



Hospital Advisory Committee Meeting

Wednesday, 07 December 2016

2.00pm

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

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Published 02 December 2016



Agenda Hospital Advisory Committee 07 December 2016

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

Time: 2.00pm

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| <p>Committee Members</p> <p>Judith Bassett (Chair) Jo Agnew Doug Armstrong Michelle Atkinson Zoe Brownlie Dr James Le Fevre Dr Lester Levy Dr Lee Mathias Robyn Northey Sharon Shea Gwen Tepania-Palmer</p> | <p>Auckland DHB Executive Leadership</p> <table style="width: 100%; border: none;"> <tr><td style="width: 50%;">Ailsa Claire</td><td>Chief Executive Officer</td></tr> <tr><td>Simon Bowen</td><td>Director of Health Outcomes, Auckland DHB/Waitemata DHB</td></tr> <tr><td>Margaret Dotchin</td><td>Chief Nursing Officer</td></tr> <tr><td>Joanne Gibbs</td><td>Director Provider Services</td></tr> <tr><td>Naida Glavish</td><td>Chief Advisor Tikanga– ADHB/WDHB</td></tr> <tr><td>Dr Debbie Holdsworth</td><td>Director of Funding – ADHB/WDHB</td></tr> <tr><td>Fiona Michel</td><td>Chief Human Resources Officer</td></tr> <tr><td>Riki Nia Nia</td><td>General Manager Māori Health</td></tr> <tr><td>Dr Andrew Old</td><td>Chief of Strategy, Participation and Improvement</td></tr> <tr><td>Rosalie Percival</td><td>Chief Financial Officer</td></tr> <tr><td>Linda Wakeling</td><td>Chief of Intelligence and Informatics</td></tr> <tr><td>Sue Waters</td><td>Chief Health Professions Officer</td></tr> <tr><td>Dr Margaret Wilsher</td><td>Chief Medical Officer</td></tr> </table> <p>Auckland DHB Senior Staff</p> <table style="width: 100%; border: none;"> <tr><td style="width: 50%;">Dr Vanessa Beavis</td><td>Director Perioperative Services</td></tr> <tr><td>Dr John Beca</td><td>Director Surgical, Child Health</td></tr> <tr><td>Anna Schofield</td><td>Acting Director Mental Health and Addictions</td></tr> <tr><td>Judith Catherwood</td><td>Director Long Term Conditions</td></tr> <tr><td>Ian Costello</td><td>Director of Clinical Support Services</td></tr> <tr><td>Dr Mark Edwards</td><td>Director Cardiovascular Services</td></tr> <tr><td>Dr Sue Fleming</td><td>Director Women’s Health</td></tr> <tr><td>Mr Wayne Jones</td><td>Director Surgical Services</td></tr> <tr><td>Auxilia Nyangoni</td><td>Deputy Chief Financial Officer</td></tr> <tr><td>Dr Michael Shepherd</td><td>Director Medical, Children’s Health</td></tr> <tr><td>Dr Barry Snow</td><td>Director Adult Medical</td></tr> <tr><td>Dr Richard Sullivan</td><td>Director Cancer and Blood and Deputy Chief Medical Officer</td></tr> <tr><td>Jo Brown</td><td>Funding and Development Manager Hospitals</td></tr> <tr><td>Clare Thompson</td><td>General Manager Non Clinical Support Services</td></tr> <tr><td>Marlene Skelton</td><td>Corporate Business Manager</td></tr> <tr><td>Suzanne Stephenson</td><td>Acting Director Communications</td></tr> <tr><td>Michelle Webb</td><td>Corporate Committee Administrator</td></tr> </table> <p>(Other staff members who attend for a particular item are named at the start of the respective minute)</p> | Ailsa Claire | Chief Executive Officer | Simon Bowen | Director of Health Outcomes, Auckland DHB/Waitemata DHB | Margaret Dotchin | Chief Nursing Officer | Joanne Gibbs | Director Provider Services | Naida Glavish | Chief Advisor Tikanga– ADHB/WDHB | Dr Debbie Holdsworth | Director of Funding – ADHB/WDHB | Fiona Michel | Chief Human Resources Officer | Riki Nia Nia | General Manager Māori Health | Dr Andrew Old | Chief of Strategy, Participation and Improvement | Rosalie Percival | Chief Financial Officer | Linda Wakeling | Chief of Intelligence and Informatics | Sue Waters | Chief Health Professions Officer | Dr Margaret Wilsher | Chief Medical Officer | Dr Vanessa Beavis | Director Perioperative Services | Dr John Beca | Director Surgical, Child Health | Anna Schofield | Acting Director Mental Health and Addictions | Judith Catherwood | Director Long Term Conditions | Ian Costello | Director of Clinical Support Services | Dr Mark Edwards | Director Cardiovascular Services | Dr Sue Fleming | Director Women’s Health | Mr Wayne Jones | Director Surgical Services | Auxilia Nyangoni | Deputy Chief Financial Officer | Dr Michael Shepherd | Director Medical, Children’s Health | Dr Barry Snow | Director Adult Medical | Dr Richard Sullivan | Director Cancer and Blood and Deputy Chief Medical Officer | Jo Brown | Funding and Development Manager Hospitals | Clare Thompson | General Manager Non Clinical Support Services | Marlene Skelton | Corporate Business Manager | Suzanne Stephenson | Acting Director Communications | Michelle Webb | Corporate Committee Administrator |
| Ailsa Claire | Chief Executive Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Simon Bowen | Director of Health Outcomes, Auckland DHB/Waitemata DHB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Margaret Dotchin | Chief Nursing Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Joanne Gibbs | Director Provider Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Naida Glavish | Chief Advisor Tikanga– ADHB/WDHB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr Debbie Holdsworth | Director of Funding – ADHB/WDHB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fiona Michel | Chief Human Resources Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Riki Nia Nia | General Manager Māori Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr Andrew Old | Chief of Strategy, Participation and Improvement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rosalie Percival | Chief Financial Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Linda Wakeling | Chief of Intelligence and Informatics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sue Waters | Chief Health Professions Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr Margaret Wilsher | Chief Medical Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr Vanessa Beavis | Director Perioperative Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr John Beca | Director Surgical, Child Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anna Schofield | Acting Director Mental Health and Addictions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Judith Catherwood | Director Long Term Conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ian Costello | Director of Clinical Support Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr Mark Edwards | Director Cardiovascular Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr Sue Fleming | Director Women’s Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr Wayne Jones | Director Surgical Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Auxilia Nyangoni | Deputy Chief Financial Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr Michael Shepherd | Director Medical, Children’s Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr Barry Snow | Director Adult Medical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dr Richard Sullivan | Director Cancer and Blood and Deputy Chief Medical Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jo Brown | Funding and Development Manager Hospitals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clare Thompson | General Manager Non Clinical Support Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marlene Skelton | Corporate Business Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suzanne Stephenson | Acting Director Communications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Michelle Webb | Corporate Committee Administrator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Apologies Members: Nil.

Apologies Staff: Jo Gibbs.

Agenda

Please note that agenda times are estimates only

- 2.00pm **1. Attendance and Apologies**
- 2. Register and Conflicts of Interest**
 Does any member have an interest they have not previously disclosed?
 Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
- 2.10pm **3. Confirmation of Minutes 26 October 2016**
- 2.15pm **4. Action Points 26 October 2016**
- 2.20pm **5. Provider Arm Operational Performance – Executive Summary**
 5.1 Provider Arm Scorecard
- 2.30pm **6. Directorate Updates**
 6.1 Clinical Support Services
 6.2 Women’s Health Directorate
 6.3 Child Health Directorate
 6.4 Perioperative Services Directorate
 6.5 Cancer and Blood Directorate
 6.6 Mental Health Directorate
 6.7 Adult Medical Directorate
 6.8 Community and Long Term Conditions Directorate
 6.9 Surgical Services Directorate
 6.10 Cardiovascular Directorate
 6.11 Non-Clinical Support Services
- 3.00pm **7. Provider Arm Financial Performance Report**
 7.1 Financial and Operational Performance
- 3.15pm **8. Patient Experience Report**
 8.1 Inpatient Experience
 8.2 Outpatient Experience
- 3.25pm **9. Resolution to exclude the public**

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| Next Meeting: Wednesday, 01 February 2017 at 2.00pm A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton |
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Attendance at Hospital Advisory Committee Meetings

| Members | 09 Dec. 15 | 17 Feb. 16 | 30 Mar. 16 | 11 May. 16 | 22 Jun. 16 | 03 Aug. 16 | 07 Sep. 16 | 26 Oct. 16 | 07 Dec. 16 |
|---------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Judith Bassett (Chair) | 1 | 1 | 1 | 1 | X | 1 | 1 | 1 | |
| Joanne Agnew | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Peter Aitken | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Michelle Aitken | n/a | |
| Doug Armstrong | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Zoe Brownlie | n/a | |
| Chris Chambers | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Anne Kolbe | 1 | 1 | 1 | 1 | X | 1 | 1 | 1 | |
| James Le Fevre | n/a | |
| Lester Levy | 1 | 1 | 1 | 1 | 1 | x | x | x | |
| Lee Mathias | 1 | X | 1 | 1 | 1 | 1 | x | 1 | |
| Robyn Northey | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Morris Pita | X | X | 1 | 1 | X | 1 | 1 | 1 | |
| Sharon Shea | n/a | |
| Gwen Tepania-Palmer | 1 | 1 | 1 | 1 | X | 1 | 1 | 1 | |
| Ian Ward | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Key: x = absent, # = leave of absence | | | | | | | | | |

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

IMPORTANT

If in doubt – declare.

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

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

Register of Interests – Hospital Advisory Committee

| Member | Interest | Latest Disclosure |
|--------------------------|--|-------------------|
| Lester LEVY | <p>Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman)</p> <p>Chairman – Counties Manukau District Health Board</p> <p>Chairman - Auckland Transport</p> <p>Chairman – Health Research Council</p> <p>Independent Chairman - Tonkin and Taylor Ltd (non-shareholder)</p> <p>Professor (Adjunct) of Leadership - University of Auckland Business School</p> <p>Head of the New Zealand Leadership Institute – University of Auckland</p> <p>Lead Reviewer – State Services Commission, Performance Improvement Framework</p> <p>Leader reviewer –review of MBIE. Review to be completed late 2016/early 2017</p> <p>Director and sole shareholder – Brilliant Solutions Ltd (private company)</p> <p>Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder)</p> <p>Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder)</p> <p>Trustee – Levy Family Trust</p> <p>Trustee – Brilliant Street Trust</p> | 17.11.2016 |
| Jo AGNEW | <p>Director/Shareholder 99% of GJ Agnew & Assoc. LTD</p> <p>Trustee - Agnew Family Trust</p> <p>Professional Teaching Fellow – School of Nursing, Auckland University</p> <p>Casual Staff Nurse – Auckland District Health Board</p> | 01.12.2016 |
| Michelle ATKINSON | Evaluation Officer – Counties Manukau District Health Board | 10.11.2015 |
| Doug ARMSTRONG | <p>Shareholder - Fisher and Paykel Healthcare</p> <p>Shareholder - Ryman Healthcare</p> <p>Shareholder – Orion Healthcare (no personal beneficial interest as it is held through a Trust)</p> <p>Trustee – Woolf Fisher Trust</p> <p>Trustee- Sir Woolf Fisher Charitable Trust</p> <p>Daughter is a partner – Russell McVeagh Lawyers</p> <p>Member – Trans-Tasman Occupations Tribunal</p> | 10.10.2016 |
| Judith BASSETT | <p>Fisher and Paykel Healthcare</p> <p>Westpac Banking Corporation</p> <p>Husband – Fletcher Building</p> <p>Husband - shareholder of Westpac Banking Group</p> <p>Daughter is a shareholder of Westpac Banking Group</p> | 13.07.2015 |
| Zoe BROWNLIE | Community Health Worker – Auckland DHB | 04.11.2016 |
| James LE FEVRE | <p>Emergency Medicine Specialist - Adult Emergency Department, Auckland DHB</p> <p>Fellow - Australasian College for Emergency Medicine - FACEM</p> <p>Member - Association of Salaried Medical Specialists</p> <p>Shareholder - Pacific Edge Diagnostics Ltd</p> <p>Trustee - Three Harbours Health Foundation</p> <p>Wife - Medicolegal advisor, Medical Protection Society</p> | 01.12.2016 |

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|----------------------------|--|------------|
| Lee MATHIAS | Chair - Health Promotion Agency Chair - Unitec Acting Chair - Health Innovation Hub Director - Health Alliance Limited Director/shareholder - Pictor Limited Director - Lee Mathias Limited Director - John Seabrook Holdings Limited Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Trustee - Mathias Martin Family Trust Director – New Zealand Health Partnerships | 02.12.2016 |
| Robyn NORTHEY | Trustee - A+ Charitable Trust Shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fletcher Building Husband – Chair, Problem Gambling Foundation | 24.08.2016 |
| Sharon SHEA | Principal - Shea Pita Associates Ltd Contracted to Manaia PHO – delivery of workforce development training Provider - Maori Integrated contracts for Auckland and Waitemata DHBs Provider – Ministry of Health National Results Based Accountability training for Maori health organisations Provider – Plunket outcomes implementation framework Member - Children’s Action Plan Directorate Advisory Group Safe Communities Foundation NZ – Work on pilot outcomes framework Project member - Te Runanga o Te Rarawa Outcomes Project Provider - multiple management consulting projects for Te Putahitanga o Te Waipounamu Whanau Ora Commissioning Agency Iwi Affiliations: Ngati Ranginui, Ngati Hine, Ngati Hako and Ngati Haua Husband - Part owner Turuki Pharmacy Ltd, Auckland Husband - Board member - Waitemata DHB | 01.12.2016 |
| Gwen TEPANIA-PALMER | Board Member - Manaia PHO Chair - Ngati Hine Health Trust Committee Member - Te Taitokerau Whanau Ora Committee Member - Lottery Northland Community Committee Member - Health Quality and Safety Commission | 01.12.2016 |

Minutes
Hospital Advisory Committee Meeting
26 October 2016

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 26 October 2016 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 2pm.

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| <p>Committee Members Present</p> <p>Judith Bassett (Chair) Jo Agnew Peter Aitken Doug Armstrong Dr Chris Chambers Assoc Prof Anne Kolbe Dr Lee Mathias Robyn Northey Morris Pita Gwen Tepania-Palmer Ian Ward</p> | <p>Auckland DHB Executive Leadership Team Present</p> <p>Ailsa Claire Chief Executive Officer Margaret Dotchin Chief Nursing Officer Joanne Gibbs Director Provider Services Fiona Michel Chief Human Resources Officer Dr Andrew Old Chief of Strategy, Participation and Improvement Rosalie Percival Chief Financial Officer Linda Wakeling Chief of Intelligence and Informatics Dr Margaret Wilsher Chief Medical Officer</p> <p>Auckland DHB Senior Leadership Staff Present</p> <p>Dr John Beca Director Surgical Child Health Anna Schofield Acting Director Mental Health and Addictions Judith Catherwood Director Community and Long Term Conditions Ian Costello Director Clinical Support Services Dr Mark Edwards Director Cardiovascular Services Dr Sue Fleming Director Women’s Health Dr Wayne Jones Director Surgical Services Dr Michael Shepherd Director Medical Child Health Dr Barry Snow Director Adult Medical Dr Richard Sullivan Director Cancer and Blood Clare Thompson General Manager Commercial and Non Commercial Services</p> <p>Other Auckland DHB Senior Staff</p> <p>Jo Brown Funding and Development Manager Hospitals Marlene Skelton Corporate Business Manager</p> <p>(Other staff members who attend for a particular item are named at the start of the minute for that item)</p> |
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The Chair, Judith Bassett, publically thanked all committee members expressing her personal appreciation for the regular attendance of members and the spirit in which discussions had been held. Judith also thanked senior management and acknowledged the work of all the Directors for their work during the term of this Committee.

1. APOLOGIES

That the apology of Lester Levy be received.

That the apology of Executive Leadership Team member, Sue Waters Chief Health Professions Officer be received.

2. REGISTER AND CONFLICTS OF INTEREST

There were no changes or conflicts of interest to record.

3. CONFIRMATION OF MINUTES 7 SEPTEMBER 2016 (Pages 9-20)

Resolution: Moved Ian Ward / Seconded Jo Agnew

That the minutes of the Hospital Advisory Committee meeting held on 7 September 2016 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS 7 SEPTEMBER 2016 (Page 21)

There was only one action point to consider, that being item 6.6 on this agenda.

5. PROVIDER ARM OPERATIONAL PERFORMANCE – EXECUTIVE SUMMARY (Pages 22-25)

Joanne Gibbs, Director Provider Services asked that the report be taken as read and highlighted the points made in the executive summary of the report on pages 22 to 25 of the agenda. Particular attention was drawn to:

- The disappointing result in quarter one in relation to elective discharge performance across a number of specialties, with issues in particular in Orthopaedics, Paediatric Surgery and Vascular Surgery.
- The number of initiatives the Get on Track project team had implemented since forming in late August to reduce waste across the organisation and expediting the usual spring reset to improve patient flow and reduce unnecessary delays to discharge. Through the spring reset a number of planned initiatives of the 'Using the Hospital Wisely' work programme had been expedited, which included discharge planning and day of surgery admissions.
- The national target for patients with an Emergency Department stay of less than 6 hours was met for quarter one.
- August had seen a significant improvement in the number of patients being treated within 62 days of referral for a high suspicion of cancer. This builds on the gradual improvement in the rolling 6 month reported target. The Northern Region continues to lead the country in this area.

Matters covered in discussion of the report and in response to questions included:

- It was explained that "Smart Fives" referred to a daily hospital function and related to key activities for nurses and health assistants to perform while they are working in a ward environment.

5.1 Provider Arm Scorecard (Pages 26-28)

Joanne Gibbs, Director Provider Services asked that the report be taken as read.

Matters covered in discussion of the report and in response to questions included:

- Judith Bassett noting that the % of day surgery rate was improving.
- An explanation that the, “in-house elective WIES through theatre per day” measure was set to carefully monitor case complexity across the specialities, as some were up and others down. A composite picture was developed to manage workload within the Perioperative directorate.
- Lee Mathias commented that she had recently attended a presentation on Did Not Attends (DNA) rates and understood that simple non-compliance is not the only reason for not attending but that it is also a cultural issue with the Pasifika population where the individual needs to have the reason why they must attend an appointment intelligibly explained. We should explore communication with DNA’s in a more nuanced way.
- Jo Gibbs reminded members of the paper that Dr Karen Bartholomew had presented to the August Hospital Advisory Committee outlining a joint Auckland and Waitemata DHB strategy to reduce inequalities in Did Not Attends (DNAs).
Anne Kolbe commented that there needed to be a justification given as to why a patient should take time out to come back for an appointment. People will only come if it seems valuable to them. The message needs to be clearly given to have any impact. It is about what the patient and family want and not what the clinician thinks necessary.

Morris Pita commented that communication needed to be improved and that a step back was required to take a wider view to make substantive ground with this issue. Gwen Tepania-Palmer commented that it is about knowing our communities and the various sectors that make up those communities. Whanau Ora and Fono navigators are making the connect between the two, but this is still a small struggling workforce and progress is slow.

5.2 Financial and Operational Performance (Pages 29-42)

Rosalie Percival, Chief Financial Officer, asked that the report be taken as read.

There were no questions.

Resolution: Moved Gwen Tepania-Palmer / Seconded Peter Aitken

That the Provider Arm Operational Performance reports be received.

Carried

6. DIRECTORATE UPDATES

6.1 Clinical Support Services (Pages 43-51)

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

- 108 new beds have been rolled out across the organisation via Clinical Engineering.
- The improved environment in the transition lounge which has now opened to admit Day Surgery patients.

6.2 Women's Health Directorate (Pages 52-62)

Sue Fleming, Director Women's Health, asked that the report be taken as read, highlighting as follows:

- That junior medical staff had performed well in recent professional exams. Seven registrars passed their written exams. An MFM fellow passed her written MFM exam and the fertility CREI trainee passed her written exams. Two of the trainees were accepted into advanced training programs (CREI and MFM). This is positive for future succession planning.

Matters covered in discussion of the report and in response to questions included:

- An explanation that the reference on page 53 of the agenda, "The contract is now signed with service provider to provide education to teen young/teen parents" refers to a contract let to THRIVE where a proactive attempt is being made to engage with and educate a very vulnerable community cohort.

6.3 Child Health Directorate (Pages 63-73)

Dr Michael Shepherd, Director Medical Child Health, and Dr John Beca, Director Surgical Child Health asked that the report be taken as read, highlighting as follows:

- The Starship Hospital lift renovations have commenced. Three lifts will be replaced over the next nine months, at three month intervals.
- The first iteration of the directorate wide Clinical Excellence programme measures which appear on page 67 and 68 of the agenda. This is a key tool in engaging clinicians. It contains a mix of targets and benchmarks with some yet to be fully developed.

6.4 Perioperative Services Directorate (Pages 74-81)

Mr Wayne Jones, Director Surgical Services, in the absence of Dr Vanessa Beavis, Director Perioperative Services, asked that the report be taken as read, highlighting as follows:

- The Scrum tool had been working well and 39% of the vacant lists had been able to be recycled.
- The Nexus single instrument project had been delayed due to a problem revealed within the TDoc system. Stabilisation of the TDoc platform is required urgently to mitigate the critical clinical risk of an unstable system before Nexus can be implemented.
- August saw a high transplant volume which impacted on Surgical theatres (level 8) instrument costs and treatment disposables.

Matters covered in discussion of the report and in response to questions included:

- An explanation was given that Scrum is a term used in project management and is a framework for managing a process. While historically it referred to software development, it is a methodology that can be applied to any type of project.

[Secretarial Note: Item 6.9 was considered next.]

6.5 Cancer and Blood Directorate (Pages 82-88)

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

- August had seen a significant improvement in the number of patients being treated within 62 days of referral for a high suspicion of cancer. It is likely that this target will be reached next month.

Judith Bassett complimented Richard Sullivan and team on a very impressive effort.

6.6 Mental Health Directorate (Pages 89-104)

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

- That the permanent recruitment of a General Manager, Alison Hudgell was confirmed.
- The full summary in appendix one of the report dealing with mental health facilities in general, which was in response to the action point raised by the committee in relation to the St Lukes Mental health site.

Matters covered in discussion of the report and in response to questions included:

- Rosalie Percival, Chief Financial Officer advising that it had been extremely difficult to find suitable replacement mental health facilities, even with the assistance of independent agents, as the Board was in direct competition with developers for such sites. This market situation is driving to a large extent what will occur on Auckland DHB sites in the future.
- Gwen Tepania-Palmer commented that it was very good to have this total overview of all Auckland DHB mental health facilities. It was good for the Board to know too, how the current market conditions were affecting the search for suitable facilities and that independent expertise had been sought to assist. Mental health patients were a vulnerable population and one that was not getting any smaller. Gwen encouraged management to continue working to find solutions.

6.7 Adult Medical Directorate (Pages 105-111)

Dr Barry Snow, Director Adult Medical, asked that the report be taken as read. There were no questions.

6.8 Community and Long Term Conditions Directorate (Pages 112-123)

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

- The integrated all age stroke rehabilitation unit opened in July 2016. Early Supported Discharge Services (ESD) also commenced simultaneously. The ESD services have been well received and currently have 10-12 active patients at any one time, contributing to reduced LOS and improved rehabilitation outcomes. The quarterly data on admissions to a rehabilitation service within 7 days of acute stroke presentation is improving. The internal measure for Auckland DHB patients indicates 61% of transfers are achieved within this timeframe (up from 51%).
- The first stage of the frailty pathway was implemented successfully on 29 August 2016. Further work is progressing to refine the pathway and extend this to older adults living in their own homes and in aged care facilities over time.

[Secretarial Note: Item 6.10 was considered next.]

6.9 Surgical Services Directorate (Pages 124-132)

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

- The challenge that the volume issue within orthopaedics is presenting to the directorate. There is only a certain volume that can be undertaken through insourcing and it is highly likely that to meet the target, outsourcing must be employed which is an issue currently being managed with orthopaedic surgeons.

6.10 Cardiovascular Directorate (Pages 133-141)

Dr Mark Edwards, Director Cardiovascular Services, asked that the report be taken as read, advising that Sam Titchener had been appointed as the new cardiovascular directorate General Manager.

6.11 Non-Clinical Support Services (Pages 142-151)

Clare Thompson, General Manager Commercial and Non Commercial Services, asked that the report be taken as read, highlighting that:

- As part of the CEMARS (Certified Emissions Measurement and Reduction Scheme), waste segregation at source is becoming more widely understood. This will help change culture to divert waste to landfill for increased recycling (e.g. plastic, paper, glass, PVC, bottle recycling, eco tri-bins).
- The number of days where there are traffic queues on Park Road has reduced significantly and queues have become more sporadic. This trend has continued during August and September 2016 and is partly attributed to the additional 69 car parks in Car Park A, a warmer winter than usual and Wilsons opening a public car park on the Grafton Oaks site (Grafton Road).

General Observation in Relation to Directorate Update Reports

Fiona Michel the Chief Human Resources Officer observed that the people metrics throughout the directorate reports were always in red. This indicated to her that the metrics used had been too idealistic and aspirational. She was of the opinion that these metrics needed to be revisited.

Resolution: Moved Jo Agnew / Seconded Peter Aitken

1. **That the October 2016 Directorate Update reports be received.**
2. **That the Chief Human Resources Officer submit a report proposing alternative people metrics for consideration.**

Carried

7. PATIENT EXPERIENCE REPORT

Dr Andrew Old, Chief of Strategy, Participation and Improvement asked that the reports 7.1 and 7.2 be taken together and as read.

Service integration, and the experience of seamless integrated services, is a key strategic theme for Auckland DHB. In this patient experience survey coordination of care is assessed both before and after an inpatient and outpatient event.

7.1 Inpatient Experience (Pages 152-155)

“Very good” and “excellent” ratings are reasonably high across all directorates, with Cardiovascular Services and Cancer and Blood meeting or exceeding the Auckland DHB target of 90 percent of patients rating our care as very good or excellent.

7.2 Outpatient Experience (Pages 156-159)

Statistically significant improvements are evident in nearly every area measured around coordination of care (coordination prior to coming to clinic, explaining plan of care, discussing what patients should and should not do, discussing what to look out for and who to contact). The only exception to this is discussing medication, which has stayed stable.

Resolution: Moved Doug Armstrong / Seconded Gwen Tepania-Palmer

That the Patient Experience Reports for October 2016 be received.

Carried

8. INFORMATION PAPERS

There were none.

9. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 160-162))

Resolution: Moved Lee Mathias / Seconded Gwen Tepania-Palmer

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

| General subject of item to be considered | Reason for passing this resolution in relation to the item | Grounds under Clause 32 for the passing of this resolution |
|---|--|---|
| 3. Confirmation of Confidential Minutes 7 September 2016 | Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)] Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |

| | | |
|---|---|--|
| <p>4. Confidential Action Points 7 September 2016</p> | <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> | <p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p> |
| <p>5.0 Discussion Papers - Nil</p> | <p>Not applicable</p> | <p>Not applicable</p> |
| <p>6.1 Faster Cancer Treatment</p> | <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> | <p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p> |
| <p>6.2 Acute Flow</p> | <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> | <p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p> |
| <p>6.3 Food Services</p> | <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official</p> | <p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p> |

| | | |
|--|--|---|
| | Information Act 1982 s9(2)(i)] | |
| 6.4 Security for Safety Programme Report | <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 7. Risk Register Report | <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Prevent Improper Gain The disclosure of information would not be in the public interest because of the greater need to prevent the disclosure or use of official information for improper gain or advantage [Official Information Act 1982 s9(2)(k)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 8.1 Complaints | <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Privacy of Persons To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 8.2 Compliments | <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 |

| | | |
|--------------------------------|---|---|
| | <p>Privacy of Persons To protect the privacy of natural persons, including that of deceased natural persons [Official Information Act s9(2)(a)]</p> | [NZPH&D Act 2000] |
| 8.3 Incident Management | <p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence [Official Information Act 1982 s9(2)(ba)]</p> <p>Negotiations To enable the Board to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations) [Official Information Act 1982 s9(2)(j)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 8.4 Policies and Procedures | <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |

The meeting closed at 3.45pm.

Confirmed and signed as true and correct record of the Hospital Advisory Committee meeting held on Wednesday, 26 October 2016 by the Chairperson and Chief Executive under Standing Order 2.12.2.

Chair: _____ Date: _____
Judith Bassett

Chief Executive: _____ Date: _____
Ailsa Claire

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 07 December 2016

| Meeting and Item | Detail of Action | Designated to | Action by |
|---|--|------------------|---|
| 26 October 2016 Item 6.11 | People Metrics for Directorate Reports That the Chief Human Resources Officer submit a report proposing alternative people metrics for consideration. | Fiona Michel | 15 March 2017 |
| 26 October 2016 Section 7 (transferred from Confidential) | Rehabilitation Services for Young Children That the next Children's Health directorate report cover rehabilitation services available for young children. | Jo Gibbs | 7 December 2016 – complete (refer to Item 6.3 of the Open agenda and verbal report to be provided at the meeting) |
| 16 Sep 2015 Item 8.1 | Auckland Integrated Cancer Centre That the Strategic Assessment for the Auckland Integrated Cancer Centre business case be provided to the HAC December meeting. <i>Update: discussions are occurring across the northern region relating to the development of a programme business case. Progress report available February 2017.</i> | R Sullivan | February 2017 |
| 11 May 2016 Item 8.2 | Patient Experience Survey Net Promoter Score That a presentation be made to the Board on the MOS Board system and how it operated. <i>[This presentation will be tied to a demonstration showing how the automated scorecard works with MOS.]</i> | L Wakeling | 17 February 2017 |
| 3 August 2016 Item 6.5 | New Cancer Drugs That the Director, Cancer and Blood regularly include in his directorate report information about the introduction of the new cancer drugs and any constraints that the Board should be aware of. | Richard Sullivan | 7 December 2016 – verbal report to be provided at the meeting |

Provider Arm Performance Report

Recommendation

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

Prepared by: Joanne Gibbs (Director Provider Services)

Endorsed by: Ailsa Claire (Chief Executive)

1. Board Strategic Alignment

| | |
|--|---|
| Community, whanau and patient-centred model of care | Our Daily Hospital Functioning, Deteriorating Patients and Afterhours Inpatient Safety work programmes directly led to reviewing and enhancing patient safety practices and outcomes; the 24/7 Hospital Functioning consultation document outlines our proposed solution. |
| Emphasis/investment on both treatment and keeping people healthy | The FCT, ED and elective discharge targets focus on timely access to early interventions and effective treatments. |
| Service integration and/or consolidation | Our Using the Hospital Wisely work programme aims to reduce pressure on our hospital services through improvement to processes, pathways and use of services. |
| Intelligence and insight | We are developing a database to capture data for the identified measures for the Deteriorating Patients work programme. |
| Evidence informed decision making and practice | The 24/7 Hospital Functioning consultation document outlines proposed changes to make the hospital safer, strengthen clinical leadership and decision making, and improve the efficiency of bed management. |
| Outward focus and flexible service orientation | Our Outpatients Model of Care work programme aims to review our current model of care to ensure we provide a high quality outpatient service and experience that is patient centric. |
| Operational and financial sustainability | The Think and Do Tank has prioritised eight projects for implementation which focus on opportunities to maximise revenue, improve productivity and reduce waste. |

2. Executive Summary

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

- Elective discharge shortfall is forecast to be approximately 93% of the target at the end of November.
- Auckland DHB remains on track to meet the Emergency Department target for the second quarter overall.
- The gradual improvement in the FCT 62 day rolling 6 month reported target has continued with the target being met during November.
- Consultation with staff regarding the 24/7 Hospital Functioning proposal has commenced. The document outlines proposed changes to the structure of the way the hospital functions from a daily operations and patient safety perspective.
- The Using the Hospital Wisely Programme Board has prioritised the initial areas of focus to be clinical pathways, discharge planning, and palliative care.

3. Progress/Achievements/Activity

Elective discharge cumulative variance from target

- High acute load, industrial action and orthopaedics issues have contributed to our YTD shortfall which is forecast to be approximately 93% of the target at the end of November.
- Weekly escalation meetings are in place with all Surgical Directorates, with monitoring against agreed action plans.
- The specialties that are under specific monitoring are orthopaedics, ophthalmology, gynaecology and children's surgery.

Think and Do Tank

- As outlined in the previous report, A Think and Do Tank has been established to work in parallel with the Get on Track Team to identify quick wins (for referral to the Get on Track team) as well as medium term actions for the remainder of the financial year.
- The Think and Do Tank has prioritised eight projects for implementation. These are ACC revenue, WIES maximisation, outreach clinics, loss making services, virtual clinics, leave and allowances, product management and BEIMS maintenance requests.
- Leads for each project have been identified and A3 project plans with identified measures have been developed for each.
- Progress updates are provided through the Oversight Committee.

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

- AED achieved the target for this reporting period (95.91%). This is in spite of another busy month for AED with very high attendance during October.
- CED also achieved the target during October (95.46%), recovering from narrowly missing the target during the last reporting period (94.48%).
- Auckland DHB remains on track to meet the second quarter target overall.

Faster Cancer Treatment

- The gradual improvement in the 62 day rolling 6 month reported target has continued with the target being met during November. A detailed briefing on progress is included at section 6.1 of the Confidential HAC agenda.

Provider Services 2016/17 Business Plan

Daily Hospital Functioning, Afterhours Inpatient Safety and Deteriorating Patients

- As outlined in the email briefing circulated to the Committee on 16 November 2016, the 24/7 Hospital Functioning consultation document outlines proposed changes to the structure of the way the hospital functions from a daily operations and patient safety perspective. The daily operations function and after hours staffing of the Auckland City Hospital has been the subject of much discussion and interest for a number of years driven by a need to constantly improve quality and safety for patients, particularly in response to changing clinical demands; the work of the Health Quality and Safety Commission; a number of reviews of discrete services which highlight the need to improve escalation of deteriorating patients; and local adverse events.

- The proposed change to the functioning of the Auckland City Hospital Site is designed to change the model of care to ensure that Auckland City Hospital site functions safely and effectively seven days a week, 24 hours a day, 365 days a year. The proposed solution will make the hospital safer, will give staff better support and will improve the efficiency of bed management.
- The consultation document outlines the proposed solution in detail; a brief summary is as follows:

‘Patient at Risk Model’ is introduced

- Proactive and preventative, nurse led, supportive of ward staff
- Nurse specialists linked with ICUs
- Improved governance including resuscitation

Clinical Nurse Managers are introduced

- Strengthen Clinical Leadership and Clinical Support particularly after hours
- Also contribute to Hospital Management

Bed Booking streamlined

- Elective bed booking
- Acute bed booking and flow coordination from ED

- The proposed changes affect everyone, and particularly the Duty Manager/Clinical Nurse Adviser/Bed Manager workforce, ED Flow Coordinators, and DCCM Outreach role.
- The total FTE of the current structure is 31. The proposed future structure has a total FTE of 38.51, resulting in an increase of 7.51 FTE. To offset this increase in total FTE, it is proposed that the gap is funded by existing FTE within CVICU, DCCM and PICU budgets. Based on tenure and capability to meet requirements of the proposed roles, the potential changes to structure may result in redundancy of some current employees.
- Consultation with employees commenced on 21 November 2016 and will close on 16 December 2016. Once the consultation period has ended, feedback will be collated and reviewed. The Senior Leadership Team will be involved in this process and will make a recommendation to the Executive Team regarding the proposal. The decision will be announced to staff on 7 February 2017.

Using the Hospital Wisely

- The Programme Board has prioritised the initial areas of focus to be clinical pathways, discharge planning, and palliative care. These sub-programmes have commenced with good progress to date and all are being supported by the Performance Improvement team.
- Two work-streams previously identified in the scoping work for Using the Hospital Wisely will be progressed separately. The first, Day of Surgery Admissions (DOSAs) improvement work, will be overseen within Get on Track team. The second, a current pilot in General Medicine to reduce readmissions, will conclude in November. An evaluation of the readmission work will be conducted in January and further support for this initiative decided upon after evaluation is completed.
- A Discharge Planning sub-programme steering team has been established. The aim of this group is to increase the adoption of discharge planning best practices as defined through the local or international evidence base. The expected benefits include improved clinical outcomes, patient and family engagement in care, patient flow and reduced patient length

of stay. Initial focus will be to improve the use and accuracy of Estimated Discharge Dates, where recent analysis has shown opportunity for improvement in several wards. Next steps:

- Development and completion of ward self-assessment against discharge planning best practice.
- Pilot “discharge delay” coding within electronic whiteboards to increase visibility, escalation, and tracking of discharge delays. This will also provide an opportunity to identify core reasons for delays and will inform further improvement.
- Within the clinical pathways work, a Rapid Improvement Event will be held in December with the aim to reduce hospitalisation and length of stay for patients with the primary diagnosis of cellulitis. Health Round Table benchmarking suggested that cellulitis is one of ADHB’s top 10 diagnosis related groups with opportunity to achieve bed day savings. A framework to support clinical pathway development across the hospital is also being considered. The primary aim of clinical pathways will be to reduce variation in clinical care which should support the overall aim of the Programme.
- A Palliative Care work stream was established with the aim of identifying and implementing improvements for patients with palliative care needs across the system. The aim is to enable patients with palliative care needs to have more rapid access to improved care and greater choice in their place of care. Two workshops are being held in November with over 30 stakeholders from across the system to identify barriers and solutions to delivering our aim.

Outpatients Model of Care

- The text reminder is now live for services that were previously utilising the text reminder service. Directorate reports are currently being compiled.
- A Project Manager is in place for the Interpreter project. Additional services have agreed to trial telephone interpreting and a clear plan is in place.
- A review of booking and schedulers working hours has been undertaken. This will be presented at the General Managers meeting in December 2016 for further discussion and to obtain agreement on the next steps.
- Data is being collated in relation to clinic utilisation, volumes per speciality and clinic capacity to support the project.
- Access, booking and choice policy has been written and is currently with the Director Provider Services for review. The policy will be presented to SLT for approval prior to roll out across the organisation. Clear KPIs will also be implemented alongside this policy.
- A business case has been written to describe the various options for a more robust process for the management of letters across the organisation and this will be presented to the relevant committee within the next 4-6 weeks.

**Auckland DHB Provider Scorecard
for October 2016**

| | Measure | | Actual | Target | Prev Period | Commentary |
|-----------------------|---|---------|--------|--------|-------------|---|
| Patient Safety | % AED patients seen within triage time - triage category 2 (10 minutes) | PR006 | 83.36% | >=80% | 79.09% | |
| | % CED patients seen within triage time - triage category 2 (10 minutes) | PR008 | 89.78% | >=80% | 85.8% | |
| | Number of reported adverse events causing harm (SAC 1&2) | PR084 | 9 | <=12 | 6 | |
| | Central line associated bacteraemia rate per 1,000 central line days | PR087 | 1.08 | <=1 | 0.93 | There was a single CLAB event in CICU but the denominator (line days) was reduced this month in DCCM and PICU resulting in a higher rate. |
| | Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days | PR088 | 0.04 | <=0.25 | 0.23 | |
| | Healthcare-associated bloodstream infections per 1,000 bed days - Adult | PR089 | 1.14 | <=1.6 | 1.59 | |
| | Healthcare-associated bloodstream infections per 1,000 bed days - Child | PR090 | 1.14 | <=2.4 | 2.02 | |
| | Falls with major harm per 1,000 bed days | PR095 | 0.03 | <=0.09 | 0.03 | |
| | Nosocomial pressure injury point prevalence (% of in-patients) | PR097 | 2.11% | <=6% | 3.24% | |
| | Rate of hospital-onset healthcare-associated Clostridium difficile inpatients >=16 years of age per 10,000 bed days (ACH) (Quarterly) | * PR143 | 1.56 | <=4 | 1.27 | |
| | Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) | PR185 | 3.87% | <=6% | 4.09% | |
| | % Hand hygiene compliance | PR195 | 82.47% | >=80% | 82.69% | |
| | Unviewed/unsigned Histology/Cytology results < 90 days | PR289 | 213 | 0 | 193 | Significant progress over several months. The IM team is working with services to cease the distribution of paper results. Regular reports sent to Directorate Directors for review and action. |
| | Unviewed/unsigned Histology/Cytology results > 90 days | PR290 | 126 | 0 | 131 | Significant progress over several months. The IM team is working with services to cease the distribution of paper results. Regular reports sent to Directorate Directors for review and action. |

5.1

| | | | | | |
|---|-------|--------|-------|--------|---|
| (MOH-01) % AED patients with ED stay < 6 hours | PR013 | 95.91% | >=95% | 93.74% | |
| (MOH-01) % CED patients with ED stay < 6 hours | PR016 | 95.46% | >=95% | 94.48% | |
| % Inpatients on Older Peoples Health waiting list for 2 calendar days or less | PR023 | 88% | >=80% | 94.02% | |
| HT2 Elective discharges cumulative variance from target | PR035 | 0.94 | >=1 | 0.93 | High acute load, industrial action and orthopaedics issues have contributed to our YTD shortfall. |
| (ESPI-2) Patients waiting longer than 4 months for their FSA | PR038 | 0.52% | 0% | 0.19% | Clinic cancellations due to industrial action have affected Orthopaedics and Dermatology the most. |
| (ESPI-5) Patients given a commitment to treatment but not treated within 4 months | PR039 | 2.31% | 0% | 1.73% | Orthopaedics is contributing to 112 out of 119 ESP5 breaches. |
| Cardiac bypass surgery waiting list | PR042 | 110 | <=108 | 96 | High inflows onto the cardiac bypass surgery waitlist has attributed to the increase in waitlist numbers. |
| % Accepted referrals for elective coronary angiography treated within 3 months | PR043 | 99.32% | >=90% | 98.77% | |
| % Urgent diagnostic colonoscopy compliance | PR044 | 93.1% | >=85% | 97.83% | |
| % Non-urgent diagnostic colonoscopy compliance | PR045 | 99.38% | >=70% | 94.75% | |
| % Outpatients and community referred MRI completed < 6 weeks | PR046 | 81.59% | >=85% | 77.35% | Month on month Improved performance. This has been attained through waitlist management and additional evening sessions. On-going work to improve compliance however staff vacancies may impact performance over the next couple of months |
| % Outpatients and community referred CT completed < 6 weeks | PR047 | 94.46% | >=95% | 96.08% | |
| Elective day of surgery admission (DOSA) rate | PR048 | 69.83% | >=68% | 69.39% | |
| % Day Surgery Rate | PR052 | 63.29% | >=70% | 54.35% | Although improvement from last month, the main reason for this improvement is due to lower volumes of inpatient work due to the RMO strike where activity was replaced before/during the industrial action with daycase activity. |
| Inhouse Elective WIES through theatre - per day | PR053 | R/U | >=99 | 198.26 | |
| % DNA rate for outpatient appointments - All Ethnicities | PR056 | 9.01% | <=9% | 10.46% | |
| % DNA rate for outpatient appointments - Maori | PR057 | 18.31% | <=9% | 18.92% | DNA is slightly high, from previous months. HKW are in the process of working with the community, to look at support for the whanau to attend their appointments. There is still a lot of work in progress. The new GM Ricky Niania will be starting next week. A conversation regarding the DNA will be on the agenda. |

| | | | | | | |
|---|---|---|--------|-------|--------|---|
| | % DNA rate for outpatient appointments - Pacific | PR058 | 18.6% | <=9% | 20.82% | The DNA rate for Pacific patients reduced by 2% from the last period. |
| | % Chemotherapy patients (Med Onc and Haem) attending FSA within 4 weeks of referral | PR059 | 100% | 100% | 100% | |
| | % Radiation oncology patients attending FSA within 4 weeks of referral | PR064 | 97.42% | 100% | 95.24% | Our service is using a production planning methodology to improve our demand and capacity planning. This is producing positive results. |
| | % Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT | PR070 | 100% | 100% | 100% | |
| | Average LOS for WIES funded discharges (days) | PR074 | 1.97 | <=3 | 2.46 | |
| | 28 Day Readmission Rate - Total | PR078 | R/U | <=6% | 7.83% | |
| | Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera | PR119 | R/U | <=10% | 9.8% | |
| | Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera | PR120 | 36.6 | <=21 | 28.3 | 4x 100d+ discharges have contributed to a very high Average LOS. |
| | % Very good and excellent ratings for overall inpatient experience | PR154 | R/U | >=90% | 84.2% | |
| | Number of CBU Outliers - Adult | PR173 | 370 | 0 | 470 | Continued daily management. |
| | % Patients cared for in a mixed gender room at midday - Adult | PR175 | 8.94% | 0% | 10.46% | Continued improvements, daily focus. |
| | 31/62 day target – % of non-surgical patients seen within the 62 day target | PR181 | R/U | >=85% | 77.78% | |
| | 31/62 day target – % of surgical patients seen within the 62 day target | PR182 | R/U | >=85% | 75% | |
| | 62 day target - % of patients treated within the 62 day target | PR184 | R/U | >=85% | 75.86% | |
| | Improved Health Status | Breastfeeding rate on discharge excluding NICU admissions | PR099 | R/U | >=75% | 75.67% |
| % Long-term clients with relapse prevention plans in last 12 months (6-Monthly) | | PR125 | 89.45% | >=95% | 91.41% | Transitioning to new 1 July MoH reporting requirements that will replace relapse with wellness plans. |
| % Hospitalised smokers offered advice and support to quit | | PR129 | 95.07% | >=95% | 95.27% | |

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

R/U = Result unavailable

PR053

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

PR078, PR119

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

PR099

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

PR154

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

PR181, PR182, PR184

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

*

= Quarterly or 6-Monthly Measure

PR125 (6-Monthly)

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

PR143 (Quarterly)

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

Clinical Support Directorate

Speaker: Ian Costello, Director

Service Overview

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

The Clinical Support Services Directorate is led by:

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

Directorate Priorities for 16/17

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

1. Develop and implement a robust strategy for each service working in collaboration with other Directorates to deliver agreed priorities aligned to Auckland DHB 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.

Q2 Actions – 90 and 180 day plan

| Priority | Action Plan |
|----------|---|
| 1 | <ul style="list-style-type: none"> • Laboratory and Radiology strategy documents due for consultation in November 2016 • Pharmacy and Medicines strategy- Phase 2 consultation and implementation underway |
| 2 | <ul style="list-style-type: none"> • Daily Operations re-structure out for consultation across the organisation • Provide further Improvement Practitioner Training (Green Belt) • Provide further Leadership training across a number of levels of staff within the directorate • Develop service reporting and analytics for refers |
| 3 | <ul style="list-style-type: none"> • Workforce planning underway in Pathology, Mt Wellington • Capacity planning underway in Radiology and Laboratories |
| 4 | <ul style="list-style-type: none"> • Introduce regular integrated Clinical Governance and quality meetings at service level – Draft TOR established for Radiology and Laboratory • Automation of Directorate Scorecard is underway • Radiology and Laboratory scorecards established • Financial objectives set for each Department, monitoring and reporting process centralised at Directorate level • Operational forecasting and planning - Production planning integrated with Daily Ops function – supports weekly Capacity and Demand forum and seasonal plan development |
| 5 | <ul style="list-style-type: none"> • MoU's with University of Auckland in discussion for Radiology and Laboratories • MoU agreed with University of Auckland for Pharmacy |
| 6 | <ul style="list-style-type: none"> • Savings plan developed and risk assessed • Interpreter services pilot agreed |

Measures

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

6.1

Scorecard

Auckland DHB - Clinical Support Services

HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|---------------------|---|--------|-----------|-------------|
| Patient Safety | Medication Errors with major harm | 0 | 0 | 0 |
| | Number of reported adverse events causing harm (SAC 1&2) | 1 | 0 | 0 |
| Better Quality Care | Number of complaints received | 4 | No Target | 5 |
| | % Outpatients and community referred MRI completed < 6 weeks | 81.59% | >=85% | 77.35% |
| | % Outpatients and community referred CT completed < 6 weeks | 94.46% | >=95% | 96.08% |
| | % Outpatients and community referred US completed < 6 weeks | 84.8% | >=95% | 85.5% |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$0.69 | 0 | \$0.66 |
| | % Staff with excess annual leave > 2 years | 9.34% | 0% | 8.91% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | 100% | 0% | 100% |
| | Number of Pre-employment Screenings (PES) cleared before the start date | 0 | 0 | 0 |
| | Sick leave hours taken as a percentage of total hours worked | 3.37% | <=3.4% | 3.59% |
| | % Voluntary turnover (annually) | 8.46% | <=10% | 9% |
| | % Voluntary turnover <1 year tenure | 4.51% | <=6% | 2.76% |

Amber

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

Scorecard commentary

Radiology

Performance against the Ministry of Health indicators across modalities has improved over the last 6 months and remains stable. This has been achieved against a background of an increase in acute referrals as a result of higher than anticipated admissions requiring imaging diagnostics. Recruitment strategies and staff training combined with process improvement activity within the department will continue to have a positive impact on the waitlist over the coming months.

MRI

Performance against the MRI target of 85% of referrals completed within six weeks has improved in October 2016 (82%) compared to September 2016 (77%). A number of challenges still remain with specialist investigations which is preventing the organisation from achieving compliance due to staffing issues. Directorates are working in collaboration to rectify this issue.

The number of adult patients waiting longer than 42 days remains stable at 14 on the 02/10/16 compared with 15 at 30/10/16. The number of paediatric patients waiting longer than 42 days has decreased from 3 (02/10/16) to 1 (30/10/16). A robust plan in place to sustain the current volumes under 42 days.

Radiology will continue with efforts to accelerate progress toward achieving Ministry of Health indicators through a number of planned initiatives including outsourcing, realignment of staffing rosters, the introduction of additional operating hours and service improvement projects.

Outsourcing arrangements for adult referrals are assisting in managing demand and a total of 130 additional procedures have been completed by private providers for the period October 2016. The outsourcing of 'standard' scans has made a significant impact on the waiting list. We are re-evaluating our outsourcing strategy to ensure we are able to maintain and accelerate progress and meet the increasing requirements for more complex procedures e.g. general anaesthesia and sedation.

In an effort to decrease DNAs and improve the patient experience, our patient administration service is continuing its work on direct patient contact (booking). The department has introduced a dedicated scripted message for all Radiology-patient phone calls. The script provided to administrators aims to be as informative as possible about the specific procedure and help reduce patient anxiety. Increase in performance will be seen further when the radiology strategy has been agreed the new structure has been implemented.

Use of the new dashboard reporting tool is being implemented throughout the department for all SMOs, team leaders and clerical booking staff as a means of monitoring and managing outstanding referrals, wait lists and validations.

CT

Performance against the Ministry of Health indicator of 95% of out-patients completed within six weeks has slightly deteriorated and is currently at 94% for October 2016 compared to 96% in September 2016 which is due to a number of vacancies. A reliable service model is in place and there is a high degree of confidence that performance against this target will be maintained over the coming months.

Ultrasound

While this is an internal target (95%) we are mindful of the importance of patient access to service and safe waitlist management. Our performance has shown 85% of out-patients were scanned within 6 weeks in October 2016 compared with 86% in October 2016. We continue to work on long term solutions to manage demand, for example, through direct communication with all GP referrers and providing clinical advice and guidance where required.

Increased Patient Safety

There were 4 complaints in October 2016 compared to 3 in September 2016 and the themes were around waiting times and clinical advice. The directorate is in the process of introducing a complaints action plan database to ensure that actions are complete and that a 'lessons learnt' approach is adopted which will be shared across all departments.

Health and Safety departmental inspections have taken place in Radiology (Auckland City Hospital and Greenlane Clinical Centre), Anatomical Pathology Services, Mt Wellington, Forensic Pathology, Allied Health, Patient Service Centre and Contact Centre and Pharmacy. The majority of recommendations have been actioned.

Hazard registers have been implemented in each department and are managed through the service and Directorate Health and Safety Groups.

Adverse Events (SAC 1 & 2)

A SAC 2 occurred on 18 October 2016 where a member of the public was stabbed in the retail Pharmacy area, Level 5. An incident team was established and de-briefing and on-going support is in place for all involved.

Medication Errors

There were 4 medication incidents reported in October 2016. They were all isolated errors with no trends identified.

Falls

There were 2 falls incidents reported in October 2016 which related to patients being transferred from their beds to the operating/procedure table/bed. Issues with these incidents have been discussed at length with the staff involved and plans are in place to prevent reoccurrence in the future.

Better Quality of Care

Interpreting services are being transferred from face to face to telephone interpreting consultations when appropriate within a number of clinics within the Long Term Conditions and Surgical Directorates. The aim is to reduce waiting times and increase capacity in our interpreting services. Discussions on the potential for collaboration have begun with Counties Manukau DHB and Waitemata DHB.

Increased visibility and accountability for child protection work in Adult Health has highlighted the need for greater skill development and support for this work. New fortnightly child protection meeting has been established as a first step to enhanced work in this area. The new Vulnerable Adult Policy will also impact the work of Adult social work. Preparations to support this work are underway.

Engaged Workforce

Each department has compiled a risk register which will feed into the Directorate Register. A gap analysis has been undertaken across the directorate to determine the training requirements for Health and Safety Representatives.

A monthly HR report has been developed for the Directorates Senior Leadership to review and take action with regards to improving excess annual leave, sick leave and voluntary turnover. A mandatory training database is being developed for the Directorate to ensure all staff have the relevant training to support safety and competency requirements within each of our services.

Auckland DHB values workshops have been undertaken in several departments with a view to a roll out.

All non-clinical staff have been reminded to plan leave over the Christmas where appropriate.

Key achievements in the month

- The Forensic Pathology Department has completed values training and is implementing agreed Values.
- Auckland DHB / Ministry of Justice contract for National Forensic Pathology Service has been signed, including funding for new CT scanner and training positions.
- Booking, Access and Choice policy for the management of outpatients has been finalised

Areas off track and remedial plans

Radiology

The focus remains on meeting Ministry of Health indicators for MRI and internal waitlist for Ultrasound. A detailed production plan is in place and weekly reporting on status. MRT vacancies have increased in August and September 2016. Recruitment is underway and in addition students will be available from November 2016 to fill some of these vacant positions. However it will take several months to train these staff which may impact waiting time performance.

Lab: Anatomical Pathology Service (Mt Wellington)

- Challenges in meeting turnaround times for histology continue. A number of initiatives have been implemented including recruitment to additional Pathologist FTE x 2 and use of locum staff. The remaining two SMO vacancies have now been recruited and will start early in the new year. Engagement with key GP and private stakeholders in community services has begun to understand drivers behind a significant increase in referral volumes in certain areas.
- SLA's are being developed with community referrers to clearly define the services being provided and service expectations.
- Radiology and Laboratory strategies in development with a view to being out for consultation in November 2016.

Forensic Pathology

- Consultant workforce vacancy now reduced to 1 FTE with a new appointment starting in March 2017 which will provide full recruitment and capacity.

Key issues and initiatives identified in coming months

- Patient Service Centre – Implement a programme board and project group for this strategy in line with the agreed A3.
- Continue progress on implementation of an Integrated Daily Operations Centre.
- Develop workforce and capacity plan for laboratory staff.
- Continue to improve the process for patients receiving their appointment letters.
- Continue with implementation of the Interpreter improvement project.

Financial results

| STATEMENT OF FINANCIAL PERFORMANCE | | | | Reporting Date Oct-16 | | |
|---|----------------|----------------|----------------|--|-----------------|----------------|
| <i>Clinical Support Services</i> | | | | | | |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 1,480 | 1,685 | (206) U | 6,049 | 6,659 | (611) U |
| Funder to Provider Revenue | 3,072 | 3,072 | (0) U | 12,826 | 12,826 | 0 F |
| Other Income | 1,244 | 1,146 | 99 F | 5,010 | 4,797 | 213 F |
| Total Revenue | 5,796 | 5,903 | (107) U | 23,885 | 24,282 | (398) U |
| EXPENDITURE | | | | | | |
| Personnel | | | | | | |
| Personnel Costs | 10,158 | 10,627 | 470 F | 40,835 | 43,283 | 2,448 F |
| Outsourced Personnel | 435 | 45 | (390) U | 1,660 | 180 | (1,480) U |
| Outsourced Clinical Services | 583 | 523 | (61) U | 2,478 | 2,066 | (413) U |
| Clinical Supplies | 3,781 | 3,924 | 143 F | 15,682 | 15,704 | 22 F |
| Infrastructure & Non-Clinical Supplies | 373 | 489 | 117 F | 1,978 | 1,957 | (21) U |
| Total Expenditure | 15,329 | 15,609 | 280 F | 62,634 | 63,191 | 557 F |
| Contribution | (9,534) | (9,706) | 173 F | (38,749) | (38,908) | 159 F |
| Allocations | (7,909) | (8,080) | (172) U | (32,194) | (33,031) | (837) U |
| NET RESULT | (1,625) | (1,626) | 1 F | (6,555) | (5,877) | (678) U |
| Paid FTE | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical | 138.7 | 143.0 | 4.3 F | 138.2 | 143.0 | 4.8 F |
| Nursing | 72.8 | 84.8 | 12.0 F | 73.6 | 84.8 | 11.2 F |
| Allied Health | 797.3 | 823.7 | 26.3 F | 799.0 | 823.7 | 24.6 F |
| Support | 70.9 | 70.6 | (0.3) U | 71.2 | 70.6 | (0.7) U |
| Management/Administration | 294.3 | 296.7 | 2.4 F | 293.4 | 296.7 | 3.3 F |
| Total excluding outsourced FTEs | 1,374.0 | 1,418.7 | 44.7 F | 1,375.5 | 1,418.7 | 43.3 F |
| Total :Outsourced Services | 23.3 | 1.1 | (22.2) U | 20.0 | 1.1 | (18.9) U |
| Total including outsourced FTEs | 1,397.3 | 1,419.8 | 22.5 F | 1,395.4 | 1,419.8 | 24.4 F |

Comments on major financial variances

YTD result is \$678K U. The key drivers of this result are;

1. Revenue is below budget in Radiology due to planned additional revenue for Clot Retrieval not received \$617K, offset by on call roster not implemented \$251K. This is currently being worked through with the funder. External revenue is above budget in Laboratories due to price per test and volumes being above budget.
2. Personnel costs including outsourced are \$968K F to budget due to vacancies and phasing of recruitment.
3. The main contributor to Outsourced Clinical Supplies is MRI scans in Radiology to meet Ministry of Health targets.
4. Internal Allocations (Service Billing) \$837K U due to volumes being below budget in Radiology and Laboratories, in line with overall provider arm volumes being below contract.

Women's Health Directorate

Speaker: Dr Sue Fleming, Director

Service Overview

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

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

The Women's Health Directorate is led by:

Director: Dr Sue Fleming

General Manager and Nursing Professional Lead: Karin Drummond

Director of Midwifery: Melissa Brown

Director of Allied Health: Linda Haultain

Director of Primary Care: Dr Diana Good

Directorate Priorities for 16/17

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. Demonstrably safer care (*Deteriorating Patients, Afterhour's 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 opportunities 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 and savings priorities.

Q2 Actions – 90 day plan

1. Demonstrably safer care

Afterhours care

We continue to work on strengthening our afterhours care, which includes working with Adult Surgical Services to explore options for a resourced afterhours operating theatre on level 8 that would be equipped to manage Obstetric or Gynaecology Surgical Acutes.

We are progressing a plan to strengthen Midwifery Care, including afterhours.

Pregnancy and Parenting Programme Quarterly Report

Community classes are held at Panmure, Parnell (Birthcare), Blockhouse Bay (changed from Avondale in September), and Mt Roskill. Birthcare provides both English and Mandarin speaking courses. A course comprises groups (2 x 3 hour classes) and block courses (1 x 6 hour class). Initially, group class sizes tracked slowly at about 60% of capacity, however these numbers have increased with the change to increased evening and weekend classes. Day time classes average 6-7 attendees, evening and weekend classes now average 8-10 attendees. Classes are ethnically diverse. The majority of those attending community classes are Asian/Sub-Asian continent. Priority population groups account for 75% of total group registrations, with 88% of those priority groups registered starting to attend classes. For the block classes, priority population groups account for 98% of total registrations with 91% of those registered starting to attend classes.

Total number of GROUP (3 hours) and BLOCK (6 hours) Classes, Registrations, Attending and Priority Group Engagement

| Type of Class | # of Classes | # Registered | # Started Attending | % Attending | % Priority Groups Registered | % Priority Groups Registered and Started Attending |
|---------------|--------------------|---------------------|---------------------|-------------|------------------------------|--|
| Group | 24 (12 courses) | 142 (71 actual) | 126 (63 actual) | 89% | 75% | 88% |
| Block | 7 | 58 | 53 | 91% | 98% | 91% |
| Total | 31 | 200 (129 actual) | 179 (116 actual) | 90% | - | - |

- Ninety-six per cent (96%) of all registrations were for first time parents/first babies, and of those registrations 82% were priority group registrations of which 89% attended.
- Number of clients aged 20 years and under were low at five (5), three (3) of whom fell into the priority group.
- Course completion rates are very satisfactory with 79% of all clients registered for group classes completing the course. For block courses 91% of clients registered completed the course.

Opportunistic Education (GLCC/ACH) and Home Visits

Opportunistic Education at Greenlane Clinical Centre and Auckland City Hospital is proving extremely successful. Of those seen, about 80% reside within the Auckland DHB boundary and, importantly, about 68% fall within the priority population groups.

Opportunistic Education Outputs

| | | | |
|--|-----|------------|-----|
| Total # one/one opportunistic education at GLCC, ACH to engage priority groups | 337 | Ethnicity: | |
| | | Maori | 28 |
| | | Pacific | 64 |
| | | European | 102 |
| | | Asian | 93 |
| Other | 50 | | |
| Total # first time parents, GLCC/ACH education | 175 | | |
| Total # clients aged 20 years and under, GLCC/ACH | 17 | | |

Home visits

| | | | |
|---|----|--|--|
| Total # home visit referrals | 13 | | |
| Total # home visits | 11 | Ethnicity: Maori 7, Pacific 1, Migrant 3 | |
| Total # first time parents | 10 | | |
| Total # clients aged 20 years and under | 3 | | |

Ngati Whatua Kaupapa Maori Childbirth Education

Ngati Whatua Orakei are contracted to deliver four (4) group courses and two (2) waananga. To date three group courses and two waananga have been completed. The holistic approach to the education, encompassing elements of wairua (spiritual), tinana (physical), hinengaro (mental) and whanau (family) is unique, very culturally affirming and, overall, provides for a very empowering experience for all. A six monthly report is due 7 January 2017.

Ngati Whatua Orakei has chosen to use the concept of waananga in the context of Kaupapa Maori childbirth education. This approach incorporates key messages from the Curriculum, “Mokopuna Ora – Healthy Pregnancy & Baby,” with traditional concepts and learning from Te Ao Maori in relation to childbirth and parenting. The programme is held over an evening and a day, with the option to sleep over. Traditionally, waananga was a place of higher learning where tribal cultural, historical, genealogical (whakapapa) and knowledge of sacred importance were passed on. Waananga also provided an opportunity to discuss, deliberate and consider important take (issues).

The waananga programme embraces and celebrates the status of waahine hapuu (women who are pregnant), whakapapa, whenua, ancestral stories, traditional birthing and parenting practices, kupu Maori in relation to pregnancy and parenting, karakia and much more. Women and their partners/whanau make their own ipu whenua (container for the afterbirth) and learn the significance of the afterbirth and its return to the whenua/land. The programme begins with a powhiri or mihi whakatau which includes karakia, waiata, korero, and whakawhanaungatanga (relationship building). This is an empowering and comfortable journey for all new maatua/parents. The programme manager attended the September waananga.

Strategies to capture priority population groups

Multiple and comprehensive strategies are required to ensure we increase engagement with Maori, Pacific and teen parent groups. The programme is successfully reaching Asian/Sub-Asian continent women with good uptake through the community classes. More challenging is reaching Maori, Pacific and young/teen parents. Different and more creative strategies, and accompanying resource, are required here.

Good Stories

Story 1: A 24 year old African woman was home visited on referral from her Auckland DHB community midwife. She lives in a State house, has no family in New Zealand, no transport. The young woman had feelings of anxiety about the birth and caring for her baby. She has little contact with the baby's father who, for religious/cultural reasons, will not have contact with the baby when born. All key pregnancy and parenting messages were shared. The educator was able to show her how and where to find support in the community. The young woman invited and the educator gladly accepted the invitation to attend the birth.

Story 2: Maori woman, mid-twenties, admitted at 39 weeks to Auckland City Hospital with pre-eclampsia. Seen by educator who spent time sharing information/educating. No pregnancy and parenting education other than from Youtube. Both woman and partner extremely anxious. Released from hospital with date for induction a week later. Waters broke and back to hospital for the birth. At times, up to 10 people in the birthing room. A very scary experience for both. The educator received an email from the couple, commenting "The one thought that helped and calmed us were your words that they are there to help you. They will explain what they're doing and are here to make sure everything goes well. Your words were comforting and reassuring. It was great you came to see us and baby Christopher on the Monday. You were a much needed source of information. You understood our needs. Your work really does make a difference and the love you bring to your job rubs off on expectant parents."

Wahine Ora

The multiagency forum that plans and coordinates wrap around services for pregnant women experiencing complex social risk has been a primary area of focus over the previous twelve months. Achievements include the development of a practice guideline socially complex pregnant women who require an enhanced pathway; teaching our LMC workforce how to implement the pathway; publication of the model of early intervention services provided by Women's Health Social Work having successfully completed a quality audit; the establishment of the Māori midwifery team; reporting metrics have been drafted and work is underway to strengthen our governance structure. While this work continues to be challenging, significant progress has been made. This is evident by a significant reduction in sentinel events, and no un-planned transitions into care having occurred this year.

2. An engaged, empowered and productive workforce

We had an overall participation rate of 61% in the Staff Survey with 58% of our SMO completing. We feel this is a very good result. We are looking forward to working with the responses to help support our workforce.

Participation in Coaching Conversations and Leadership Development Programme continues.

Building Team Resilience workshops are now completed. Teams identified actions during the workshop, with follow through to come.

Aspiring to Excellence Programme

This four weekly, multidisciplinary teaching program continues to be a success. We plan to use this approach to support learning from quality and safety events.

3. Delivering of services in a manner that is sustainable, closest to home and maximises value

Postnatal discharge project

This work continues. We have demonstrated a reduction in post caesarean section length of stay following uncomplicated elective CS and have reached our target of 3 days.

Reconfiguring our facilities

We have completed a detailed formal walk around our level 9 and 10 service area to enable us to understand potential opportunities and also barriers in reconfiguring any service changes. This highlighted a number of benefits in moving Maternity services to level 9. However, there would be a requirement for some facility redesign work to enable this to meet the service needs and with current constraints on capital this needs further consideration.

Pacific women's non-attendance (DNA) - Gynaecology Outpatient

In 2015, Gynae Outpatient's DNA rate was on average 7% whilst the DNA rate for Pacific women was averaging 21.4%. Tongan women were identified as having the highest proportion of DNAs. The lost income associated with DNA during 2015 ranged from \$83,792.73 - \$123,638.

A phone survey of women that did not attend suggested that poor communication with them was the most common cause. Either women did not receive any appointment letter or they did not fully understand the need to come to clinic. Difficulty understanding English was an issue for older Pacific women.

The appointment letter has been simplified and translated into multiple languages – Mandarin, Tongan, Samoan, Korean and Hindi. Patients receive a letter both in English and in a language selected based on the patient's ethnicity and interpreter need. Printing of the letters has posed some difficulties for IS but they are making progress.

A targeted effort to reduce non-attendance by Tongan women includes a Tongan speaking Nurse Unit Manager following up with those who do not attend. The response has been successful so far.

For now, the clinic nurses target Tuesday clinics (more general Gynae clinics on Tuesdays) to ring Pacific women at least one day ahead to remind them of their appointments and replace women that can't attend.

We will run a Pacific Engagement Program at Women's Health early next year to increase our staff's understanding of Pacific culture. We will assess the impact of this training during 2017. Patient Administration Service is also moving towards direct booking appointments.

Since June 2016, our DNA rates dropped two months in a row but went up in September then dropped again in October. We are reviewing how we schedule clinics during school holidays. We also continue to monitor the DNA trends.

Review of acute care pathways

Under the umbrella of “Get on track” a new project is underway to streamline care for women undergoing an induction of labour. This will offer a more mobile, patient empowered approach to low risk women undergoing induction of labour.

4. Progress opportunities for regional collaboration (Auckland DHB – Waitemata DHB Maternity Collaboration)

The Women’s Health Collaboration team are close to releasing their agreed priorities to enable high quality sustainable maternity services across our two DHBs. This plan will provide a roadmap for service improvement over the next 10 years. The Auckland DHB-Waitemata DHB Women's Health Collaboration Plan for Future Maternity Services to 2025 has key themes of:

- Achieve equity;
- Enhance maternity quality and safety;
- Enhance continuity of care;
- Strengthen confidence in normal birth;
- Support transition to parenthood and infant attachment;
- Ensure facilities meet population needs, including capacity for future growth.

It is proposed that oversight will be provided through the Pregnancy, Parenting and First Year of Life program group, to ensure visibility and alignment with other initiatives being implemented in Auckland DHB and Waitemata DHB.

Implementation of the initiatives will occur at a local DHB level. And sit within each DHB’s respective Maternity Quality and Safety programme (MQSP). Progress against the locally prioritised initiatives will be reported in the annual MQSP report (incorporated into National Women’s Annual Clinical Report).

Publication of the Plan for Future Maternity Services to 2025, along with the compiled feedback from the community consultation and overarching strategy to manage the work under the Maternity Quality and Safety framework will be reported to stakeholders and the community via:

- Maternity Staff and Access Holder email
- Stakeholder email
- Publication of report and information on implantation of the plan, on the collaboration respective Auckland and Waitemata DHB websites.

A final update of the project to stakeholders is expected to be completed by December 2016.

5. Ensure business models for services maximise funding and revenue opportunities

Develop sustainability model for gynaecology service

We are working to enable a sustainable gynaecology service that meets the needs of our Auckland DHB population as well as providing services as a tertiary provider. We are challenged with the increasing Gynae-Oncology demand and the case mix complexity. We have seen a significant increase in our IDF WIES and this is impacting on our ability to have sufficient capacity to meet all our surgical and FCT targets.

We are working collaboratively with the Women’s Health Perioperative team to maximise our theatre usage and utilisation. We propose recruiting for an additional Gynaecological Oncologist to help us meet our demand and faster cancer timeframes.

Plan to increase private revenue generation by Fertility Plus

We have formally appointed a Business Development Manager who will start in early January 2016; this role will lead our redesign work within both Fertility and Genetic Services to enable the growth in revenue. Our new Charge Nurse has also implemented a new booking process to enable private patients to be booked in advance to give them certainty in treatment. We have also reviewed our current private pricing model and have the ability to increase our prices, whilst still maintaining a competitive price. We propose the price increase can come into effect for new patients by 1 January 2017.

Measures

| Measures | Current | Target (End 16/17) |
|---|----------------------|--------------------|
| Average length of postnatal stay after elective CS | 2.9 | 3 |
| Fully meet RANZCOG training requirements | 3 fully, 4 partially | 7 fully |
| Elective surgical targets met (ESPI) | 100% | 100% |
| % of category 2 caesarean section patients meeting 60 min time target | UA | 100% |
| Patients admitted to WAU from AED within 45 minutes of referral | 76% | 100% |
| DNA rate for women attending Glen Innes Maternity service | To early to report | <9% |
| Nursing and midwifery FTE variance from budget | 1 FTE (F) | 0 FTE |
| Breakeven revenue and expenditure position | \$287 UF | Breakeven |
| FCT targets met | 69% | 85% |

Faster cancer treatment

The following report shows our improvement in meeting targets over the past six months:

- Performance is 68% (previous Quarter 60%) showing that performance is improving whilst maintaining a higher denominator.
- Highlights an improvement in the volume of patients being seen for FSA within 14 days at 78.6% – the new patient administration templates and rapid access clinic show a positive ongoing impact.
- An excellent result in having the diagnostics completed quicker to get the Decision to Treat by 31 days now at 92.9%.
- This report also shows our key issue which is timeliness of surgery, currently 57.1% – it is acknowledged that there is still further work we need to do to ensure we manage our theatre capacity optimally to meet the demands of both our General Gynaecology and Gynae Oncology patients.

Scorecard

Auckland DHB - Women's Health HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|---|---|-----------|-----------|-------------|
| Patient Safety | Medication Errors with major harm | 0 | 0 | 0 |
| | Number of falls with major harm | 0 | 0 | 0 |
| | Nosocomial pressure injury point prevalence (% of in-patients) | 0% | <=6% | 0% |
| | Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) | 0% | <=6% | 0% |
| | Number of reported adverse events causing harm (SAC 1&2) | 0 | 0 | 0 |
| | Unviewed/unsigned Histology/Cytology results < 90 days | 53 | 0 | 65 |
| | Unviewed/unsigned Histology/Cytology results > 90 days | 0 | 0 | 1 |
| Better Quality Care | HT2 Elective discharges cumulative variance from target | 0.87 | >=1 | 0.84 |
| | (ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days | R/U | 100% | 100% |
| | (ESPI-2) Patients waiting longer than 4 months for their FSA | 0% | 0% | 0% |
| | (ESPI-5) Patients given a commitment to treatment but not treated within 4 months | 0% | 0% | 0% |
| | % DNA rate for outpatient appointments - All Ethnicities | 9.71% | <=9% | 10.4% |
| | % DNA rate for outpatient appointments - Maori | 20.69% | <=9% | 20.99% |
| | % DNA rate for outpatient appointments - Pacific | 20.6% | <=9% | 22.68% |
| | Elective day of surgery admission (DOSA) rate | 97.47% | >=68% | 93.9% |
| | % Day Surgery Rate | 40.7% | >=50% | 35.85% |
| | Inhouse Elective WIES through theatre - per day | 6.45 | >=4.5 | 8.68 |
| | Number of CBU Outliers - Adult | 21 | 0 | 5 |
| | % Very good and excellent ratings for overall inpatient experience | R/U | >=90% | 81.4% |
| | % Very good and excellent ratings for overall outpatient experience | R/U | >=90% | 100% |
| | Number of complaints received | 4 | No Target | 5 |
| | Number of patient discharges to Birthcare | 325 | TBC | 314 |
| | Average Length of Stay for WIES funded discharges (days) - Acute | 1.68 | <=2.1 | 1.9 |
| Average Length of Stay for WIES funded discharges (days) - Elective | 1.12 | <=1.5 | 1.26 | |
| Post Gynaecological Surgery 28 Day Acute Readmission Rate | R/U | No Target | 8.11% | |
| Improved Health Status | % Hospitalised smokers offered advice and support to quit | 92.19% | >=95% | 90.43% |
| | Breastfeeding rate on discharge excluding NICU admissions | R/U | >=75% | 75.7% |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$0.31 | 0 | \$0.31 |
| | % Staff with excess annual leave > 1 year | 29.34% | 0% | 31.71% |
| | % Staff with excess annual leave > 2 years | 14.9% | 0% | 13.66% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | 93.44% | 0% | 98.2% |
| | Number of Employees who have taken greater than 80 hours sick leave in the past 12 months | R/U | 60 | 123 |
| | Number of Pre-employment Screenings (PES) cleared before the start date | 1 | 0 | 0 |
| | % Voluntary turnover (annually) | 12.2% | <=10% | 12% |
| | % Voluntary turnover <1 year tenure | 6.52% | <=6% | 6.52% |

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

Post Gynaecological Surgery 28 Day Acute Readmission Rate

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

Breastfeeding rate on discharge excluding NICU admissions

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

Number of Employees who have taken greater than 80 hours sick leave in the past 12 months

Result unavailable until after the 17th of the next month.

Scorecard Commentary

- We continue to make good progress in reducing our unsigned histology/ cytology results with zero unsigned results greater than 30 days for the last month.
- We remain behind on our Auckland DHB elective target numbers. We have a planned recovery plan which includes ensuring maximising all OR capacity and picking up additional OR list when they are released by other services. We have extended an SMO fixed term contract from Jan 16 to provide leave cover.
- We remain 100% ESPI 2 and ESPI 5 compliant.
- We continue to focus on improving our performance against smoking targets.
- Our engaged workforce targets remain a challenge

Key achievements in the month

- We have been within budget for our Midwifery and Nursing FTE
- We maintained a high level of service delivery during the NZRDA strike period

Areas off track and remedial plans

- We are behind our planned ADHB elective discharges primarily due to lost OR sessions as a result of not being able to sufficiently cover leave requirements. We have developed a recovery plan which is based on increasing our SMO FTE to provide leave cover. We are prioritising Auckland DHB patients where clinically appropriate to enable our recovery programme. We are exploring all options to enable full utilisation of our level 9 OR capacity which includes aligning level 9 ORs with how level 8 ORs operate to enable running all day lists.
- We have indications that our obstetrician clinic at Glen Innes has a high DNA rate, which is contrary to expectation. We are working with Ngati Whātua and our Maori Midwifery team to understand why this is and how we can further refine our model of care.

Key issues and initiatives identified in coming months

- Progress consultation of Midwifery Workforce plan in line with the Hospital Functioning Consultation.
- Refresh of our Clinical Governance program – a whole service workshop is planned for 21 November 2016.
- Work underway to redesign the elective caesarean section pathway. This is focused on increasing efficiency and improving patient experience.
- Implementing price increase for private Fertility services.

Financial Results

| STATEMENT OF FINANCIAL PERFORMANCE | | | | Reporting Date Oct-16 | | |
|---|--------------|--------------|----------------|--|---------------|----------------|
| <i>Womens Health Services</i> | | | | | | |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 200 | 179 | 21 F | 803 | 773 | 30 F |
| Funder to Provider Revenue | 6,910 | 6,910 | 0 F | 29,588 | 29,588 | 0 F |
| Other Income | 185 | 192 | (7) U | 704 | 767 | (63) U |
| Total Revenue | 7,295 | 7,280 | 14 F | 31,096 | 31,128 | (33) U |
| EXPENDITURE | | | | | | |
| Personnel | | | | | | |
| Personnel Costs | 3,377 | 3,273 | (104) U | 13,508 | 13,200 | (308) U |
| Outsourced Personnel | 50 | 77 | 27 F | 179 | 309 | 130 F |
| Outsourced Clinical Services | 22 | 38 | 16 F | 154 | 152 | (3) U |
| Clinical Supplies | 463 | 445 | (18) U | 1,838 | 1,785 | (53) U |
| Infrastructure & Non-Clinical Supplies | 59 | 78 | 19 F | 281 | 313 | 32 F |
| Total Expenditure | 3,971 | 3,912 | (60) U | 15,960 | 15,758 | (202) U |
| Contribution | 3,323 | 3,369 | (46) U | 15,135 | 15,370 | (235) U |
| Allocations | 711 | 745 | 33 F | 3,104 | 3,052 | (52) U |
| NET RESULT | 2,612 | 2,624 | (12) U | 12,031 | 12,318 | (287) U |
| Paid FTE | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical | 68.8 | 66.3 | (2.4) U | 71.8 | 66.3 | (5.5) U |
| Midwives, Nursing | 252.6 | 253.6 | 1.0 F | 252.9 | 253.6 | 0.7 F |
| Allied Health | 16.4 | 21.3 | 4.9 F | 16.6 | 21.3 | 4.7 F |
| Support | 0.0 | 0.0 | 0.0 F | 0.0 | 0.0 | 0.0 F |
| Management/Administration | 39.5 | 35.1 | (4.4) U | 40.2 | 35.5 | (4.7) U |
| Other | 0.0 | 0.0 | 0.0 F | 0.0 | 0.0 | 0.0 F |
| Total excluding outsourced FTEs | 377.2 | 376.3 | (0.9) U | 381.5 | 376.7 | (4.9) U |
| Total :Outsourced Services | 2.5 | 2.6 | 0.1 F | 2.4 | 2.6 | 0.2 F |
| Total including outsourced FTEs | 379.7 | 378.9 | (0.8) U | 383.9 | 379.2 | (4.7) U |

Comments on major financial variances (YTD)

The Directorate's result for the four months shows a budget variance of \$287k U, mostly from lower private patient revenue, and some high personnel costs.

Overall YTD CWD volumes sit at 102% of contract and Specialist Neonates lifted to 83% (FY16 70%) for the year.

The Gynaecology Acute WIES continue to be high at 109%YTD of contract, and performance of their electives contract lifted 1% point to 96% (by WIES value but not discharge target).

Revenue Allocation analysis

The combined DRG and Non-DRG volumes equated to now being \$330k U (last month \$893k U) of revenue below contract (not recognised in the Directorate result), mostly from low Neonate volumes. There was a marked increase in Maternity Inpatients during the October month, equivalent to \$580k F

October 2016: Year-to-date- financial analysis:**1 Revenue \$33k U YTD.**

- a. Non-Resident and Private patient billing improved to being \$25k U to budget. These revenues are unpredictable, and while we saw a drop in Fertility Plus bookings for the first two months, the last two months' revenues much improved.
- b. Other income is \$37k U and consists of donations of \$38k F from Starship Foundation to fund the purchase of Pepipods (see below), which offsets a Genetics budgeted income variance of \$60k U arising from a change in accounting policy for income received in advance.

2 Expenses

Expenditure variance is now \$254k U YTD; this variance is mostly the net result of:

- a. Personnel \$308k U. All due to Medical payroll \$320k U:
 - i. Arising from 1FTE Senior Medical Officer (SMO) to handle the increase in IDF Gynaecology Oncology volumes, and 1.0 FTE SMO for a fellow position.
 - ii. House Officers FTEs 1.68 FTE U

Continued efforts in the Midwifery & Nursing workforce across a range of HR and operational strategies and initiatives, has sustained a drop in Bureau cost, which were down 41% YTD compared to October YTD last year.

- b. Outsourced personnel \$130k F; as a result of a continued University vacancy.
- c. Clinical supplies are \$53k U consisting of Pepipod purchases \$38k U; this is in regards to funding received in the Other Income, above.
- d. Infrastructure & Non-Clinical total of \$32k F arises mostly from reduction in the Provision for Doubtful Debts/ Bad Debts Written Off of \$139k F.

Child Health Directorate

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

Service Overview

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

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

Surgical Child Health

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

Medical Child Health

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

The Child Health Directorate is led by

Director Surgical: Dr John Beca

Director Medical: Dr Mike Shepherd

General Manager: Emma Maddren

Director of Nursing: Sarah Little

Director of Allied Health: Linda Haultain

Director of Primary Care: Dr Barnett Bond

Directorate Priorities for 16/17

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

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

Q2 Actions – 90 day plan

| Priority area | Action plan | Commentary |
|---------------|--|---|
| 1. | Robust system of safety event reporting and review | <ul style="list-style-type: none"> Safe care committee established and reviewing all events |
| 1. | Excellence programme development within all services | <ul style="list-style-type: none"> Directorate wide measures/dashboard – refer below Good progress in the development of service-level metric dashboards. Patient safety culture, service level results presented back to Service Clinical Directors and Nurse Unit Managers. Exploring options to capture families' perceptions of safety culture. |
| 2. | Ongoing effective financial management | <ul style="list-style-type: none"> Dual emphasis on revenue (ACC, donations, tertiary services) and cost containment. Further financial mitigations will be developed and presented to oversight committee with emphasis on new revenue, improvement activity and pathways development. An extensive leave management programme is in place across Child Health with good results in October. Emphasis on financial strategy across multiple years to ensure enduring change. |
| 3. | Community service re-design | <ul style="list-style-type: none"> Maori and Pacific strategic and workforce engagement with hui/talanoa undertaken in September and October Staff and stakeholder engagement in model of service concept testing. Consultation document developed. Proposed new model of service for consultation in November 2016. |
| 4. | Establish hospital allied health leadership and integration | <ul style="list-style-type: none"> SCD role allied health has made immediate progress in a range of workforce, revenue and improvement areas. |
| 4. | Rehabilitation service and TBI pathway development | <ul style="list-style-type: none"> Response to the request for tender submitted in late September. Contract has subsequently be awarded to ADHB. Interim ACC funding has enabled significant pathway development and preparation for the contract go-live date of 01.12.2016. Collaboration with Waitemata DHB around the delivery of the full continuum of rehabilitation services continues, ADHB will subcontract WDHB to provide residential rehab and outpatient services. |
| 5. | Implementation of deteriorating patients model implementation of afterhours inpatient safety model | <ul style="list-style-type: none"> Overall structure and escalation process finalised Draft assessment and data forms completed Job descriptions being developed |
| 5. | Surgical performance | <ul style="list-style-type: none"> The core requirements from a surgical dashboard have been agreed. The immediate priority is to provide sub-specialty production planning data for paediatric spinal surgery, this will be complete in November. |
| 5. | Acute flow | <ul style="list-style-type: none"> Direct General Paediatric admissions has gone live Discharge planning focus – (UHW) <ul style="list-style-type: none"> Project group identified Initial data analysis completed Priority wards agreed |

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

Measures

| Measures | Current | Target (End 2016/17) | 2017/18 |
|--|-------------------------------------|--|---|
| 1. Quality and Safety metrics established across services | All services are developing metrics | Well defined metrics | Reporting and improving |
| 2. Quality and safety culture (AHRQ) | Measured, priority areas identified | Improved | Improved |
| 3. Meet budget | Not met, contingencies in place | Budget met | Budget met |
| 4. Achieve planned savings target | Nearly achieved | Achieved | Achieved |
| 5. Community redesign programme | Consultation document developed. | Consultation completed, implementation commenced | Sustainable funding model aligned to service design |
| 6. Operational structure that follows patient pathways | Includes Allied Health | Includes all | Includes all |
| 7. Rehabilitation service model | Contract awarded to ADHB | Implemented | Pathway operational |
| 8. Acute Flow metric | 96.48% | 95% | 95% |
| 9. Surgical performance and pathways | Metrics in development | Balanced safety, performance, efficiency | Improving performance |
| 10. Defined safety metrics – Code Pink, urgent PICU transfer from ward | Developing | Defined and improving | Improved |
| 11. Leaders completed leadership training | 2/25 | 20/25 | All |
| 12. Staff satisfaction | Unmeasured | Measured | Improved |
| 13. Tertiary services | Report complete | Consultation complete and outcome agreed | Implementation of agreed national approach |

Starship Clinical Excellence Programme

The following scorecard is the latest iteration of the directorate wide Clinical Excellence programme measures. Child Health is developing these measures and the corresponding targets and internationally relevant benchmarks. Over the next few months we will refine these measures and their use to either monitor clinical quality or assist with improvement. It represents a balanced view of quality for the directorate. We plan to highlight different services' clinical outcomes each month, in this months example the key clinical effectiveness indicators for the Children's Emergency Department (CED) are presented.

| Safety | | | | | |
|--|-----------|------------|--------|-------------------------|----------------------|
| | Frequency | Actual | Target | Benchmark | Previous |
| Confirmed central line associated bacteraemia rate per 1,000 central line days | Monthly | 0 | <=1 | | 3.77 |
| % Hand hygiene compliance | Monthly | 86.8% | 100% | >=80% | 86.5% |
| Medication Fluid Errors reported rate per 1,000 bed days | Monthly | 5.6 | higher | 6.6 | 7.2 |
| Medication Fluid Errors requiring intervention | Monthly | R/U | lower | | R/U |
| Ward Code Blue Calls | Monthly | 2 | lower | | 3 |
| Unexpected PICU admissions | Monthly | R/U | lower | | R/U |
| % PEWS compliance | Monthly | 88.8% | 95% | | 87.5% |
| Nosocomial pressure injury point prevalence – 12 month average (% of in-patients) | Monthly | 3.3% | <=6% | | 3.9% |
| Good Catches | Monthly | 2 | higher | | 1 |
| | | CED | | Starship Average | Starship Best |
| Safety Culture - CED | | 72 | | 58 | 72 |
| Timeliness | | | | | |
| | Frequency | Actual | Target | Benchmark | Previous |
| (ESPI-2) Patients waiting longer than 4 months for their FSA | Monthly | 0.34% | 0% | | 0.15% |
| (ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total | Monthly | 7 | 0 | | 3 |
| (ESPI-2) Number of patients waiting longer than 4 months for their FSA - Maori | Monthly | 0 | 0 | | 1 |
| (ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific | Monthly | 1 | 0 | | 1 |
| (ESPI-2) Number of patients waiting longer than 4 months for their FSA - Asian | Monthly | 2 | 0 | | 0 |
| (ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5 | Monthly | 1 | 0 | | 2 |
| (ESPI-5) Patients given a commitment to treatment bit not treated within 4 months | Monthly | 2.6% | 0% | | 2.5% |
| (ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Total | Monthly | 20 | 0 | | 19 |
| (ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Maori | Monthly | 2 | 0 | | 1 |
| (ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Pacific | Monthly | 4 | 0 | | 1 |
| (ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Asian | Monthly | 3 | 0 | | 3 |
| (ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Deprivation Scale Q5 | Monthly | 8 | 0 | | 6 |
| (MOH-01) % CED patients with ED stay < 6 hours | Monthly | 95% | >=95% | | 94% |
| Median time on acute theatre list | Monthly | 4.2 | lower | | 3.1 |

| Efficiency | | | | | |
|--|-----------|--------|--------|-----------|----------|
| | Frequency | Actual | Target | Benchmark | Previous |
| % Adjusted Theatre Utilisation | Monthly | 75% | >=80% | 77% | 72% |
| Occupancy | Monthly | 95% | >=95% | | 95% |
| Pathway Use | Monthly | R/U | higher | | R/U |
| Laboratory cost per bed day | Monthly | R/U | lower | | R/U |
| Radiology cost per bed day | Monthly | R/U | lower | | R/U |
| % of patients discharged on a date other than their estimated discharge date | Monthly | 29.9% | lower | | 28.7% |
| % Day Surgery Rate | Monthly | 66% | >=55% | 47% | 64% |
| Antibiotic cost per bed day | Monthly | R/U | lower | | R/U |
| PICU Exit Blocks | Monthly | 4 | 0 | | 11 |

| Effectiveness | | | | | |
|---|-----------|--------|--------|-----------|----------|
| | Frequency | Actual | Target | Benchmark | Previous |
| 28 Day Readmission Rate – Total | Monthly | R/U | <=6% | | 8.4% |
| 28 Day Readmission Rate – Maori | Monthly | R/U | <=6% | | 9.0% |
| 28 Day Readmission Rate – Pacific | Monthly | R/U | <=6% | | 8.9% |
| 28 Day Readmission Rate – Asian | Monthly | R/U | <=6% | | 9.8% |
| 28 Day Readmission Rate – Deprivation Scale Q5 | Monthly | R/U | <=6% | | 8.8% |
| Service Outcome and Benchmarking Measures - CED | Frequency | CED | Target | Benchmark | |
| Time to salbutamol in patients ≥ 5 years (% within 40 minutes) | Annual | 76% | >80% | ? | |
| Time to analgesia in fractures (triage 1-3) (%within 30 minutes) | Annual | 80% | 95% | ? | |
| Appropriate treatment in bronchiolitis | Annual | 93% | 90% | 50% | |
| Time to antibiotics febrile neutropenia (% < 60 minutes) | Annual | 50% | 90% | ? | |
| | Frequency | Actual | Target | Benchmark | Previous |
| 48 Hour Representation Rate | Monthly | 5% | <8% | ? | 6% |
| % of 48 hour representations requiring admission | Monthly | 27% | <20% | ? | 30% |
| Patient Centred | | | | | |
| | Frequency | Actual | Target | Benchmark | Previous |
| % Very good and excellent ratings for overall inpatient experience | Monthly | R/U | >=90% | | 85% |
| % Very good and excellent ratings for overall outpatient experience | Monthly | R/U | >=90% | | 89% |
| Nursing Family Feedback | Monthly | 99% | >=90% | | 95% |
| % Was Not Brought (WNB) rate for outpatient appointments – All Ethnicities | Monthly | 11% | <=9% | 10.5% | 12% |
| % Was Not Brought (WNB) rate for outpatient appointments – Maori | Monthly | 17% | <=9% | 10.5% | 21% |
| % Was Not Brought (WNB) rate for outpatient appointments – Pacific | Monthly | 24% | <=9% | 10.5% | 24% |
| % Was Not Brought (WNB) rate for outpatient appointments – Asian | Monthly | 7% | <=9% | 10.5% | 8% |
| % Was Not Brought (WNB) rate for outpatient appointments – Deprivation Scale Q5 | Monthly | 18% | <=9% | 10.5% | 19% |
| Number of compliments received | Monthly | 25 | higher | | 31 |
| Number of complaints received | Monthly | 5 | lower | | 14 |

Scorecard

Auckland DHB - Child Health HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|---|---|--------|-----------|-------------|
| Patient Safety | Central line associated bacteraemia rate per 1,000 central line days | 0 | <=1 | 3.77 |
| | Medication Errors with major harm | 0 | 0 | 0 |
| | Number of falls with major harm | 0 | 0 | 0 |
| | Nosocomial pressure injury point prevalence (% of in-patients) | 2.3% | <=6% | 6.5% |
| | Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) | 3.3% | <=6% | 3.9% |
| | Number of reported adverse events causing harm (SAC 1&2) | 0 | 0 | 2 |
| | Unviewed/unsigned Histology/Cytology results < 90 days | 17 | 0 | 21 |
| | Unviewed/unsigned Histology/Cytology results > 90 days | 2 | 0 | 2 |
| Better Quality Care | HT2 Elective discharges cumulative variance from target | 0.81 | >=1 | 0.74 |
| | (MOH-01) % CED patients with ED stay < 6 hours | 95.46% | >=95% | 94.48% |
| | (ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days | R/U | 100% | 100% |
| | (ESPI-2) Patients waiting longer than 4 months for their FSA | 0.34% | 0% | 0.15% |
| | (ESPI-5) Patients given a commitment to treatment but not treated within 4 months | 2.55% | 0% | 2.48% |
| | % DNA rate for outpatient appointments - All Ethnicities | 10.65% | <=9% | 12.01% |
| | % DNA rate for outpatient appointments - Maori | 16.57% | <=9% | 21.1% |
| | % DNA rate for outpatient appointments - Pacific | 23.83% | <=9% | 23.67% |
| | Elective day of surgery admission (DOSA) rate | 64.8% | TBC | 63.51% |
| | % Day Surgery Rate | 66.08% | >=52% | 64.45% |
| | Inhouse Elective WIES through theatre - per day | 21.97 | TBC | 24.5 |
| | % Very good and excellent ratings for overall inpatient experience | R/U | >=90% | 85.2% |
| | % Very good and excellent ratings for overall outpatient experience | R/U | >=90% | 89.1% |
| | Number of complaints received | 5 | No Target | 14 |
| | 28 Day Readmission Rate - Total | R/U | <=10% | 8.4% |
| | % Adjusted Session Theatre Utilisation | 74.99% | >=85% | 72.33% |
| Average Length of Stay for WIES funded discharges (days) - Acute | 2.27 | <=4.2 | 3.33 | |
| Average Length of Stay for WIES funded discharges (days) - Elective | 0.91 | <=1.5 | 1.03 | |
| Improved Health Status | Immunisation at 8 months | 94% | >=95% | 94% |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$0.54 | 0 | \$0.51 |
| | % Staff with excess annual leave > 1 year | 32.35% | 0% | 31.12% |
| | % Staff with excess annual leave > 2 years | 10.37% | 0% | 9.76% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | 99.16% | 0% | 99.1% |
| | Number of Pre-employment Screenings (PES) cleared before the start date | 0 | 0 | 0 |
| | Sick leave hours taken as a percentage of total hours worked | 3.69% | <=3.4% | 4% |
| | % Voluntary turnover (annually) | 11.49% | <=10% | 12% |
| | % Voluntary turnover <1 year tenure | 13.93% | <=6% | 13.01% |

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Scorecard Commentary

Elective discharges

The Child Health Directorate is at 81% of the target for Auckland DHB discharges (Improved from 75% in September). Recovery plans are in place for further improvement with emphasis on ORL, orthopaedics and paediatric surgery. Whilst demand is limiting performance in the short term to some extent, recovery plans include extra clinics to maintain clinic volumes and to stimulate surgical demand and various productivity measures.

Elective performance

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

- ESPI 1 (acknowledgement of referral) - 100% complaint
- ESPI 2 (Time to FSA) – 0.35% moderately Non-compliant, 7 Paeds ENT cases breached, all other Paeds services were 100% ESPI-2 compliant at the end of Oct'16.
- ESPI 5 (Time to Surgery) 2.7% non-compliant, 20 cases breached (14 Paed Ortho, 6 Paed Surgery) contributing factors include spinal surgery capacity constraints, acute demand. Mitigations include re-allocated theatre sessions.

DNA rates

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

- An overall reduction from 12.01% to 10.65 % signals some progress in this area. A significant reduction for Māori, from 21.1% to 16.57% is a positive indicator that progress is being made. Unfortunately Pacific rates continue to cause significant concern with no reduction having been achieved.
- Plans are currently underway for a Pacific Health Navigator who has recently qualified as a social worker, to join the Starship social work team for 2000 hours of supervised social work practice. The intention is to focus her activity on assisting us to address the Pacific WNB rate.
- The WNB policy is in final draft and is being tested with a specific group of children, many of whom are Samoan or Tongan. These children are failing to attend Ponseti (clubfoot) clinic.
- Negotiations have begun with both WDHB and CMDHB in an effort to engage them in providing the social and cultural resources that may be able to assist us to address the barriers associated with children 'crossing DHB borders' who fail to attend their appointments
- The child health community redesign process continues to maintain a strong focus on reducing health inequalities, and addressing issues associated with barriers to access. This forms part of the integrated approach to access to child health services

Total annual leave usage

Total annual leave management is continuing and the financial benefits of this work are now being realised. In summary the key activity is:

- Enhanced and more granular reporting at directorate, service, team and individual level, both annual leave and time in lieu.
- Dual emphasis on reducing excess leave and annual consumption of the leave entitlement of each employee.
- Monthly review of each service's leave performance with the Director, General Manager and Finance Manager.
- Targeted leave reduction plans with all employees whose leave exceeds two years.
- Work is underway to develop a leave table for service level leave across the Directorate.

Staff turnover (annual)

Staff turnover remains at just above the organisational target, 11.4% in October, and fluctuates minimally month on month. Service-level analysis of the turnover data has revealed a small number of wards / services where turnover is of concern. This is being addressed within services / wards and will be strengthened through information gained in the upcoming staff survey and in the leadership development of all Child Health service-level leadership staff.

Key achievements in the month

- Talanoa (group conversation) to discuss the community redesign process and concept model of care with our Pasifika workforce.
- Development of the Community Services Redesign consultation document which will be released for consultation in late November.
- Initiation and enabling works commenced for the significant facilities projects within Starship including the patient lift replacement programme, level 5 refurbishment, outpatient refurbishment and cath lab HVAC installation.
- Submission of the response to request for tender for the provision of specialist paediatric and adolescent rehabilitation services. The contract was awarded to Auckland DHB on 11 October 2016 with a planned commencement date of 1 December 2016. We are working with Waitemata as part of a long term collaboration to deliver residential rehabilitation and part of the outpatient component of the service.

Areas off track and remedial plans

- Appointment to the Lead Clinician Clinical Excellence role – a suitable candidate has been identified who is likely to commence in early 2017.
- Financial performance – unfavourable result YTD, continued focus on optimising revenue and cost containment.

Key issues and initiatives identified in coming months

- Starship level 5 refurbishment, decant and building works commencing in November 2016.
- Starship outpatients refurbishment commencing in December 2016.
- Community Redesign Project – the consultation document on the proposed new model of service will be distributed in late November 2016.
- Continued development of the service-level clinical excellence groups and finalisation of the service-level outcome measures.
- Tertiary services proposal to the Ministry of Health planned for late November 2016.

Financial Results

| STATEMENT OF FINANCIAL PERFORMANCE | | | | | | |
|---|----------------|----------------|-----------------|--|----------------|------------------------------|
| <i>Child Health Services</i> | | | | | | Reporting Date Oct-16 |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 665 | 805 | (140) U | 2,874 | 3,220 | (346) U |
| Funder to Provider Revenue | 19,263 | 19,263 | 0 F | 74,556 | 76,056 | (1,500) U |
| Other Income | 710 | 1,165 | (455) U | 3,714 | 4,660 | (946) U |
| Total Revenue | 20,638 | 21,233 | (595) U | 81,144 | 83,936 | (2,792) U |
| EXPENDITURE | | | | | | |
| Personnel | | | | | | |
| Personnel Costs | 10,498 | 10,284 | (215) U | 41,916 | 41,635 | (281) U |
| Outsourced Personnel | 154 | 122 | (32) U | 582 | 490 | (93) U |
| Outsourced Clinical Services | 244 | 238 | (5) U | 863 | 954 | 91 F |
| Clinical Supplies | 1,642 | 1,922 | 280 F | 7,896 | 7,711 | (185) U |
| Infrastructure & Non-Clinical Supplies | 323 | 251 | (72) U | 1,241 | 1,003 | (237) U |
| Total Expenditure | 12,862 | 12,818 | (44) U | 52,498 | 51,793 | (705) U |
| Contribution | 7,776 | 8,415 | (639) U | 28,646 | 32,143 | (3,497) U |
| Allocations | 906 | 975 | 69 F | 3,793 | 4,008 | 214 F |
| NET RESULT | 6,870 | 7,440 | (570) U | 24,853 | 28,135 | (3,282) U |
| Paid FTE | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical | 227.3 | 225.3 | (2.1) U | 230.3 | 225.3 | (5.1) U |
| Nursing | 649.3 | 642.5 | (6.8) U | 640.2 | 642.5 | 2.4 F |
| Allied Health | 168.0 | 174.8 | 6.8 F | 169.3 | 174.8 | 5.5 F |
| Support | 0.3 | 0.3 | 0.0 F | 0.2 | 0.3 | 0.1 F |
| Management/Administration | 79.7 | 64.2 | (15.5) U | 81.6 | 64.2 | (17.4) U |
| Total excluding outsourced FTEs | 1,124.7 | 1,107.2 | (17.5) U | 1,121.7 | 1,107.2 | (14.5) U |
| Total :Outsourced Services | 9.4 | 3.9 | (5.5) U | 8.7 | 3.9 | (4.8) U |
| Total including outsourced FTEs | 1,134.1 | 1,111.1 | (23.0) U | 1,130.4 | 1,111.1 | (19.3) U |

Comments on major financial variances

The Child Health Directorate was \$ 0.570M U for the month of October and is now \$3.282M U Year to Date, including \$1.5M of under-delivered core volumes.

Year to Date revenue is \$2.792M unfavourable and driven primarily by under-delivery of WIES revenue (\$1.5M) and donation revenue (\$1.056M). Whilst year to date total expenditure (including allocations) is at \$491k U (101% of budget levels) this was compared to inpatient activity at 92% of budget volumes.

Total inpatient WIES for the month was 6% below 2015/16 and 17% below contracted volume. Year to date WIES is 4% below last year and 8% below budget.

However medical long stay discharges during the month are uncoded so about \$2.2M of revenue is missing from reported volumes (this is expected to appear in November).

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

1. Revenue \$2.792M U:
 - a. PVS revenue \$1.5M U. Primarily relates to elective inpatient under-delivery across most specialities.
 - b. Donation revenue is \$1.056M U. Donation receipts will be skewed toward the second half of the year due to the phasing of major projects through summer. A robust cashflow inclusive of key major projects will be available mid-late November.
 - c. ACC is \$470k U and requires on-going focus – Orthopaedics revenue continues to reduce and further investigation has discovered an average of 5% missed outpatient activity per month. There is a project established in the ACC office to catch up on outstanding invoicing.

2. Expenditure \$491k U:
 - a. Overall year to date expenditure is 101% of budget, compared to inpatient volumes at 92% of contract (but estimated at 96% once missing long stay cases are taken into account). Clinical supply costs were high in both July and August but have reduced significantly in the last two months (now \$185k U year to date) – although this is due in part to lower spinal case numbers in Sept/Oct and overall under contract elective volumes. Orthopaedics Spinal Implant costs are approximately 33% higher than the same time last year on similar volumes (Year to date variance \$130k U on overall orthopaedic implants); year to date blood and cancer pharmacy costs \$136k U and blood costs \$80k U due to very high patient numbers.
 - b. Employee costs are \$281k U from the budget for year to date. The primary driver to this increased expenditure is additional RMO positions to budget (11 fte, \$200k U year to date) which we are investigating further. Other year to date employee costs are reasonable overall – but would need to drop slightly further to achieve budget levels.

3. FTE 19.3 FTE U:

The year to date result is 19.3 U. This budget includes a savings target of 21.7fte. RMO staff are 11 FTE U which is the major reason the directorate is not closer to the target FTE level – which we are investigating. Whilst nursing FTE are below budget they would need to be at lower levels to achieve FTE targets.

Key strategies currently employed to deliver to the 2016/17 budget include the following:

1. On-going focus on revenue streams – management of elective volumes, ACC, donations and non-residents. Additional new contract ACC Rehab Service and Complex Pain Service revenue is likely this year.
2. Leave management project to progressively reduce excess leave balances. This is reviewed regularly at monthly meetings and we have seen a drop of approximately \$600k (4.7%) in the year to date.
3. Monitoring of clinical activity to ensure bed closures that are consistent with both clinical requirements and budgeted expenditure across the full financial year.
4. Implementation of Directorate savings initiatives in addition to participation in Provider level projects.
5. Tight management of vacancy and recruitment processes.

Perioperative Directorate

Speaker: Dr Vanessa Beavis, Director

Service Overview

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

The Perioperative Directorate is led by

Director: Dr Vanessa Beavis

General Manager: Duncan Bliss

Nurse Director: Anna MacGregor

Director of Allied Health: Kristine Nicol

Directorate Priorities for 16/17

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

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. 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 practise 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.

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

Q2 Actions – 90 day plan

1. Single Instrument tracking implementation.

| Activity | Progress |
|-------------------------|--|
| Implementation of NEXUS | Completion date for the nexus project has been extended – timeline yet to be confirmed due to IT and significant operational impacts. Further work in continuing regarding the suitability of the system. It is likely that an upgrade to the existing system will be preferred. |

2. Financial position tracking to budget.

| Activity | Progress |
|---|--|
| Review of material management stock levels | This will be the next phase of the oracle consignment stock implementation. Small working groups are working on multiple projects in the interim. |
| Ordering and usage of loan equipment | This will form part of the end to end stock management project commencing in October/November 2016. The OR procurement Group has commenced in November which is establishing a process for new stock items to be assessed before being available to order. |
| Late notice cancellations – work with specialities to understand the financial impact | Develop a report that demonstrates the financial impact of the lost sessions with regard to resources and any equipment that has been specially ordered. There has been a new process introduced in October where bookers and schedulers escalate short notice cancellations to service business managers to find alternative uses for OR time. |

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

| Activity | Progress |
|-------------------------------|---|
| NOS – National Oracle Project | Project plan being pulled together, data cleansing in progress. |
| | ADHB roll out currently scheduled for tranche 2 |

4. All day operating lists fully resourced and utilised.

| Activity | Progress |
|--|---|
| Convert half day operating lists to full day | Phase 1 of this is completed. There is now focus on the sessions at GSU OR sessions to increase full day operating. |

5. Support the delivery of the PVS and ESPI compliance.

| | |
|--|--|
| Pre- admission capacity and pathway review | <p>Patients booked for elective surgery require an anaesthetic assessment (as well as other possible interventions) prior to surgery being confirmed. The current model has variable work flows that limit the ability to offer economies of scale, and causes frustration for services and staff day to day through the layout and management of this stage of the elective pathway. In addition, the current model will not cope with elective volume demand for the 16/17 financial year and beyond. At this time, we do not have a clear picture of what are the causes of issues in the process issues and frustrations.</p> <p>The project group has been formed and work commenced with the assistance of the performance improvement team.</p> <p>What We're Aiming To Achieve:</p> <ul style="list-style-type: none"> • Establish guiding principles for on-going improvement in preadmission clinics (both anaesthesia and surgical) • Document current processes and roles • Identify current issues in process • Confirm current volumes and capacity • Identify opportunities to support surgical throughput for 16/17 • Align with other organisation initiatives e.g. Outpatients review and Pathways • Streamline all activity to increase capacity within existing resources. |
| SCRUM process | Continue to reallocate sessions through the SCRUM process to reduce the number of sessions unfilled by service/late notice. |

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

| | |
|---|--|
| Review of current Models of Care across ORs | Nurse Director working with all OR managers to identify the current state and ensure that the skill mix is correct to deliver a safe service. |
| Transfer of Ophthalmology ORs to perioperative from the service | Review of staffing mode and support underway. A new charge nurse has been appointed and a new senior role introduced (clinical co-ordinator) dedicated to support ophthalmology. |

Measures

| Measures | Actual October | Current | Target (End of 16/17) |
|---|----------------|---|---|
| Single instrument tracking in place | | TDoc | Nexus |
| Increase in access/capacity to ORs – reduce the number of half day lists and flex sessions. | | Recruiting to the identified reallocation of sessions to accommodate full day lists | All level 4/8/9 to be full day lists |
| Reduction in waiting times for anaesthesia assessment clinic, including Paediatrics | | Project manager recruited - Feedback from a number of Anaesthetists and Preassessment Clinic Staff on what the guiding principles should be | Establish new guiding principles for on-going improvement in preadmission clinics |
| Reduction in the number of preventable session losses - the low % for October was mainly due to RMO industrial actions where OR's lost over 200hrs of operating time. | 5.35% | 36.7% | 65% |

Scorecard

Auckland DHB - Perioperative Services HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|------------------------|---|--------|--------|-------------|
| Patient Safety | Number of reported adverse events causing harm (SAC 1&2) | 0 | 0 | 0 |
| | % Acute index operation within acuity guidelines | 89.6% | >=90% | 79.55% |
| | Wrong site surgery | 0 | 0 | 0 |
| | % Elective prophylactic antibiotic administered <= 60 mins from procedure start | 77.9% | >=90% | 79.33% |
| Better Quality Care | Number of complaints received | 0 | <=3 | 0 |
| | % Unplanned overnight admission | 3.87% | <=3% | 4.27% |
| | % Cases with unintended ICU / DCCM stay | 0.17% | <=3% | 0.13% |
| | % 30 day mortality rate for surgical events | 2.38% | <=2% | 2.42% |
| | % CSSD incidents | 2.67% | <=2% | 2.58% |
| Improved Health Status | % Elective sessions planned vs actual | 92.5% | >=97% | 97.1% |
| | % Adjusted theatre utilisation - All suites (except CIU) | 83.94% | >=85% | 84.96% |
| | % Late starting sessions | 6.42% | <=5% | 6.81% |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$0.33 | 0 | \$0.32 |
| | % of Staff with excess annual leave > 1 year < 2 years | 31.05% | <=30% | 30.75% |
| | % Staff with excess annual leave > 2 years | 10.1% | 0% | 10.25% |
| | Sick leave hours taken as a percentage of total hours worked | 4.34% | <=3.9% | 4.59% |
| | % Voluntary turnover (annually) | 11.8% | <=10% | 12% |
| | % Voluntary turnover <1 year tenure | 2.15% | <=6% | 1.1% |

Amber

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

Scorecard Commentary

- There were no complaints received for Perioperative services for October.
- No SAC 1 and one SAC 2 incidents were reported in the 3 months from 1 August 2016 to 31 October 2016.
- All recommendations from previous RCAs have been implemented.
- Formal auditing of the surgical safety check list has begun again in this quarter, with good rates of engagement (and compliance).
- There were five medication incidents reported for October 2016, without harm. Each department holds a monthly quality meeting where all incidents are reviewed and investigated. This is monitored by a Directorate quality meeting where any recurring trends are reviewed and action plans agreed as necessary.
- Unplanned overnight admissions in October were 3.87% against a target of 3%, this is an improvement from the previous month, which is attributed to the acute load and case mix.
- There has been an improvement in the index case acuity targets. This is attributed to reduced elective orthopaedic sessions, which has meant reallocation of that time to acutes.
- October planned vs. actual elective session usage was 92.5%, this is attributed to the improved attendance of the SCRUM meeting and the release and reallocation of sessions across departments. This is set against the on-going increased acute demand. Weekend insourcing lists has been commenced as part of the Auckland DHB recovery plan, but are being managed in conjunction with staff and bed availability.
- Strike planning underway for November 2016.
- Leadership development with Jump Shift. Programme completion ceremony early December.
- Training is underway for the DATIX system planned for roll out in December 2016.
- Aiming for over 50% response rate for the staff engagement surgery.

CSSD

- Complaints for September - 125 in total and reduction on August with 17 related to issues with the wrap
- October - 102 in total a further reduction on the previous month with 6 complaints related to wrap
- The biggest issue is with missing or wrong instruments. This is a focus for the department but will we will need to work with the clinicians as often returns are made as there is a specific brand required of a single instrument which is not stated in advance.
- We are reviewing the complaints process and streamlining the way in which complaints are raised from various areas and reiterating the need to use a green form.
- An audit of all contracts related to CSSD spend is being undertaken to ensure that ADHB is complaint and getting best value for money
- A MOS board is being developed and implemented across both sites
- Annual validation on washers and sterilisers is being undertaken across both sites. Issues are emerging with the 3 washers a GCC, which require urgent attention and a replacement programme initiated.
- This has been a focus this month will the individuals identified with high Annual leave and TIL balances being asked for a plan to be agreed to reduce the balance. In November, there are plans to reduce 800 hours.

- PACU clinical indicators now published on the intranet (by suite).
- Several projects are currently on hold due to resource availability, the Service Improvement team are undertaking a feasibility study to see how these can be progressed.

Greenlane

- Approx. 1300 patients avoided a preop visit to the hospital in 2015/16 as a result of phone triaging/assessment at Greenlane.
- Work on enhancing this area continues. Project “SPU” (Surgical preparation unit) has commenced.

Late Starts

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

Key achievements in the month

- Recruitment for the CSSD manager role is now filled – Myrna Tuya will start commence the role in February 2017.
- Feedback received regarding Starship safety culture survey - generally a positive response.
- Finalised plan for all day lists on Wednesday starting 9 November 2016 for Level 8 Operating Rooms
- The Greenlane Surgical Unit achieved 3 months of “on time starts” at target of 85%. Celebrated.

Areas off track and remedial plans

- The single instrument tracking project is under review. Background testing of scenarios is occurring in the test environment. Stabilisation of the TDoc platform is required urgently to mitigate the critical clinical risk of an unstable system. An agreed sequence of OR allocation changes has been ratified by the surgical board. Business cases have been signed off for to enable some of the additional work and recruiting is underway. A project scope variation request was put through CAMP, and with further revisions will be submitted to the audit and finance committee

Key issues and initiatives identified in coming months

- Financial concerns, especially with regards to the impact of transplants (a cost review is underway around the cost of transplant consumables linked to transplants to ensure that are costs are accurately accounted for).
- On-going work on identifying the road blocks to implementing single instrument tracking.
- Simulation team training session planning underway.
- The getting on track ‘just in time for periop’ project has commenced, with some useful data emerging.
- The recognised increase in use of OR minutes but under delivery of elective plan means there will be a potential issue around services requesting increased insourcing at evenings and weekends which will increase pressure on the OR staff to work above their contracted hours.

Financial Results

| STATEMENT OF FINANCIAL PERFORMANCE | | | | Reporting Date Oct-16 | | |
|---|-----------------|-----------------|---------------|--|-----------------|------------------|
| <i>Perioperative Services</i> | | | | | | |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 188 | 191 | (2) U | 753 | 762 | (9) U |
| Funder to Provider Revenue | 3 | 3 | 0 F | 10 | 10 | 0 F |
| Other Income | 18 | 16 | 2 F | 77 | 65 | 12 F |
| Total Revenue | 209 | 209 | (0) U | 840 | 837 | 3 F |
| EXPENDITURE | | | | | | |
| Personnel | | | | | | |
| Personnel Costs | 7,609 | 7,456 | (153) U | 30,830 | 30,184 | (646) U |
| Outsourced Personnel | 62 | 43 | (19) U | 233 | 171 | (62) U |
| Outsourced Clinical Services | 0 | 0 | (0) U | 0 | 0 | (0) U |
| Clinical Supplies | 2,905 | 3,375 | 470 F | 15,086 | 14,395 | (690) U |
| Infrastructure & Non-Clinical Supplies | 207 | 156 | (51) U | 734 | 626 | (109) U |
| Total Expenditure | 10,783 | 11,030 | 247 F | 46,883 | 45,376 | (1,507) U |
| Contribution | (10,574) | (10,821) | 247 F | (46,043) | (44,539) | (1,504) U |
| Allocations | 26 | 28 | 1 F | 115 | 115 | 0 F |
| NET RESULT | (10,600) | (10,848) | 248 F | (46,158) | (44,654) | (1,504) U |
| Paid FTE | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical | 158.7 | 168.8 | 10.1 F | 163.6 | 168.8 | 5.2 F |
| Nursing | 430.8 | 448.6 | 17.8 F | 429.4 | 448.6 | 19.2 F |
| Allied Health | 99.5 | 110.1 | 10.6 F | 99.8 | 110.1 | 10.3 F |
| Support | 108.2 | 115.3 | 7.1 F | 109.2 | 115.3 | 6.1 F |
| Management/Administration | 23.5 | 14.1 | (9.4) U | 23.3 | 14.1 | (9.1) U |
| Total excluding outsourced FTEs | 820.6 | 857.0 | 36.4 F | 825.2 | 857.0 | 31.8 F |
| Total :Outsourced Services | 2.7 | 0.0 | (2.7) U | 2.3 | 0.0 | (2.3) U |
| Total including outsourced FTEs | 823.3 | 857.0 | 33.6 F | 827.6 | 857.0 | 29.5 F |

Comments on major financial variances

Month

The net result for October is a favourable variance of \$248k F.

The operating minutes volume for October is 3% lower than Budget (4% lower for cases) and 7% below volumes measured in September (8% lower for cases). 55 sessions were lost due to the industrial action taken by RMOs.

Personnel costs were \$153k U and while savings of \$11k against the target of \$164k were achieved, the cost per FTE is tracking higher than budgeted and have increased costs, despite reduced FTE.

Reduced volumes has had a favourable impact on clinical supplies, with savings targets of \$41k achieved and significant gains made in disposable treatments (\$203k F), instrument and equipment (\$137k F) and pharmaceutical costs (\$57k F).

YTD

Personnel costs YTD follow the month's pattern, where lower FTEs than budgeted of 29.5 are being offset by a higher annual average cost per FTE (of \$6.2k over all employee classes).

The clinical supplies variance of \$690k U has been trending down from a cost per minute of \$9.43 in July down to \$8.04 for October against an average monthly budgeted cost per minute of \$8.79. Specific reasons for the spend to date include

- The operating minutes volume increase of 5% on budget (cases 4%), including 79 transplants compared to 59 this time last year. This represents a \$253k U variance.
- Asset depreciation and disposal costs \$287k U.
- Target savings of \$166k U.

Business Improvement Savings

Total savings to date amount to \$93k.

Cancer and Blood Directorate

Speaker: Dr Richard Sullivan, Director

Service Overview

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

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

The Cancer and Blood Directorate is led by:

Director: Richard Sullivan

General Manager: Deirdre Maxwell

Director of Nursing: Brenda Clune

Finance Manager: Dheven Covenden

Human Resource Manager: Andrew Arnold

Director of Allied Health: Carolyn Simmons Carlsson

Directorate Priorities for 16/17

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

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

Q2 Actions – 90 day plan

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

Our alignment project has commenced, with agreement around the scope and formation of the Directorate Steering and Working Groups. We will implement projects to address all aspects of alignment, including initial work on mapping and readjusting clinic days/times to co-locate tumour streams to the greatest extent practicable. The patient experience will be improved where appointments can be scheduled together. The decant of SMO staff from Building 7 to Building 8 has been substantially completed, resulting in co-location of SMOs in the office environment as we move away from sub-specialty clustering.

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

Our FCT Lead Tumour Stream Coordinator continues to work closely with our Service Clinical Directors, their teams and the scheduling lead to improve Cancer and Blood response times. Production planning methodology has been rolled out to Radiation Oncology; with this showing good results on service-wide activities, we will implement FCT pathways for all patients and are revising our escalation paths to reflect this. Haematology service will be next to implement the same process.

3. Development and implementation of Haematology Model of Care

Again, consistent with our alignment work, we will pick up BMT outpatient delivery modelling work previously started by the Performance Improvement manager. We are monitoring our BMT waitlist on a weekly basis, to keep track of patient numbers and to ensure we do not breach Ministry guidelines re waiting time. We will also work with Haematology daystay to determine how this can be integrated with Medical Oncology chemotherapy day stay provision. This is timely in that a change in charge nursing staff has presented this opportunity. In terms of the wider model of care work across the Haematology Service, we anticipate that there will be challenges in evolving Model of Care to accommodate increasing demand consistent with the national profile.

4. Supportive Care Services

The Service was featured in the Nova magazine this month, which has increased the service profile and led to requests for further information and clinical enquiries. We continue to work alongside 'front of pathway' providers to ensure they offer the service to patients and whanau. We continue to build and maintain relationships with cultural support services and have started to explore how to provide effective care to those living in the Hauraki Gulf Islands. We are developing a survey for Auckland DHB staff regarding supportive care information and training needs.

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

- Governance: The first meeting of the region's new cancer group has been held – this group comprises the Northern Region DHBs, the University of Auckland and the Cancer Society and will oversee the formation of the Integrated Cancer Service for the region. Our Directorate Alignment project will provide useful information to any preparatory architect/building work.
- Pilot Adjuvant Herceptin delivery at Counties Manukau DHB: Regional signoff processes are underway to sanction the provision of this service at Counties, with SMO and nursing oversight from our Auckland DHB service. Commencement is likely in the New Year, consistent with nursing staffing availability.

- Breast and Bowel Cancer - Chemotherapy Local Delivery: Concurrent regional process is producing the models of care for both of these streams. Richard Bohmer has recently conducted regional workshops to assist this development. Clinical engagement includes surgery to a degree (alongside non-surgical cancer), but will need to extend more widely.

6. Employee Engagement Initiatives

The employee survey has concluded. Within Cancer and Blood 61% of the workforce participated and achieved an overall 77% engagement score. The survey has provided us with fresh information on which to act to support and improve employee engagement. We will ensure that action is taken to achieve improvements in all services as an outcome of the survey.

7. Breakeven revenue and expenditure position

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

Measures

| Measures | Current | Target (End 2016/17) | 2017/18 |
|---|---------------------|---------------------------|--------------------------------------|
| 3 additional tumour streams implemented within Cancer and Blood (Gastro-intestinal, Breast, Genito-urinary) | 0 | 3 | N/A |
| 62 day FCT target | 84.5% | 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 | 100% | 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 | |

Scorecard

Auckland DHB - Cancer & Blood Services HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|---|---|--------|-----------|-------------|
| Patient Safety | Medication Errors with major harm | 0 | 0 | 0 |
| | Number of falls with major harm | 0 | 0 | 0 |
| | Nosocomial pressure injury point prevalence (% of in-patients) | 9.1% | <=6% | 0% |
| | Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) | 3% | <=6% | 2.2% |
| | Number of reported adverse events causing harm (SAC 1&2) | 0 | 0 | 0 |
| | Unviewed/unsigned Histology/Cytology results < 90 days | 3 | 0 | 3 |
| | Unviewed/unsigned Histology/Cytology results > 90 days | 0 | 0 | 2 |
| Better Quality Care | (ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days | R/U | 100% | 100% |
| | % DNA rate for outpatient appointments - All Ethnicities | 4.52% | <=9% | 6.72% |
| | % DNA rate for outpatient appointments - Maori | 11.11% | <=9% | 13.48% |
| | % DNA rate for outpatient appointments - Pacific | 7.42% | <=9% | 13.8% |
| | Number of CBU Outliers - Adult | 19 | 0 | 31 |
| | % Very good and excellent ratings for overall inpatient experience | R/U | >=90% | 100% |
| | % Very good and excellent ratings for overall outpatient experience | R/U | >=90% | 94.1% |
| | Number of complaints received | 2 | No Target | 0 |
| | 28 Day Readmission Rate - Total | R/U | TBC | 12.42% |
| | Average Length of Stay for WIES funded discharges (days) - Acute | 3.33 | TBC | 3.91 |
| | % Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT | 100% | 100% | 100% |
| | % Chemotherapy patients (Med Onc and Haem) attending FSA within 4 weeks of referral | 100% | 100% | 100% |
| | % Radiation oncology patients attending FSA within 4 weeks of referral | 97.42% | 100% | 95.24% |
| | % Patients from Referral to FSA within 7 days | 18.42% | TBC | 29.11% |
| | 31/62 day target – % of non-surgical patients seen within the 62 day target | R/U | >=85% | 77.8% |
| 31/62 day target – % of surgical patients seen within the 62 day target | R/U | >=85% | 75% | |
| 62 day target - % of patients treated within the 62 day target | R/U | >=85% | 75.86% | |
| Improved Health Status | % Hospitalised smokers offered advice and support to quit | 92.31% | >=95% | 89.66% |
| | BMT Autologous Waitlist - Patients currently waiting > 6 weeks | 0 | 0 | 0 |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$0.15 | 0 | \$0.15 |
| | % Staff with excess annual leave > 1 year | 27.46% | 0% | 28.74% |
| | % Staff with excess annual leave > 2 years | 9.83% | 0% | 9.68% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | 85.29% | 0% | 90.9% |
| | % Staff with leave planned for the current 12 months | 15.32% | 100% | 14.08% |
| | % Leave taken to date for the current 12 months | 59.28% | 100% | 76.07% |
| | Number of Pre-employment Screenings (PES) cleared before the start date | 0 | 0 | 0 |
| | Sick leave hours taken as a percentage of total hours worked | 2.68% | <=3.4% | 3.16% |
| | % Voluntary turnover (annually) | 12.65% | <=10% | 13% |
| | % Voluntary turnover <1 year tenure | 7.32% | <=6% | 4.88% |

R/U

Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

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

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

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

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

Scorecard Commentary

- There was one Grade 1 Pressure Injury in October and the low number of patient's results in nosocomial pressure injury point prevalence – 12 month average of 9.1%.
- We continue to roll out production planning methodologies to provide quicker access to all aspects of our services.
- Nursing staff continue to work consistent with smokefree policy, with an ongoing focus in Chemotherapy Daystay.
- SCDs are being encouraged to work with their teams to better manage HR and financial issues, and to understand and respond to issues as they present. Annual leave in excess of two years (measured in hours) is a particular concern having increased by 25% in the year since October 2015.

Key achievements in the month

- **Cancer and Blood Alignment Project** – This work will realign Cancer and Blood preparatory to any moves into potential other builds. The short/medium term advantages pertain to better patient experience (tumour streaming and co-located clinics etc.) and more efficient use of staff and other resources. The building decant work is part of this wider way of working better together.
- **Welcome Video** – We are working with Omnicron (video production company) to develop an appropriate script, and to source staff and patients who are willing to participate. We have been working with the Maori Health team specifically, and within tumour streams.
- **Health Excellence Awards nomination** – Our Medical Oncology Service has been nominated for production planning work to increase timeliness of access and better manage demand/capacity.

Areas off track and remedial plans

- **Achieving Financial Savings** – We have developed financial savings plans, and although these are in place they are proving challenging to deliver against.
- **Northern Region Integrated Cancer Service Development** – While governance arrangements have now been established through the CEO/CMO forum, progress remains complex and slow.

Key issues and initiatives identified in coming months

- **Linear Accelerator Replacement** - Our Radiation Oncology Service continues to prepare for the planned replacement of one of our 6 linear accelerators in the coming months, on completion of a healthAlliance-led procurement process. We are preparing a paper for the Board's consideration around potential options as part of a longer term procurement process.
- **Building 7 decant into Building 8** – We have completed the vast majority of staff moves, with a small number awaiting structural work to be completed on Level 4 prior to their move. While 38 people have moved in, we have shifted a total of 60 to better accommodate work patterns and tumour streaming approaches. Staff have been very accommodating, and Facilities staff have worked with us extremely well.

Financial Results

| STATEMENT OF FINANCIAL PERFORMANCE | | | | Reporting Date | | |
|--|--------------|--------------|----------------|--|---------------|------------------|
| Cancer & Blood Services | | | | Oct-16 | | |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 631 | 1,200 | (569) U | 3,735 | 4,801 | (1,066) U |
| Funder to Provider Revenue | 8,006 | 8,006 | 0 F | 32,388 | 33,330 | (943) U |
| Other Income | 90 | 28 | 62 F | 258 | 113 | 146 F |
| Total Revenue | 8,728 | 9,235 | (507) U | 36,381 | 38,244 | (1,863) U |
| EXPENDITURE | | | | | | |
| Personnel | | | | | | |
| Personnel Costs | 2,968 | 2,910 | (58) U | 11,938 | 11,764 | (174) U |
| Outsourced Personnel | 46 | 76 | 31 F | 176 | 305 | 129 F |
| Outsourced Clinical Services | 257 | 236 | (21) U | 850 | 943 | 93 F |
| Clinical Supplies | 3,210 | 3,656 | 446 F | 14,008 | 14,672 | 664 F |
| Infrastructure & Non-Clinical Supplies | 138 | 74 | (64) U | 464 | 296 | (168) U |
| Total Expenditure | 6,619 | 6,953 | 333 F | 27,436 | 27,980 | 544 F |
| Contribution | 2,108 | 2,282 | (174) U | 8,945 | 10,264 | (1,319) U |
| Allocations | 583 | 616 | 33 F | 2,405 | 2,514 | 109 F |
| NET RESULT | 1,525 | 1,666 | (141) U | 6,540 | 7,751 | (1,211) U |
| Paid FTE | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical | 64.9 | 63.5 | (1.4) U | 64.0 | 63.5 | (0.5) U |
| Nursing | 145.1 | 145.2 | 0.2 F | 146.9 | 145.2 | (1.6) U |
| Allied Health | 82.7 | 95.0 | 12.3 F | 84.3 | 95.0 | 10.7 F |
| Support | 1.6 | 1.0 | (0.6) U | 1.2 | 1.0 | (0.2) U |
| Management/Administration | 25.0 | 22.1 | (2.9) U | 24.8 | 19.4 | (5.3) U |
| Total excluding outsourced FTEs | 319.2 | 326.8 | 7.6 F | 321.1 | 324.2 | 3.1 F |
| Total Outsourced Services | 1.6 | 1.3 | (0.3) U | 2.0 | 1.3 | (0.7) U |
| Total including outsourced FTEs | 320.8 | 328.1 | 7.3 F | 323.1 | 325.5 | 2.3 F |

Financial Commentary

The result for the year to date October is an unfavourable variance of \$ 1,211k.

Volumes: Overall volumes are 93.8 % of contract. This equates to \$ 2,063k below contract.

(Provision has been made for an IDF revenue wash up liability of \$943k in the Cancer and Blood Provider result).

Total Revenue \$ 1,863k - unfavourable mainly due to:

- Funder to Provider revenue - \$943k U being the IDF revenue wash up risk.
- Haemophilia blood product reimbursement \$859k U – demand driven and offset by lower blood product costs.

Total Expenditure- \$ 653k favourable mainly due to

- **Personnel Including Outsourced Personnel – \$45k U** – mainly unfavourable SMO costs in Radiation Oncology due to paid extended sick leave.
- **Outsourced Clinical Services \$ 93k F** – due to the timing BMT Donor search fees.
- **Clinical Supplies \$ 664k F** – made up of:
 - **Haemophilia \$ 835k F** – mainly Haemophilia Blood product costs demand driven (offset by decreased revenue \$859k U).
 - **Oncology and Haematology \$171k U** - primarily due to Pharmaceuticals (mainly Herceptin volumes) and blood products costs (high cost BMT patients in July).

Mental Health and Addictions Directorate

Speaker: Anna Schofield, Director

Service Overview

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

6.6

The Mental Health and Addictions Directorate is led by:

Director: Anna Schofield

Acting Medical Director: Greg Finucane

Director of Nursing: Anna Schofield

Director of Allied Health: Mike Butcher

Director of Primary Care: Kristin Good

General Manager: Alison Hudgell

Directorate Priorities for /16/17

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

1. **AN INTEGRATED APPROACH TO CARE:** An implementation plan to align services with the 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 due to expire in the next 18 months
3. **SAFE ACUTE ENVIRONMENT (Te Whetu co-design):** Systematic approach to implementing an assault reduction / increased safety programme. 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.

Q2 Actions

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

1 Implementation Plan to Align Services with Locality Boundaries

The Mental Health Directorate is an integral part of the Primary and Community Programme Board and continues to engage in working on options for aligning mental health service provision and support across the 5 geographical locality areas.

2 Facilities Plan

A Mental Health Directorate wide Facilities Plan is in development and will incorporate a health and safety assessment for each of our facilities. There is a constant focus on alignment with the clinical services plan (including future need and potential co-location of services) and on prioritising priority services, including an alternative to the facility currently housing St Lukes Community Mental Health Team and the Assertive Community Outreach Service.

Appendix 1 provides more detailed information on the current situation as it relates to mental health service facilities. Of note is:

- The potential to relocate St Lukes Community Mental Health Team, along with other mental health services, in a leased building in Dominion Road is again being pursued as an option following a period of abeyance due to the sale of the building. Auckland DHB was not aware that a 1 year sub-lease contract has been signed for the whole building with a commercial organisation from 1 October 2016. Auckland DHB had not been informed this alternative negotiation was underway, and only learnt of it after the 1 year lease was agreed.

- However there is the potential to move ACOS so high and complex needs service are co-located on one site. This will reduce some of the health and safety risks associated with ACOS service users at the St Lukes site.
- The residential eating disorder service requires a suitable facility to be sourced that enables co-location with the day programme and outpatient service. With a lease extension until February 2018, proposed options have been scoped and a report is being finalised.

3(a) TWT /CMHT Escalation Plan & Collaborative MDT Plan

The Te Whetu Tawera Occupancy Escalation Plan was fully implemented in May 2016. It covers TWT, six adult Community Mental Health services and the Assertive Community Outreach Service. It has been reviewed twice (most recently 1 November) and amended accordingly since implementation.

The Escalation Plan is functioning effectively and is proving to be a more effective way of managing high demand and occupancy when TWT is full. Implementation of the escalation and collaborative MDT plans across the community and inpatient clinical teams is supported by the use of Real Presence secure videoconference technology. This has now been installed in the Waiheke base to enable remote clinical consultations.

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

The reducing assault work has been incorporated into Project Haumarū, a wider change programme at TWT which aims to proactively engage and involve all staff. ICU has the greatest risk of assault and is the initial focus and pilot for the assault reduction aspect of this work. Components of the South London and Maudsley Trust (SLaM) model of assault reduction have been introduced. The Dynamic Appraisal of Situational Aggression (DASA) has been re-implemented within the ICU with training and support from leadership. This is now well embedded, as is Intentional Rounding during the working week. The nursing handover tool ISoBAR is also well established in ICU.

Results of these interventions appear to be flowing through with reduced levels of assault in ICU. We are now rolling out the first elements of this programme into one of the open wards, and training on the DASA has been completed. A significant reduction in the number of assaults has been noted over the last three months.

4 (a) Specialist Stepped Care

Additional resources continue to be developed and made available on the Stepped Care page of the Intranet. The credentialing process for specialised interventions has been further refined with agreement at DLT level. A Nurse Educator/Stepped Care has been appointed to support Stepped Care workforce development and will play a pivotal role in implementing a range of clinical programmes related to Stepped Care.

Keyworker training modules are being developed with the plan to deliver training in the first half of 2017.

4 (b) Shared Care Plan

The implementation of collaborative shared care plans across adult Community Mental Health services commenced at the beginning of August. All adult Community Services have now received training and have begun to use the tool, as has Fraser McDonald Unit and MHSOP Community Team. The adult acute inpatient unit TWT is planning to commence using the tool in 2017. There will be monthly reporting on uptake.

5 Supporting Parents Healthy Children (SPHC)

Regional data collection regarding the identification of service users who are parents/caregivers and their children began on 31 October 2016. Consistent business rules and communication to support this have been developed regionally and disseminated to relevant staff. Resources are available for local champions and brief in-service SPHC training is currently being developed to complement the full SPHC training.

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

The inaugural Equally Well Governance Group meeting was held on 18 October with representation across DHB, PHO and NGOs. There was consensus that this initiative represents an exciting opportunity to work differently and collaboratively to improve patient outcomes. There was support for exploring the use of the Health Improvement Profile in an integrated fashion across primary and secondary care.

The CMHS Primary/Secondary Integration Strategic Group has been rebuilt and represents an alternative avenue to roll out this initiative outside the Tamaki Mental Health and Wellbeing Project. The value that the PREDICT tool could bring to this initiative as a key enabler was highlighted, especially given its effective and widespread use in primary care currently. Waitemata DHB has already signed off on PREDICT and Counties Manukau DHB is keen to proceed dependent on a decision from Auckland DHB.

The Tamaki Project identified a number of different opportunities to improve integration. They include:

- new ways of enabling primary and secondary care to reduce the physical health disparities between people who experience mental health and addiction problems
- developing roles and pathways to support stepped and episodic care across primary and secondary care
- Building capacity in primary care to support people with mental health & wellbeing needs

This work is being led by the ADHB Service Improvement Team. The primary NGO support workstream now has 12 practices piloting this service with six of them in the Tāmaki area working with seven NGOs. The next step is to identify how these projects fit with the wider ADHB secondary /primary integration approach. This will require engagement with mental health specialist services and general practice.

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

Specialist community mental health services (CMHCs) have developed a discharge summary template to share information on the physical health risks of service users between specialist services and General Practitioners in a consistent format.

A key service improvement goal for this Directorate is to improve the completion rate of these templates in CMHCs, with an ultimate outcome of General Practitioners receiving electronic discharge summaries for 90% of discharges by 2018.

Tracking of this monthly measurement commenced in July 2016 and has shown an increase from 32% to 40%. CMHCs are also using the local KPI forum for benchmarking and improvement.

Our acute adult inpatient unit Te Whetu Tawera is in the early stages of exploring the possibility of generating discharge summaries for GPs through HCC.

7 Balance Clinical Need, Risk and Safety with Fiscal Responsibility

With significant Mental Health funding being FTE based, we continue to address skill mix, including clinical and non-clinical staff. We are working with our clinical and management teams to ensure staff are working to their strengths, and collaboratively, in managing and leading clinical and operational components of mental health services. We have made a minor skill mix adjustment in Te Whetu Tawera to enable the recruitment of Mental Health Assistants to the permanent staff teams, thus decreasing our reliance on casual staff.

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

Measures

| Measures | Current | Target (End 2016/17) | 2017/18 |
|---|--|--|-------------------------------------|
| Integrated Approach to Care Plan, aligned with localities approach signed off | 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 |

| Measures | Current | Target (End 2016/17) | 2017/18 |
|---|-------------------|---|--|
| 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 | |

Scorecard

Auckland DHB - Mental Health HAC Scorecard for October 2016

6.6

| | Measure | Actual | Target | Prev Period |
|------------------------|---|--------|--------|-------------|
| Patient Safety | Medication Errors with major harm | 0 | 0 | 0 |
| | Number of falls with major harm | 0 | 0 | 0 |
| | Nosocomial pressure injury point prevalence (% of in-patients) | 0% | <=6% | 0% |
| | Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) | 0% | <=6% | 0% |
| | Number of reported adverse events causing harm (SAC 1&2) - excludes suicides | 0 | 0 | 1 |
| | Seclusion. All inpatient services - episodes of seclusion | 2 | <=7 | 8 |
| | Restraint. All services - incidents of restraint | 49 | <=86 | 69 |
| | Mental Health Provider Arm Services: SAC1&2 (Inpatient & Non-Inpatient Suicides) | 1 | | 1 |
| Better Quality Care | 7 day Follow Up post discharge | 97.9% | >=95% | 100% |
| | Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera | R/U | <=10% | 9.8% |
| | Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera | 36.6 | <=21 | 28.3 |
| | Mental Health Average LOS (All Discharges) - Child & Family Unit | 10.2 | <=15 | 10.4 |
| | Mental Health Average LOS (All Discharges) - Fraser McDonald Unit | 31.2 | <=35 | 31.1 |
| | Waiting Times. Provider arm only: 0-19Y - 3W Target | 75.4% | >=80% | 75% |
| | Waiting Times. Provider arm only: 0-19Y - 8W Target | 89.4% | >=95% | 89.4% |
| | Waiting Times. Provider arm only: 20-64Y - 3W Target | 85% | >=80% | 84.6% |
| | Waiting Times. Provider arm only: 20-64Y - 8W Target | 91.2% | >=95% | 91.6% |
| | Waiting Times. Provider arm only: 65Y+ - 3W Target | 65.4% | >=80% | 63.5% |
| | Waiting Times. Provider arm only: 65Y+ - 8W Target | 84.4% | >=95% | 83.9% |
| Improved Health Status | % Hospitalised smokers offered advice and support to quit | 100% | >=95% | 95.74% |
| | Mental Health access rate - Maori 0-19Y | 5.85% | >=5.5% | 5.93% |
| | Mental Health access rate - Maori 20-64Y | 10.09% | >=12% | 10.23% |
| | Mental Health access rate - Maori 65Y+ | 3.69% | >=4.3% | 3.77% |
| | Mental Health access rate - Total 0-19Y | 3.22% | >=3% | 3.21% |
| | Mental Health access rate - Total 20-64Y | 3.72% | >=4% | 3.77% |
| | Mental Health access rate - Total 65Y+ | 3.11% | >=4% | 3.14% |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$R/U | 0 | \$0.11 |
| | % Staff with excess annual leave > 1 year | R/U | 0% | 26.74% |
| | % Staff with excess annual leave > 2 years | R/U | 0% | 5.17% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | R/U | 0% | 100% |
| | Number of Pre-employment Screenings (PES) cleared before the start date | R/U | 0 | 0 |
| | Sick leave hours taken as a percentage of total hours worked | R/U | <=3.4% | 3.51% |
| | % Voluntary turnover (annually) | R/U | <=10% | 13% |
| | % Voluntary turnover <1 year tenure | R/U | <=6% | 7.29% |

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

R/U Result unavailable

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

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

Scorecard commentary

Average LOS: Te Whetu Tawera

The very high Av LoS for October (36.6 days) was driven by four discharges with LoS of more than 120 days, with two of these having LoS of more than 200 days. Median LoS was 20.5 days. By excluding the four long-stayers, the Av. LoS was 23.2 days for remaining service users for the month.

Ongoing issues around availability of appropriate discharge options, along with slow responses from Taikura Trust regarding placement of patients with ID and autistic spectrum disorders, continues to contribute to TWT's high ALOS.

Waiting Times

Three data/reporting factors continue to impact on the rolling 12 month results and these. They are the introduction of the Starship consult liaison service into MoH reporting, the transfer of existing clients to a new regional Huntington's service, and the management of memory clinic clients within MHSOP.

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

Overall, with exception of the Huntington's service and Starship data over the last 12 months, we are on target in both the 0-19Y and 20-64Y age groups for both 3 week and 8 week wait-times targets.

Access (DHB-wide)

Access rates for the Maori 20-64y group remains a challenge. It has recently been confirmed that this is the highest access target for this group in the country. However it should be noted that, in the adult continuum the DHB provider arm delivers only about 36% of the access for this group, with NGO, CADS and other DHB services delivering the balance. It is challenging to understand the relative performance of different parts of this continuum from this broad access data provided by the MoH.

% of staff with excess Annual Leave

Mental Health and Addictions is tracking down significantly for staff with excess annual leave greater than 2 years currently at \$0.12 compared to the same time last year of \$0.15. All 30 staff with excess annual leave have plans to reduce this.

Staff turnover for the Quarter 2 is 8.0%, a reduction from 12.9% in 2015/16.

Recruitment activity continues to be high with difficulty attracting mental health nurses and SMOs into roles. A recruitment drive in the USA and UK is currently underway via the Careers Centre. We are now thinking creatively including 18 month fixed term contracts for senior nursing roles with a view to attracting experienced staff from overseas for a NZ experience and to support us grow staff internally, along with an increased in nursing and allied health internships.

- Directorate staff were actively encouraged to complete the staff survey with a response rate of 67% across the mental health directorate

- With the launch of Speak Up - Kaua ē patu wairua, a programme of work to encourage and support people to speak up if they experience or witness harassment, discrimination or bullying at ADHB, we are actively seeking representatives from our Directorate to participate in the Speak up Supporters group.

Key achievements in the month

TWT

Over the past months the Te Whetu Tawera leadership team has been working on a project (Project Haumarū) with the aims of improving patient safety, staff well-being and safety and improving patient follow. Project Haumarū builds on and incorporates co-design work that has been underway in Te Whetu Tawera for some time. This focused activity is led by the SCD (who is now on the unit full time for a further 12 months) and NUM, and supported by a project manager with input from the Performance Improvement team as appropriate. This activity is regularly reviewed.

With all service development and improvement work in Te Whetu Tawera now sitting under the 'umbrella' of Project Haumarū, staff across all disciplines, as well as consumer representatives, are becoming actively engaged in this Project. They are represented on the Steering Group and a range of sub committees e.g. assault reduction, co-design, discharge planning, co-morbidities, staff wellbeing, outcomes and data, along with development of a Compact. The intention of this is to increase ownership and buy-in by staff.

The environmental upgrade and improvements are almost complete and will include a welcoming space for Maori and Pacific whānau/families in ICU identified as a desired initiative from co-design work. The furniture, curtains, activity items for service users have all been delivered and are in use. The additional physical activity equipment has been greatly appreciated by service users. Painting in the Intensive Care area is complete. Finishing touches are underway in the High Dependency Area.

Areas off track and remedial plans

Supra- Regional Eating Disorder Service

The Midland DHBs have given notice of their intention to withdraw from all but the adult residential components of the supra-regional eating disorder programme. Alternative options and financial and clinical impacts have been developed by the provider, funder and NRA and the recommended model endorsed by the Board.

Work has been initiated to identify a suitable location for the EDS residential service to be co-located with the Regional Eating Disorder Service. It was previously thought the service lease for the residential and day programme facility would expire March 2017, however the Saint Stephens and Queen Victoria Trust Board have extended the lease term until February 2018. This should provide sufficient time to identify and develop a new facility to house these services. A feasibility project to scope options, including a purpose build or re-purposing of existing facilities to provide the co-located service, is due for completion this month.

Youth Transition Project

There has been ongoing work to identify a suitable alternative location for the Youth Transition Program (YTP) and several alternatives have been reviewed. In the main the challenges with these buildings has been either the need for significant capital investment to make fit for purpose or prohibitive lease costs. An updated review of this facility has identified that with some additional work, currently being negotiated with the landlord, the facility could be fit for purpose and this is being progressed.

Ligature Risk at Te Whetu Tawera

Several of the identified ligature risks within TWT have been mitigated in the currently allocated funding. This includes an agreed new prototype for taps in ensuites that will be available to TWT in 6 months' time and does not require the walls to be opened. Whilst this is a longer wait than anticipated, it does reduce the disruption to wards.

However due to the structure of the building, more detailed work revealed that costs associated with mitigating ligature risks posed by some windows would be significantly greater than budgeted for. This is because the structure of the current facility means replacement of windows would be cost prohibitive. The other option, of sealing windows and installing an HVAC system, requires further seed funding to understand the associated investment.

St Lukes CMHC Facility

As noted earlier, there are current challenges with sourcing an alternative facility for the St Lukes CMHC, including our inability to secure a preferred facility to date. We will continue to pursue this as well as looking for alternative options.

Key issues and initiatives identified in coming months

Facilities

We will continue to work on our Facilities Plan and to source fit for purpose facilities where existing leases are becoming available.

Localities

Mental Health is represented on the Primary and Community Programme Board which is progressing the work of localities across Auckland DHB.

CFU

Implementation of recommendations from the review of the CFU model of care with supra-regional DHBs continues and pathways work is underway. In addition a concerted effort has been made to work collaboratively with our Child Youth and Family colleagues at the regional and national level to facilitate the best outcomes for children and young people who access the Child Youth and Family Unit. A workshop was held in October, with a further one planned in December.

Occupancy remains high over the last 6 months compared to previous years and stakeholders are engaged in the process of prioritising admissions when beds are at capacity. Planned, non-acute admissions are being managed via negotiation with referring DHBs.

Financial Results

| STATEMENT OF FINANCIAL PERFORMANCE | | | | | | | Reporting Date Oct-16 | | |
|--|--------------|--------------|---------------|--|---------------|---------------|---|--------|----------|
| <i>Mental Health & Addictions</i> | | | | | | | | | |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | | Actual | Budget | Variance |
| | Actual | Budget | Variance | Actual | Budget | Variance | | | |
| REVENUE | | | | | | | | | |
| Government and Crown Agency | 109 | 65 | 44 F | 342 | 261 | 81 F | | | |
| Funder to Provider Revenue | 8,882 | 8,882 | 0 F | 35,529 | 35,529 | 0 F | | | |
| Other Income | 57 | 54 | 3 F | 231 | 215 | 16 F | | | |
| Total Revenue | 9,048 | 9,001 | 47 F | 36,102 | 36,005 | 97 F | | | |
| EXPENDITURE | | | | | | | | | |
| Personnel | | | | | | | | | |
| Personnel Costs | 6,228 | 6,291 | 63 F | 24,715 | 25,509 | 794 F | | | |
| Outsourced Personnel | 123 | 56 | (67) U | 621 | 223 | (398) U | | | |
| Outsourced Clinical Services | 59 | 134 | 75 F | 286 | 536 | 250 F | | | |
| Clinical Supplies | 79 | 80 | 1 F | 361 | 320 | (41) U | | | |
| Infrastructure & Non-Clinical Supplies | 341 | 360 | 19 F | 1,495 | 1,416 | (79) U | | | |
| Total Expenditure | 6,830 | 6,921 | 91 F | 27,478 | 28,004 | 526 F | | | |
| Contribution | 2,218 | 2,080 | 138 F | 8,624 | 8,001 | 624 F | | | |
| Allocations | 1,748 | 1,806 | 57 F | 7,056 | 7,226 | 170 F | | | |
| NET RESULT | 470 | 275 | 195 F | 1,568 | 775 | 793 F | | | |
| Paid FTE | | | | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | | Actual | Budget | Variance |
| | Actual | Budget | Variance | Actual | Budget | Variance | | | |
| Medical | 93.4 | 97.3 | 4.0 F | 91.7 | 97.3 | 5.6 F | | | |
| Nursing | 298.7 | 323.4 | 24.7 F | 300.1 | 323.4 | 23.3 F | | | |
| Allied Health | 270.3 | 273.0 | 2.8 F | 267.7 | 273.0 | 5.3 F | | | |
| Support | 7.3 | 8.0 | 0.7 F | 7.1 | 8.0 | 0.9 F | | | |
| Management/Administration | 59.8 | 50.7 | (9.1) U | 58.5 | 48.8 | (9.7) U | | | |
| Total excluding outsourced FTEs | 729.4 | 752.4 | 23.0 F | 725.1 | 750.5 | 25.4 F | | | |
| Total : Outsourced Services | 15.4 | 6.0 | (9.4) U | 17.8 | 6.0 | (11.8) U | | | |
| Total including outsourced FTEs | 744.7 | 758.4 | 13.7 F | 742.8 | 756.5 | 13.7 F | | | |

Comments on Major Financial Variances

The result for the month is a surplus of \$470k against a budgeted surplus of \$275k, leaving a favourable variance of \$195k (\$793k F YTD).

The key drivers of the results are:

- Outsourced Clinical Services mainly due to low Flexi-funding and the funded GP visits which are rolling out.
- FTE vacancies offset by high overtime and high outsourced/backfill costs.

Actions:

- There is also wider focused work commencing on reducing sick leave and excessive annual leave across the Directorate, part of which is responsible for the favourable personnel variance this month.
- There is on-going review of relevant HR expenditure including Authority to Recruits (ATR), and overtime. Overtime FTE was down 2.2 FTE and outsourced FTE down 1.9 FTE from last month. This year we are phasing the increase in FTE through vacancy management in order to meet Funder expectations by the end of the financial year and to be clinically safe.

- The on-going strategy to recruit new graduate nurses and interns will contribute in the long term to a lower skill mix and reduction in the premium paid on backfill.
- The service is actively monitoring and reviewing non-clinical spending, e.g. Taxi and Radiology charges. Various controls and mitigations are being explored.

Savings:

Overall we are \$105k U against the savings target for the year to date to October. The unfavourable result is mainly due to phased rolling out of projects. We will manage our savings targets through on-going active management of recruitment and other personnel costs over the full year.

Forecast:

The directorate is currently forecasting to achieve budget.

Adult Medical Directorate

Speaker: Dr Barry Snow, Director

Service Overview

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

The Adult Medical Directorate is led by:

Director: Dr Barry Snow

General Manager: Dee Hackett

Director of Nursing: Brenda Clune

Director of Allied Health: Carolyn Simmons Carlsson

Director of Primary Care: Dr Jim Kriechbaum

Directorate Priorities for 16/17

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

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

Q2 Actions – 90 day plan

- Weekly Team and monthly Directorate meetings are working well. MOS meetings are undertaken weekly with the Senior Leadership Team. Each service developing and delivering MOS.
- Monthly meetings with each Service reviewing priority plans, finance information, HR information and newly developed service scorecards with each Service.

- Capacity and demand work started for Neurology to assess growth and capacity to deliver services differently.
- Continuing with monthly Steering Group to progress Renal business case. Strategic discussion for future spoke delivery started with Tamaki regeneration project. Business case to be submitted to Board February 2017.
- Preliminary design for CDU submitted and accepted by Board. Currently submitting building consent and construction will begin in July 2017. Quality forum delivered. New scorecards for all Services developed that include quality items. Scorecards reviewed with Services on a monthly basis.

Measures

| Measures | Current | Target (End 2016/17) | 2017/18 |
|--|-------------------------------|--------------------------------|------------|
| ED target, ESPI, FCT and FSA and FUs | Fully met | 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 | |

Scorecard

Auckland DHB - Adult Medical Services HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|--|---|--------|-----------|-------------|
| Patient Safety | Central line associated bacteraemia rate per 1,000 central line days | 1 | <=1 | 1 |
| | Medication Errors with major harm | 0 | 0 | 0 |
| | Nosocomial pressure injury point prevalence (% of in-patients) | 2.5% | <=6% | 6.4% |
| | Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) | 6.1% | <=6% | 6.3% |
| | Number of falls with major harm | 0 | 0 | 1 |
| | Number of reported adverse events causing harm (SAC 1&2) | 4 | 0 | 2 |
| | Unviewed/unsigned Histology/Cytology results < 90 days | 38 | 0 | 32 |
| | Unviewed/unsigned Histology/Cytology results > 90 days | 0 | 0 | 0 |
| Better Quality Care | (MOH-01) % AED patients with ED stay < 6 hours | 95.91% | >=95% | 93.74% |
| | (ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days | R/U | 100% | 100% |
| | (ESPI-2) Patients waiting longer than 4 months for their FSA | 0% | 0% | 0.05% |
| | % DNA rate for outpatient appointments - All Ethnicities | 11.97% | <=9% | 12.06% |
| | % DNA rate for outpatient appointments - Maori | 21.34% | <=9% | 21.35% |
| | % DNA rate for outpatient appointments - Pacific | 20.62% | <=9% | 24.1% |
| | Number of CBU Outliers - Adult | 115 | 0 | 122 |
| | % Patients cared for in a mixed gender room at midday - Adult | 13.5% | 0% | 21.97% |
| | % Patients cared for in a mixed gender room at midday - Adult (excluding APU) | 2.89% | TBC | 7.99% |
| | % Very good and excellent ratings for overall inpatient experience | R/U | >=90% | 71.1% |
| | Number of complaints received | 10 | No Target | 7 |
| | 28 Day Readmission Rate - Total | R/U | <=10% | 10.99% |
| | % Urgent diagnostic colonoscopy compliance | 93.1% | >=85% | 97.83% |
| | % Non-urgent diagnostic colonoscopy compliance | 99.38% | >=70% | 94.75% |
| | % Surveillance diagnostic colonoscopy compliance | 88.6% | >=70% | 92.7% |
| Average Length of Stay for WIES funded discharges (days) - Acute | 1.82 | TBC | 2.16 | |
| Improved Health Status | % Hospitalised smokers offered advice and support to quit | 94.02% | >=95% | 94.78% |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$0.63 | 0 | \$0.64 |
| | % Staff with excess annual leave > 1 year | 32.63% | 0% | 34.76% |
| | % Staff with excess annual leave > 2 years | 12.1% | 0% | 11.39% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | 92.23% | 0% | 93.8% |
| | % Staff with leave planned for the current 12 months | 9.07% | 100% | 7.95% |
| | % Leave taken to date for the current 12 months | 59.93% | 100% | 65.4% |
| | Number of Pre-employment Screenings (PES) cleared before the start date | 0 | 0 | 0 |
| | Sick leave hours taken as a percentage of total hours worked | 3.43% | <=3.4% | 3.53% |
| | % Voluntary turnover (annually) | 11.79% | <=10% | 12% |
| | % Voluntary turnover <1 year tenure | 3.19% | <=6% | 3.3% |

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

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

% Very good and excellent ratings for overall inpatient experience

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

28 Day Readmission Rate - Total

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

6.7

Scorecard Commentary

- Adult Medical Directorate SSED target – 95.91% for October 2016. It has been extremely busy during October with very high AED attendance. The greatest impact in target achievement has been from the introduction of the new Model of Care and a speedier transfer of patients to an inpatient speciality.
- DNA rates have maintained at the current levels. Need to fully explore issues within each Service and implement strategies to manage the service DNAs.
- Continuing good performance within colonoscopy meeting all targets.
- Pressure Injuries - there is robust reporting and management of Pressure Injuries across the Directorate with 30 Grade 1, 6 Grade 2 and 1 Grade 3 Pressure Injury in October which results in nosocomial pressure injury point prevalence – 12 month average of 6.1%.
- Falls - there were 0 falls with harm during October 2016.
- Adverse Events – there were four adverse events causing harm. Of the four events, two were related to one patient with escalating behaviours that resulted in a fracture NOF, one was a Pressure Injury with tissue loss and one related to a lack of co-ordination for care on discharge. All these events are being reviewed.
- Monthly meetings continue with Service Clinical Directors related to the “Engaged Workforce” targets. A key focus has been to reduce the annual leave in excess of two years and whilst this has increased marginally month on month there has been a 3.5% reduction in annual leave in excess of two years (measured in hours) across Adult Medicine in the year since October 2015.
- The employee survey has concluded. Within Adult Medical Services 572 staff participated, 56% of the workforce. Adult Medical Services achieved an overall 78% engagement score. The survey has provided the Directorate with information on which to act to support and improve employee engagement. We will ensure that action is taken to achieve improvements in all services as an outcome of the survey.

Key achievements in the month

- Good performance in AED during quarter two in spite of a steady increase in attendance.
- Colonoscopy target still being maintained.
- CDU preliminary business case signed off by Board in October 2016.
- Tender document for the Renal spoke concept design complete and design group established in preparation for concept design.
- 91% achievement of savings target. Directorate meeting with Service Clinical Directors to monitor saving progress with excellent SMO engagement.
- Continued improvement in hand hygiene across Directorate.
- Good progress with IT database development projects across Directorate.

Areas off track and remedial plans

- Excess annual leave being discussed at service review meetings. Growth in DCCM and Gastroenterology but overall a decrease of 4.9% from last year. Specific actions being taken to reduce growth areas and plans being developed.
- Development of a sub group of the Stroke Steering Group to work through the provision of the hyper acute element of the stroke pathway.

Key issues and initiatives identified in coming months

- Progressing concept design of renal spoke through a renal design group.
- Monthly priority plan and service performance meetings continuing with good engagement.
- Continuing with Neurology and Endoscopy capacity and demand planning.
- Preliminary planning for a full service review of the respiratory sleep services.
- Investigation and development of increasing use of CTC in Gastroenterology.
- Greater focus on mental health attendance to AED. A nursing education programme is being developed. A meeting was held and an action plan for implementation has been developed.

Financial Results

| STATEMENT OF FINANCIAL PERFORMANCE | | | | | | | Reporting Date |
|--|---------------|---------------|-----------------|--|---------------|-----------------|----------------|
| Adult Medical Services | | | | | | | Oct-16 |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | | |
| | Actual | Budget | Variance | Actual | Budget | Variance | |
| REVENUE | | | | | | | |
| Government and Crown Agency | 302 | 269 | 34 F | 1,302 | 1,111 | 191 F | |
| Funder to Provider Revenue | 13,446 | 13,446 | 0 F | 54,989 | 54,989 | 0 F | |
| Other Income | 342 | 406 | (64) U | 1,516 | 1,626 | (110) U | |
| Total Revenue | 14,090 | 14,121 | (31) U | 57,807 | 57,726 | 80 F | |
| EXPENDITURE | | | | | | | |
| Personnel | | | | | | | |
| Personnel Costs | 7,929 | 8,083 | 154 F | 32,072 | 32,659 | 587 F | |
| Outsourced Personnel | 90 | 94 | 4 F | 362 | 398 | 36 F | |
| Outsourced Clinical Services | 57 | 50 | (7) U | 196 | 195 | (0) U | |
| Clinical Supplies | 1,819 | 1,753 | (66) U | 7,397 | 7,033 | (365) U | |
| Infrastructure & Non-Clinical Supplies | 182 | 84 | (98) U | 550 | 500 | (51) U | |
| Total Expenditure | 10,078 | 10,065 | (13) U | 40,578 | 40,785 | 207 F | |
| Contribution | 4,012 | 4,056 | (44) U | 17,229 | 16,942 | 287 F | |
| Allocations | 2,114 | 2,065 | (49) U | 8,627 | 8,423 | (204) U | |
| NET RESULT | 1,898 | 1,991 | (93) U | 8,602 | 8,518 | 83 F | |
| Paid FTE | | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | | |
| | Actual | Budget | Variance | Actual | Budget | Variance | |
| Medical | 194.4 | 192.3 | (2.0) U | 200.7 | 192.3 | (8.3) U | |
| Nursing | 546.9 | 535.7 | (11.3) U | 545.7 | 535.7 | (10.0) U | |
| Allied Health | 46.4 | 51.8 | 5.3 F | 46.0 | 51.8 | 5.7 F | |
| Support | 6.0 | 6.0 | 0.0 F | 6.1 | 6.0 | (0.1) U | |
| Management/Administration | 53.7 | 41.0 | (12.7) U | 53.9 | 41.8 | (12.1) U | |
| Total excluding outsourced FTEs | 847.4 | 826.8 | (20.7) U | 852.3 | 827.5 | (24.8) U | |
| Total :Outsourced Services | 3.6 | 5.0 | 1.4 F | 3.7 | 5.0 | 1.3 F | |
| Total including outsourced FTEs | 851.0 | 831.8 | (19.3) U | 856.0 | 832.5 | (23.5) U | |

Financial Commentary

The result for the year to date October 2016 is a favourable variance of \$ 83k.

Volumes: Overall volumes are 96.8 % of contract. This equates to \$ 1,759k under contract (Variance not recognised in the Adult Medical Provider result).

Total Revenue - \$ 80k favourable

- Primarily due to additional colonoscopy revenue for achieving the 15/16 target \$233k received in July offset by non- resident income \$186k U (timing).

Total Expenditure - \$ 3k favourable due to:**Personnel Costs - \$ 587k favourable**

This is mainly due to favourable variances in Medical \$445k F, Nursing \$279k F and Allied Health \$237k F - being savings initiatives implemented to achieve the YTD personnel cost savings target of \$360k. The savings initiatives comprises the management of overtime spend, patient attenders, allowances, sick leave, staff mix and annual leave.

Clinical Supplies - \$ 365k Unfavourable

Driven by treatment disposables \$211k U mainly blood product unfavourable \$144k U (ED and DCCM due to high cost patients) and Respiratory Services patient consumables \$37k U (BIPAP and CPAP machine and masks – demand driven but will even out over the year).

Internal Allocation - \$ 204k U

This is primarily due to radiology \$141k U (mainly Neurology clot retrieval) and nutrition \$97k U (under investigation).

FTE unfavourable variance is partially in relation to the RMO annual leave transfer combined with partial unachieved FTE savings target. The underlying FTE is close to budget.

Community and Long Term Conditions Directorate

Speaker: Judith Catherwood, Director

Service Overview

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

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

The Community and Long Term Conditions Directorate is led by

Director: Judith Catherwood

General Manager: Alex Pimm

Director of Nursing: Jane Lees

Director of Allied Health: Anna McRae

Director of Primary Care: Jim Kriechbaum

Medical Director: Dr Lalit Kalra (commencing January 2017)

Directorate Priorities for 16/17

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

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

Q2 Actions – 90 day plan

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

A programme of facilitated team development based on Board mandatories, values and strategic direction has commenced. Service Leadership Team events to support this are in progress across the Directorate. Current areas of work include events within community services and palliative care teams. A community services plan has been developed by the team leaders from this process which will be jointly owned by the teams. Two members of our new clinician leadership team have completed their leadership development programme. A further two members of staff have commenced in Wave two and a further group of staff will commence the programme in 2017. Leadership and management support and training for our new leaders and level four team members has been identified as a priority for this year and will be supported.

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

Workforce planning for nursing and allied health role development is in progress. A career pathway for Needs Assessment and Service Coordination workforce has been implemented. New therapy, NASC and social work assistant roles have been developed to support our clinical teams. The new service developments in progress, including rapid response, intermediate care, early supported discharge and stroke services provide opportunities to enhance nursing and allied health roles. Nursing roles in Diabetes, Dermatology and Rheumatology services are also currently being reviewed to support service requirements.

3. Complete the implementation of the Directorate outpatient improvement programme

DNA action plan continues to be implemented with our initial focus on Diabetes Services. Our DNA rates have declined over the last six months. We are pleased to report a clear overall reduction in rates, but there is still significant progress to be made, with plans in place. Cancellation rates are also being monitored as late cancellations will have an impact on service delivery and outcomes.

The process to reduce rescheduling rates by applying a six week booking rule is in place in a number of outpatient clinics. Our rescheduling rates continue to slowly reduce and the trajectory is on target to meet our goal. At present we do not have data to indicate how many appointments are rescheduled due to patient choice versus service requirements. This change mirrors the six week booking rule for leave and ensures we aim only reschedule a patient's appointment if it is patient initiated or urgent due to specific patient care requirements.

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

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

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

The integrated all age stroke rehabilitation unit opened in July 2016. Early Supported Discharge Services (ESD) also commenced simultaneously. We are pleased to report ESD services have been well received and currently have 10-12 active patients at any one time, contributing to reduced LOS and improved rehabilitation outcomes. Plans for stroke service development include work in the hyper acute pathway which is developing through a regional process and within the rehabilitation pathway which is locally delivered in each DHB. The quarterly data on admissions to a rehabilitation service within 7 days of acute stroke presentation is improving. In September, 78% of transfers for ADHB patients occurred within 7 days and we expect our quarterly data to reflect an improvement in the next quarter. We are monitoring both measures carefully and aim to meet the 80% target before the end of 2016.

Plans to create the comprehensive adult stroke unit are progressing and will continue through 2016/17 as it will require a full business case to be developed.

5. Extend the locality model of care to other services

The locality model continues to develop with Community Services. A plan to achieve this in full by end of 2016/17 is in place. Diabetes Services have completed their plan to extend their services into the locality model and will now progress implementation. Geriatric Medicine is holding a second workshop to finalise their plan and work is now in progress to ensure gerontology support is in place in all localities.

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

The Adult Palliative Care Strategy is in the process of being implemented. Plans for integrating the specialist service across ADHB are ongoing. The Board will receive an update on the progress toward implementation of the strategy at its February 2017 meeting. The new SCD role to support integrated palliative care clinical leadership has been advertised. Two rapid improvement events to improve care for those at end of life have been held in November 2016.

A consultation to resize the Sexual Health and Sexual Assault Services has been completed. The Directorate received significant feedback on the consultation. The MoH has been briefed given the significance of the change proposed. A decision document will be released before the Christmas break to staff. A transition period to implement the new workforce model will take place over the course of 2017.

6. Implement the frailty pathway

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

7. Implement step up/step down intermediate care models

Rapid Response Services continue to be delivered and are now accessible from ED, hospital services, general practice, aged care facilities, St John and Homecare Medical referral sources. We continue to promote services and are working with others in the provider arm to maximise use of our available capacity. Our Directorate aim for between 15 and 30 patients on the programme and are currently revising our approach to support different cohorts of patients into the care pathway. We believe a greater push strategy is needed from the Aged Care sector and from the hospital to maximise our staff time in treatment in the community. Our palliative care services are also increasingly using the service to support discharge from hospital or support care in the community.

An approach to utilise the interim care contract for a wider group of patients has been agreed. We have also completed work with Orthopaedics to enhance allied health and gerontology nursing input to these patients during their care period in aged care. This will allow us to improve rehabilitation outcomes and reduce LOS on the interim care programme. This strategy is an essential part of the future care delivery model for Reablement Services. It will also ensure we can deliver earlier rehabilitation and greater flow at a reduced cost. The new pathways are being implemented during November 2016.

Develop long term conditions strategy across the organisation

This strategy will be developed later in 2016/17 as per business planning cycle.

Measures

| Measures | Current | Target (end 16/17) | Previous Period |
|---|---|---|--|
| Did not attend (DNA) rate | 12.14% | <9% | 12.5% |
| Rescheduling rate | 55% | <40% | 51.5% |
| Proportion of activity undertaken as virtual or non-face-to-face activity | 1% | 5% | 1% |
| Patient waiting times – outpatients, community and inpatients | Outpatients – max. 4 mths Inpatients – 88% within 2 days Community – max. 6 weeks | Outpatients – max 3 months; Inpatients – max 2 days; Community – max. 6 weeks | Outpatients – max. 4months Inpatients – 94% within 2 days Community – max. 8 weeks |
| Admissions to age-related residential care | Average 103.5/month | 5% reduction per quarter Q2 Target: 86 | Average 108/month |
| Proportion of HCAs and TAs as percentage of total workforce | 9.5% | Nurse Director and Allied Health Director continuing to define target | TBC |
| Percentage of stroke patients transferred to rehabilitation services within seven days of admission (MOH definition, quarterly reporting) | 45% | 80% | 31% |
| Percentage of patients transferred to hospice within 24 hours of being clinically ready to transfer | 62.5% | 85% | TBC |
| Breakeven revenue and expenditure position | Favourable | Breakeven | Favourable |

Scorecard

Auckland DHB - Adult Community & Long Term Conditions HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|------------------------|---|--------|-----------|-------------|
| Patient Safety | Medication Errors with major harm | 0 | 0 | 0 |
| | Number of falls with major harm | 1 | 0 | 0 |
| | Nosocomial pressure injury point prevalence (% of in-patients) | 4% | <=6% | 3.6% |
| | Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) | 4.1% | <=6% | 4.3% |
| | Number of reported adverse events causing harm (SAC 1&2) | 2 | 0 | 0 |
| | Unviewed/unsigned Histology/Cytology results < 90 days | 0 | 0 | 0 |
| | Unviewed/unsigned Histology/Cytology results > 90 days | 0 | 0 | 0 |
| Better Quality Care | (ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days | R/U | 100% | 100% |
| | (ESPI-2) Patients waiting longer than 4 months for their FSA | 1.18% | 0% | 0.07% |
| | % DNA rate for outpatient appointments - All Ethnicities | 12.14% | <=9% | 13.8% |
| | % DNA rate for outpatient appointments - Maori | 22.88% | <=9% | 19.83% |
| | % DNA rate for outpatient appointments - Pacific | 28.29% | <=9% | 26.14% |
| | % Patients cared for in a mixed gender room at midday - Adult | 4.33% | <=2% | 3.2% |
| | % Very good and excellent ratings for overall inpatient experience | R/U | >=90% | 85.7% |
| | % Very good and excellent ratings for overall outpatient experience | R/U | >=90% | 95.1% |
| | Number of complaints received | 4 | No Target | 3 |
| | % Inpatients on Older Peoples Health waiting list for 2 calendar days or less | 88% | >=80% | 94.02% |
| | % Inpatients on Rehab Plus waiting list for 2 business days or less | 84.62% | >=80% | 93.75% |
| | % Discharges with Length of Stay less than 21 days (midnights) for OPH and Rehab Plus combined | 81.59% | >=80% | 79.02% |
| Improved Health Status | % Hospitalised smokers offered advice and support to quit | 100% | >=95% | 100% |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$0.05 | 0 | \$0.05 |
| | % Staff with excess annual leave > 1 year | 35.9% | 0% | 35.42% |
| | % Staff with excess annual leave > 2 years | 5.49% | 0% | 5.17% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | 43.33% | 0% | 57.1% |
| | Number of Pre-employment Screenings (PES) cleared before the start date | 0 | 0 | 0 |
| | Sick leave hours taken as a percentage of total hours worked | 3.56% | <=3.4% | 2.9% |
| | % Voluntary turnover (annually) | 14.29% | <=10% | 14% |
| | % Voluntary turnover <1 year tenure | 10.96% | <=6% | 10% |

Amber

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

R/U

Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

Scorecard Commentary

There were two SAC 2 events in October 2016. These both occurred within Reablement Services. A patient sustained a hip fracture after a fall. This was managed conservatively and the patient was independent with a walking frame by time of discharge. Another patient admitted from the community with grade 2 chronic leg ulcers progressed to a grade III despite management measures in place. Investigations are in progress.

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

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

We are compliant with ESPI 1 but non-compliant with Dermatology for ESPI 2. We will be compliant to ESPI 2 in November 2016. We will meet all targets by end of 2016 with the new capacity in place in Dermatology. Our performance with FCT targets has improved significantly.

We continue to work with services to support improvement in waiting times and remain confident we can achieve a three month maximum waiting time within the Directorate. We are working with services on demand and capacity planning, virtual capacity and follow up practice, which all influence the ESPI 2 waiting time. We are also working to ensure all services, even if not covered by ESPI 2, have appropriate waiting times and effective monitoring systems in place.

Our DNA rates continue to be monitored and our DNA action plan continues in all services. We remain committed to reducing these rates.

The Directorate remains committed to minimising the number of patients in mixed gender rooms but were slightly above target in October 2016. This was due to an increased short term use of acute observation units in Reablement Services which are routinely excluded from reports but cannot be when the use is only short term. Plans are in progress to change the current way we support patients with behaviours of concern so that acute observation units become single sex.

Patient flow targets have been met in October and we have seen a significant reduction in the LOS in our Reablement Service. Improved flow remains one of our goals and this has been sustained with lower bed occupancy and is a reflection of improvements in practice and community service offerings. We continue to work to reduce LOS and minimise the number of patients who have an extended LOS which could be avoided through improved discharge planning with stakeholders and other providers.

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

The Directorate has achieved a significant reduction in excess leave in the last year. We have plans to eliminate this over the summer period. Sick leave is monitored monthly and currently just above target and is being actively managed applying the Auckland DHB Wellness Guide. We have established the Directorate Wellness Group to support staff health. Turnover has increased and is being actively monitored including regrettable turnover levels by service. As a Directorate with a significant change agenda, some turnover is to be expected. We have also completed a plan with Recruitment Services to work more strategically on hard to fill posts and recruitment at all levels as we have some significant recruitment challenges in leadership roles and in some specific clinical posts at this time.

Key achievements in the month

- The Hospital Palliative Care Team have secured long term support to maintain the popular Manaakitia Rounds. The A+ Trust Grant was secured to pilot the rounds initially which have been very well received. We have become the first hospital in Australasia to become a Compassionate Healthcare Hospital by joining the Schwartz Centre in Boston which supports the training of staff to facilitate the rounds. The rounds support staff debriefing on cases and have been well received by staff in all Directorates. Engagement with senior clinical management will occur to develop strategies to support attendance of the rounds by as many people as possible.
- The Diabetes Services have finalised a plan to deliver extra support to community and primary care services in the delivery of diabetes care across the care continuum. This will be rolled out over the course of 2017. An evaluation of the Auckland PHO/Specialist Service diabetes project has commenced. Both activities will support the wider work on diabetes care within the Auckland DHB/Waitemata DHB Diabetes Service Level Alliance (DSLAA).
- A new programme of work has commenced with ACC to redesign the care pathways within non-acute rehabilitation services for older adults and implement a new case mix funding model. This has the potential to further improve the LOS and clinical outcomes and integration of care for the frail older adult. New funding jointly approved by the Board and ACC will see enhanced falls prevention services and fracture liaison services in place across Auckland in the coming months. Recruitment to these new services has commenced.
- The Directorate have implemented electronic prescribing in two of the four wards in Reablement Services. The staff across the service are enthusiastic and proud of this achievement which will improve medicines safety.
- The Directorate have agreed a set of clinical outcome measures, which complement the Directorate business plan measures, within each of the six services which will be monitored and reviewed regularly. This work will be part of the implementation of clinical governance and quality service frameworks in each service group.
- After a significant adverse event early in 2016, a review of process and practice in District Nursing took place which uncovered significant failings in the management of high risk patient's with a history of Rheumatic Fever. The District Nursing Team have modernised their recall and monitoring systems and have achieved a significant improvement in the delivery of care to vulnerable adults in our at risk population. We are pleased to see continued progress toward our goal of 90% concordance for all patients who are in receipt of Bicillin treatment from the team. We are about to commence some further work to improve further with Children's Services.

Areas off track and remedial plans

- DNA action plan for the Directorate has been developed and is being implemented across all services.
- A number of our services use HCC to record activity. There have been no clear business rules in place to ensure the services record activity and volumes accurately which has an impact on

revenue, funding, projection planning and understanding patient flow. The plan developed with Business Intelligence to address this issue is progressing well.

- The Directorate has experienced challenges in the discharge planning of patients who require disability funding support in the community. This has a particular impact on Rehab Plus given the case mix. We are working with Taikura Trust to reduce these delays as quality of care outcome is now being hindered when patients are ready to be cared for in home but cannot receive the required care due to delays in edibility and assessment processes.
- Recruitment to certain clinical and leadership positions has proved challenging. We have completed a recruitment initiative with HR support.

Key issues and initiatives identified in coming months

- Complete recruitment to the Directorate Leadership team. Recruitment to three key leadership posts in the Directorate is in progress currently.
- Implementation, orientation and development of the revised Directorate structure, which introduces the Clinician Leadership model.
- Embed clinical governance processes and decision making systems across the Directorate at service level.
- Implementation and further development of the locality model within community services, integrating Diabetes Services, Palliative Care and Geriatric Medical Services into the model during 2016/17.
- Implement the new Clinician Leadership model in the Adult Palliative Care Services across the district and integrate specialist palliative care.
- Implement the outpatient improvement programme in all relevant areas of our directorate.
- Implement the Specialist Diabetes Plan across ADHB and continue to support the DSLA in their work to redesign the care pathway for people with diabetes in WDHB/ADHB.
- Continue the development of work streams to improve the quality and outcome of the patient's journey including intermediate care, dementia care, frailty pathway and the stroke pathway.
- Development of a capital planning programme for the Directorate and the facilities our services utilise.
- Continue work to improve our skill mix and use of support staff in all aspects of our service provision, in particular nursing and allied health workforce in Community and Reablement Services.

Financial Results

6.8

| Auckland DHB - Adult Community and LTC | | | | | | |
|---|--------------|--------------|---------------|--|---------------|---------------|
| Statement of Financial Performance for October 2016 | | | | | | |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 1,208 | 1,072 | 136 F | 4,309 | 4,325 | (16) U |
| Funder to Provider Revenue | 6,061 | 6,061 | 0 F | 25,003 | 25,003 | 0 F |
| Other Income | 6 | 28 | (23) U | 140 | 113 | 26 F |
| Total Revenue | 7,275 | 7,162 | 114 F | 29,451 | 29,441 | 10 F |
| EXPENDITURE | | | | | | |
| Personnel Costs | | | | | | |
| Medical | 1,135 | 1,220 | 84 F | 4,585 | 4,981 | 396 F |
| Nursing | 1,749 | 1,904 | 155 F | 6,995 | 7,622 | 627 F |
| Allied Health | 778 | 799 | 21 F | 3,046 | 3,236 | 189 F |
| Support | 0 | 0 | 0 F | 0 | 0 | 0 F |
| Management/Administration | 204 | 223 | 19 F | 828 | 919 | 91 F |
| Savings | 0 | (129) | (129) U | 0 | (514) | (514) U |
| Total Personnel Costs | 3,867 | 4,017 | 150 F | 15,455 | 16,243 | 789 F |
| Outsourced Personnel | 148 | 70 | (78) U | 469 | 279 | (190) U |
| Outsourced Clinical Services | 177 | 143 | (34) U | 585 | 570 | (15) U |
| Clinical Supplies | 680 | 668 | (12) U | 2,823 | 2,683 | (140) U |
| Infrastructure & Non-Clinical Supplies | 135 | 116 | (19) U | 597 | 463 | (133) U |
| Total Expenditure | 5,007 | 5,013 | 6 F | 19,929 | 20,238 | 310 F |
| Contribution | 2,268 | 2,148 | 120 F | 9,523 | 9,203 | 320 F |
| Allocations | 408 | 445 | 36 F | 1,690 | 1,815 | 124 F |
| NET RESULT | 1,860 | 1,704 | 156 F | 7,832 | 7,388 | 444 F |
| Paid FTE | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical | 67.2 | 73.3 | 6.1 F | 69.1 | 73.3 | 4.2 F |
| Nursing | 269.2 | 293.1 | 23.9 F | 270.0 | 293.1 | 23.1 F |
| Allied Health | 130.4 | 137.0 | 6.6 F | 126.2 | 137.0 | 10.7 F |
| Support | 0.0 | 0.0 | 0.0 F | 0.0 | 0.0 | 0.0 F |
| Management/Administration | 37.3 | 43.5 | 6.3 F | 37.7 | 43.5 | 5.8 F |
| Savings | 0.0 | (14.9) | (14.9) U | 0.0 | (14.9) | (14.9) U |
| Total excluding outsourced FTEs | 504.0 | 532.0 | 28.0 F | 503.1 | 532.0 | 28.9 F |
| Total :Outsourced Services | 16.8 | 4.2 | (12.7) U | 11.2 | 4.2 | (7.0) U |
| Total including outsourced FTEs | 520.8 | 536.2 | 15.3 F | 514.3 | 536.2 | 21.9 F |

Comments on Major Financial Variances

The current month result for October is \$156k F, and the year to date result is \$444k F.

Current Month

The significant drivers in the directorate's result are:

Income:

- ACC revenue received continues to trend lower than budget (\$50k U) due to low volumes and timing of bi-annual payments. Some upside is expected in future months;

- Revenue was received for the July to October periods relating to two new Service Level Agreements (SLAs): In home strength & balance falls prevention program and the fracture liaison service (total impact was \$176k F). Costs offsetting this are expected in the balance of the year as required staff continue to be recruited.

Expenditure:

- Personnel costs overall \$150k F due to the vacancies (15.38 FTE including outsourced). The directorate has significant vacancies, particularly in Community Nursing. All vacancies are being managed and progress on recruitment is being made despite limited candidate selection pools for some positions. The vacancy situation is on the directorate's risk register.
- Outsourced personnel costs are \$78k U, partially offsetting the favourable personnel variance. This is largely due to the need to cover vacancies.

YTD Result

Price volume schedule (PVS) volumes are below base contract at 91.8%. This equates to \$2,044k under contract. Inter-district flows (IDF) are tracking close to budget (slightly under-delivered by \$16k), while for the Auckland DHB population, there is an under-delivery of \$2,028k. This is due to a number of factors which will be quantified for the next report.

The net under delivery of volumes is not recognised in the Directorate result.

Total net result YTD is \$444k F. Significant drivers of this are:

- ACC revenue \$235k U, reflecting both lower volumes and claim backlogs;
- Personnel and outsourced costs combined \$599k F, due to a high number of vacancies within Reablement and Community Services still being recruited to;
- Clinical supplies are \$140k U due to a scheduled program of high-cost drug treatments being undertaken. It is anticipated that this cost will be partly offset by a pharmacy rebate later in the year.

Savings

The directorate's savings are unfavourable against target by \$258k YTD. This is due to the phased rollout of savings projects. Mitigating strategies already in place have improved the monthly position and the directorate forecasts to meet total savings targets by year end.

Surgical Directorate

Speaker: Wayne Jones, Director

Service Overview

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

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

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

The Surgical Directorate is led by:

| | |
|----------------------------------|----------------|
| Director | Wayne Jones |
| General Manager | Duncan Bliss |
| Nurse Director | Anna MacGregor |
| Director of Allied Health | Kristine Nicol |
| Director of Primary Care | Kathy McDonald |

Supported by Les Lohrentz (HR), and Jack Wolken (Finance)

Directorate Priorities for 16/17

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

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

Q2 Actions

1. Throughput of cases at the Greenlane Surgical Unit

| Activity | Progress |
|---|---|
| Urology phase 1 | Additional capacity allocated and cases moved to GSU from level 8 |
| Urology phase 2 | The business case for more instrumentation is being worked up, although some kit has been purchased via the \$100k CAPEX process to ensure that there are no blocks in the expansion of utilisation of Greenlane |
| Ophthalmology Ocular Plastics and increased Cataract capacity | Previously unallocated all day OR sessions are now being utilised for additional Ocular Plastic sessions. From the new year we are trying to source a mobile microscope which will allow cataracts to be completed in either of the general OR's. |

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

| Activity | Progress |
|---|--|
| Manage discretionary spend | Each specialty has a 5% savings target built into their budget for delivery which is being performance managed through monthly service reviews. |
| Review of all activity being undertaken in non-Clinic/OR settings to ensure all activity is captured and funded | <p>Review of Nursing MOC and activity underway including:</p> <ul style="list-style-type: none"> • Additional nursing activity not being captured, with potential revenue generation • Use of patient attenders for patients on the behaviour of concern pathway (BOC) requiring support – capturing data and ensuring we have up to date info of where these patients are. <p>An audit of activity at patient level is being commenced in September to be able to give specific examples.</p> |
| Weekly Service ESPI Reviews | From October there has been a weekly ESPI and PVS review at service level to track compliance to explore ways of increasing discharge volumes. |
| End to End Stock Management | Just in time project has been initiated that reports to the surgical board. This is to reduce waste in OR's with only opening consumables when required and procedure for use if high cost disposable products. |

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

| Activity | Progress |
|-------------------------------|--|
| Managing capacity and demand | FCT – Priority code is now visible on the WT05 report / waiting list. PAS team leaders now need to ensure that all bookers are trained to enter the field to show the FCT status of the patient. This will improve our reporting and scheduling of patients from a surgical perspective. |
| Waitlist management and SCRUM | This continues to be effective in the OR setting and is now being rolled out in surgical outpatients to ensure that clinic capacity matches the demand for FCT FSA slots. The Surgical Board also now monitor a ‘watch list’ which is the least used OR sessions with a view to reallocate to services that will use them. |
| Preadmission project | <ul style="list-style-type: none"> • Feedback from a number of Anaesthetists and Pre assessment Clinic Staff on what the guiding principles should be • Develop matrix of procedures and patient ASA score to determine standard pre-admit requirements. • Neurosurgery to explore benefit of pre-admit service at ADHB avoiding patients having multiple visits. • GSU Ophthalmology staff have been moved into Perioperative Services to ensure consistent approach to quality and safety throughout the OR’s at Auckland DHB. |

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

| Activity | Progress |
|-------------------------------------|--|
| National Bowel Screening | Representatives from Surgery are working as part of a regional group to deliver the service specification for the National Bowel Screening programme |
| National Intestinal Failure Service | Meeting with the Ministry of Health Governance Board to review progress of NIFS to date. Successful Education Day held. Advances with the database and the national network. |

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

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

Measures

| Measure | | | Target | |
|---|--------|--------|--------|--------|
| ESPI compliance | ESPI 2 | .74% | 0.41% | .34% |
| | ESPI 5 | 2.68% | 0% | 1.9% |
| | ESPI 8 | 94.77% | 100% | |
| DNA rates for all ethnicities (%) | | 8.8% | 9% | 10.17% |
| Elective day of surgery admission rate (DOSA) % | | 77.73% | ≥68% | 79.16% |
| Day surgery rate (%) | | 64.05% | ≥70% | 57.7% |
| FCT delivery | | | 85% | |

Scorecard

Auckland DHB - Surgical Services HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|---|---|--------|-----------|-------------|
| Patient Safety | Medication Errors with major harm | 0 | 0 | 0 |
| | Number of falls with major harm | 0 | 0 | 0 |
| | Nosocomial pressure injury point prevalence (% of in-patients) | 1.6% | <=6% | 0% |
| | Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) | 4.1% | <=6% | 4.4% |
| | Number of reported adverse events causing harm (SAC 1&2) | 0 | 0 | 0 |
| | Unviewed/unsigned Histology/Cytology results < 90 days | 97 | 0 | 60 |
| | Unviewed/unsigned Histology/Cytology results > 90 days | 124 | 0 | 124 |
| Better Quality Care | HT2 Elective discharges cumulative variance from target | 0.92 | >=1 | 0.94 |
| | (ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days | R/U | 100% | 100% |
| | (ESPI-2) Patients waiting longer than 4 months for their FSA | 0.74% | 0% | 0.35% |
| | (ESPI-5) Patients given a commitment to treatment but not treated within 4 months | 2.68% | 0% | 1.9% |
| | (ESPI-8) Proportion of patients treated prioritised using nationally recognised processes or tools | 94.77% | 100% | 96.1% |
| | % DNA rate for outpatient appointments - All Ethnicities | 8.98% | <=9% | 10.17% |
| | % DNA rate for outpatient appointments - Maori | 21.88% | <=9% | 19.46% |
| | % DNA rate for outpatient appointments - Pacific | 17.23% | <=9% | 19.05% |
| | Elective day of surgery admission (DOSA) rate | 77.73% | >=68% | 79.51% |
| | % Day Surgery Rate | 64.05% | >=70% | 57.75% |
| | Inhouse Elective WIES through theatre - per day | 57.34 | TBC | 76.15 |
| | Number of CBU Outliers - Adult | 118 | 0 | 199 |
| | % Patients cared for in a mixed gender room at midday - Adult | 9.9% | TBC | 8.82% |
| | % Very good and excellent ratings for overall inpatient experience | R/U | >=90% | 84.6% |
| | % Very good and excellent ratings for overall outpatient experience | R/U | >=90% | 89% |
| | Number of complaints received | 17 | No Target | 19 |
| | 28 Day Readmission Rate - Total | R/U | <=10% | 7.42% |
| | Average Length of Stay for WIES funded discharges (days) - Acute | 3.06 | TBC | 3.2 |
| | Average Length of Stay for WIES funded discharges (days) - Elective | 0.97 | TBC | 1.39 |
| 31/62 day target - % of non-surgical patients seen within the 62 day target | R/U | >=85% | 77.8% | |
| 31/62 day target - % of surgical patients seen within the 62 day target | R/U | >=85% | 75% | |
| 62 day target - % of patients treated within the 62 day target | R/U | >=85% | 75.86% | |
| Improved Health Status | % Hospitalised smokers offered advice and support to quit | 95.31% | >=95% | 97.44% |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$1.3 | 0 | \$1.26 |
| | % Staff with excess annual leave > 1 year | 32.28% | 0% | 31.54% |
| | % Staff with excess annual leave > 2 years | 16.96% | 0% | 18.02% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | 97.76% | 0% | 99.3% |
| | Number of Pre-employment Screenings (PES) cleared before the start date | 0 | 0 | 0 |
| | Sick leave hours taken as a percentage of total hours worked | 2.73% | <=3.4% | 3.18% |
| | % Voluntary turnover (annually) | 10.83% | <=10% | 11% |
| | % Voluntary turnover <1 year tenure | 4.88% | <=6% | 3.66% |

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

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

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

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

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

Scorecard Commentary

- In October, the cumulative achievement across Surgery was 96% of the discharge target. The biggest area of over delivery against the plan is in General Surgery and Urology who have been utilising some of the lists released by Orthopaedics. There was also 2 days of industrial action in October resulting in over 200 OR hours of elective surgical time being lost. The net effect remains a shortfall against the target. The negative revenue impact of this is noted in the financial report.
- At the end of October the Adult ESPI 2 position was non-compliant for Auckland DHB at 0.74%. This worsened position was due to an increase of 16% FSA's in Orthopaedics without the increased capacity to deliver it.
- The organisational position for ESPI 5 is reported as non-compliant for patients not receiving a date for surgery within 4 months at 2.68% (the target is <1.0%). This is predominantly due to the continuing Orthopaedic under-delivery of 109 cases by the end of October. This position was also impacted from the loss of over 200 OR hours across all surgical services through the RMO industrial action.
- Ophthalmology Services increased weekend activity throughout October in an attempt to increase cataract volumes that will continue for the rest of the year.
- There were 0 SAC 1 and SAC 2 events reported in the month of October.
- There were 0 medication errors reported for the month of October, with major harm. The Directorate continues to work towards undertaking audits on medication administration compliance.
- There were 0 falls reported for the month of October where patients came to major harm.
- There were 14 pressure injuries reported for October, categories for which are as follows:
 - 4 x Category 1 (Non-blanchable erythema) – 2 acquired on site, 2 noted on admission
 - 9 x Category 2 (Partial thickness skin loss) – 4 acquired on site, 5 noted on admission
 - 0 x Category 3 (Full thickness skin loss)
 - 1 x Category 4 (Full thickness tissue loss) – This was noted on admission.
- The DNA rate for appointments for all ethnicities in October is 8.99%. This has taken the Directorate out of red for this measure on the scorecard.
- The number of outliers has risen in October to 118. Where possible teams have been working to align the capacity, cohorting and repatriating patients to reduce the outliers across the surgical bed base, to support the rest of the hospital and the patient flow.
- Smoking Cessation - Performance has improved in October to 96.31%. This is as a result of the on-going work undertaken by the Charge Nurses to ensure that the information is being captured correctly.

Key achievements in the month

- Commenced the Get on Track Discharge Planning group in Surgery.
- Improved process for complaints handling rolled out across the Directorate.
- Acute services maintained throughout industrial action with excellent cross service working to meet service needs.
- Continued reduction in Surgical Length of Stay (LOS) across Acute Surgery.
- Over 50% feedback across the services for the staff engagement survey.
- Patient Experience Feedback comments circulated to wards weekly.

- Active participation to Discharge Planning processes to reduce delayed discharges and in turn length of stay (LOS)
- Continued delivery of bed savings through daily flexing of the surgical bed base.

Key issues and initiatives identified in coming months

- Weekly performance management of ESPI and Discharge targets at service level.
- Savings targets being embedded at service level (5% target set against budgets) to improve accountability.
- Continuation of preadmission project in Urology to be rolled out across other specialities.
- Working with Clinical Support Services to ensure that clinic letters are being produced and reaching patients in a timely fashion (via email or hard copy) to reduce the current increase in DNAs seen across the organisation.
- Orthopaedic productivity model agreement – deliver the PVS/discharge targets.
- Orthopaedic external review to be commenced January 2017
- Ophthalmology Service Improvement programme to commence November.

Summary Net Result

| STATEMENT OF FINANCIAL PERFORMANCE | | | | | | |
|---|---------------|---------------|----------------|--|---------------|------------------------------|
| <i>Surgical Services excluding Orthopaedics</i> | | | | | | Reporting Date Oct-16 |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 487 | 562 | (75) U | 2,040 | 2,250 | (210) U |
| Funder to Provider Revenue | 16,897 | 16,896 | 0 F | 68,673 | 68,673 | 0 F |
| Other Income | 231 | 362 | (130) U | 1,373 | 1,446 | (74) U |
| Total Revenue | 17,615 | 17,820 | (205) U | 72,085 | 72,369 | (283) U |
| EXPENDITURE | | | | | | |
| Personnel Costs | 6,237 | 6,104 | (133) U | 25,148 | 24,768 | (381) U |
| Outsourced Personnel | 177 | 265 | 88 F | 1,211 | 1,060 | (151) U |
| Outsourced Clinical Services | 158 | 125 | (33) U | 693 | 498 | (195) U |
| Clinical Supplies | 1,519 | 1,654 | 134 F | 5,670 | 5,751 | 81 F |
| Infrastructure & Non-Clinical Supplies | 128 | 127 | (1) U | 738 | 508 | (231) U |
| Total Expenditure | 8,218 | 8,275 | 56 F | 33,462 | 32,585 | (877) U |
| Contribution | 9,397 | 9,546 | (149) U | 38,624 | 39,784 | (1,160) U |
| Allocations | 2,030 | 2,072 | 42 F | 7,992 | 8,434 | 442 F |
| NET RESULT | 7,367 | 7,474 | (107) U | 30,632 | 31,350 | (718) U |

| Paid FTE | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
|--|--------------|--------------|-----------------|--|--------------|-----------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical | 164.1 | 164.5 | 0.4 F | 166.1 | 164.5 | (1.6) U |
| Nursing | 376.8 | 365.3 | (11.5) U | 379.2 | 365.3 | (13.9) U |
| Allied Health | 37.2 | 36.6 | (0.6) U | 37.4 | 36.6 | (0.8) U |
| Support | 0.0 | 0.0 | 0.0 F | 0.0 | 0.0 | 0.0 F |
| Management/Administration | 64.2 | 40.0 | (24.2) U | 63.1 | 41.5 | (21.6) U |
| Total excluding outsourced FTEs | 642.3 | 606.3 | (35.9) U | 645.8 | 607.8 | (37.9) U |
| Total :Outsourced Services | 15.1 | 12.5 | (2.6) U | 18.6 | 12.5 | (6.1) U |
| Total including outsourced FTEs | 657.4 | 618.9 | (38.5) U | 664.4 | 620.4 | (44.0) U |

Comments on major financial variances

Month

Patient activity levels achieved were 95% of contract despite the loss of capacity due to the Junior RMO strike action (4% capacity impact on the month), with Neurosurgery delivering highest activity levels of 113% against contract, driven by both inpatient volumes at 113% with that being evenly split between acutes and electives.

Government and Crown Agency ACC Revenue for the month is \$109k U reflecting a slowly declining trend in this revenue type, the reasons for which are multiple and under review, while non-New Zealand resident income (reported within Other income) is \$107k U and is due to the normal fluctuating nature and timing of these patient volumes presenting at Auckland DHB (YTD is \$90k U).

For Surgicals, excluding Orthopaedics, October savings target is \$375k and across all categories is fully achieved for the month.

| Expenditure type | Oct savings achieved (\$k) | Oct savings target (\$k) |
|-------------------------|-----------------------------------|---------------------------------|
| Personnel | \$ 151 | \$ 284 |
| Clinical Supplies | \$ 134 | \$ - |
| Infrastructure | \$ 90 | \$ 91 |
| Total | \$ 375 | \$ 375 |

Personnel costs have delivered \$151k of savings against October's savings target of \$284k, achieved through good gains being made in nursing (targeted savings of \$66k for the month, achieved \$90k) and ORL, excluding nursing, \$85k achieved through vacant positions.

Clinical supply costs are \$134k F, the majority of this saving being through reduced red blood cell usage of \$93k (80% of this saving is within liver and renal transplants) and reduced usage of minor clinical equipment of \$29k F (across all surgical service groups).

Infrastructure costs achieved savings of \$90k against savings targets of \$91k through very low non-New Zealand resident patient bad debt write-offs of \$77k F (General Surgery and Neurosurgery in particular).

Allocations, being primarily internally charged Radiology, Labs and MRI charges etc. are \$42k favourable due to the lower patient volumes.

YTD

Total patient volumes are 97% of contract year to date despite the Junior RMO strike reducing capacity by 1%, with Neurosurgery at 103% of contract to date and of those, inpatient acutes are at 111% of contract.

| Service | YTD performance against contract | End of year forecast |
|---------------------|---|-----------------------------|
| General Surgery | 99% | 101% |
| Neurosurgery | 103% | 100% |
| Ophthalmology | 95% | 100% |
| Oral Health | 93% | 100% |
| ORL | 88% | 100% |
| Transplants - Liver | 122% | 129% |
| Transplants - Renal | 95% | 100% |
| Urology | 98% | 102% |
| Total | 97% | 102% |

Government and Crown Agency ACC Revenue for the month is \$252k U reflecting the slowly declining trend in ACC revenue, which is under investigation.

Surgical excluding Orthopaedics annual expenditure savings target is \$4.5M and amounts to \$1.5M for the four months YTD with ~\$1.0M achieved to date.

| Expenditure type | YTD savings achieved (\$k) | YTD savings target (\$k) | Annual savings target (\$k) |
|-------------------------|-----------------------------------|---------------------------------|------------------------------------|
| Personnel | \$ 757 | \$ 1,137 | \$ 3,411 |
| Clinical Supplies | \$ 81 | \$ - | \$ - |
| Infrastructure | \$ 133 | \$ 363 | \$ 1,089 |
| Total | \$ 971 | \$ 1,500 | \$ 4,500 |

Personnel savings achieved were \$757k with good gains being made in

- Nursing achieved savings of \$245k (against targeted savings of \$264k U) representing FTE gains made through the bed savings initiative and a lower actual cost per FTE employed, running at 4% under budget.
- ORL savings, excluding nursing, of \$195k F resulting from vacant positions.
- General Surgery, excluding nursing, of \$171k F due to lower medical costs, together with some vacant admin positions whose workload is currently met by temporary staff.
- Ophthalmology of \$179k, due to lower medical costs through vacancies and a reduced cost per FTE.

Outsourced personnel costs are unfavourable pending permanent recruitment to Administrative positions in a number of business units (General Surgery, Ophthalmology, Oral Health primarily).

Outsourced clinical services of \$195k U relate to costs to date of additional cataract volumes being met through outsourcing to external providers, which were part of the additional PVS volumes of 400 that were proposed to be outsourced when the contract volumes were agreed.

Clinical supply costs are \$81k F in total and contribute to the total surgical savings target. Good gains are being made through lower red blood cell usage of \$277k F (80% within transplants) and reduced minor clinical equipment of \$79k F across surgical services. However, these are being impacted by increasing Ophthalmology eye treatment pharmaceutical usage as more patients with macular degeneration require this drug, \$221k U and additional costs of transporting donated transplant organs \$78k U (this is due to increasing organ donations from Australia required, at a cost to transport of ~\$60k on average, each).

Infrastructure costs have achieved \$133k of savings due to very low non-New Zealand resident patient bad debt write-offs of \$127k F (mostly General Surgery and Neurosurgery patients).

Allocations, being primarily internally charged Radiology, Labs and MRI charges etc. are \$442k or 5.5% of budget favourable due to the lower patient volumes.

Summary Net Result

| STATEMENT OF FINANCIAL PERFORMANCE | | | | | | |
|--|--------------|--------------|------------------|--|---------------|------------------------------|
| <i>Orthopaedics</i> | | | | | | Reporting Date Oct-16 |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 99 | 211 | (111) U | 491 | 842 | (351) U |
| Funder to Provider Revenue | 3,404 | 5,004 | (1,600) U | 16,459 | 19,259 | (2,800) U |
| Other Income | 2 | 14 | (12) U | 19 | 57 | (38) U |
| Total Revenue | 3,505 | 5,229 | (1,724) U | 16,969 | 20,159 | (3,189) U |
| EXPENDITURE | | | | | | |
| Personnel Costs | 1,385 | 1,433 | 48 F | 5,419 | 5,765 | 346 F |
| Outsourced Personnel | 3 | 0 | (3) U | 8 | 0 | (8) U |
| Outsourced Clinical Services | 5 | 386 | 380 F | 25 | 1,561 | 1,537 F |
| Clinical Supplies | 1,030 | 849 | (181) U | 3,883 | 3,410 | (473) U |
| Infrastructure & Non-Clinical Supplies | 36 | 23 | (13) U | 97 | 93 | (4) U |
| Total Expenditure | 2,460 | 2,691 | 231 F | 9,431 | 10,829 | 1,398 F |
| Contribution | 1,045 | 2,538 | (1,493) U | 7,538 | 9,329 | (1,791) U |
| Allocations | 391 | 407 | 16 F | 1,544 | 1,649 | 105 F |
| NET RESULT | 655 | 2,132 | (1,477) U | 5,995 | 7,681 | (1,686) U |

| Paid FTE | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
|--|--------------|--------------|----------------|--|--------------|--------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical - SMO | 13.6 | 17.2 | 3.6 F | 15.2 | 17.2 | 2.0 F |
| Medical - MOSS/GP | 3.1 | 1.2 | (1.9) U | 1.4 | 1.2 | (0.2) U |
| Medical - JRMO | 25.3 | 21.4 | (3.9) U | 22.9 | 21.4 | (1.5) U |
| Nursing | 106.3 | 104.3 | (2.0) U | 101.2 | 104.3 | 3.1 F |
| Allied Health | 0.2 | 0.8 | 0.6 F | 0.4 | 0.8 | 0.5 F |
| Support | 0.0 | 0.0 | 0.0 F | 0.0 | 0.0 | 0.0 F |
| Management/Administration | 5.9 | 5.5 | (0.4) U | 5.4 | 5.5 | 0.1 F |
| Total excluding outsourced FTEs | 154.5 | 150.4 | (4.0) U | 146.5 | 150.4 | 3.9 F |
| Total :Outsourced Services | 0.6 | 0.0 | (0.6) U | 0.4 | 0.0 | (0.4) U |
| Total including outsourced FTEs | 155.1 | 150.4 | (4.7) U | 146.9 | 150.4 | 3.5 F |

Comments on major financial variances

Month and YTD

Funder Revenue is unfavourable for the month and YTD reflecting the shortfall in meeting the inpatient volumes elective contract. Year on year the full year increase in contracted volumes over last year is 18.5% and \$9.2M.

ACC revenue for the month and YTD reported within Government and Crown Agency, are both lower than budget and are reflective of a declining trend across all surgical services and is under review.

Personnel and outsourced clinical services costs are both favourable due to the lower elective volumes being achieved.

Clinical supply costs are unfavourable reflecting the high risk implant savings target of \$250k per month and \$1.0M YTD due to the ongoing pressures within the service.

Cardiovascular Directorate

Speaker: Dr Mark Edwards, Director

Service Overview

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

The Cardiovascular Team is led by

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

Directorate Priorities for 16/17

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

1. 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

Q2 Actions – 90 day plan

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

Regular clinical leadership meetings are in place; engagement is ongoing in development of a Metric Dashboard encompassing clinical outcome measures for each service in conjunction with Business Intelligence over this quarter. We are continuing to develop our Clinical Governance arrangements by refining our Directorate leadership meetings and reporting from services.

The first report from the National Cardiac Surgery Database is awaited. As previously highlighted, submission of data to the National Database has proved challenging for Auckland DHB due to the current clinical database arrangements being different to those of the other contributing DHBs. Work within the Directorate in association with IMTS is continuing in order to develop a sustainable solution.

2. Reconfigure service delivery for patient pathway(s)

The project to improve waiting times and equity of access for inpatients waiting for Cardiothoracic Surgery across the region is continuing. The required supplementary data acquisition has been completed and the team are now looking at potential solutions. One potential solution involves a dedicated preoperative care area for Cardiothoracic surgery patients.

The timeline for the proposal to reconfigure the Nursing Model of Care in the Cardiothoracic inpatient ward has been pushed out pending reconsideration of how this will impact on planned changes in the Cardiothoracic patient pathway (supporting improved flow and discharge planning for Cardiothoracic Surgery patients). It is anticipated that it will proceed in the New Year after consultation with relevant stakeholders.

The service has received positive feedback around the recent changes to the Diabetic Foot service following implementation of a Nurse Specialist position.

3. Planning for future service delivery

A new regional roster for cardiology electrophysiology interventions will be implemented on 28 November. This development has been a long term planning exercise in association with the Northern Regional cardiac network.

We have signalled a piece of work with Northland DHB to develop a shared plan for delivery of pacemaker clinics by local staff. ADHB has provided some information to NDHB to inform their decision making, the long term plan will be to repatriate this service.

Work has been initiated with services in identifying and planning to address vulnerable specialist workforces, starting with Clinical Perfusionists; a draft report outlining recommendations around several service components has been completed and is to be shared with relevant stakeholders. The final report will be delivered to a Steering group comprising Chief Health Professions Officer and the Directors of the Cardiovascular and Child Health Directorates.

Implementation of plans based on the business case submitted to the Ministry of Health relating to Heart and Lung Transplantation continues. House officer role is in place. Plans to appoint an additional registrar have been delayed following consultation, in which agreement was not reached. Re-consultation will be considered in Q2. The Directorate is actively involved in assisting with development of a Solid Organ Transplant Board to enhance advocacy for transplant services, ensure they are sustainable and to enhance their governance.

Two sub committees remain for the hybrid operating room, clinical practice and radiation safety. The radiation safety group has developed Radiation safety committee recommended guidelines and continues to work on individual monitoring using ray safe. Guidelines are being developed for the use of the hybrid operating room out of hours.

Discussion took place at Regional Cardiac network meeting regarding the impact of increasing demand for TAVI. Engagement continues with clinicians and suppliers around proactively managing these challenges moving forward.

A plan to ensure sustainable delivery of non-DHB patient services for patients from Tahiti has been refined. A meeting with CPS has been organised for 16 December giving opportunity to discuss and revitalise the contract.

4. Financial sustainability

Refer financial report.

Measures

| Measures | Current | Target (end 16/17) |
|--|-----------|--------------------|
| 2. Adverse events: number of outstanding recommendations by due date | TBA | <10 |
| 2. Adverse events: number of days from Reportable Events Brief-A submission to report ready for Adverse Events Review Committee (working days) | >100 days | <70 days |
| 2. % of patients with email address submitted at admission | 25% | 85% |
| 2. Inpatient experience very good or excellent | 94% | >90% |
| 3. Number of Service redesign projects timeframes off track | 0 | 0 |
| 3. % P1 patients waiting outside priority wait times | 1.92% | 5 |
| 4 Staff feedback from development and implementation of comms plan | NYC | Favourable |
| 6. Directorate remains within budget (within 5% variance) & Savings plan projects favorable to budget | Off plan | On budget |

Scorecard

Auckland DHB - Cardiovascular Services HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|--|---|--------|-----------|-------------|
| Patient Safety | Central line associated bacteraemia rate per 1,000 central line days | 1 | <=1 | 0 |
| | Medication Errors with major harm | 0 | 0 | 0 |
| | Number of falls with major harm | 0 | 0 | 0 |
| | Nosocomial pressure injury point prevalence (% of in-patients) | 0% | <=6% | 3.3% |
| | Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) | 4.1% | <=6% | 4% |
| | Number of reported adverse events causing harm (SAC 1&2) | 1 | 0 | 1 |
| | Unviewed/unsigned Histology/Cytology results < 90 days | 5 | 0 | 12 |
| | Unviewed/unsigned Histology/Cytology results > 90 days | 0 | 0 | 2 |
| Better Quality Care | HT2 Elective discharges cumulative variance from target | 0.74 | >=1 | 0.73 |
| | (ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days | R/U | 100% | 100% |
| | (ESPI-2) Patients waiting longer than 4 months for their FSA | 0.18% | 0% | 0% |
| | (ESPI-5) Patients given a commitment to treatment but not treated within 4 months | 0% | 0% | 0% |
| | % DNA rate for outpatient appointments - All Ethnicities | 10.27% | TBC | 13.32% |
| | % DNA rate for outpatient appointments - Maori | 18.52% | TBC | 16.81% |
| | % DNA rate for outpatient appointments - Pacific | 21.21% | TBC | 28.92% |
| | Elective day of surgery admission (DOSA) rate | 15.28% | TBC | 22.33% |
| | % Day Surgery Rate | 0% | TBC | 1.85% |
| | Inhouse Elective WIES through theatre - per day | 19.4 | TBC | 25.94 |
| | Number of CBU Outliers - Adult | 49 | 0 | 71 |
| | % Very good and excellent ratings for overall inpatient experience | R/U | >=90% | 94% |
| | % Very good and excellent ratings for overall outpatient experience | R/U | >=90% | 92.3% |
| | Number of complaints received | 5 | No Target | 6 |
| | 28 Day Readmission Rate - Total | R/U | TBC | 12.39% |
| | % Adjusted Session Theatre Utilisation | 86.82% | >=85% | 84.34% |
| | % Theatre Cancellations | 7.69% | TBC | 11.96% |
| | Average Length of Stay for WIES funded discharges (days) - Acute | 4.63 | No Target | 5.27 |
| | Average Length of Stay for WIES funded discharges (days) - Elective | 2.23 | No Target | 2.7 |
| | Cardiac bypass surgery waiting list | 110 | 52-108 | 96 |
| % Accepted referrals for elective coronary angiography treated within 3 months | 99.32% | >=90% | 98.77% | |
| Improved Health Status | % Hospitalised smokers offered advice and support to quit | 97.01% | >=95% | 97.06% |
| | Vascular surgical waitlist - longest waiting patient (days) | 106 | <=150 | 146 |
| | Outpatient wait time for chest pain clinic patients (% compliant against 42 day target) | 96.67% | >=70% | 91.43% |
| Engaged Workforce | Excess annual leave dollars (\$M) | \$0.66 | 0 | \$0.64 |
| | % Staff with excess annual leave > 1 year | 33.68% | 0% | 33.5% |
| | % Staff with excess annual leave > 2 years | 12.91% | 0% | 14.13% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | 100% | 0% | 100% |
| | Number of Pre-employment Screenings (PES) cleared before the start date | 0 | 0 | 0 |
| | Sick leave hours taken as a percentage of total hours worked | 3.91% | <=3.4% | 4.11% |
| | % Voluntary turnover (annually) | 13% | <=10% | 13% |
| | % Voluntary turnover <1 year tenure | 2.94% | <=6% | 2.86% |

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals within 10 working days

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Scorecard Commentary

- There was one SAC 2 event reported in the month of October for the Cardiovascular Directorate.
- There were 5 complaints recorded. One relates to information requested around a procedure carried out in 2008. The remaining four are primarily regarding communication with patients and family. Two complaints have been closed, three are currently being investigated.
- Medication errors, pressure injuries and falls are in line with previous trends - none resulted in serious harm.
- At the end of October the Cardiovascular Service is meeting the 4 month target in elective services for ESPI 5 and was reported as moderately non-compliant for ESPI2, 2 patients breached in cardiology services. Mitigations include engagement with the SMOs to deliver agreed volumes in outpatient clinics. Additional clinics are being scheduled as required to cover SMO leave. We expect to avoid further breaches.
- In October the cardiac surgery eligible bypass waitlist increased from 96 to 110; the increase is attributed to higher inflows, 128 against a plan of 95; there was 1 transplant for the month and 5 extracorporeal membrane oxygenation (ECMO) patients. The challenge for the cardiothoracic surgery service in next few weeks is to manage the waitlist, particularly the priority 2 patients, whilst meeting the continued trend of increasing inflows.
- The impact of high acute demand continues to impact on Vascular elective surgery production; Vascular surgery is currently at 75% of their elective activity target but well over in acutes (119%); we have a recovery plan in place to address this.
- Cardiology Electrophysiology volumes have continued to rise steadily due to higher inflows and limited bed capacity. We are introducing a change to procedural Lab scheduling to ensure optimal resource utilisation. ESPI5 Cardiology Interventional waitlists are under control as we move toward Christmas. However the refurbishment Cath Lab Room 1 over Dec-Feb will likely cause the waitlist to rise; plans for mitigation including decanting of patients to alternative locations is well underway. The impact of the refurbishment is also likely to impact on the Electrophysiology waitlist as these patients also undergo interventions in Room 1.

Key achievements in the month

- Management of high number of inflows to cardiothoracic surgery waitlist
- Successful implementation of additional House officer across the cardiology and cardiothoracic surgery pathway.
- Appointment of new General Manager
- Service level escalation plans in place
- Implementation of weekly combined Auckland DHB/Counties Manukau DHB cardiosurgical videoconference

Areas off track and remedial plans

- The number of patients waiting for surgery remains higher than we would like for this time of year, placing our maintenance of clinically appropriate wait times under pressure. We continue to manage this actively.
- This month's financial result shows a break even position in clinical supplies costs; however this was mainly due to lower volumes over the month of October. Work continues into examining clinical supplies costs particularly in Electrophysiology and cardiac measurement. To this end we note cost per case has decreased in Electrophysiology over the previous 2 months.

- The Elective discharge targets for cardiothoracic and vascular – Recovery plans are in place and we will continue to monitor and manage this closely in the face of high acute demand.

Key issues and initiatives identified in coming months

- Monitoring progress against the savings plan and making budget in the context of our waitlist challenges.
- Managing the costs of clinical supplies against service delivery.
- Meeting clinical treatment targets for Surgery and Cardiology Interventions along with maintaining focus on our Quarterly objectives.
- Planning for the scheduled Cath Lab Room refit to take place over the Christmas period is underway to minimise impact to EP and Intervention waitlists and ensure the project is successful.
- Change proposal document to be released for ward 42 structure
- Monitoring our elective discharge volumes against the recovery plan

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Cardiovascular Services

Reporting Date **Oct-16**

(\$000s)

| | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
|--|---------------|---------------|------------------|--|---------------|------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 92 | 116 | (24) U | 357 | 466 | (109) U |
| Funder to Provider Revenue | 10,179 | 11,179 | (1,000) U | 43,922 | 44,922 | (1,000) U |
| Other Income | 574 | 586 | (12) U | 2,035 | 2,344 | (309) U |
| Total Revenue | 10,846 | 11,882 | (1,036) U | 46,314 | 47,731 | (1,418) U |
| EXPENDITURE | | | | | | |
| Personnel | | | | | | |
| Personnel Costs | 5,409 | 5,289 | (120) U | 22,152 | 21,367 | (785) U |
| Outsourced Personnel | 59 | 48 | (11) U | 187 | 192 | 5 F |
| Outsourced Clinical Services | 13 | 57 | 44 F | 252 | 228 | (24) U |
| Clinical Supplies | 2,732 | 2,732 | 0 F | 11,886 | 10,965 | (920) U |
| Infrastructure & Non-Clinical Supplies | 95 | 124 | 29 F | 551 | 496 | (55) U |
| Total Expenditure | 8,308 | 8,251 | (58) U | 35,027 | 33,248 | (1,779) U |
| Contribution | 2,537 | 3,631 | (1,094) U | 11,287 | 14,484 | (3,197) U |
| Allocations | 1,040 | 1,027 | (14) U | 4,149 | 4,176 | 26 F |
| NET RESULT | 1,497 | 2,605 | (1,107) U | 7,137 | 10,308 | (3,171) U |
| Paid FTE | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical | 91.5 | 94.5 | 2.9 F | 93.8 | 94.5 | 0.6 F |
| Nursing | 319.8 | 329.0 | 9.3 F | 316.7 | 329.0 | 12.3 F |
| Allied Health | 66.6 | 66.6 | (0.1) U | 65.8 | 66.6 | 0.8 F |
| Support | 2.7 | 2.7 | 0.0 F | 2.8 | 2.7 | (0.1) U |
| Management/Administration | 31.0 | 23.0 | (8.1) U | 31.0 | 23.0 | (8.0) U |
| Total excluding outsourced FTEs | 511.6 | 515.7 | 4.1 F | 510.1 | 515.7 | 5.6 F |
| Total Outsourced Services | 4.8 | 1.7 | (3.0) U | 2.9 | 1.7 | (1.1) U |
| Total including outsourced FTEs | 516.4 | 517.4 | 1.0 F | 513.0 | 517.4 | 4.4 F |

Comments on Major Financial Variances

The year to date result is \$3,171k U – driven by lower non Funder to Provider revenue, lower internal revenue, higher than budgeted SMO costs and higher clinical supply costs.

Total year to date inpatient WIES are 5% higher than 2015-16 and 97% of budget. Overall year to date wies activity for cardiology is 103% of budget. Cardiothoracic and vascular surgery are slightly below budget at 95% and 95% respectively; notably the activity for cardiothoracic and vascular surgery is skewed towards acute services. The overall total wies position is 97% of year to date budget. October was a quiet month for transplants (1 transplant for the month and now at budget levels year to date).

YTD FTE Employed/Contracted is 5.6 FTE favourable.

1. Revenue

Overall revenue variance year to date is \$1,418k U due to:

- PVS base contract revenue \$1.0M U. This primarily relates to elective inpatient under-delivery across most specialities and was impacted significantly in October by reduction in activity due to the RMO strike.
- Unfavourable variance from Non-Resident patients, with a volume lower than budget. This is in line with previous trends over winter; at this point we expect to achieve budget revenue for the year.
- ACC revenue is also behind budget, an organisational project is underway to look at this trend.

2. Expenditure

Total Expenditure (including allocations) year to date is \$1,753k U. This is mainly driven by:

- Personnel and outsourced personnel costs being net \$780k U; primarily from a high volume of acute complex cases and a changed medical skill mix in the service.
- Clinical Supplies is \$920k U. There are three causes:
 - Cardiology clinical supply costs at \$469k U due to both volume and price factors. In Cardiology electrophysiology catheters are at 139% of budget; a review of usage and price was undertaken in early September. While we have subsequently seen a significant reduction in average catheter cost/case over September and October, volumes continue to trend upwards.
 - Cardiothoracic costs reflect the higher activity for the first quarter in particular. Year to date costs, excluding depreciation, are 113% of prior year, which is \$328k U to budget. This is in the context year to date volumes at 105% of prior year. Much of this cost increase relates to very high blood costs as detailed below.
 - Blood costs are \$271k U which relates to 5 high cost NHIs. (This is also 45% higher than prior year).
 - Clinical equipment depreciation is \$48k U although much of this cost relates to 2015-16.
- Infrastructure and Non-Clinical Supplies is \$55k U Internal Allocations are 26k F.

Our position remains challenging in the context of ongoing clinical demand – particularly in cardiology - and ESPI compliance. What is also noticeable in cardiothoracic surgery particularly is that we are circa 5% ahead of prior year volumes albeit we are slightly below overall contract volumes.

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

- Looking to introduce a different surgical skill mix into cardiothoracic surgery for the next calendar year
- Review of pricing and products with regard to catheters and TAVIs in cardiology
- Ongoing vacancy management

Commercial and Non Clinical Support Directorate

Speaker: Clare Thompson, General Manager

Service Overview

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

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

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

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

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

Directorate Priorities for 16/17

In 2015/16 the Commercial and Non Clinical Support Directorate developed a work programme to align with the delivery of both the Provider Arm and Corporate Services key priorities including regional and national initiatives. This programme of work will continue throughout 2016/17 and include;

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

Q3 and Q4 Actions – 90 day plan (16/17)

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

| Service Group | Deliverable/Action | Q1 | Q2 | Q3 | Q4 | 17/18 |
|----------------------------|---|----|----|----|----|-------|
| Contracts | Contracts Database | | √ | √ | √ | |
| Contracts | Contracts Management framework | | √ | √ | √ | |
| Contracts | Transforming Food Service Delivery | | √ | √ | √ | |
| Business Improvement | Motor Vehicle – Service Review | | | √ | √ | √ |
| Business Improvement | Motor Vehicle Fleet Strategy | | | √ | √ | √ |
| Business Improvement | Sustainability Strategy | | | | √ | |
| Business Improvement | Sustainable Transport | | | | | |
| Operations NCS | Security Access Control & CCTV System | √ | √ | √ | √ | √ |
| Operations NCS | Security-for-Safety work programme | √ | √ | √ | √ | √ |
| Operations NCS | Security Strategy | √ | √ | √ | √ | √ |
| Operations NCS | Waste Transformation Project | | | √ | √ | √ |
| Procurement & Supply Chain | healthAlliance/Procurement Framework | √ | √ | √ | √ | |
| Procurement & Supply Chain | Supply Chain Framework | √ | √ | √ | √ | |
| Procurement & Supply Chain | Auckland Regional Supply Chain Review | √ | √ | √ | √ | |
| Procurement & Supply Chain | Gap analysis for National Oracle system | √ | √ | √ | √ | |

Scorecard

Auckland DHB - Support Services

HAC Scorecard for October 2016

| | Measure | Actual | Target | Prev Period |
|-------------------|---|--------|--------|-------------|
| Engaged Workforce | Excess annual leave dollars (\$M) | \$0.02 | 0 | \$0.02 |
| | % Staff with excess annual leave > 1 year | 34.58% | 0% | 35.62% |
| | % Staff with excess annual leave > 2 years | 8.88% | 0% | 7.76% |
| | % Staff with excess annual leave and insufficient plan to clear excess by the end of financial year | 100% | 0% | 100% |
| | Number of Pre-employment Screenings (PES) cleared before the start date | 0 | 0 | 0 |
| | Sick leave hours taken as a percentage of total hours worked | 4.79% | <=3.4% | 5.33% |
| | % Voluntary turnover (annually) | 15.35% | <=10% | 13% |
| | % Voluntary turnover <1 year tenure | 24.24% | <=6% | 21.43% |

Key achievements in the month

Cleaning Services

- Combined average audit score at Auckland Hospital and Greenlane Clinical Centre is 92 % for the month of October 2016. Breakdown by site; 91% Grafton and 96% Greenlane.
- The proposal for a new auditing system includes real time dashboard with audit scores to compare with compliance.
- Increased cleaning practices continue in Motutapu Ward and Haematology Day Stay to tackle the VRE outbreak.

- The use of Deprox machines (decontamination) is also on-going. Deprox machine cleaning for contaminated areas increased from 63 in September to 89 in October.
- Cleaning-related slips and trips continue to be low/zero. There were no cleaning-related slips and trips reported in October.
- Cleaning staff continue to maintain high standards with 6 written compliments received in October.
- GLCC Workplace Literacy Course was completed on 5 October. A graduation ceremony was held on 19 October for the 12 staff who participated.
- Planning underway for ACH and GCC 2017 Workplace Literacy Courses to commence from February 2017.
- NZQA Level 3 training is almost completed with 10 staff fully completed with the remaining staff having 3-5 units to complete.
- Long Service Recognition – 13 Cleaning staff received the Long Service Award in October for over 20 years' service.

Staff Residences

- Occupancy for month of October was 74% made up of; Level 3 69%, Level 5 71%, Level 6 79% and Level 7 75%.
- Eftpos facilities have now been implemented to support shorter stays, improve service convenience and occupancy levels.
- Review of current House Rules (Terms and Conditions) is being reviewed to reflect updated agreements.

Security for Safety Programme

- All work-streams are progressing well including; detailed policies, training, access control, systems upgrades.

Supply Chain and Procurement

Supply Chain Review

- Auckland DHB personnel have been working with personnel from Counties Manukau DHB, Waitemata DHB, and health Alliance through the first 90 day programme of work which is to be completed by end of November 2016.
- The streams of work are as follows:

| | |
|----------|---|
| Stream A | <ul style="list-style-type: none"> • Strategic, risk, maturity matrix, frameworks and policies including an inventory management policy for the region. |
| Stream B | <ul style="list-style-type: none"> • People – establish RASCIs across all 4 entities, appropriate staffing levels and training framework. |
| Stream C | <ul style="list-style-type: none"> • Reduced intervention and effort with simplified Procure to Pay process. • Workshops have been held with recommendations for SCOG on the 24th November. |
| Stream D | <ul style="list-style-type: none"> • Information and data integrity held on Oracle – data quality relating to product and services held on Oracle is poor. • DHBs and healthAlliance to work towards the data requirements for the NOS project. Clinical personnel have been included in the teams. |
| Stream E | <ul style="list-style-type: none"> • Document the physical flows at each hospital in the Auckland Metro in order to make recommendations to better meet the needs of customers and improve efficiency of the regions distribution network. This also supports the renegotiation of the Onelink contract. |

| | |
|----------|---|
| Stream F | <ul style="list-style-type: none"> Better represent Customer needs. The teams in the work-stream have been developing a customer matrix which will be able to be used across the region to agree on service priorities with the service management and reflect that back into the level of service being provided by supply chain. Clinical personnel have been included in teams. This will be presented to the SCOG 24 November. |
|----------|---|

Inventory Management Category Reviews

The team has started a programme of category reviews with selected services. Given the need to identify savings quicker than this project would deliver a contractor with specialist skills has been retained to create a framework and methodology to reduce days of inventory to free up cash without impacting service.

Security – Operations

- The outcome of the trial of stab-resistant body armour has been presented to the Security for Safety Steering Group and will now be considered as part of the Security Staffing and Services work-stream.
- New security improvements to the cycle parks are being planned.
- Auckland Police will be attending Auckland City Hospital to carry out a crime prevention awareness day on 30 November 2016.
- Safe Physical intervention training is being arranged through the Security Manager and the Restraints Minimisation Committee.
- Code Orange requests: A total of 69 Code Orange responses were attended in October compared to 82 in September.
- Patient Security Watches: There were 184 requests for the month of October compared to 209 in September.

Security – Parking

- Non-compliant parking during nights and weekends continues to be a challenge. Security are focussing on the ambulance bays, cars on yellow lines, disabled car-parks and LabPlus parking area.
- Security personnel actively enforce the parking restrictions at both sites and in particular at the drop-off zones.
- Car Park B now has a full complement of new CCTV cameras online and being monitored.

Waste Services and Sustainability

- To ensure the health and safety of all relevant staff, education on Sharps Waste has been planned and increased communication undertaken.
- A mandatory e-learning module on waste awareness/ segregation for all new Auckland DHB staff is being explored.
- A waste awareness campaign is being devised in conjunction with Waste Management. The aim is to use pop-up stalls and interactive information sessions to improve waste awareness and knowledge amongst staff.

Property Leases

- The lease for the Lab Services located in Carbine Road, Mt Wellington expires in September 2017. Labtest have extended to Sept 2018 (as per the agreement). Discussions will be underway to secure this property until 2020.
- The Youth Transition Program team located at 218 Great South Road site lease expires in February 2017. A number of options were considered but none ideal. At Auckland DHB's request the landlord has extended for another year to February 2018. However, this resulted in an increase in rent from \$66,000 to \$75,000 pa. The search will continue to look for a suitable property.
- St Luke's Community Mental Health lease expires in October 2017 and alternative sites are being sought. The project group is still reviewing its options and has appointed a project manager to prepare a business case.
- Manaaki House, 15 Pleasant View Road, Panmure, site lease expires in March 2018. Auckland DHB has requested a proposal from the landlord for a further term of 9 years (3*3*3) with options to refurbish the property (paint, carpet etc).
- Quality commercial vacancy levels continues to be a challenge and difficult to locate.

The following rent reviews or lease extensions were completed or underway in October 2016.

- Ostend Road Waiheke Island Community Services Building – the landlord has proposed a rent review from \$42,000 to \$45,600 pa. This is work in progress.

Property Other

- Community Mental Health Services are reviewing other MHS leased properties.
- JLL is preparing its property inspection and Health & Safety report for leased premises. The draft report is due in December 2016.
- Health Alliance who occupied 928 sqm on lower ground level of Building 16 GCC has relocated to the Connect Building, Penrose which is leased by HA. Healthalliance are to provide a list of areas they occupy and Auckland DHB will need to negotiate a new rent.

Retail Outlet

- Foodco – Jamaica Blue opened on the 1st November 2016. Foodco plan to refurbish Greenlane Muffin Break during the Christmas / New Year holidays (dates to be confirmed).
- Planet Espresso Level 5 refurbishments plans are being completed with work expected to start February 2017. The retail coffee station at GCC (previously Jamaica Blue) will be changed to a Planet Espresso coffee station. The commencement date is expected to be mid/late November.
- Lease negotiation with the current bookshop licence holder for the provision of Postal/ Bookshop/Lotto services is on-going.
- Negotiations with the Florists to provide a florist cart /station in the area currently occupied by Planet Espresso is on-going. A temporary florist cart for 2-3 months is planned for Level 5 whilst Planet Espresso is refurbished.

- Park Road – Columbus Coffee have exercised their right of renewal for a further term of 5 years from commencing 1 March 2017.
- Park Road- Auckland Barbers have exercised their right of renewal for a further term of 4 years from commencing 1 May 2017.

Parking and Shuttle Services

- The Greenlane ASB show parking revenue has doubled from last year generating \$21,000 for Armageddon and Big Boys Toys show.
- On-Call Carparks and National Women’s access holder’s carparks behind Starship need to be relocated to accommodate construction site offices for the Starship refurbishment.
- The Pavlovich Shuttle contract expires in April 2017. Discussions are underway with healthAlliance to tender this service.
- Wilson Parking has appointed a new site manager and a 3-month training programme is underway.
- The number of days where there are traffic queues on Park Road has reduced significantly and queues have become more sporadic and partly attributed to the additional 69 car parks in Car Park A, a warmer winter than usual and Wilsons opening a public car park on the Grafton Oaks site (Grafton Road).
- The increase in public demand for car parks at Greenlane continues. This is attributed to the partial closure of public parking by the Auckland Trotting Club with its construction activity. The focus is on removing staff parking from the Pay and Display public carpark outside the Costley Block. A replacement Pay and Display which accepts Eftpos transactions has been ordered.
- Beca Traffic Engineers confirmed the Auckland DHB is providing the correct number of compliant mobility carparks on both sites and identified a number of opportunities on increasing compliant carparks by remarking. The Beca report is being considered by Facilities Development.

Contract Management

Linen

- The linen utilisation is currently being reviewed; results will be available next month. At present there is no further change in the utilisation rate: ACH 76-78% and GCC remains on target at 80%.
- Preliminary feedback on the printed Kiwiana fabric for a universal patient gown indicates that the fabric may not be appropriate for patients with cognitive impairment. ARDHB have now approved a plain blue fabric for the universal patient gowns and the Kiwiana pattern will become obsolete.
- Starship Children’s Hospital will undertake a trial for a universal paediatric gown using the Kiwiana fabric. The Service has approved the fabric as being suitable for the paediatric setting. The gowns are currently being trialled at Counties Manukau DHB.
- Accelerated and real-time ageing of single wrapped sterile packs is in progress and will be reviewed in March 2017.
- CAT Laundry audit will take place in December at the Taylors plant in Point Chevalier.

- A proposal for a scrub dispensing machine will be demonstrated to all DHB staff on 11 November to enable more cost effective management of scrub slippages.

Food and Nutrition Services

- Reinstatement of hot belt for Starship Hospital with formal Corrective Action Plan and weekly updates is on-going.
- The trial of Steamplicity in Older Peoples Health (Rangitoto Ward) has been extended. A business case is being prepared to fully implement Steamplicity for this service on a permanent basis.
- A review of standing orders for perishable ward supplies was conducted throughout the month with most wards reducing their orders. Estimated savings of \$180k per annum.
- Compass Group will be leading the engagement and implementation for the new food service for Level 5 Starship Hospital and have committed to ensuring this is managed proactively with SSH senior leadership.

Key issues and initiatives identified in coming months

| Area | Timeframe |
|--|--------------------------------|
| Cleaning Services <ul style="list-style-type: none"> • Staff development and training programme • Implement staff PDRs • Cleaning staff recruitment | On-going Ongoing Ongoing |
| Sustainability – Waste Reduction Programme | Oct 16 |
| Security for Safety Programme | Jun 17 |
| Security CCTV & Access Control upgrade | Jun 17 |
| Motor Vehicle Fleet Strategy | Dec 16 |
| HealthAlliance Regional Supply Chain Review | Dec 16 |
| Oracle V12 Upgrade | Ongoing |
| Oracle V12 Upgrade - data Integrity audits and recovery of moneys due | Ongoing |
| DHB/HealthAlliance review of OneLink contract | Dec 16 |
| Taylor’s Linen Contract – sterile linen expiry extension | March 17 |
| Mail Services – Investigation of Mail House Service | Oct 16 On-going |
| Sustainable Transport Programme | Jul 17 |

Financial Results

| STATEMENT OF FINANCIAL PERFORMANCE | | | | Reporting Date Oct-16 | | |
|---|----------------|----------------|---------------|--|-----------------|----------------|
| <i>Non-Clinical Support Services</i> | | | | | | |
| (\$000s) | MONTH | | | YEAR TO DATE (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| REVENUE | | | | | | |
| Government and Crown Agency | 0 | 0 | 0 F | 0 | 0 | 0 F |
| Funder to Provider Revenue | 23 | 23 | 0 F | 92 | 92 | 0 F |
| Other Income | 942 | 847 | 96 F | 3,700 | 3,386 | 314 F |
| Total Revenue | 965 | 870 | 96 F | 3,792 | 3,479 | 314 F |
| EXPENDITURE | | | | | | |
| Personnel | | | | | | |
| Personnel Costs | 858 | 979 | 122 F | 3,373 | 4,018 | 645 F |
| Outsourced Personnel | 110 | 0 | (110) U | 579 | 0 | (579) U |
| Outsourced Clinical Services | 0 | 0 | 0 F | 0 | 0 | 0 F |
| Clinical Supplies | 11 | 19 | 7 F | 44 | 76 | 32 F |
| Infrastructure & Non-Clinical Supplies | 2,412 | 2,409 | (3) U | 10,121 | 9,636 | (484) U |
| Total Expenditure | 3,391 | 3,407 | 16 F | 14,117 | 13,730 | (387) U |
| Contribution | (2,426) | (2,537) | 111 F | (10,324) | (10,251) | (73) U |
| Allocations | (1,022) | (1,027) | (4) U | (4,233) | (4,075) | 158 F |
| NET RESULT | (1,404) | (1,511) | 107 F | (6,091) | (6,177) | 85 F |
| Paid FTE | | | | | | |
| | MONTH (FTE) | | | YEAR TO DATE (FTE) (4 months ending Oct-16) | | |
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical | 0.0 | 0.0 | 0.0 F | 0.0 | 0.0 | 0.0 F |
| Nursing | 0.2 | 0.2 | 0.0 F | 0.2 | 0.2 | 0.0 F |
| Allied Health | 0.0 | 0.0 | 0.0 F | 0.0 | 0.0 | 0.0 F |
| Support | 188.4 | 224.5 | 36.1 F | 182.8 | 224.5 | 41.7 F |
| Management/Administration | 26.6 | 26.9 | 0.3 F | 27.4 | 26.9 | (0.5) U |
| Total excluding outsourced FTEs | 215.2 | 251.6 | 36.4 F | 210.4 | 251.6 | 41.2 F |
| Total :Outsourced Services | 30.8 | 0.0 | (30.8) U | 41.7 | 0.0 | (41.7) U |
| Total including outsourced FTEs | 246.0 | 251.6 | 5.6 F | 252.1 | 251.6 | (0.5) U |

Comments on major financial variances

YTD result is \$85K F. The key drivers of this result are;

1. Revenue was above budget due to the sale of kitchen assets \$134K. Combined with car parking and sub tenancy revenue being above budget \$72K. Cafeteria revenue of \$68K was received some of which related to last year.
2. Personnel costs are \$645K F due to vacancies. The majority of these are in the cleaning service and offset by outsourced personnel costs.
3. Infrastructure and Non-Clinical Supplies were \$484K U. This was largely due to food and linen costs being higher than budget but is expected to smooth out during the year.

Provider Arm Financial Performance

Consolidated Statement of Financial Performance - October 2016

| Provider \$000s | Month (Oct-16) | | | YTD (4 months ending Oct-16) | | |
|--|----------------|----------------|------------------|---------------------------------|----------------|-------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| <u>Income</u> | | | | | | |
| Government and Crown Agency sourced | 7,107 | 7,994 | (887) U | 29,424 | 32,351 | (2,927) U |
| Non-Government & Crown Agency Sourced | 5,936 | 7,012 | (1,076) U | 26,608 | 27,959 | (1,352) U |
| Inter-DHB & Internal Revenue | 1,098 | 1,287 | (190) U | 4,554 | 5,290 | (736) U |
| Internal Allocation DHB Provider | 101,793 | 102,082 | (288) U | 406,523 | 408,327 | (1,804) U |
| | 115,934 | 118,375 | (2,441) U | 467,109 | 473,927 | (6,818) U |
| <u>Expenditure</u> | | | | | | |
| Personnel | 72,232 | 72,256 | 24 F | 290,595 | 292,106 | 1,511 F |
| Outsourced Personnel | 1,881 | 1,077 | (804) U | 8,056 | 4,332 | (3,724) U |
| Outsourced Clinical Services | 1,832 | 2,089 | 257 F | 7,546 | 8,345 | 799 F |
| Outsourced Other | 4,368 | 4,271 | (97) U | 17,220 | 17,085 | (136) U |
| Clinical Supplies | 20,104 | 21,113 | 1,010 F | 87,096 | 84,647 | (2,449) U |
| Infrastructure & Non-Clinical Supplies | 16,503 | 15,514 | (989) U | 63,553 | 62,311 | (1,242) U |
| Internal Allocations | 532 | 531 | () U | 2,126 | 2,126 | 0 F |
| Total Expenditure | 117,452 | 116,853 | (599) U | 476,191 | 470,951 | (5,239) U |
| | | | | | | |
| Net Surplus / (Deficit) | (1,518) | 1,522 | (3,040) U | (9,082) | 2,976 | (12,058) U |

Consolidated Statement of Financial Performance – October 2016

Performance Summary by Directorate

| By Directorate \$000s | Month (Oct-16) | | | YTD (4 months ending Oct-16) | | |
|--------------------------------|----------------|--------------|------------------|---------------------------------|--------------|-------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Adult Medical Services | 1,898 | 1,991 | (93) U | 8,602 | 8,518 | 83 F |
| Adult Community and LTC | 1,860 | 1,704 | 156 F | 7,832 | 7,388 | 444 F |
| Surgical Services | 8,021 | 9,606 | (1,585) U | 36,626 | 39,030 | (2,404) U |
| Women's Health & Genetics | 2,612 | 2,624 | (12) U | 12,031 | 12,318 | (287) U |
| Child Health | 6,870 | 7,440 | (570) U | 24,853 | 28,135 | (3,282) U |
| Cardiac Services | 1,497 | 2,605 | (1,107) U | 7,137 | 10,308 | (3,171) U |
| Clinical Support Services | (1,625) | (1,626) | 1 F | (6,555) | (5,877) | (678) U |
| Non-Clinical Support Services | (1,404) | (1,511) | 107 F | (6,091) | (6,177) | 85 F |
| Perioperative Services | (10,600) | (10,848) | 248 F | (46,158) | (44,654) | (1,504) U |
| Cancer & Blood Services | 1,525 | 1,666 | (141) U | 6,540 | 7,751 | (1,211) U |
| Operational - Other | 4,553 | 5,081 | (528) U | 18,612 | 21,519 | (2,907) U |
| Mental Health & Addictions | 470 | 275 | 195 F | 1,568 | 775 | 793 F |
| Ancillary Services | (17,195) | (17,495) | 300 F | (74,079) | (76,102) | 2,024 F |
| Net Surplus / (Deficit) | (1,518) | 1,511 | (3,029) U | (9,082) | 2,931 | (12,013) U |

Consolidated Statement of Personnel by Professional Group – October 2016

| Employee Group \$000s | Month (Oct-16) | | | YTD (4 months ending Oct-16) | | |
|--|----------------|---------------|----------------|---------------------------------|----------------|------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| Medical Personnel | 27,515 | 26,878 | (637) U | 110,840 | 109,353 | (1,487) U |
| Nursing Personnel | 23,806 | 24,283 | 478 F | 96,063 | 96,339 | 276 F |
| Allied Health Personnel | 11,712 | 11,801 | 88 F | 47,064 | 48,098 | 1,033 F |
| Support Personnel | 1,603 | 1,634 | 31 F | 6,127 | 6,625 | 498 F |
| Management/ Admin Personnel | 7,597 | 7,660 | 64 F | 30,502 | 31,692 | 1,191 F |
| Total (before Outsourced Personnel) | 72,232 | 72,256 | 24 F | 290,595 | 292,106 | 1,511 F |
| Outsourced Medical | 697 | 748 | 51 F | 3,223 | 3,017 | (206) U |
| Outsourced Nursing | 290 | 45 | (245) U | 1,208 | 181 | (1,028) U |
| Outsourced Allied Health | 70 | 80 | 10 F | 307 | 325 | 18 F |
| Outsourced Support | 109 | 6 | (103) U | 563 | 23 | (541) U |
| Outsourced Management/Admin | 715 | 198 | (518) U | 2,754 | 786 | (1,967) U |
| Total Outsourced Personnel | 1,881 | 1,077 | (804) U | 8,056 | 4,332 | (3,724) U |
| Total Personnel | 74,113 | 73,333 | (780) U | 298,651 | 296,438 | (2,213) U |

Consolidated Statement of FTE by Professional Group – October 2016

| FTE by Employee Group | Month (Oct-16) | | | YTD (4 months ending Oct-16) | | |
|--|----------------|--------------|----------------|---------------------------------|--------------|----------------|
| | Actual FTE | Budget FTE | Variance | Actual FTE | Budget FTE | Variance |
| Medical Personnel | 1,345 | 1,330 | (15) U | 1,363 | 1,334 | (29) U |
| Nursing Personnel | 3,555 | 3,385 | (169) U | 3,548 | 3,448 | (101) U |
| Allied Health Personnel | 1,824 | 1,846 | 22 F | 1,821 | 1,858 | 37 F |
| Support Personnel | 388 | 417 | 29 F | 383 | 420 | 37 F |
| Management/ Admin Personnel | 1,231 | 1,279 | 48 F | 1,229 | 1,283 | 53 F |
| Total (before Outsourced Personnel) | 8,342 | 8,257 | (85) U | 8,344 | 8,343 | (2) U |
| Outsourced Medical | 24 | 28 | 3 F | 26 | 28 | 1 F |
| Outsourced Nursing | 11 | 6 | (5) U | 12 | 6 | (6) U |
| Outsourced Allied Health | 7 | 4 | (4) U | 8 | 4 | (4) U |
| Outsourced Support | 29 | 0 | (29) U | 39 | 0 | (39) U |
| Outsourced Management/Admin | 119 | 26 | (94) U | 107 | 26 | (81) U |
| Total Outsourced Personnel | 191 | 63 | (128) U | 192 | 63 | (129) U |
| Total Personnel | 8,533 | 8,321 | (212) U | 8,537 | 8,406 | (131) U |

Consolidated Statement of FTE by Directorate – October 2016

| Employee FTE by Directorate Group (including Outsourced FTE) | Month (Oct-16) | | | YTD (4 months ending Oct-16) | | |
|---|----------------|--------------|----------------|---------------------------------|--------------|----------------|
| | Actual FTE | Budget FTE | Variance | Actual FTE | Budget FTE | Variance |
| Adult Medical Services | 851 | 832 | (19) U | 856 | 833 | (24) U |
| Adult Community and LTC | 521 | 536 | 15 F | 514 | 536 | 22 F |
| Surgical Services | 812 | 769 | (43) U | 811 | 771 | (41) U |
| Women's Health & Genetics | 380 | 379 | (1) U | 384 | 379 | (5) U |
| Child Health | 1,134 | 1,111 | (23) U | 1,130 | 1,111 | (19) U |
| Cardiac Services | 516 | 517 | 1 F | 513 | 517 | 4 F |
| Clinical Support Services | 1,397 | 1,420 | 23 F | 1,395 | 1,420 | 24 F |
| Non-Clinical Support Services | 246 | 252 | 6 F | 252 | 252 | (1) U |
| Perioperative Services | 823 | 857 | 34 F | 828 | 857 | 29 F |
| Cancer & Blood Services | 321 | 328 | 7 F | 323 | 325 | 2 F |
| Operational - Others | 0 | (222) | (222) U | 0 | (147) | (147) U |
| Mental Health & Addictions | 745 | 758 | 14 F | 743 | 757 | 14 F |
| Ancillary Services | 787 | 759 | (27) U | 787 | 783 | (3) U |
| Total Personnel | 8,533 | 8,297 | (236) U | 8,537 | 8,394 | (143) U |

Month Result

The Provider Arm result for the month is \$3.0M unfavourable. This result is revenue driven, primarily reflecting base elective and IDF volumes below contract for the month.

Overall volumes are 91.9% of base contract - this equates to \$7.8M below contract (with \$2.6M of this reflected in the result, being the estimated washup liability). Contract performance is likely to improve further once coding is fully complete.

Total revenue for the month is \$2.4M (2.1%) unfavourable, with the key variances as follows:

- Funder to Provider base contract revenue \$2.6M unfavourable reflecting estimated washup liability for base elective and IDF volumes
- Funder to Provider additional revenue outside of price volume schedule contract \$2.0M favourable
- ACC revenue \$0.8M unfavourable – \$0.3M of this is due to a one off prior period correction, with the balance primarily due to lower elective surgery volumes combined with budget including growth over last year actuals, not achieved to date.
- Haemophilia funding \$0.5M unfavourable for low blood product usage, bottom line neutral as offset by reduced expenditure
- Unbudgeted Advance Care Planning project revenue \$0.6M favourable – bottom line neutral as offset by equivalent expenditure
- Financial Income \$0.5M unfavourable driven by term deposit rates lower than budgeted rates
- Donations \$0.2M unfavourable – revenue fluctuates from month to month, depending on timing of key projects, with the full year budget still expected to be achieved.

Total expenditure is \$0.6M (0.5%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs are \$0.8M (1.1%) unfavourable. Total FTE at 8,533 remain consistent with the trend throughout the calendar year, but are 212 (2.6%) above budget due to FTE savings targets incorporated into the budget. The total cost variance is less unfavourable than the total FTE variance due to lower cost per FTE (reflecting initiatives to reduce overtime and other premium payments).
- Outsourced Clinical Services \$0.3M (12.3%) favourable, reflecting no Orthopaedic elective surgery outsourcing, and offset by an unfavourable revenue/volume position.
- Clinical Supplies \$1.0M (4.8%) favourable, due to haemophilia blood products \$0.5M favourable for low product usage (bottom line neutral as offset by reduced revenue), with the balance of the favourable variance spread widely across surgical services reflecting volume activity below contract for the month.
- Infrastructure & Non Clinical Supplies \$1.0M (6.4%) unfavourable, comprising the following key variances – Advance Care Planning project costs \$0.6M unfavourable (bottom line neutral as offset by additional revenue), and facilities costs \$0.3M unfavourable due to additional health and safety related expenditure.

Year to Date Result

The Provider Arm result for the year to date is \$12.1M unfavourable. This result reflects a combination of revenue below budget due to volumes under contract and unfavourable expenditure due primarily to savings targets not fully achieved.

Overall volumes are reported at 95.6% of base contract - this equates to \$17.3M below contract (with \$6.2M of this reflected in the result, being the estimated washup liability).

Total revenue for the year to date is \$6.8M (1.4%) unfavourable, with the key variances as follows:

- Funder to Provider base contract revenue \$6.2M unfavourable for estimated washup liability for base elective and IDF volumes.
- Funder to Provider additional revenue outside of price volume schedule contract \$3.8M favourable
- Research Income \$1.2M favourable, offset by equivalent expenditure and bottom line neutral.
- ACC revenue \$1.5M unfavourable – primarily lower elective surgery volumes combined with budget including growth over last year actuals, not achieved to date.
- Donations \$1.0M unfavourable – revenue fluctuates from month to month, depending on timing of key projects, with the full year budget still expected to be achieved.
- MOH Public Health Funding \$0.7M unfavourable, in line with services delivered – this revenue is expected to be on budget by year end.
- Haemophilia funding \$0.8M unfavourable for low blood product usage, bottom line neutral as offset by reduced expenditure.
- Financial Income \$0.7M unfavourable driven by term deposit rates lower than budgeted rates.

Total expenditure is \$5.2M (1.1%) unfavourable, with the key variances as follows:

- Personnel/Outsourced Personnel costs \$2.2M (0.7%) unfavourable reflecting total FTE 131 (1.6%) above budget due to FTE savings targets incorporated into the budget, partially offset by lower cost per FTE (reflecting reductions in overtime and other premium payments).
- Clinical Supplies \$2.4M (2.9%) unfavourable, comprising the following key variances - high transplant activity – transplants have very high drug and consumables costs and the growth in activity compared to the same period last year equates to an additional \$0.3M of clinical supplies, Cardiovascular \$0.9M unfavourable reflecting volume growth over the same period last year for both Cardiology and Cardiothoracic combined with a small number of patients with very high blood costs, Perioperative \$0.7M reflecting theatre minutes 3% above year to date budget assumption, one off costs for loss on disposal of assets \$0.3M.
- Outsourced Clinical Services \$0.8M (9.6%) favourable, reflecting no Orthopaedic elective surgery outsourcing, and offset by an unfavourable revenue/volume position.
- Infrastructure & Non Clinical Supplies \$1.2M (2.0%) unfavourable reflecting unfavourable facilities costs due to additional health and safety related expenditure.

FTE

Total FTE (including outsourced) for October were 8,533 which is 213 FTE above budget. Total FTE remain consistent with the trend throughout the calendar year (averaging 8,533 per month from January to October), with the unfavourable variance for the month reflecting FTE targets incorporated into the budget – this is partially offset by lower cost per FTE.

2016/17 Savings Programme

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

Key Strategies

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

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

| Strategy | Revenue | Personnel | Personnel/ Clinical Supp. | Clinical Supp. | Infra- structure | Total |
|-------------------------|----------------|-----------------|------------------------------|-------------------|---------------------|-----------------|
| Managing Cost Growth | 1,950 | 19,293 | 1,150 | 4,500 | 562 | 27,455 |
| Purchasing/Productivity | 1,425 | 1,630 | 4,090 | | 200 | 7,345 |
| Service Reconfiguration | 580 | 1,970 | | | | 2,550 |
| Grand Total | \$3,955 | \$22,893 | \$5,240 | \$4,500 | \$762 | \$37,350 |

Year to Date Result – 4 months to October 2016

For the four months to October the Provider Arm reported \$6.2M savings against the budget of \$12.4M, resulting in an unfavourable variance of \$6.2M. The year to date unfavourable result is mainly attributed to timing factors where initiatives are in implementation mode and therefore too early to report savings. In addition, the initiatives cover a range of directorates/services and the approach taken to implement the same initiatives will vary in timing in achieving the savings.

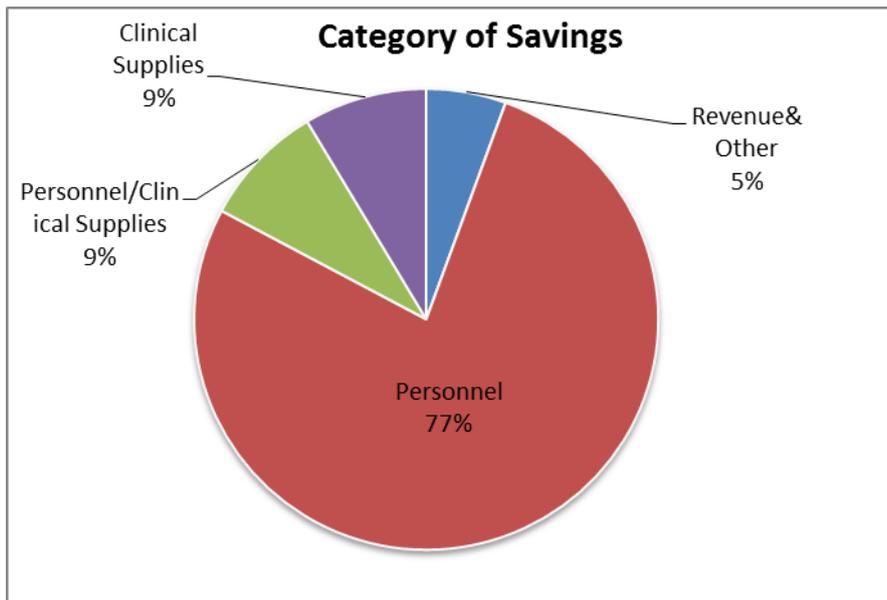
The year to date savings of \$6.2M arose mainly from personnel/FTE/vacancy management, bed management, ACC levy, Laboratory/Radiology efficiencies and supply chain. The \$6.2M savings also includes unbudgeted savings of \$2.3M mainly in Personnel (\$1.8M) and Clinical Supplies (\$500k) to help mitigate other unfavourable variances and initiatives not yet started.

Table 2: Savings Update – 4 months to October 16 (\$000's)

| Key Strategy | Category | 16/17 Target | YTD Act | YTD Bud | Var. |
|--|--------------------------|-----------------|----------------|-----------------|-----------------|
| Managing Cost Growth | Revenue | 1,950 | 183 | 650 | -467 |
| | Personnel | 19,098 | 4,569 | 6,366 | -1,796 |
| | Personnel/Clinical Supp. | 1,150 | 0 | 383 | -383 |
| | Clinical Supplies | 4,665 | 534 | 1,555 | -1,021 |
| | Outsourced Services | 0 | 79 | 0 | 79 |
| | Infrastructure | 592 | 80 | 197 | -117 |
| Managing Cost Growth Total | | \$27,455 | \$5,445 | \$9,151 | -\$3,707 |
| Purchasing/ Productivity | Revenue | 1,425 | 0 | 475 | -475 |
| | Personnel | 1,630 | 0 | 543 | -543 |
| | Personnel/Clinical Supp. | 4,090 | 537 | 1,363 | -826 |
| | Infrastructure | 200 | 5 | 67 | -62 |
| Purchasing/Productivity Improvement Total | | \$7,345 | \$542 | \$2,448 | -\$1,906 |
| Service reconfiguration | Revenue | 580 | 0 | 193 | -193 |
| | Personnel | 1,970 | 240 | 657 | -417 |
| Service reconfiguration Total | | \$2,550 | \$240 | \$850 | -\$610 |
| Grand Total | | \$37,350 | \$6,226 | \$12,450 | -\$6,223 |

Category of Savings

Personnel-related initiatives continue to be the major source of savings at \$4.8M (77%), the balance comprising Personnel/Clinical Supplies \$537k (9%), Clinical Supplies \$534k (9%) and Revenue/Other \$346k (5%).



Key Points by Programme

The 16/17 savings programme for the Provider arm covers nineteen key work-streams and although some have no reported savings, the overall programme is being progressed to address the funding gaps. Some directorates have reported unbudgeted savings to offset other unfavourable initiatives. However overall this has not been sufficient to reduce the year to date unfavourable position. The key points by programme and commentary is set out below.

1. Address funding shortfalls 16/17 Target \$1,750k – Unfavourable variance \$417k U

The programme initiatives relate to tertiary services review of methodologies in relation to charging for multidisciplinary meetings for IDF patients (not currently charged), national and regional work to cover the increased costs of clot retrieval consumables and cover investment costs in personnel, and additional IDF funding for over-delivery of non DRG services. The services involved in this programme are Surgical, Women’s and Clinical Support. Savings of \$167k have been reported. The work-streams relating to IDF patients and clot retrieval consumables are underway.

2. Using the Hospital Wisely - Bed Rationalisation 16/17 Target \$1,500k – Unfavourable variance \$500k U

This programme relates to productivity improvements and rationalisation of beds in line with seasonal occupancy and reduced length of stay. While there have been no material savings reported against this programme to October (year to date target of \$500k), there has been considerable work undertaken by the Get on Track project which should deliver savings through bed rationalisation.

3. Using the Hospital Wisely – Service Reconfiguration 16/17 Target \$1,750 – YTD Unfavourable variance \$443k U

Year to date savings of \$140k have been reported against a target of \$583k, resulting in an unfavourable variance of \$443k. This programme is being led by Community & LTC (\$24k savings) and Surgical Services (\$116k savings) which covers service reconfiguration of pre/post and early discharge planning pathways to enable bed management efficiencies.

4. Commercial Services 16/17 Target \$550k – YTD Unfavourable variance \$115k U

Year to date savings of \$68k have been reported against a year to date target of \$183k, resulting in an unfavourable variance of \$115k U. This is a Non Clinical Support Services programme and the savings are attributed to reducing linen costs through standardised bed making. Opportunities for fleet management savings are being progressed.

5. Commercial Services 16/17 Target \$200k – YTD Unfavourable variance \$62k U

This is a Non Clinical Support Services programme and relates to the sustainability initiatives from waste reduction savings and cleaning resources. Savings of \$5k are reported from waste minimisation initiatives.

6. Commercial Opportunities 16/17 Target \$200k – YTD Unfavourable variance \$67k U

This a Non Clinical Support Support Services initiative and relates to commercial opportunities from advertising and charges for study tours/conferences etc. No savings are reported against this programme but work is being progressed.

7. Corporate Services 16/17 Target \$2,290k – YTD Unfavourable variance \$133k U

Year to date savings of \$630k have been reported by Corporate Services mainly from personnel/ vacancy management. The programme also covers insurance cost savings.

8. Directorate Savings 16/17 Target \$5,059k – YTD Unfavourable variance \$880k U

Year to date savings of \$806k have been reported against a target of \$1,686k resulting in an unfavourable variance of \$880k U. The savings is mainly attributed to the change in ACC levy costs (\$440k), business as usual (\$264k) and infrastructure (\$97k). This programme involves a number of opportunities to achieve business as usual savings within each Directorate including personnel/vacancy management.

9. Junior Doctors 16/17 Target \$335k – YTD Unfavourable variance \$112k U

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

10. Outpatients 16/17 Target \$675k – YTD Unfavourable variance \$225k U

This programme covers outpatient clinical services to ensure robust processes are in place and all outputs are captured and coded, including ward reviews and virtual advice clinics. No savings have been reported to date.

11. Outpatients 16/17 Target \$220k – YTD Favourable variance \$26k F

Savings of \$100k have been reported against budget of \$73k, resulting in a favourable variance of \$26k. This is a Surgical Services programme and relates to a review of model of care, skill mix to reduce face to face time for nursing.

12. Pay and reward strategy 16/17 Target \$500k - YTD Unfavourable variance \$167k U

The pay and reward strategy covers all clinical services and involves the audit of current systems and processes for compliance with MECAs and policies with a view to redesign of the pay strategy. While no savings reported against this programme, this key work-stream is now underway.

13. Procurement and logistics 16/17 Target \$4,500k - YTD Unfavourable variance \$1,438k U

This programme relates to Pharmac pricing and rebates, rationalisation of surgical implants and the Tunnel Project to improve efficiencies in stock management, reduce waste and cost across the

organisation. There are a number of work-streams underway which will deliver savings, but mostly in the latter part of the year. Savings of \$62k have been reported against the year to date target of \$1,500k resulting in an unfavourable variance of \$1,438k U.

14. Commercialisation opportunities 16/17 Target \$750k - YTD Unfavourable variance \$250k U

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

15. Regional collaboration 16/17 Target \$580k – YTD Unfavourable variance \$193k U

This is an Adult Medical programme involving endoscopy services for Waitemata DHB patients. Although no savings have been reported, plans are progressing.

16. Regional Infrastructure 16/17 Target \$130K - YTD Unfavourable variance \$43k U

This is a Corporate Service led programme to reduce the regional infrastructure costs. There are some timing factors but work is underway with savings expected to flow in coming months.

17. Standardisation of Care & Benchmarking 16/17 Target \$1,100k - YTD Unfavourable variance \$367k U

This programme includes reduction in clinical variation within Ophthalmology and re-design model of service for Interpreter services. There are no savings to date, but there is considerable work underway, particularly with the Interpreters Service, and this is expected to deliver on savings.

18. Standardisation of Care & Benchmarking 16/17 Target \$4,090k – YTD Unfavourable variance \$826k U

Savings of \$537k have been reported against target of \$1,363k resulting in an unfavourable variance of \$826k U. The savings have been driven by Clinical Support Laboratory/Radiology redesign/ diagnostic testing (\$389k) and blood transfusion savings in Surgical and Women's (\$148k).

19. Personnel Initiatives 16/17 Target \$11,171k – YTD unfavourable variance \$12k U

Savings of \$3,712k have been reported to date against target of \$3,724k, resulting in an unfavourable variance of \$12k U. Savings are from Community & LTC (\$131k), Cardiovascular (\$171k), Clinical Support (\$603k), Non Clinical Support (\$97k), Perioperative (\$59k), Corporate (\$145k) and Mental Health (\$176k). In addition, unbudgeted offsetting savings totalling \$2,329k have been reported mainly in personnel (\$1,763k, 76%), clinical supplies (\$472k, 20%), outsourced services (\$79k, 3%) and revenue (\$16k, 1%).

Table 3: Savings by Programme/by Directorate – 4 Months to October 2016 (\$000's)

| Programme | October YTD Variance by Directorate | | | | | | | | | | | | | YTD Var | 16-17 Target Savings | October YTD | | |
|-----------------------------|-------------------------------------|---------------|-----------------|---------------|---------------|---------------|---------------|--------------|---------------|---------------|---------------|--------------|-----------------|-----------------|----------------------|----------------|-----------------|-----------------|
| | Med | C & LTC | Surgical | Women | Child | Cardio | ClinSupp | Non ClinSupp | Periop | C&B | MH | Corp | Provider Wide | | | Act | Bud | Var. |
| Address Funding Shortfalls | | | -167 | -17 | | | -233 | | | | | | | -417 | 1,750 | 167 | 583 | -417 |
| Using the Hospital Wisely | -83 | | | | -333 | -83 | | | | | | | | -500 | 1,500 | 0 | 500 | -500 |
| Using the Hospital Wisely | | -226 | -217 | | | | | | | | | | | -443 | 1,750 | 140 | 583 | -443 |
| Commercial Services | | | | | | | | -115 | | | | | | -115 | 550 | 68 | 183 | -115 |
| Commercial Services | | | | | | | | -62 | | | | | | -62 | 200 | 5 | 67 | -62 |
| Commercial opportunities | | | | | | | | | | | | -67 | | -67 | 200 | 0 | 67 | -67 |
| Corporate Services | | | | | | | | | | | | -133 | | -133 | 2,290 | 630 | 763 | -133 |
| Directorate Savings | -104 | -93 | -1 | -130 | -52 | -73 | -60 | -2 | -83 | -185 | -64 | -33 | | -880 | 5,059 | 806 | 1,686 | -880 |
| Junior Doctors | -8 | -2 | -10 | -3 | -8 | -4 | -2 | -67 | -4 | -2 | -2 | | | -112 | 335 | 0 | 112 | -112 |
| Outpatients | -21 | -14 | -52 | -9 | -47 | -10 | | | | -72 | | | | -225 | 675 | 0 | 225 | -225 |
| Outpatients | | | 26 | | | | | | | | | | | 26 | 220 | 100 | 73 | 26 |
| Pay and Reward Strategy | -19 | -8 | -22 | -7 | -27 | -13 | -25 | | -25 | -7 | -13 | | | -167 | 500 | 0 | 167 | -167 |
| Procurement / Logistics | -189 | -103 | -999 | -24 | -63 | | | | -6 | -54 | | | | -1,438 | 4,500 | 62 | 1,500 | -1,438 |
| Commercial opportunities | | | -50 | -83 | | -50 | -67 | | | | | | | -250 | 750 | 0 | 250 | -250 |
| Regional Collaboration | -193 | | | | | | | | | | | | | -193 | 580 | 0 | 193 | -193 |
| Regional Infrastructure | | | | | | | | | | | | -43 | | -43 | 130 | 0 | 43 | -43 |
| Standardised care&Benchmark | | | -167 | | | | -200 | | | | | | | -367 | 1,100 | 0 | 367 | -367 |
| Standardised care&Benchmark | -6 | -3 | 26 | 4 | -5 | -60 | -441 | | -333 | -9 | | | | -826 | 4,090 | 537 | 1,363 | -826 |
| Personnel initiatives | 623 | 191 | 175 | -104 | -57 | 180 | 260 | 240 | -176 | 135 | -26 | 181 | -1,633 | -12 | 11,171 | 3,712 | 3,724 | -12 |
| Provider Total | \$0 | -\$258 | -\$1,457 | -\$374 | -\$593 | -\$114 | -\$768 | -\$6 | -\$628 | -\$194 | -\$105 | -\$95 | -\$1,633 | -\$6,223 | \$37,350 | \$6,226 | \$12,450 | -\$6,223 |

Volume Performance

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

| Directorate | Service | October 2016 | | | | YTD (4 months ending Oct-16) | | | |
|--|---|---------------|---------------|----------------|---------------|------------------------------|----------------|-----------------|---------------|
| | | \$000s | | | | \$000s | | | |
| | | Cont | Act | Var | Prog % | Cont | Act | Var | Prog % |
| Adult Community & LTC | Ambulatory Services | 1,034 | 882 | (153) | 85.2% | 4,264 | 3,872 | (392) | 90.8% |
| | Community Services | 2,105 | 1,473 | (632) | 70.0% | 8,850 | 6,558 | (2,292) | 74.1% |
| | Diabetes | 466 | 460 | (6) | 98.7% | 1,953 | 1,923 | (30) | 98.5% |
| | Palliative Care | 39 | 39 | 0 | 100.0% | 156 | 156 | 0 | 100.0% |
| | Reablement Services | 1,995 | 1,993 | (3) | 99.9% | 8,014 | 8,522 | 508 | 106.3% |
| | Sexual Health | 421 | 453 | 32 | 107.5% | 1,765 | 1,927 | 162 | 109.2% |
| Adult Community & LTC Total | | 6,061 | 5,299 | (762) | 87.4% | 25,003 | 22,959 | (2,044) | 91.8% |
| Adult Medical Services | AED, APU, DCCM, Air Ambulance | 2,086 | 2,158 | 72 | 103.5% | 8,200 | 8,548 | 348 | 104.2% |
| | Gen Med, Gastro, Resp, Neuro, ID, Renal | 11,360 | 10,574 | (787) | 93.1% | 46,789 | 44,682 | (2,107) | 95.5% |
| Adult Medical Services Total | | 13,446 | 12,732 | (714) | 94.7% | 54,989 | 53,230 | (1,759) | 96.8% |
| Surgical Services | Gen Surg, Trauma, Ophth, GCC, PAS | 8,301 | 7,511 | (790) | 90.5% | 34,213 | 33,364 | (849) | 97.5% |
| | N Surg, Oral, ORL, Transpl, Uro | 8,930 | 8,129 | (802) | 91.0% | 37,143 | 35,849 | (1,295) | 96.5% |
| | Orthopaedics Adult | 5,053 | 4,245 | (808) | 84.0% | 18,282 | 15,936 | (2,346) | 87.2% |
| Surgical Services Total | | 22,285 | 19,885 | (2,400) | 89.2% | 89,639 | 85,149 | (4,490) | 95.0% |
| Cancer & Blood Services | | 8,006 | 7,657 | (349) | 95.6% | 33,330 | 31,268 | (2,063) | 93.8% |
| Cardiovascular Services | | 11,464 | 10,194 | (1,270) | 88.9% | 46,483 | 45,125 | (1,358) | 97.1% |
| Children's Health | Child Health & Disability | 941 | 917 | (24) | 97.5% | 3,803 | 3,739 | (64) | 98.3% |
| | Medical & Community | 7,603 | 5,713 | (1,891) | 75.1% | 29,019 | 25,628 | (3,391) | 88.3% |
| | Paediatric Cardiac & ICU | 4,651 | 4,448 | (203) | 95.6% | 19,036 | 18,646 | (389) | 98.0% |
| | Surgical & Community | 4,674 | 3,897 | (777) | 83.4% | 19,129 | 17,151 | (1,978) | 89.7% |
| Children's Health Total | | 17,869 | 14,975 | (2,894) | 83.8% | 70,987 | 65,165 | (5,822) | 91.8% |
| Clinical Support Services | | 3,177 | 3,300 | 123 | 103.9% | 13,272 | 13,087 | (185) | 98.6% |
| Non-Clinical Support | | 23 | 23 | 0 | 100.0% | 92 | 92 | 0 | 100.0% |
| DHB Funds | | 6,178 | 6,178 | (0) | 100.0% | 24,713 | 24,713 | (0) | 100.0% |
| Perioperative Services | | 2 | 2 | 0 | 100.0% | 10 | 10 | 0 | 100.0% |
| Public Health Services | | 130 | 130 | 0 | 100.0% | 518 | 518 | 0 | 100.0% |
| Support Services | | 101 | 101 | 0 | 100.0% | 405 | 405 | 0 | 100.0% |
| Women's Health | Genetics | 264 | 279 | 15 | 105.6% | 1,132 | 1,168 | 37 | 103.2% |
| | Women's Health | 6,692 | 7,150 | 459 | 106.9% | 28,864 | 29,275 | 411 | 101.4% |
| Women's Health Total | | 6,956 | 7,430 | 474 | 106.8% | 29,996 | 30,443 | 448 | 101.5% |
| Grand Total | | 95,700 | 87,907 | (7,793) | 91.9% | 389,437 | 372,164 | (17,273) | 95.6% |

2) Total Discharges for the YTD (4 Months to October 2016)

| | | Cases Subject to WIES Payment | | All Discharges | | | Same Day discharges | | Same Day as % of all discharges | |
|--|---|-------------------------------|---------------|----------------|---------------|---------------|---------------------|---------------|---------------------------------|--------------|
| | | Inpatient | | | | | | | | |
| Directorate | Service | 2016 | 2017 | Last YTD | This YTD | % Change | Last YTD | This YTD | Last YTD | This YTD |
| Adult Community & LTC | A+ Links, HOP, Rehab | 0 | 0 | 789 | 0 | (100.0%) | 0 | 0 | 0.0% | 0.0% |
| | Ambulatory Services | 513 | 599 | 656 | 707 | 7.8% | 605 | 673 | 92.2% | 95.2% |
| | Reablement Services | 0 | 0 | 0 | 810 | 0.0% | 0 | 18 | 0.0% | 2.2% |
| Adult Community & LTC Total | | 513 | 599 | 1,445 | 1,517 | 5.0% | 605 | 691 | 41.9% | 45.6% |
| Adult Medical Services | AED, APU, DCCM, Air Ambulance | 4,162 | 4,573 | 4,165 | 4,573 | 9.8% | 2,948 | 3,253 | 70.8% | 71.1% |
| | Gen Med, Gastro, Resp, Neuro, ID, Renal | 7,037 | 6,770 | 7,085 | 6,853 | (3.3%) | 1,227 | 1,163 | 17.3% | 17.0% |
| Adult Medical Services Total | | 11,199 | 11,342 | 11,250 | 11,426 | 1.6% | 4,175 | 4,416 | 0.0% | 0.0% |
| Cancer & Blood Total | | 1,682 | 1,653 | 1,824 | 1,846 | 1.2% | 968 | 957 | 53.1% | 51.8% |
| Cardiovascular Services Total | | 2,853 | 2,915 | 2,944 | 3,018 | 2.5% | 740 | 726 | 25.1% | 24.1% |
| Children's Health | Medical & Community | 5,505 | 5,187 | 5,942 | 5,614 | (5.5%) | 3,272 | 3,124 | 55.1% | 55.6% |
| | Paediatric Cardiac & | 803 | 757 | 868 | 806 | (7.1%) | 196 | 178 | 22.6% | 22.1% |
| | Surgical & Community | 2,925 | 2,968 | 3,102 | 3,117 | 0.5% | 1,508 | 1,487 | 48.6% | 47.7% |
| Children's Health Total | | 9,233 | 8,913 | 9,912 | 9,537 | (3.8%) | 4,976 | 4,789 | 50.2% | 50.2% |
| Surgical Services | Gen Surg, Trauma, Ophth, GCC, PAS | 5,949 | 5,924 | 6,903 | 6,665 | (3.4%) | 3,947 | 3,643 | 57.2% | 54.7% |
| | N Surg, Oral, ORL, Transpl, Uro | 3,727 | 3,892 | 3,938 | 4,133 | 5.0% | 1,522 | 1,645 | 38.6% | 39.8% |
| | Orthopaedics Adult | 1,632 | 1,535 | 1,728 | 1,609 | (6.9%) | 297 | 255 | 17.2% | 15.8% |
| Surgical Services Total | | 11,308 | 11,350 | 12,569 | 12,407 | (1.3%) | 5,766 | 5,543 | 45.9% | 44.7% |
| Women's Health Total | | 6,910 | 7,571 | 7,219 | 7,847 | 8.7% | 2,757 | 2,959 | 38.2% | 37.7% |
| Grand Total | | 43,698 | 44,344 | 47,163 | 47,598 | 0.9% | 19,987 | 20,081 | 42.4% | 42.2% |

3) Caseweight Activity for the YTD (4 Months to October 2016 (All DHBs))

| Directorate | Service | Acute | | | | | | | | Elective | | | | | | | | Total | | | | | | | |
|--------------------------------------|---|----------------------|---------------|--------------|----------------|----------------|----------------|---------------|---------------|----------------------|----------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------------|----------------|----------------|-----------------|---------------|--|--|--|
| | | Case Weighted Volume | | | \$000s | | | | | Case Weighted Volume | | | \$000s | | | | | Case Weighted Volume | | | \$000s | | | | |
| | | Con | Act | Var | Con | Act | Var | Prog % | Con | Act | Var | Con | Act | Var | Prog % | Con | Act | Var | Con | Act | Var | Prog % | | | |
| Adult Community & LTC | | 283 | 259 | (25) | 1,367 | 1,247 | (120) | 91.2% | 40 | 27 | (13) | 194 | 131 | (63) | 67.7% | 324 | 286 | (38) | 1,561 | 1,378 | (182) | 88.3% | | | |
| Adult Medical Services | AED, APU, DCCM, Air Ambulance | 1,179 | 1,240 | 61 | 5,689 | 5,984 | 295 | 105.2% | 0 | 0 | 0 | 0 | 0 | 0.0% | 1,179 | 1,240 | 61 | 5,689 | 5,984 | 295 | 105.2% | | | | |
| | Gen Med, Gastro, Resp, Neuro, ID, Renal | 6,608 | 6,209 | (399) | 31,882 | 29,956 | (1,926) | 94.0% | 2 | 0 | (2) | 11 | 0 | (11) | 0.0% | 6,611 | 6,209 | (402) | 31,894 | 29,956 | (1,937) | 93.9% | | | |
| Adult Medical Services Total | | 7,787 | 7,449 | (338) | 37,571 | 35,940 | (1,631) | 95.7% | 2 | 0 | (2) | 11 | 0 | (11) | 0.0% | 7,790 | 7,449 | (340) | 37,582 | 35,940 | (1,642) | 95.6% | | | |
| Surgical Services | Gen Surg, Trauma, Ophth, GCC, PAS | 2,912 | 2,995 | 83 | 14,050 | 14,449 | 399 | 102.8% | 2,759 | 2,534 | (225) | 13,310 | 12,226 | (1,084) | 91.9% | 5,671 | 5,529 | (142) | 27,360 | 26,675 | (685) | 97.5% | | | |
| | N Surg, Oral, ORL, Transpl, Uro | 2,862 | 2,879 | 17 | 13,810 | 13,889 | 80 | 100.6% | 2,637 | 2,456 | (181) | 12,722 | 11,848 | (874) | 93.1% | 5,499 | 5,334 | (165) | 26,532 | 25,737 | (795) | 97.0% | | | |
| | Orthopaedics Adult | 1,912 | 1,944 | 33 | 9,224 | 9,381 | 157 | 101.7% | 1,570 | 958 | (613) | 7,575 | 4,620 | (2,955) | 61.0% | 3,482 | 2,902 | (580) | 16,800 | 14,001 | (2,798) | 83.3% | | | |
| Surgical Services Total | | 7,686 | 7,818 | 132 | 37,084 | 37,720 | 636 | 101.7% | 6,966 | 5,947 | (1,019) | 33,607 | 28,693 | (4,914) | 85.4% | 14,652 | 13,765 | (887) | 70,691 | 66,413 | (4,278) | 93.9% | | | |
| Cancer & Blood Services | | 2,051 | 1,896 | (155) | 9,896 | 9,150 | (746) | 92.5% | 0 | 0 | 0 | 0 | 0 | 0.0% | 2,051 | 1,896 | (155) | 9,896 | 9,150 | (746) | 92.5% | | | | |
| Cardiovascular Services | | 4,922 | 5,411 | 489 | 23,749 | 26,107 | 2,358 | 109.9% | 3,818 | 3,101 | (717) | 18,421 | 14,961 | (3,460) | 81.2% | 8,741 | 8,512 | (228) | 42,171 | 41,069 | (1,102) | 97.4% | | | |
| Children's Health | Medical & Community | 4,185 | 3,787 | (398) | 20,189 | 18,270 | (1,919) | 90.5% | 0 | 1 | 1 | 0 | 3 | 3 | 0.0% | 4,185 | 3,787 | (397) | 20,189 | 18,273 | (1,916) | 90.5% | | | |
| | Paediatric Cardiac & ICU | 2,020 | 1,936 | (84) | 9,746 | 9,339 | (407) | 95.8% | 896 | 902 | 6 | 4,324 | 4,350 | 27 | 100.6% | 2,916 | 2,837 | (79) | 14,070 | 13,689 | (381) | 97.3% | | | |
| | Surgical & Community | 1,757 | 1,626 | (132) | 8,479 | 7,844 | (635) | 92.5% | 1,720 | 1,470 | (250) | 8,300 | 7,093 | (1,206) | 85.5% | 3,478 | 3,096 | (382) | 16,778 | 14,937 | (1,841) | 89.0% | | | |
| Children's Health Total | | 7,962 | 7,348 | (614) | 38,414 | 35,453 | (2,961) | 92.3% | 2,616 | 2,373 | (244) | 12,624 | 11,447 | (1,177) | 90.7% | 10,578 | 9,721 | (858) | 51,037 | 46,900 | (4,138) | 91.9% | | | |
| Women's Health Services | | 3,581 | 3,701 | 120 | 17,278 | 17,859 | 581 | 103.4% | 734 | 704 | (29) | 3,540 | 3,398 | (142) | 96.0% | 4,315 | 4,406 | 91 | 20,817 | 21,256 | 439 | 102.1% | | | |
| Grand Total | | 34,274 | 33,883 | (390) | 165,358 | 163,475 | (1,883) | 98.9% | 14,177 | 12,152 | (2,024) | 68,397 | 58,631 | (9,766) | 85.7% | 48,450 | 46,035 | (2,415) | 233,755 | 222,106 | (11,650) | 95.0% | | | |
| <i>Excludes caseweight Provision</i> | | | | | | | | | | | | | | | | | | | | | | | | | |

Acute

Acute services have dropped slightly against contract compared to year to date September. However, discharges are still higher than the same period last year, continuing the previous months' trend. Each month this year has had higher levels of acute discharges than the same month the previous year except for July.

Looking at the activity by event type:

- Acute medical discharges continue to stay flat. The average WIES has continued to be 3% lower than last year. A review of activity has identified a number of missing discharges which will need to be corrected for next month's reporting. This will mean an increase in discharges and WIES.
- There has also been an increase in surgical discharges, with year on year comparison 2.8% higher in discharges. Average WIES continues to be 3.6% up.
- There has been a further increase Obstetrics and Newborn Services, with a strong month in October, leading to discharges now being 9% higher than the same period last year. Average WIES dropped off, reflecting a change in mix with births compared to neonates. The average WIES trend in this service is highly variable with clumping of high WIES cases. ALOS continues to be lower than last year.

Elective

Performance to contract has dropped further than September year to date.

- The drop in average WIES has continued for Cardiovascular Services, with average WIES being 9% lower than the same period last year. September year to date was only 3% lower. Discharge numbers for the directorate have also fallen slightly, only slightly higher than the previous period last year.
- Child Health discharge volumes have increased, but again the mix is towards low end cases again impacting on performance to contract.
- Women's Health have increased being 3% more than the same period last year. This is an improvement on last month.
- There has been an improvement in Orthopaedic discharges. The average discharges per month for October year to date is 97, up 3 from September year to date – the monthly discharge rate for this service last year was 118 for October year to date.
- Overall year to date elective discharges are up on the same period last year by 1.4%. However, this is offset by a material drop in average WIES (5% below last year), in line with a reduction in average length of stay.

4) Non-DRG Activity (ALL DHBs)

| | | October 2016 | | | | YTD (4 months ending Oct-16) | | | |
|--|---|---------------|---------------|----------------|---------------|------------------------------|----------------|----------------|---------------|
| | | (\$000s) | | | | (\$000s) | | | |
| Directorate | Service | Cont | Act | Var | Prog % | Cont | Act | Var | Prog % |
| Adult Community & LTC | Ambulatory Services | 626 | 549 | (76) | 87.8% | 2,703 | 2,494 | (209) | 92.3% |
| | Community Services | 2,105 | 1,473 | (632) | 70.0% | 8,850 | 6,558 | (2,292) | 74.1% |
| | Diabetes | 466 | 460 | (6) | 98.7% | 1,953 | 1,923 | (30) | 98.5% |
| | Palliative Care | 39 | 39 | 0 | 100.0% | 156 | 156 | 0 | 100.0% |
| | Reablement Services | 1,995 | 1,993 | (3) | 99.9% | 8,014 | 8,522 | 508 | 106.3% |
| | Sexual Health | 421 | 453 | 32 | 107.5% | 1,765 | 1,927 | 162 | 109.2% |
| Adult Community & LTC Total | | 5,653 | 4,967 | (685) | 87.9% | 23,442 | 21,580 | (1,861) | 92.1% |
| Adult Medical Services | AED, APU, DCCM, Air Ambulance | 628 | 640 | 13 | 102.0% | 2,512 | 2,564 | 53 | 102.1% |
| | Gen Med, Gastro, Resp, Neuro, ID, Renal | 3,567 | 3,402 | (165) | 95.4% | 14,895 | 14,725 | (169) | 98.9% |
| Adult Medical Services Total | | 4,195 | 4,042 | (152) | 96.4% | 17,407 | 17,290 | (117) | 99.3% |
| Surgical Services | Gen Surg, Trauma, Ophth, GCC, PAS | 1,589 | 1,495 | (94) | 94.1% | 6,854 | 6,690 | (164) | 97.6% |
| | N Surg, Oral, ORL, Transpl, Uro | 2,568 | 2,328 | (241) | 90.6% | 10,612 | 10,112 | (500) | 95.3% |
| | Orthopaedics Adult | 345 | 382 | 36 | 110.5% | 1,482 | 1,935 | 452 | 130.5% |
| Surgical Services Total | | 4,502 | 4,205 | (298) | 93.4% | 18,948 | 18,736 | (212) | 98.9% |
| Cancer & Blood Services | | 5,567 | 5,365 | (202) | 96.4% | 23,435 | 22,118 | (1,317) | 94.4% |
| Cardiovascular Services | | 1,035 | 937 | (98) | 90.5% | 4,312 | 4,056 | (255) | 94.1% |
| Children's Health | Child Health & Disability | 941 | 917 | (24) | 97.5% | 3,803 | 3,739 | (64) | 98.3% |
| | Medical & Community | 2,108 | 1,634 | (474) | 77.5% | 8,831 | 7,355 | (1,475) | 83.3% |
| | Paediatric Cardiac & ICU | 1,215 | 1,201 | (15) | 98.8% | 4,966 | 4,957 | (9) | 99.8% |
| | Surgical & Community | 548 | 454 | (95) | 82.8% | 2,350 | 2,214 | (136) | 94.2% |
| Children's Health Total | | 4,812 | 4,206 | (606) | 87.4% | 19,950 | 18,265 | (1,685) | 91.6% |
| Clinical Support Services | | 3,177 | 3,300 | 123 | 103.9% | 13,272 | 13,087 | (185) | 98.6% |
| Non-Clinical Support | | 23 | 23 | 0 | 100.0% | 92 | 92 | 0 | 100.0% |
| DHB Funds | | 6,178 | 6,178 | (0) | 100.0% | 24,713 | 24,713 | (0) | 100.0% |
| Perioperative Services | | 2 | 2 | 0 | 100.0% | 10 | 10 | 0 | 100.0% |
| Public Health Services | | 130 | 130 | 0 | 100.0% | 518 | 518 | 0 | 100.0% |
| Support Services | | 101 | 101 | 0 | 100.0% | 405 | 405 | 0 | 100.0% |
| Women's Health | Genetics | 264 | 279 | 15 | 105.6% | 1,132 | 1,168 | 37 | 103.2% |
| | Women's Health | 1,888 | 1,790 | (98) | 94.8% | 8,047 | 8,019 | (28) | 99.7% |
| Women's Health Total | | 2,153 | 2,069 | (84) | 96.1% | 9,178 | 9,187 | 9 | 100.1% |
| Grand Total | | 37,528 | 35,526 | (2,003) | 94.7% | 155,681 | 150,058 | (5,623) | 96.4% |

There has been a deterioration in performance to contract compared with year to date September. This has been driven by a reduction in performance in Child Health, while Cancer and Blood Services continue to track below contract. The non DRG wash up risk remains high at \$1.8M.

TOP THREE

Our inpatients are asked to choose the three things that matter most to their care and treatment.

1. Communication (51%)

Communication is the aspect of our care most patients (51%) say makes a difference to the quality of their care and treatment.

"I was kept very well informed of what was happening at each stage of my stay by all members of staff and any questions I had were always promptly replied to." (Rated excellent)

How are we doing on communication?



2. Confidence (44%)

Two in every five patients (44%), say that feeling confident about their care and treatment is one of the top three things that matter to the quality of their care and treatment.

"Before our son received [medication] ... the nurse called another nurse to double check her calculations. It seemed to be standard procedure and I felt reassured to know the dose had been checked twice." (Rated excellent)

How are we doing with patients feeling confident about their care and treatment?



3. Consistency (40%)

Four out of every 10 patients (40%) rate getting consistent and coordinated care while in hospital as one of the things that make the most difference.

"The team I dealt with were very proactive and productive." (Rated very good)

How are we doing with consistent and coordinated care?



'+' = positive change; '●' = no change; '-' = negative change

Dignity and Respect

Respect | Manaaki is one of our core values so it's particularly good to see us performing well in this domain. When we first started surveying patients in 2011, 79 percent told us they were always treated with respect and dignity. We have increased this rating by a statistically significant five percentage points since then to 84 percent. Nearly three-quarters of our respondents say there was a member of staff they could talk to about their worries or fears

Whilst dignity and respect is rated as important to 35 percent of patients overall, for our Pasifika and Asian populations it is far more important, with nearly half (45%) telling us that being treated with dignity and respect is one of the three things that makes the most difference to their care and treatment. They also tell us that we are doing well at meeting their need to be treated with dignity and respect, rating us 9.0 (Pasifika) and 8.9 (Asian) out of 10 on this measure over the past 12 months. This is a great result and one we should be justifiably proud of.

Overall, being treated with dignity and respect is one of the three dimensions we rate most highly on, with 85% rating our performance at 8, 9 or 10 on a 10-point scale (second equal along with confidence).

Patients tell us that dignity and respect means:

- being treated with care and compassion;
- polite, courteous staff;
- having their privacy and dignity actively respected; and
- having their views listened to and taken into consideration.

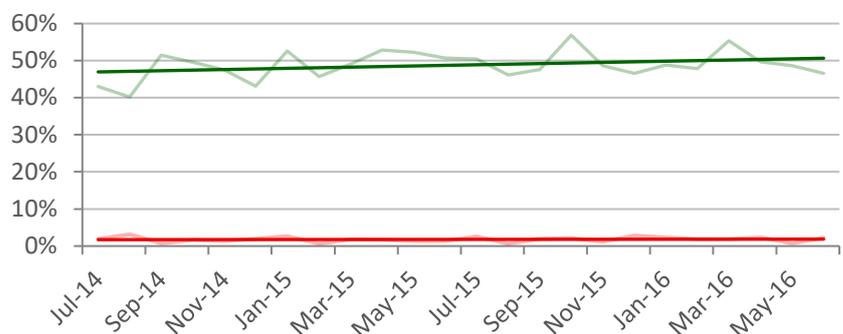
One area patients do tell us we can improve is talking in front of them as if they weren't there. One in every five respondents say that staff sometimes or often do this so it's timely to reflect on the role of the patient and the family as partners in their care and to take opportunities to include them.

Dr. Andrew Old
Chief of Strategy, Participation & Improvement

POOR AND EXCELLENT RATINGS @2 YEARS

Our "excellent" ratings have had a continual upward trend over the past 24 months, rising by a small but statistically significant two percentage points over this time (from an average of 48 to 50 percent). The differences are significant and sustained when demographic factors such as the age and gender of respondents are controlled for.

INPATIENT OVERALL EXPERIENCE OF CARE RATING, AUGUST 2014 TO JUNE 2016 (n=7891)



FOCUS ON DIGNITY AND RESPECT

Ensuring that patients are treated with dignity and respect is important; one in every three say it is one of the three things that makes the most difference to their care and treatment.



35 percent of our inpatients say that being treated with dignity and respect whilst in hospital is one of the three things that makes the most difference to the quality of their care and treatment

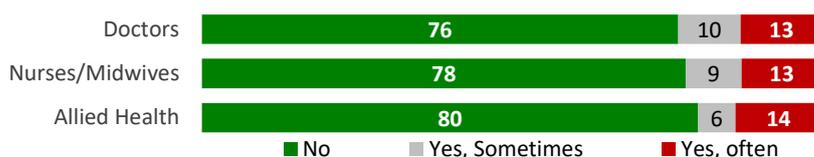
HOW ARE WE DOING?

The following data are from July 1, 2015 to June 30, 2016. The comparative data is taken from the previous report on Information, in May 2014.

Staff talking about patients, not to them.

One in every five respondents say that doctors, nurses or midwives and allied health sometimes or often talked in front of them as if they weren't there.

Percentage of patients who say staff talked in front of them

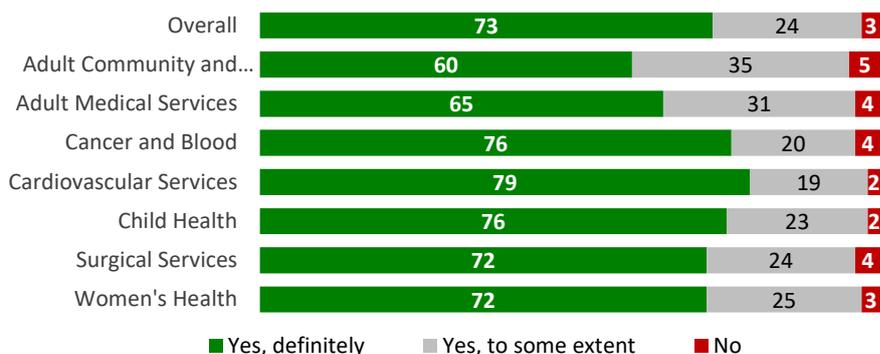


Doctors n= 3831; Nurses/Midwives n=3743, Allied Health n=2645



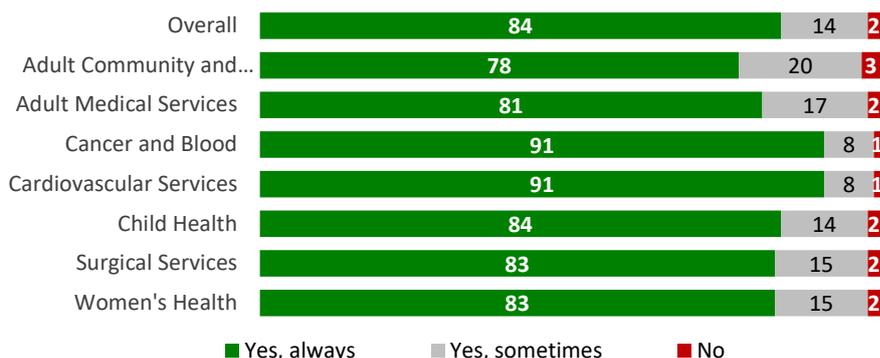
There have been no significant changes in these ratings since the last report in May 2014.

Percentage of patients who could find someone to talk to about their worries and fears



Adult Community and Long-term Conditions n=121; Adult Medical Services n=393; Cancer and Blood n=130; Cardiovascular Services n=373; Child Health n=915; Surgical Services n=1255; Women's Health n=474 Overall n=3662. Note that NA answers have been excluded and the data recalculated

Percentage of patients who said they were treated with dignity and respect



Adult Community and Long-term Conditions n=138; Adult Medical Services n=441; Cancer and Blood n=139; Cardiovascular Services n=419; Child Health n=958; Surgical Services n=1364; Women's Health n=501 Overall n=3961.



2% There has been a 2% improvement in the percentage of patients who say we treat them with dignity and respect since May 2014.

AVERAGE RATINGS ON DIGNITY & RESPECT, BY DEMOGRAPHIC & DIRECTORATE

(JULY 2015 TO JUNE 2016, n=1385)

AVERAGE RATING

Overall: 8.7

AVERAGE RATING BY GENDER

Female: 8.5

Male: 8.9

AVERAGE RATING BY ETHNICITY

NZ European: 8.6

Māori: 8.5

Pasifika: 9.0

Asian: 8.9

Other: 9.0

AVERAGE RATING BY AGE

17 and under: 8.8

25 – 44: 8.4

45 – 64: 8.7

65 – 74: 9.1

75+: 8.8

AVERAGE RATING BY DIRECTORATE

Adult Medical: 8.6

Cardiovascular: 9.1

Children's Health: 8.7

Surgical Services: 8.7

Women's Health: 8.7

Note that directorate and age data with less than 100 respondents have been excluded.

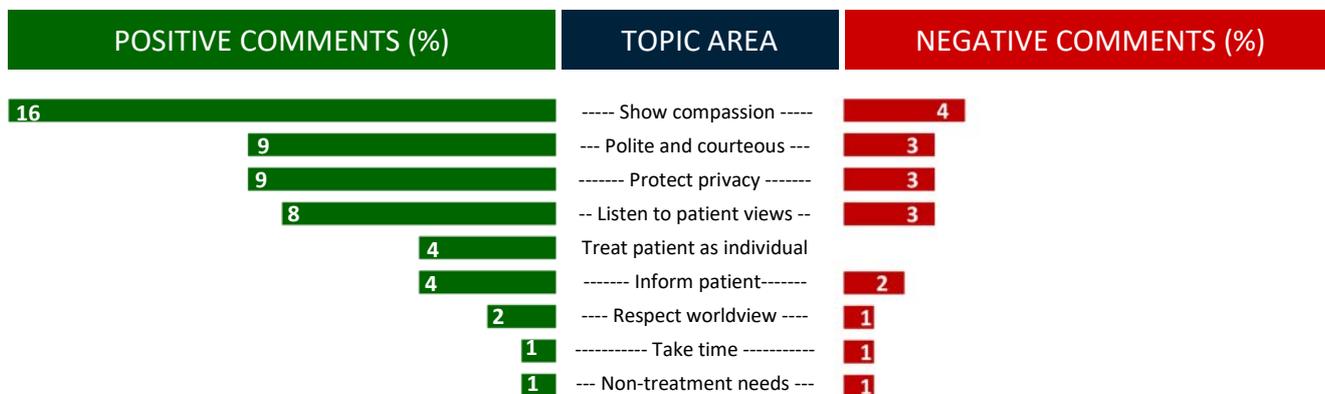
RESPECT | MANAAKI

We respect, nurture and care for each other

Respect is one of our core values. Respectful behaviours we want to see are: listening to different points of view; show compassion; protect dignity and privacy; and ask permission. What no one wants to see are staff who shout and talk down to people, take others' time for granted, disregard cultural differences and bully or belittle people. An in-depth look at our patient comments suggests that we are doing well at behaving in respectful, nurturing and caring ways. Whilst there are some incidences of behaviour that no one wants to see, these appear to be exceptions rather than the rule.

A CLOSER LOOK AT PATIENT COMMENTS

A total of 2838 patients commented on dignity and respect. Three quarters (75%) of the comments were positive, with 26 percent of comments negative (note that some patients made both positive and negative comments, which is why the total is greater than 100 percent).



8.1

PATIENT COMMENTS

CARE AND COMPASSION SHOWN (16%)

Patients who commented positively about being treated with dignity and respect were most likely to say they were treated with care and compassion by staff who were friendly, helpful, professional, and understanding. Patients say this helped them feel safe and better able to cope with the hospital experience.

The nurses were always kind, even when I wasn't feeling great and they had to do things that compromised my dignity. They were always very professional.

All staff members were extremely professional yet had a very caring and understanding approach. They made [us] completely at ease in what could have been a very overwhelming experience.

Nurses and doctors would talk to me like they really truly cared about my wellbeing and how I was feeling emotionally and also made sure my pain was manageable, always asking if they could do something for me, making me feel safe ...

The 398 respondents who commented specifically about care and compassion used words like amazing, fantastic, lovely, wonderful and awesome to describe our staff.

Nurses were amazingly caring; they took good care and eased my fears as I was alone. They made my stay at hospital very comfortable.

The staff were all so friendly and helpful, both to me and my mum. They reassured me and were so lovely.

All three doctors I spoke to were great. They were empathetic and tried to calm my fears about how likely it was to happen again.

LITTLE OR NO CARE OR COMPASSION (4%)

Although only a relatively small number of respondents to the Patient Experience Survey in the last 12 months (104) say they were not treated with care or compassion, for many this clouded an otherwise positive experience.

The largest percentage of nurses were great. A couple of them were terrible. One nurse watched me hobble towards her at the desk and walked away as I got there. When I asked for sanitary products she sighed, turned and then thrust them at me. Upset, I explained I needed help from her. Her response - You aren't the only person in hospital.

Some respondents talked about being treated with such a lack of compassion that it left them feeling diminished and belittled.

While I was in the HDU, the nurses openly spoke about me [within earshot], and I heard one nurse clearly say that 'she is wasting our time even being in here'.

Treated like I did not matter. That I was a waste of space and had no right being there.

The nurse insinuated that I was a big baby when it came to pain and the negative impact on that was that I didn't want to ask for pain relief when she was on duty as I felt like I was being judged.

Patients who felt they weren't treated with care and compassion said staff were abrupt, sarcastic, rough, and condescending

When asking a midwife a question she responded with sarcasm as if I was dumb and didn't know what I was talking about.

PATIENT COMMENTS (cont...)

STAFF WERE POLITE AND COURTEOUS (9%)

Our respondents (9%) appreciated it when staff introduced themselves, asked permission, and used respectful language. Many of the patients who commented on courtesy appreciated that staff used their name. Some said these basic courtesies reminded them of their humanity, and made them feel “like a person instead of a patient.”

Staff always introduced themselves and always used my name...even asking what I preferred to be called... they made me feel that I was important and they SAW me!

Staff were fantastic, introducing themselves before the procedure made me feel far more comfortable, treated like a person, not a number!

[Staff] introduced themselves [which] reduced my anxiety and made me feel like a person instead of a patient.

PATIENT'S PRIVACY WAS PROTECTED (9%)

Patients appreciate it when staff pull curtains, handle personal or vulnerable situations carefully and respectfully and take care to not divulge personal information

All the staff ensured that they did not gossip or share my information with other people in front of me or my family.

PATIENT'S OPINIONS AND POINT OF VIEW LISTENED TO AND RESPECTED (8%)

Almost 200 patients (8%) commented on how having their views considered and listened to made them feel respected and as though they mattered.

Nursing staff checking what I prefer to do rather than deciding what I should be doing.

I felt listened to ... as though I was a human being rather than just another patient or a number that had no worth.

PATIENT INFORMED (4%)

Being told what was happening in terms of appointments, treatment, surgeries or procedures and wait times made patients feel they were treated with respect.

An urgent case had to be attended to [and my operation was delayed]. The doctors promptly notified me, explaining the shift in schedule ... I felt like I was important.

OTHER

Patients' religion, culture, ethnicity or worldview respected (2%)

As a Māori person there are certain things that we hold as personal and private this was treated with the most respect

Staff take time and don't rush (1%)

Patients non-treatment needs are respected (e.g. whānau support, sleep, food) (1%)

STAFF WERE RUDE (3%)

Our patients are asking us to introduce ourselves, to speak kindly and to use respectful language. Some patients would also like to remind staff that they are often overheard discussing patients, and to be more careful about what they say and where they say it.

I think it would be nice if Doctors introduced not only themselves but [also] students with them, it was overwhelming to have 6 people in green scrubs standing bedside staring with no introduction or explanation.

I overheard a nurse say during handover that my son was vomiting and pooing all night and that she "never felt so disgusted in her life." I felt sorry for her but I felt sorrier for my [toddler] son.

Sometimes staff could have spoken more quietly so other people in the room didn't hear. I heard a lot of personal details about other people in the room.

PRIVACY NOT PROTECTED (3%)

A small number of patients felt that their physical or informational privacy was compromised, mostly due to shared wards and curtains not being closed properly, or conversations that were overheard.

The 4 patients in my room heard every word the doctors said about their cases at the morning round.

PATIENT'S OPINIONS OR CONCERNS NOT RESPECTED (3%)

Whilst only a relatively small number of respondents (64) commented about not being listened to, the length of and detail in their comments would suggest that, for most, this was a very negative experience.

When I asked for only Panadol (due to being tired of feeling so wasted on morphine) the [nurse] said I needed morphine to shut me up and to take it and make the most of the high.

PATIENT NOT INFORMED (2%)

A minority of respondents were not informed what was happening, or were left waiting.

I felt very alone and abandoned once we first arrived on the ward and was severely disappointed in the communication.

It was a very busy day in the O.R. I had to wait for four hours until I was taken in. I felt a bit alone.

OTHER

A very small number of respondents (16) felt they were not respected because of their religion, culture, ethnicity, age or worldview (1%)

Just because you are ... over 65 ... doesn't mean you are senile. Some people may be vulnerable at the moment, but that doesn't mean they're not intelligent.

Staff rush and don't take time with patient (1%)

Patients non-treatment needs not respected (1%)

Privacy, Dignity and Respect

The right to be treated with dignity and respect underpins the New Zealand Code of Rights. Patients have the right to be treated with respect, including respect for their culture, values, beliefs and personal privacy. They also have the right to make decisions about their care, and to change their mind. At Auckland DHB Respect - Manaaki is one of our core values.

Patients are telling us that being treated with dignity and respect matters, with one-fifth saying that this is an aspect of their care they consider to be most important to them. They want to be seen as people, with families and lives, who are seeking help with a medical concern. They do not want to be seen as a condition or illness. Moreover, they want to be treated respectfully across their entire patient journey. Every interaction counts, whether you are a receptionist, cleaner, nurse, doctor, or working in allied health.

This report shows there is much to celebrate. One of the highest ratings across our entire survey relates to the respectful ways we are treating our patients. It's great to see the percentage of patients who say they were treated with dignity and respect continuing to increase over the past year across many questions.

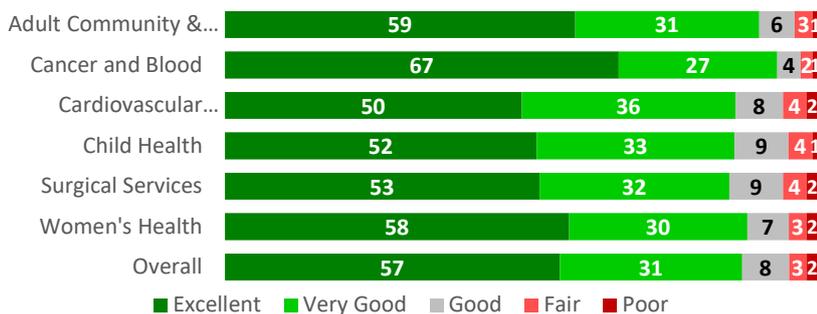
I encourage you to read and reflect on the report. While there are pockets of behaviour we do not want to see, the overwhelming weight of comments are heartening and reflect a culture of living our values by treating patients with dignity and respect.

Dr. Andrew Old
Chief of Strategy, Participation & Improvement

OVERALL EXPERIENCE RATINGS BY DIRECTORATE

Overall, 88 percent of our patients rated our care as very good or excellent during the period July 1, 2015 to June 30, 2016. The differences between directorates are significant ($p < 0.05$).

OUTPATIENT OVERALL EXPERIENCE OF CARE RATING BY DIRECTORATE, JULY 2015 TO JUNE 2016



Adult Community and Long-term Conditions n=730; Cancer and Blood services n=1112; Cardiovascular Services n=222; Child Health n=623; Surgical Services n=2350; Women's Health n=768, Overall n=5805

TOP THREE

Our outpatients are asked to choose the three things that matter most.

1. Information (67%)

Getting good information is the aspect of our care most patients (67%) say makes a difference to the quality of their care and treatment. **8.2**

"My doctor was really thorough, went through all my previous tests and discussed the results of my recent surgery. Then went through the details of the follow up procedure. She answered all my questions and was really reassuring in her approach."

How are we doing on information?

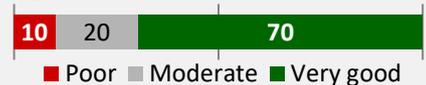


2. Organisation (54%)

For more than half of all our patients (54%), organisation, appointments and correspondence matter to the quality of their care and treatment.

"Quick advice of appointments; great coordination between outpatients and clinical treatment; follow up from support staff."

How are we doing with organisation?

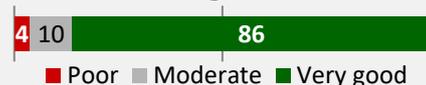


3. Confidence (52%)

Half our patients (51%) rated having confidence in their care and treatment as one of the things that make the most difference.

"The nurse ... was very busy looking after several patients yet always appeared in control and showed care and seemed very competent."

How are we doing with confidence?



A focus on privacy and respect



22 percent of outpatients say that having their privacy, values and cultural needs treated with respect is one of the three things that makes the most difference to the quality of their care & treatment

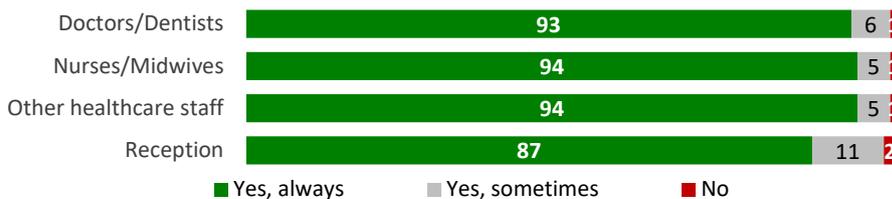
HOW ARE WE DOING?

The following data from the period July 1, 2015 to June 30, 2016 have been compared with data from the previous outpatients dignity and respect report, in September 2014 to establish whether there have been any significant changes. Please note that 'not applicable' answers have been removed from these data and the data recalculated.

TREATED WITH DIGNITY AND RESPECT

Some of the highest ratings across our entire survey are for how we treat patients with dignity and respect. Even then, we've managed to improve our ratings; the percentage of patients who say they were treated with dignity and respect by nurses, midwives and other healthcare staff has increased by three points since the last report in September 2014.

Percentage of patients who say they were treated with dignity and respect



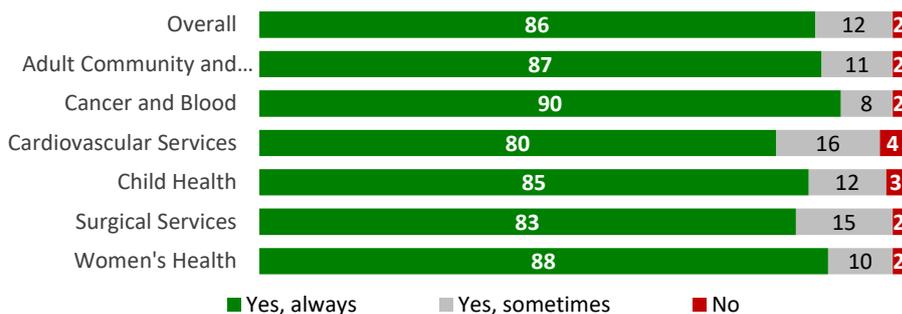
Doctors/Dentists n=4553; Nurses/Midwives n=1244; Other healthcare staff n=1226; Reception n=5435

3% improvement
in ratings for nurses/midwives and other health care staff since September 2014. The difference is significant (p<0.05).

VIEWS CONSIDERED AND RESPECTED

The percentage of patients who say we respected their views on their care and treatment and took these into account has improved by three points since the previous report in September 2014.

Percentage of patients who say their views were taken into account and respected, by Directorate (%)



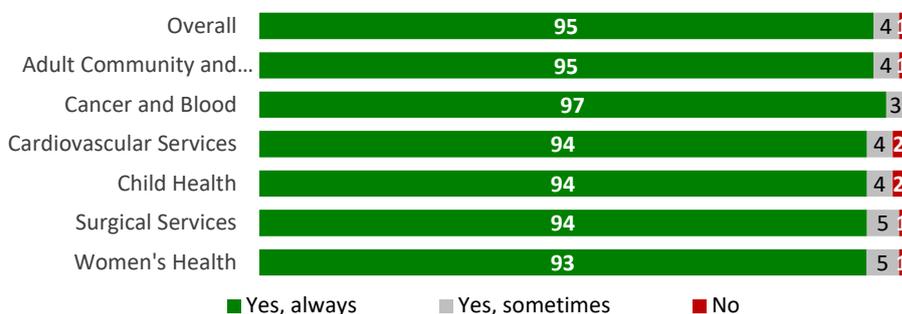
Adult Community and Long-term Conditions n=726; Cancer and Blood n=1117; Cardiovascular Services n=223; Child Health n=627; Surgical Services n=2345; Women's Health n=770, Overall n=5808

3% improvement
In overall ratings for patients who say their views were always taken into account and respected, since September 2014. The difference is significant (p<0.05).

VALUES, BELIEFS AND CULTURAL NEEDS

Since September 2014, the percentage of patients who say their values, beliefs and cultural needs were respected has increased by an additional two percentage points, to 95 percent. Cancer and Blood, Child Health and Surgical Services directorates are also trending upwards.

Percentage of patients who say their values, beliefs and cultural needs were respected



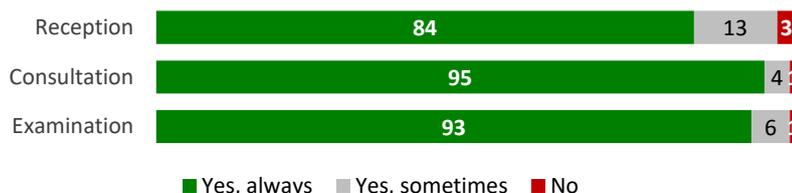
Adult Community and Long-term Conditions n=442; Cancer and Blood n=653; Cardiovascular Services n=129; Child Health n=396; Surgical Services n=1322; Women's Health n=495, Overall n=3437

2% improvement
in overall ratings for patients who say their values, beliefs and cultural needs were respected, since September 2014. The difference is significant (p<0.05).

PRIVACY

Ninety-three percent of patients tell us they are always given enough privacy during examinations, an increase of two percentage points since the last report in September 2014. In addition, patient ratings of privacy during consultation have improved by a small but statistically significant one percentage point.

Percentage of patients who say they were given enough privacy

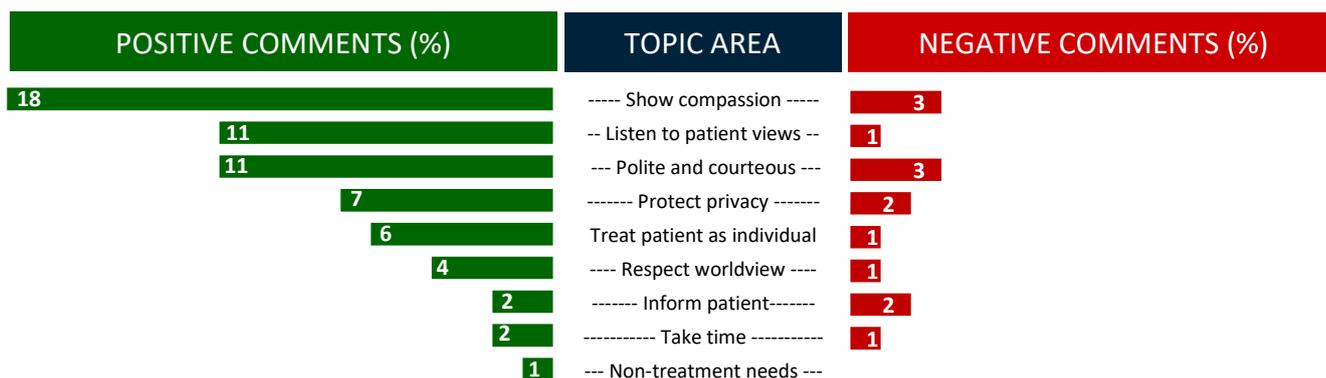


2% improvement
in patient ratings for privacy during examination. The difference is significant ($p < 0.05$).

Reception n=5691; Consultation n=5447; Examination n=5766

A closer look at patient comments

A total of 1319 outpatients commented on respect. Eight out of 10 comments were positive.



SHOW COMPASSION, KINDNESS AND CARE (18%)

Patients appreciated it when staff were warm, friendly, showed compassion and kindness towards them, were mindful of their personal situation e.g. age, ethnicity, fears or concerns, and appeared to genuinely care about what happened to them. The manner of receptionists, nurses, doctors and allied health workers all received positive comment and were appreciated when showing kindness.

They were kind, interested and compassionate and mindful of how to discuss health issues with a child.

Some patients noted that the way they were treated created an atmosphere or environment in which they could discuss sensitive issues openly. Some said they felt they were in safe hands when staff genuinely cared about them or showed concern.

The friendly respectful attitude of surgeon created a relaxed atmosphere in which sensitive issues could be discussed without embarrassment.

The nurse was extremely lovely, made me feel assured I was in good hands, answered my questions, and was genuinely interested in my condition.

My husband is seriously ill, and he was treated with the utmost kindness by all staff he encountered during his radiotherapy visits. This helped to relieve his stress in an unfamiliar situation.

LACK COMPASSION, ABRUPT AND UNKIND (3%)

Some patients felt that they were treated unkindly and that staff were indifferent towards them and their situation. They felt that staff were dismissive, uncaring or lacked compassion. Some felt that staff did not take their symptoms seriously and were left feeling belittled and as if they were wasting staff time.

Again, every patient contact is important, from reception to nurses, doctors and allied health professional.

Some administration staff could work on their communication skills people are often distressed and they should act and speak in an empathetic way. it was a very stressful time.

It was near the end of the day though and the specialist nurse got a bit grumpy with me for asking some questions. I understand she is incredibly busy and she is so efficient and responsive. But I would have preferred her not to get grumpy.

The [doctor] didn't show any respect by making fun of my symptoms and the way he acted (don't waste my time) attitude and before him the specialist who didn't take my symptoms seriously. After many scans the result shows that I do have a physical illness.

The doctor was indifferent ... and I felt like I was taking up his time.

PATIENT COMMENTS (cont...)

LISTEN, ANSWER QUESTIONS & RESPECT PATIENT'S POINT OF VIEW (11%)

Patients appreciated it when they felt that their opinions and points of view were listened to and respected. They wanted staff to discuss treatment options with them and answer questions so they could make informed decisions. This appeared to help alleviate concerns and anxieties. It also increased their confidence in staff and the quality of their care.

The doctor listened to all my responses and recapped to ensure he had understood me. He also showed concern for me when I disclosed information about my mother having cancer.

I told the doctor I was feeling faint and she took the procedure at my pace, checking with me constantly to see if I was comfortable to continue. I felt listened to and respected and in turn more confident in the procedure and doctor.

The surgeon listened well and tried to alleviate my fears and anxiety methodically. He tried to remove confusions about the disease and encouraged me to view my recent surgery in a pragmatic way.

They listened to what I had to say, and they found solutions for my concerns. They spoke to me in the tone of an equal; they did not belittle or speak down to me.

STAFF POLITE, COURTEOUS AND ENSURED CONSENT (11%)

Patients commented positively when staff were professional, polite and courteous towards them. They particularly appreciated it when staff introduced themselves, spoke in a courteous manner, respected their privacy and asked for their permission before examining or treating them.

The doctor clearly stated their name and asked politely if visiting doctor could attend the appointment.

Everybody always knocked when entering my room.

I was addressed by my first name and the persons who dealt with me introduced themselves so I knew what name to call them also made conversation with me so you did not just feel like another person to be treated.

Was asked politely when to turn over lift legs, shift position, and covered over for privacy during different procedures.

OTHER

Patients also appreciated it when:

- Their dignity and privacy are protected e.g. curtains are drawn, examinations are sensitive to privacy, discussions take place in privacy (7%)
- They are treated as an individual and made to feel like an equal in the process (6%)
- Their religion, culture and worldview is respected (4%)
- They are kept informed and updated (2%)
- Staff take their time and do not rush (2%)

FAILED TO LISTEN TO PATIENT VIEWS OR TREAT AS PATIENT WOULD PREFER (1%)

Patients commented negatively when they felt that staff showed little or no respect for their opinions and concerns. They were particularly concerned when they felt that had been pressured or given no choice about their treatment options.

I thought that the Doctor didn't listen or was not interested in my health - showed poor bed-side manners. The doctor sprayed something in my nose that almost made me throw up (I even told him that I coughed out blood) but the doctor was least interested in this.

It is noted that some comments related to concerns that alternative treatments which patients wanted to try that were dismissed by staff. Other patients were told that they were unable to get the treatment they wanted for medical reasons, for example they were considered too obese for a particular procedure. They commented negatively as they felt it was their risk to take.

I suggest there to be open mindedness to alternative treatment than chemo and not something to be pooh poohed by a doctor.

DISCOURTEOUS, RUDE OR INAPPROPRIATE COMMENTS (3%)

Patients did not appreciate it when they felt staff acted discourteously towards them, did not introduce themselves or ask their permission to treat them. They also commented negatively when they felt staff made inappropriate comments, such as their "skirt was tight", or about bodily hair.

The (doctor) was rude, disrespectful and abrupt. He asked questions he knew the answers to, didn't remember my name, told me that the surgeon HE sent me to didn't know what he was talking about, and in the middle of a question he turned around and began typing this dismissing me. He didn't listen to my concerns and the nurse had to apologise for his rude behaviour.

While we (my daughter and I) were in the consultation ... six other staff members came in to the room for various reasons. NOT one of them knocked or excused themselves.

OTHER

Patients ask that we also:

- Protect their privacy so that their dignity is not compromised e.g. through curtains being left open, and their privacy is not compromised through personal information being divulged or overheard by others (2%)
- Respect their time, in particular that we inform them of delays and do not leave them waiting for lengthy periods of time (2%)

Resolution to exclude the public from the meeting

Recommendation

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

| General subject of item to be considered | Reason for passing this resolution in relation to the item | Grounds under Clause 32 for the passing of this resolution |
|---|--|---|
| 2. Conflicts of Interest | As per that stated in the open agenda | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 3. Confirmation of Confidential Minutes 26 October 2016 | <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 4. Confidential Action Points | <p>Commercial Activities To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(b)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 5.1 Faster Cancer Treatment Report | <p>Prevent Prejudice to Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |

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| | <p>Free and Frank Opinion This paper contains free and frank expression of opinions by management to board [Official Information Act 1982 s9(2)(b)]</p> | |
| 5.2 Security for Safety Programme Report | <p>Prejudice to Health and Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(i)]</p> <p>Prevent Prejudice to Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Free and Frank Opinion This paper contains free and frank expression of opinions by management to board [Official Information Act 1982 s9(2)(b)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 5.3 Food Services Report | <p>Prevent Prejudice to Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Free and Frank Opinion This paper contains free and frank expression of opinions by management to board [Official Information Act 1982 s9(2)(b)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 5.4 Reablement Services Report | <p>Prevent Prejudice to Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Free and Frank Opinion This paper contains free and frank expression of opinions by management to board [Official Information Act 1982 s9(2)(b)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |

| | | |
|-------------------------|---|---|
| 6. Risk Register Report | <p>Prejudice to Health and Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(i)]</p> <p>Prevent Prejudice to Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Free and Frank Opinion This paper contains free and frank expression of opinions by management to board [Official Information Act 1982 s9(2)(b)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 7.1 Complaints | <p>Prevent Prejudice to Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Free and Frank Opinion This paper contains free and frank expression of opinions by management to board [Official Information Act 1982 s9(2)(b)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 7.2 Compliments | <p>Prevent Prejudice to Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Free and Frank Opinion This paper contains free and frank expression of opinions by management to board [Official Information Act 1982 s9(2)(b)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |
| 7.3 Incident Management | <p>Prevent Prejudice to Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act |

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| | <p>Free and Frank Opinion This paper contains free and frank expression of opinions by management to board [Official Information Act 1982 s9(2)(b)]</p> | 1982 [NZPH&D Act 2000] |
| 7.4 Policies and Procedures | <p>Prevent Prejudice to Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Free and Frank Opinion This paper contains free and frank expression of opinions by management to board [Official Information Act 1982 s9(2)(b)]</p> | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |