in all settings	<ul style="list-style-type: none"> <li>The hospital palliative care team is transitioning to improved ways of team working that integrate hospital-based and community services</li> <li>We do not have 24/7 access to specialist palliative care advice in the hospital</li> <li>We have a Palliative Care system of services that does not make the best use of resources available to support our patients and whānau</li> </ul>	<ul style="list-style-type: none"> <li>There is access to 24/7 specialist palliative care advice in all Auckland DHB settings</li> <li>Referrers can identify palliative care needs and there is a single point of access for all specialist palliative care services</li> <li>Lasting, integrated, system-level processes are in place to enable all health professionals to identify and meet the palliative care needs of our patients and whānau in all care settings</li> </ul>
5 – Health and Wellbeing of our People	<ul style="list-style-type: none"> <li>Some staff tell us they feel their workloads are high and not distributed fairly</li> <li>Some staff do not feel safe to let us know when things are not right</li> <li>We have a developing wellness group integrated into our Health and Safety governance</li> <li>Recruitment processes are variable and Māori and Pacific staff are underrepresented in our workforce and in our more senior roles</li> <li>A significant proportion of staff do not have annual performance and development plans</li> </ul>	<ul style="list-style-type: none"> <li>Our staff and leaders have the tools to ensure that workloads are manageable, fairly distributed and support a good work life balance</li> <li>All our staff feel able to speak up when things are not right and work with the principles of a 'Just Culture'</li> <li>We use TrendCare effectively to ensure the provision of timely, appropriate and safe nursing care</li> <li>We have standardised recruitment processes and a commitment to increasing our Māori and Pacific workforce</li> <li>Our staff have regular performance conversations supporting personal and leadership development</li> <li>We have effective systems and processes in place to identify, capture and respond to risk and safety issues</li> </ul>
6 – Building Blocks for Sustainability	<ul style="list-style-type: none"> <li>Our funding mechanisms are historical and do not reflect changing models of care</li> <li>Our teams do not have access to the right service metrics that accurately reflect performance against patient focused outcomes and are not sensitive to interventions or service change</li> <li>Locality services operate from an overcrowded building at Greenlane Clinical Centre</li> <li>Current services need to be aligned to the Northern Region Long Term Investment Plan (NRLTIP) objectives</li> </ul>	<ul style="list-style-type: none"> <li>Long-term financial sustainability is built into every service delivery model</li> <li>Relevant and sensitive metrics are available and used by each of our services to monitor access, performance, patient outcomes and safety, and service quality</li> <li>We have a well developed community hub at Pt. Chevalier</li> <li>We have aligned services to the evidence based recommendations of the NRLTIP</li> </ul>

#	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	Establish a health of older adults acute service mid 2020	SCD	Q4	1	The proportion of patients seen on L2 by our frailty team that are not admitted to hospital	42%	50%
2	Develop single access point for Intermediate Care services and clear criteria for referrers	SCD	Q2		The proportion of patients that have a length of stay greater than 21 days in our Reablement wards	26%	22%
	Put in place processes for recording ACPs and making them accessible, at the point of care delivery	GM	Q4	2	Improved scores from our patient experience survey in the domain of co-ordination of care	78%	95%
3	Establish a rapid access clinic for Diabetes Services	SCD	Q1		3	DNA rate for Māori in outpatient services	17%
	Implement Optimize within the retinal screening service	SCD/Ops	Q4	DNA rate for Pacific in outpatient services		21%	9%
4	Work with Mercy Hospice to establish 24/7 access to Specialist Palliative Care advice	SCD/GM	Q4	5	Improved engagement score in the domain of workload	50%	-
5	Support and train leaders to have meaningful performance conversations	GM	Q4				
6	Implement MediRota across all services	GM	Q3				
	Develop metrics for each service that help us understand our health outcome gaps particularly for our Māori and Pacific patients	Director	Q4				
	Build a directorate and service level knowledge base for staff using Hippo	GM	Q4				

Ngā whāinga : Our priorities	Kei hea tātou ināianei? Where are we now?	Ki hea te tahi o te hiahia? Where do we want to be?
1 – Equity. Ensuring that our services are equitable and fair to all	<ul style="list-style-type: none"> <li>Large disparities in Did Not Attend (DNA) rates for our Māori and Pacific patients</li> <li>Models of care that don't provide for (or attract or appeal to) Māori and Pacific</li> <li>College of Emergency Medicine consultation on Manaaki Mana</li> <li>Facilities that form a block to access (e.g dialysis units far removed from patients' place of residence)</li> <li>Low numbers of Māori health care workers</li> </ul>	<ul style="list-style-type: none"> <li>A focused programme of work across the directorate dedicated to understanding and subsequently increasing Māori and Pacific First Specialist Assessments and follow-ups (face to face or virtual)</li> <li>Dialysis units closer to the clients home and community</li> <li>Representative numbers of Māori and Pacific health care workers</li> <li>Active participation in the Māori model of care review</li> <li>Meet KPIs for: Stroke, FCT and Bowel Screening</li> <li>Self-directed Care, Goals of Care, Advanced Care Plans</li> </ul>
2 – People. Ensuring our staff are well trained and supported to work at the top of their scope and enabled to do their life's best work	<ul style="list-style-type: none"> <li>Each service implementing action plans developed post employee engagement survey</li> <li>Development of extended skills for the workforce</li> <li>Exploring new roles to support care delivery</li> <li>People Strategy</li> <li>Multi-Employer Collective Agreement requirements to address fatigue</li> </ul>	<ul style="list-style-type: none"> <li>Supported staff who are able to perform at their highest level and feel empowered and supported</li> <li>Trial and evaluation of new roles such as Ward Housekeepers across medical wards</li> <li>Senior Medical Officer (SMO) rosters take into account the effect of overnight sleep disruption</li> <li>Implementation of 'Just Culture'</li> <li>Supporting the Nurse Endoscopist to continue to deliver and develop their skills. Lists would be made available</li> <li>Implementation of a Wellness Committee to improve health for staff</li> <li>Effective systems and processes in place to identify, capture and respond to risk and safety issues</li> </ul>
3 – How we work and care. Developing innovative models of care to improve how we manage patients	<ul style="list-style-type: none"> <li>General Medicine regularly exceeds its capacity causing inefficiencies in the model of care</li> <li>Developing care pathway approach for renal and stroke patients</li> <li>Nursing resource often does not match demand</li> <li>Patients do not have control of their care and often are unable to determine the care they want and need</li> <li>The Sleep Service is fragmented and inefficient</li> <li>Adult Emergency Department (ED) struggles to maintain flow</li> <li>Review of Intensive Care Unit strategy in DCCM</li> </ul>	<ul style="list-style-type: none"> <li>Develop new model of care for General Medicine with increased bed capacity</li> <li>Increased number of patients dialysing independently</li> <li>The number of patients having a partial sleep study has increased and there is a robust criteria for a full sleep study implemented</li> <li>Adult ED will have a POD system with a RAATS model of care which is staffed to ensure patient flow</li> <li>Developed model of care for patients requiring Mental Health care presenting to Adult ED</li> <li>Implementation of DCCM strategy</li> <li>Development and implementation of family violence screening in Adult ED</li> </ul>
4 – Physical estate/fit for purpose. Delivering care in functional and up to date facilities	<ul style="list-style-type: none"> <li>Developing new community renal unit in Tamaki</li> <li>Designing new capacity for rehabilitation and integrated stroke care (ARISU)</li> <li>Refurbishing run down areas on level 2 and Neurophysiology</li> <li>Development of home haemodialysis house at Carrington site</li> <li>Re provision of endoscopy capacity, which is currently occupying space at GCC marked for new surgical theatres</li> </ul>	<ul style="list-style-type: none"> <li>Renal community build delivered</li> <li>L2 facilities refurbished and changed to support delivery of new models of care and also to adapt current spaces including specific space for Mental Health</li> <li>Delivered ARISU - fully functional</li> <li>Neuro day stay adhere to hand hygiene guidance fully</li> <li>Delivery of home haemodialysis house</li> <li>Re provided endoscopy capacity at GCC</li> </ul>
5 – Managing Risk. To effectively manage risk across the directorate	<ul style="list-style-type: none"> <li>All service have been undergoing intensive education to deliver service risk registers</li> <li>Risk registers need more maturity</li> <li>Mitigation for risk not adequately managed or reported on</li> <li>Data from incidents not used to predict risk factors in clinical environments</li> </ul>	<ul style="list-style-type: none"> <li>Each service has a robust risk register</li> <li>Directorate Risk Register accurately reflects the Service registers, and severe risks escalated to corporate</li> <li>Robust mechanism for measuring mitigations to effectively manage the risk</li> <li>Monthly review of service and directorate risks</li> <li>Whole directorate adopting a risk culture</li> <li>Consistent and accurate use of CCDM to ensure Safe Staffing</li> <li>Regular triangulation of incidents and SACs to review service risks</li> </ul>
6 – Managing our resources and finances. Effectively managing our resources and ensuring we are able to sustain the directorate income	<ul style="list-style-type: none"> <li>Limited cost reduction plan</li> <li>Limited budgetary knowledge at service level when finances are tight and robust processes are required</li> <li>Variable authorisation process for overtime and bureau resource for both nursing and administration</li> <li>Variable mitigations of managing Price Volume Schedule (PVS)</li> </ul>	<ul style="list-style-type: none"> <li>Cost reduction plans across directorate</li> <li>Budget oversight by operational managers is promoted</li> <li>Robust authorisation for all staff undertaking overtime across directorate</li> <li>Developed and implemented PVS delivery plans</li> </ul>

#	Me pēhea tātou e tae ki reira? How are we going to get there?	Te Kaitohutohu : Owner	Due by
1	Understanding of why our Māori and Pacific patients DNA to different services. Each service has a differing DNA rate and needs further exploration	Service SCDs	Q1
	Review of the DNA project of 2016	Ops Managers	Q1
	Delivery of community renal unit and home dialysis home	Renal SCD	Q4
2	Delivery of service specific action plans following the employee engagement survey	Service SCDs	Q1
	Trial of new roles/ward housekeeper	Ops Manager	Q3
	SMO roster review and change	Service SCDs	Q1
	Implementation of 'Just Culture'	Specific service individuals	Q3
3	Implementation of a Wellness Committee	HR Manager and AH Director and Nurse Director	Q1
	Implementation of General Medicine model of care	Gen Med SCD, Ops Manager, NUM	Q2
	Sleep study project completed and implemented	Respiratory SCD	Q3
	Adult ED new models of care implemented	Adult ED SCD	Q1
	Mental Health model of care and purpose built Adult ED facility	Adult ED SCD	Q1
	Implementation of the DCCM strategy	DCCM SCD	Q3
	Delivery renal and home dialysis house	Renal SCD	Q4
4	Level 2 fully refurbished	Adult ED SCD	Q1
	Adult Rehabilitation and Integrated Stroke Unit build completed	Clinical Lead for stroke	Q4
	Neuro day stay facilities upgraded	Ops Manager	Q1
	Extra capacity for endoscopy completed prior to bowel screening go live	BFTF	Q4
5	Robust risk register across whole directorate with greater understanding of risk and mitigations		Q1
	Triangulation of incidents and risks at monthly service meetings		Q3
6	Adherence to all PVS delivery plans to ensure income delivery	SCDs	Q4
	Implementation of robust overtime authorisation across directorate services	Ops Managers and NUMs	Q1

#	He pēhea te āhua o te angitu? What does success look like?	Current (end 2018/19)	Target (2019/20)
	Māori DNA Rate (Adult Medical)	18.1%	9%
	Pacific DNA Rate (Adult Medical)	16.0%	9%
1	Dialysis delivered closer to patients' homes	Travel to Point Chev	Developing GI Unit
	Representative Māori workforce	5%	6%
2	Representative Pacific workforce	7%	9%
	Implementation of the housekeeper role	In development	Delivered and evaluated
3	Implementation of 'Just Culture'	In development	Fully delivered
	Reduce outliers of General Medicine with extra capacity	Average 12 per day	0
	Full implementation of General Medical new model of care	In development	Fully delivered
	Criteria and mode of care for partial sleep study	In development	Delivered and evaluated
	95% 6 hour target achieved with implementation of POD system for Adult ED discharges	93.5%	95%
	Improved access for Mental Health patients within Adult ED with implementation of new model of care and facility	Currently planning new environment	Design and CAMP paper submitted
	Consistent and accurate use of CCDM to ensure Safe Staffing across all Adult medical wards	75%	100%
4	Development and implementation of family violence screening in Adult ED	Development of steering group	Implementation
	Development of stroke and rehab unit ready for building completion	20 work streams in preparation for opening 2020	Completion of 20 work stream work
	Neuro day stay adhere to hand hygiene guidance fully	Lack of hand wash basins in neuro day stay	Fully functional hand washing facilities that allow neurophysiology care to meet IC guidance
5	New endoscopy delivery model to be developed for BSP	Current fixed capacity sufficient	Exploration of expanding use of fixed capacity
	Fully functional risk register	Developed risk register	Fully functional risk register

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

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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	3	Employee survey activities completed	10%	80%
	CCDM and Trendcare actions as planned	Nursing Director	Q4		Greater than 90% of shifts do not exceed negative 40 minutes variance per FTE	60%	90%
4	Integrated Cancer Service Board to oversee project delivery linked to Building for the Future Programme, with business cases produced and approved	Director	Q4	4	Milestones agreed and adhered to	10%	60%
	Cancer and Blood Research Service restructured and operational	SCD Research	Q4		Cancer and Blood Research Service trials/budget targets delivered	80%	100%
5	Local Delivery of Oncology (medical) rollout continued, consistent with regional agreement	SCD Medical Oncology	Q4	5	Local Delivery of Oncology programme delivered	100%	100%
	Information system requirements translated into a business case, aligned to the Integrated Cancer Service	Director	Q4		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				



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

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1	Develop Directorate Quality Scorecard as part of enhanced governance monitoring	Director	Q2	1	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	2	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					
4	Ensure Care Capacity Demand Management is fully implemented across cardiovascular services	Nurse 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%	
	Health and safety strategy implemented and improve SAFE 365 score	Allied Health Director	Q4					
	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					
5	All staff have had a performance conversation completed and documented	All leaders	Q4	5	All staff have completed an annual performance appraisal	21%	100%	
	Development of position descriptions for all clinical lead roles	SCD	Q2					
6	Clear performance goals for all clinical leaders are developed as part of their performance plans	SCD	Q4	6	All clinical leaders have updated position descriptions that accurately reflect their roles and responsibilities	10%	100%	
	Build on the financial sustainability work, identifying with leaders key areas of focus	GM	Q3					
	Review inventory and stock management to manage cost/consider various models	GM	Q3					
	Work with IR to develop financially sustainable model	Director/GM	Q3					

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

#	Me pēhea tātou e tae ki reira? How are we going to get there?	Te Kaitohutohu : Owner	Due by
1	Agree quality, safety, equity and outcome metrics. Automate measurement where possible	Director/AH Director	Q4
2	Agree patient experience and equity measures. Develop training and improvement strategies	Director/GM/AH Director	Q4
3	Ensure Trendcare and CCDM is fully implemented where appropriate to ensure appropriate response to acuity and clinical requirements	Nurse Director	Q4
	Develop and agree on People and Engagement plans	HR Manager	Q4
	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	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
	Develop our workforce, capacity plans, recruitment and retention strategies for Allied Health and Radiology	GM/SCDs/HR Manager	Q4
5	Develop strategies for Contact Centre, Clinical Engineering, Allied Health, all aligned to Strategic Programmes of work	Director/GM	Q4
6	Develop clinical networks in Pathology and Laboratory and Radiology. Further embed and develop academic partnerships	Director	Q4
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

#	He pēhea te āhua o te angitu? What does success look like?	Current (End 2018/19)	Target (2019/20)
1	Outcome measures developed. Quality and safety metrics reported regularly	Underway	Completed
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	People Plans, including Engagement Strategies, embedded across our services. Engagement metrics developed and showing improvement	Pharmacy, AH and Clinical Engineering completed	Pathology and Laboratory, PSC and Radiology completed
	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
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
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
6	Clinical networks scoped and agreed. Academic partnerships progressed	Developed	Implemented
	Break even budget position and savings plans achieved for each of our services	Budget met	Budget met
7	Capital strategy agreed by Executive Leadership Team	Discussions on options with Finance underway	Proposal developed

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 – Mental Health Inquiry	The Mental Health (MH) Inquiry catalyst was widespread concern about mental health services, within the mental health sector and the broader community. The Inquiry report captures the voices of all stakeholders about NZ's current approach and what needs to change and recommends specific changes to improve this approach with a particular focus on equity of access, community confidence in the mental health system and better outcomes, particularly for our Māori patients and other groups with disproportionately poorer outcomes. A Ministerial response to the Inquiry Report will be released in March 2019.	The Ministerial direction from the Mental Health Inquiry will be addressed at the Directorate level.
2 – Mental Health Action Plan	This plan has been developed by the Auckland DHB Mental Health directorate and the Mental Health and Addictions Programme Board in response to stakeholder feedback on the need to move toward holistic, empowering and culturally responsive supports, more of which can be accessed early and in community settings.	This action plan will help us commission and provide community-based services that put people first, that are culturally competent and which work from a strength-building approach. Most importantly, we need to attract a wider scope of practitioners into mental health and addiction careers, with more support and development offered so everyone can do their best work.
3 – Our People	Our teams continue to work on being healthy, safe and supportive with opportunities for everyone to improve their practice and increase their skills as one team.	We are committed to enabling our people to do their 'life's best work' in Mental Health and Addictions Services.

#	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	We will be accountable and develop an approach to respond to the MH Inquiry ministerial decisions regarding Inquiry Report Recommendations	Director	Q4	1	Inquiry Milestone: We will develop and implement required plans to meet the expected ministerial milestones	Commenced	On-going
2	Everything we do is person and whānau-centred, strength-based and empowering. An empowering approach means people determining their own priorities for support. This can make the greatest difference to wellbeing	Director	Q4	2	Action Plan Milestone: We will actively engage in Building for the Future to ensure facility planning supports people and whānau to get the full range of support they need, at the time they first need it and, wherever possible, in their community	To be commenced	On-going
	People find our services are culturally appropriate and affirming and are actively driving down inequities. By connecting with those communities with high unmet needs, we come to understand their priorities and work with them to respond in the ways that make a real difference	Director	Q4		Action Plan Milestone: We will develop and implement required plans to meet the expected Auckland DHB Programme Board milestones	To be commenced	On-going
	People and whānau get the full range of supports they need, at the time they first need it and, wherever possible, in their community. This community orientation for mental health and addiction requires practitioners working as one system with a shared goal of good mental health, wellbeing and equity	Director	Q4	3	Quality Care Milestones: We will implement the Health Quality and Safety Commission Mental Health 5 year Improvement Programme	In progress	Completed
The workforce gets the support required to do their best work and to enjoy a rewarding career in mental health and addiction services. Everyone working in the field needs to be trained and supported to do their best work. The vision is of many skilled workers working together across disciplines and borders as one team	Nurse Director Allied Health Director Medical Director	Q4	Patient Safety Milestones: 1.Trendcare is fully implemented with 100% actualisation across all our Mental Health inpatient wards/departments in preparation for Care Capacity Demand 2.Management to ensure appropriate response to patient acuity and nursing staffing		To be commenced	On-going	
3	Patient safety, quality care and improved health status will be delivered through the Key Result Areas across the Directorate	Director	Q4	3	Our People Milestones: 1. Engagement Survey - target of 85% engagement for next survey 2. Actions plans are developed, implemented and reviewed 3. Succession Mapping across services will continue to evolve	Commenced	Completed
	We will attract and retain an 'Aim High Angamua' workforce through recruitment, growing our current and future leaders and succession planning. Workforce strategies will support this and we will work together as one team to achieve this	General Manager	Q4		Improved Health Status Milestones: 1. Actions in relation to Equally Well will be implemented to reduce the health disparities for those with low health prevalence health conditions and/or high needs 2. Understand and address inequities for our Māori patients in relation to Compulsory Treatment Orders	To be commenced	Completed



Ngā whāinga : Our priorities	Kei hea tātou ināianei? Where are we now?	Ki hea te tahi o te hiahia? Where do we want to be?
1 – Quality and safety	<ul style="list-style-type: none"> <li>Largely reactive with a focus on operational issues</li> <li>Limited quality and safety data available to support decision making or prioritisation</li> <li>Tend to focus on post-incident management rather than risk management</li> <li>Large numbers of policies that require reviewing being worked-through</li> <li>Restraint action plan in place, policy revised and processes being reviewed, NZ forum in place</li> </ul>	<ul style="list-style-type: none"> <li>Identified and trained ‘Just Culture’ champions in the service</li> <li>Improved use of Datix for incident reporting and response action planning</li> <li>Service risks are known and escalated with mitigation plans in place</li> <li>Up-to-date policies and procedures in place</li> <li>Culture of assessment and de-escalation with restraint being an intervention by exception</li> </ul>
2 – Patient experience	<ul style="list-style-type: none"> <li>Some patient experience metrics are captured, however these are limited to specific services</li> <li>Limited patient representation in service design or reconfiguration initiatives</li> <li>Some understanding of impact of services on the overall patient experience</li> </ul>	<ul style="list-style-type: none"> <li>Patients and whānau have a positive experience within our services</li> <li>Staff are culturally competent and committed</li> <li>Patients are engaged in key service developments</li> <li>Good quality patient experience data is available for all services</li> </ul>
3 – Our people	<ul style="list-style-type: none"> <li>Turnover reduced during the past year and sickness absence higher than desired</li> <li>To Thrive programme embedded</li> <li>Career progression pathways in place but in infancy</li> <li>Staff survey recently completed</li> <li>Variable staff engagement</li> <li>Relatively new leadership in place</li> <li>Positive union engagement</li> </ul>	<ul style="list-style-type: none"> <li>High levels of staff engagement across all services</li> <li>Turnover and sickness absence within agreed limits</li> <li>Developed career progression pathways in place and knowledge of opportunities available are shared with staff</li> <li>Leaders are capable and competent</li> <li>Performance and development plans in place for all leaders and managers</li> <li>Good quality, standardised staff induction and orientation programmes in place for each service</li> <li>Comprehensive response to the staff survey being implemented</li> <li>Effective systems and processes in place to identify, capture and respond to risk and safety issues</li> </ul>
4 – Responsive services	<ul style="list-style-type: none"> <li>Services are reactionary and often fail to foresee predictable issues</li> <li>Teams do not always work well together and sometimes have competing priorities</li> <li>There can be delays for service to respond to changes in demand</li> <li>Service models have remained unchanged in some areas, whilst significant change has occurred in other services</li> </ul>	<ul style="list-style-type: none"> <li>Integrated operations centre in place with new ways of working embedded</li> <li>Appropriate tools in place to providing ‘real time’ information and support decision making, including demand predictions</li> <li>Services are able to flex to meet demand, remaining responsive to patient needs</li> <li>Patients wait no longer than necessary</li> </ul>
5 – Technology	<ul style="list-style-type: none"> <li>Limited or out-dated technology in place to support service delivery</li> <li>Reliance on paper and verbal processes</li> <li>Data quality and accuracy issues due to multiple entry of the same information, transcribing information from system-to-system and permissive systems</li> </ul>	<ul style="list-style-type: none"> <li>Technology is used to support service improvement and day-to-day operations</li> <li>Technology is used to support staff engagement</li> <li>People are enabled to do their job to the best of their ability</li> </ul>
6 – Financial sustainability	<ul style="list-style-type: none"> <li>Financial challenges in some services, with particular pressure on pay costs</li> <li>Higher than desired spend on overtime, excess annual leave and agency usage</li> <li>Cost pressures in equipment maintenance and clinical supplies</li> <li>Constrained capital available</li> </ul>	<ul style="list-style-type: none"> <li>Sustainable financial position that supports best practice and high quality service provision</li> <li>Minimal usage of overtime and agencies</li> <li>Resourcing decisions supported by evidence and best practice</li> <li>All services reviewed and opportunities for waste minimised</li> </ul>

#	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	Development of a comprehensive risk register for the service	Director	Q1		Each service has a risk register in place	30% of services	100% of services
	Key service leaders attend ‘Just Culture’ training	Director	Q2				
2	Staff complete cultural competency training	Director	Q4	1	Service performance metrics established for each service	Metrics in place for most services	Metrics in place for all services
	Develop and implement service-level action plans in response to the staff survey	Director	Q4		Clinical nurse managers fully trained to respond safely to code oranges, applying least restrictive practice	75% of team trained	95% of team trained
	Conclude consultation in hospital operations portfolio, embedding ‘one team’ approach and revising leadership structure	Operations Manager	Q1				
3	Launch an integrated training and career development programme in conjunction with the Supportive Employment Team	Operations Managers	Q2	2	We understand what’s important to our patients from our services	Limited metrics in place	Patient experience data available
	Continue to deliver the To Thrive programme and evolve programme in response to feedback from members of staff	Director	Q3		Staff survey response action plan in place	Key focus areas identified	Action plan in place
	Open new Integrated Operations Centre with revised way of working	Director/ Nurse Director	Q2	3	Level 4 and 5 NZQA qualification courses are in place	Staff enrolled on level 4 course	Staff completed level 4 and enrolled on level 5 courses
4	Continue to support the roll-out of Care Capacity Demand Management (CCDM) across the organisation	Nurse Director	Q4		Identified managers have participated in Management Development Programme	10%	70%
	Embed capacity and demand modelling into day-to-day work and use outputs to plan services	PP Managers/ NUM	Q2	4	Future state model for the Transition Lounge is fully described, considering changes through the Building for the Future strategic programme	Initial ideas documented	Model described
5	Launch Temporary Staff Bureau booking and scheduling app	Operations Manager	Q1	5	Digital technology (orderly and transit system; and bureau app) in place	Scoping work completed	Apps in use
	Implement new orderly and transit digital system	Operations Manager	Q2				
6	Work with healthAlliance, NZ Health Partnerships Limited and other DHBs regarding procurement opportunities, including waste and temporary staffing contracts	Director	Q4	6	Year-end budget position is breakeven	Unfavourable	On budget



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

#	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%
2	Changed selection process	Nurse Director	Q4	2	Instrument etching progress	Nil	Neuro
	Working with our partners to make our workplace attractive and supportive for Māori and Pacific staff	Nurse Director	Q4		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%
3	Welfare advocate extended to all professional groups	Director	Q4	3	OR model of care tracking OR staffing vacancies vs. FTE	76%	80%
	Develop and implement action plans from employee survey	Director	Q4		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

Ngā whāinga : Our priorities	Kei hea tātou ināianei? Where are we now?	Ki hea te tahi o te hiahia? Where do we want to be?
1 – Clinical Excellence	<ul style="list-style-type: none"> <li>Clinical Excellence programme active across all of services with a strong focus on safety and quality</li> <li>Clinical outcome measures are not consistently measured, reported and used for improvement</li> <li>Clinical pathways in several services</li> </ul>	<ul style="list-style-type: none"> <li>Co-ordinated quality and safety improvements across our Directorate</li> <li>Measurement, reporting and improvement of clinical outcomes, with demonstration of equity (including across Māori, Pacific, and other ethnicity; socio-economic status ; and geographic location).</li> <li>Patients are managed on clinical pathways that deliver maximum value and improved experience</li> </ul>
2 – Service and Facility redesign to deliver improved equity and effectiveness	<ul style="list-style-type: none"> <li>Community services are redesigned and improving equity in some areas but not in first 1000 days</li> <li>Inpatient and outpatient systems design are not optimally supporting priority whānau</li> <li>Service design in some areas does not promote effectiveness (e.g. Plastics, Pain, Vascular Access)</li> <li>Facilities in some areas do not allow for safe and effective care</li> </ul>	<ul style="list-style-type: none"> <li>Community services are optimally designed to deliver equity of outcomes across whole age range</li> <li>Those with most need are appropriately supported; to access outpatient care and while in hospital</li> <li>Services are designed optimally for effective care</li> <li>Facilities are fit for purpose and help to deliver a great patient and whānau experience</li> </ul>
3 – Wellbeing of our people	<ul style="list-style-type: none"> <li>Staffing which does not always match demand</li> <li>We have a capable and motivated workforce with generally high levels of engagement, experiencing increasing challenges through clinical and service complexity</li> <li>Pockets of wellbeing associated work in various services</li> </ul>	<ul style="list-style-type: none"> <li>Robust process that matches staffing FTE, staff mix and skill mix to our patients needs, including embedded use of Trendcare and Care Capacity Demand Management (CCDM) methodology</li> <li>Coordinated programme for staff wellbeing and embedding of ‘Just Culture’</li> <li>Engaged, healthy and productive workforce that is culturally competent and supported by skilled leadership and robust workforce planning</li> </ul>
4 – ‘Starship @’	<ul style="list-style-type: none"> <li>We have a range of off site activity that is not very well planned, funded or visible</li> <li>Some of our services delivered in off-site locations are without the same links to quality, resources and support as Auckland DHB delivered services</li> </ul>	<ul style="list-style-type: none"> <li>Our non-Auckland DHB service delivery is well coordinated and funded</li> <li>Our services delivered in off-site locations are at least as good as those delivered in Starship Children’s Hospital and have the same clinical governance</li> </ul>
5 – Financial sustainability	<ul style="list-style-type: none"> <li>Significant financial challenges particularly related to tertiary services and community services</li> </ul>	<ul style="list-style-type: none"> <li>Sustained financial position which supports best clinical practice, sustainable services and equitable service access across New Zealand</li> </ul>

#	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	Clinical pathways established in all services	Directors	Q4	1	Quality and safety metrics established across our services	Services with metrics	Further development of clinical outcome metrics
	Measure, report, benchmark and improve clinical outcomes	Directors	Q4		Equity measures (including across Māori, Pacific, and other ethnicity; socio-economic status ; and geographic location)	Some clinical outcomes include equity	Systematic reporting of equity for all clinical outcomes
	Equity focus for Clinical Excellence and Outcome measures	Directors	Q4		Functioning clinical pathways	Few	Every service has at least 1
Develop further equity focused community model - first 1000 days	Nurse Director	Q4	Acute Flow metric		93%	95%	
2	Patient focused booking implementation with effective Was Not Brought response	General Manager	Q4	2	Community redesign programme	Redesigned but gaps exist	Service further developed to include first 1000 days
	Priority whānau project focused on inpatients with social complexity	General Manager	Q4		Pain service model	Model reviewed and developed	Implemented
	Plastic surgery pathway and service development together with Counties Manukau Health (CMH)	Director Surgical	Q4		Was Not Brought rate	>10%, with significant inequity	<10%, with reduced inequity
3	Pain service model review and improvement	Directors	Q4	3	PICU and atrium project	Initiate and plan	Design and build
	Implement the facilities programme for safety, patient experience and long term planning, including PICU expansion and atrium development	General Manager	Q4		Plastic surgery service	Proposal developed, CMH engaged	New model implemented
	Ensure Trendcare and CCDM is fully implemented within inpatient wards/departments with appropriate response	Nurse Director	Q3		Staff Wellbeing	Measured - highs and lows identified	Action plans completed and some actions initiated
4	Develop Directorate and service level wellbeing plans and actions	HR Manager	Q4	4	‘Starship @’ performance measures	Few	Developed and reported
	Improved programme of research, innovation and training for all our staff	Directors	Q4		5	Meet revenue and expenditure targets	Budget not met. Revenue opportunities identified
5	Develop a standardised model of delivery (‘Starship @’) of procedural and outreach support in non-Starship Children’s Hospital facilities to ensure equity of quality, outcomes and efficiency	Directors	Q4				
	Measure and report the performance of ‘Starship @’ services	Directors	Q2				
5	Sustained and effective financial management across financial years with balanced cost/revenue emphasis	General Manager	Q4				
	Seek national position on adequate funding mechanism	Directors	Q4				

Ngā whāinga : Our priorities	Kei hea tātou ināianei? Where are we now?	Ki hea te tahi o te hiahia? Where do we want to be?
1 – Culture of safety	<ul style="list-style-type: none"> <li>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</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Incident and Risk management systems operate in a timely manner</li> <li>'Just Culture' is implemented across our directorate</li> <li>Care Capacity Demand Management (CCDM) is implemented across all surgical wards</li> </ul>
2 – Equitable and inclusive access	<ul style="list-style-type: none"> <li>Equity of access to elective surgery is inconsistent across services and subspecialties</li> <li>Our Māori and Pacific patients are recognised as having poorer health outcomes</li> <li>Very few of our measures of quality/key performance indicators are reported against ethnicity</li> <li>Our current workforce does not represent our population</li> </ul>	<ul style="list-style-type: none"> <li>All our services have robust waiting list processes in place for managing equitable access to surgical services</li> <li>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</li> </ul>
3 – Our people are happy, healthy and high performing	<ul style="list-style-type: none"> <li>2018 Starburst Health and Safety Assessment for Surgical services was 49%. A Directorate Health and Safety strategy has been completed</li> <li>We have newly appointed Service Clinical Directors across the majority of our directorate</li> <li>Health and Wellbeing has been highlighted as a key area of focus from the 2018 Staff engagement survey</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>We have recruited to all budgeted FTE</li> <li>Our workforce is culturally competent and committed</li> <li>We have clearly defined clinical leadership roles across our directorate</li> </ul>
4 – Timely and effective	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>
5 – Efficient and financially sustainable pathways	<ul style="list-style-type: none"> <li>We are not able to meet the our current population demand leading to loss of revenue</li> <li>We have inconsistent job sizing and work books across our directorate</li> <li>Surgical Services does not have a 10 year strategy</li> <li>The Care Capacity Demand Management (CCDM) programme has started to be rolled out across the Surgical Directorate wards</li> </ul>	<ul style="list-style-type: none"> <li>In conjunction with the Perioperative Directorate all funded capacity is fully optimised</li> <li>The successful optimisation programme from Greenlane Surgical Unit across all operating room suites is expanded</li> <li>Service sizing and Medirota are implemented across all surgical services</li> <li>Services to have forecast demand and succession planning over the next decade</li> </ul>

#	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		
3	Implement the Surgical Directorate Health and Safety Strategy	AH Director	Q4	3	% DNA rate for our Māori patients		9%
	Establish service level actions plans from the results of staff engagement survey	Director	Q4		% DNA rate for our Pacific patients		9%
4	Roll out optimisation projects across all operating rooms suites and services in Surgical and Perioperative Directorates	Director	Q4	4	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	5	% 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)		
					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%

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

#	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
2	Te Manawa O Hine - full project charter and programme plan	SCD Primary Maternity	Q2	2	Meeting project milestones for Te Manawa O Hine	In development	Planned milestones met
	Promote access to smoking cessation and referrals to wellness services such as pregnancy and parenting/SUDI prevention	SCD Primary Maternity	Q4		Smoking referrals for hapū māmā	35 % of target population referred	70 % of target population referred
	Continue to deliver Tūranga Kaupapa in full day education hui and annual updates	Director Midwifery	Q4		% of Women's Health/midwifery staff that have undertaken Tūranga Kaupapa	Underway	80%
	Determine the feasibility of offering scholarships for Pacific Midwifery students	Director Midwifery	Q2				
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				
4	SMO recovery after on call duties/ team structure/escalation processes	GM/SCDs	Q2	4	SMO work patterns compliant with fatigue guidance	Improved, not implemented	Fully implemented
	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		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%
5	Womens Assessment Unit acute Gynae pathway	SCD 2° Mat/Gynae	Q1	5	'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
	Redesign Postnatal pathway (Inpatient - Community Auckland DHB project)	Director Midwifery	Q4		<ul style="list-style-type: none"> <li>Fertility Plus work plan timeframes met</li> <li>Gynae oncology work plan timeframes met</li> <li>Maternal Fetal Medicine once work plan established</li> <li>Epsom Day Unit strategy % MTOPs increase</li> </ul>	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				
	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		Purchase Unit Code level mapping of patient care to funding streams	Variable progress	50% services completed
	Optimise mapping of patient care to funding streams	GM	Q2				