

Hospital Advisory Committee Meeting

Wednesday, 17 October 2018

1.30pm

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

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Published 9 October 2018

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

Time: 1.30pm

<p>Committee Members Judith Bassett (Chair) Pat Snedden (Board Chair) ex officio Jo Agnew Michelle Atkinson Doug Armstrong Dr Lee Mathias Gwen Tepania-Palmer</p>	<p>Auckland DHB Executive Leadership Ailsa Claire Chief Executive Officer Karen Bartholomew Acting Director of Health Outcomes – Auckland & Waitemata DHBs Margaret Dotchin Chief Nursing Officer Joanne Gibbs Director Provider Services Dame Naida Glavish Chief Advisor Tikanga – ADHB/WDHB Dr Debbie Holdsworth Director of Funding – ADHB/WDHB Fiona Michel Chief Human Resources Officer Riki Nia Nia General Manager Māori Health Rosalie Percival Chief Financial Officer Meg Poutasi Chief of Strategy, Participation and Improvement Shayne Tong Chief of Informatics Sue Waters Chief Health Professions Officer Dr Margaret Wilsher Chief Medical Officer</p> <p>Auckland DHB Senior Staff Tara Argent Interim General Manager Women’s Health Dr Vanessa Beavis Director Perioperative Services Dr John Beca Director Surgical, Child Health Jo Brown Funding and Development Manager Hospitals Melissa Brown Director of Midwifery Ian Costello Director of Clinical Support Services Suzanne Corcoran Director Participation and Insight Dr Lalit Kalra Acting Director Community & Long Term Conditions Mr Arend Merrie Director Surgical Services Kieron Millar Acting General Manager Commercial Services Rachel Lorimer Director Communications Alex Pimm Director Patient Management Services Auxilia Nyangoni Deputy Chief Financial Officer Anna Schofield Director Mental Health and Addictions Dr Michael Shepherd Director Medical, Children’s Health Dr Barry Snow Director Adult Medical Dr Richard Sullivan Director Cancer and Blood Samantha Titchener Acting Director Cardiovascular Services Peter van der Weijer Interim Director Women’s Health Marlene Skelton Committee Secretary</p> <p>(Other staff members who attend for a particular item are named at the start of the respective minute)</p>
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Apologies Members: Pat Snedden

Apologies Staff: Mr Arend Merrie, Melissa Brown

Agenda

Please note that agenda times are estimates only

- 1.30pm **1. Attendance and Apologies**
- 2. Register and Conflicts of Interest**
 Does any member have an interest they have not previously disclosed?
 Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
- 1.35pm **3. Confirmation of Minutes 05 September 2018**
- 4. Action Points**
- 1.40pm **5. PERFORMANCE REPORTS**
- 5.1 Provider Arm Operational Performance – Executive Summary
- 5.2 Provider Arm Scorecard
- 5.3 Clinical Support Directorate
- 5.4 Women’s Health Directorate
- 5.5 Child Health Directorate
- 5.6 Perioperative Services Directorate
- 5.7 Cancer and Blood Directorate
- 5.8 Mental Health Directorate
- 5.9 Adult Medical Directorate
- 5.10 Community and Long Term Conditions Directorate
- 5.11 Surgical Services Directorate
- 5.12 Cardiovascular Directorate
- 5.13 Commercial Services
- 5.14 Patient Management Services
- 5.15 Provider Arm Financial Performance Report
- 2.50pm **6. INFORMATION REPORTS**
- 6.1 To Thrive – Programme to Support Lower Income Workers - Update
- 3.00pm **7. DISCUSSION PAPERS**
- 7.1 Supporting the DNA Strategy: Outpatients Programme Activity
- 7.2 WNB – Starship Child Health
- 3.20pm **8. RESOLUTION TO EXCLUDE THE PUBLIC**

Next Meeting: Wednesday, 28 November 2018 at 1.30pm A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton
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Attendance at Hospital Advisory Committee Meetings

Members	01 Feb. 17	15 Mar. 17	26 Apr. 17	07 Jun. 17	19 Jul. 17	30 Aug. 17	11 Oct. 17	22 Nov. 17	7 Feb. 18	21 Mar. 18	2 May. 18	13 Jun. 18	25 Jul. 18	5 Sep. 18	17 Oct. 18	28 Nov. 18
Judith Bassett (Chair)	c	1	1	#	#	1	1	1	1	1	1	1	1	1		
Joanne Agnew	c	1	1	1	1	1	1	1	1	1	1	1	1	1		
Michelle Atkinson	c	1	1	1	1	1	1	1	1	1	1	1	x	1		
Doug Armstrong	c	X	1	1	1	1	1	1	1	1	1	1	x	1		
James Le Fevre (Deputy Chair)	c	1	1	1	1	1	1	X	1	1	n/a	n/a	n/a	n/a		
Lee Mathias	c	1	1	1	1	1	1	1	1	1	1	1	1	1		
Gwen Tepania-Palmer	c	1	1	1	1	1	1	1	1	1	1	x	1	1		
Key: x = absent, # = leave of absence, c = meeting cancelled																

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

IMPORTANT

If in doubt – declare.

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

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

Register of Interests – Hospital Advisory Committee

Member	Interest	Latest Disclosure
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder) Shareholder - Karma Food New Zealand LTD [50% shareholding, non-director]	22.11.2017
Michelle ATKINSON	Evaluation Officer – Counties Manukau District Health Board Director – Stripey Limited Trustee – Starship Foundation Contracting in the sector	18.04.2018
Doug ARMSTRONG	Shareholder - Fisher and Paykel Healthcare Shareholder - Ryman Healthcare Shareholder – Orion Healthcare Trustee – Woolf Fisher Trust Trustee- Sir Woolf Fisher Charitable Trust Daughter – Partner Russell McVeagh Lawyers Member – Trans-Tasman Occupations Tribunal	18.09.2018
Judith BASSETT	Trustee - A+ Charitable Trust Shareholder - Fisher and Paykel Healthcare Shareholder - Westpac Banking Corporation Husband – Fletcher Building Husband - shareholder of Westpac Banking Corporation Granddaughter - shareholder of Westpac Corporation	19.09.2018
Lee MATHIAS	Chair - Health Promotion Agency Chair - Health Innovation Hub (until the end of the Viclink contract in line with the director appointment) Chair – Medicines New Zealand Director/shareholder - Pictor Limited Director Pictor Diagnostics India Private Limited Director - Lee Mathias Limited Director - John Seabrook Holdings Limited Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Trustee - Mathias Martin Family Trust Member – New Zealand National Party	29.08.2018
Pat SNEDDEN	Director and Shareholder – Snedden Publishing & Management Consultants Limited Director and Shareholder – Ayers Contracting Services Limited Director and Shareholder – Data Publishing Limited Trustee - Recovery Solutions Trust Director – Recovery Solutions Services Limited Director – Emerge Aotearoa Limited and Subsidiaries Director – Mind and Body consultants Ltd Director – Mind and Body Learning & Development Ltd Shareholder – Ayers Snedden Consultants Ltd Executive Chair – Manaiaikalani Education Trust Chair – National Science Challenge Programme – A Better Start Chair – The Big Idea – Not-for-profit-trust Director – Te Urungi o Ngati Kuri Ltd Director – Wharekapua Ltd Director – Te Paki Ltd Director – Ngati Kuri Tourism Ltd	9.10.18

	Director – Waimarama Orchards Ltd Chair – Auckland District Health Board Director – Ports of Auckland Ltd Board Member – Counties Manukau DHB Chair – Counties Manukau Audit, Risk and Finance Committee	
Gwen TEPANIA-PALMER	Board Member - Health Quality and Safety Commission Committee Member - Lottery Northland Community Committee Chair - Ngati Hine Health Trust Life member – National Council of Maori Nurses Director - Hauora Whanui Limited Alumnus – Massey University	26.04.2018



Minutes Hospital Advisory Committee Meeting 05 September 2018

Minutes of the Hospital Advisory Committee meeting held on Wednesday, 05 September 2018 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 1:30pm.

<p>Committee Members Present Judith Bassett (Chair) Jo Agnew Michelle Atkinson [Arrived during item 4] Doug Armstrong Dr Lee Mathias Gwen Tepania-Palmer</p>	<p>Auckland DHB Executive Leadership Team Present Ailsa Claire Chief Executive Officer Margaret Dotchin Chief Nursing Officer Joanne Gibbs Director Provider Services Dr Debbie Holdsworth Director of Funding – ADHB/WDHB Riki Nia Nia General Manager Māori Health Rosalie Percival Chief Financial Officer Shayne Tong Chief of Informatics</p> <p>Auckland DHB Senior Staff Present Tara Argent Interim General Manager Women’s Health Dr Vanessa Beavis Director Perioperative Services Stephen Coombe General Manager Commercial Services Ian Costello Director of Clinical Support Services Suzanne Corcoran Director Participation and Insight Dr Mark Edwards Director Cardiovascular Services Dr Lalit Kalra Acting Director Community & Long Term Conditions Kieron Millar Acting General Manger Commercial Services Mr Arend Merrie Director Surgical Services Donna Neal Provider Arm Performance Manager Alex Pimm Director Patient Management Services Auxilia Nyangoni Deputy Chief Financial Officer Anna Schofield Director Mental Health and Addictions Dr Michael Shepherd Director Medical, Children’s Health Dr Barry Snow Director Adult Medical Dr Richard Sullivan Director Cancer and Blood and Deputy Chief Medical Officer Samantha Titchener Acting Director for Cardiovascular Services Marlene Skelton Corporate Business Manager Peter van der Weijer Interim Director Women’s Health</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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1. APOLOGIES

That the apologies of Pat Snedden (Board Chair) due to illness and that of Michelle Atkinson for lateness be received.

That the apologies of Executive Leadership Team members, Karen Bartholomew Acting Director of Health Outcomes – Auckland and Waitemata DHBs, Fiona Michel, Chief Human

Resources Officer, Meg Poutasi Chief of Strategy, Participation and Improvement, Sue Waters Chief Health Professions Officer and Dr Margaret Wilsher, Chief Medical Officer be received.

That the apologies from Ailsa Claire, Chief Executive, Rosalie Percival, Chief Financial Officer and Shayne Tong, Chief of Informatics for lateness be received.

That the apologies of senior staff, Dr John Beca and Jo Brown, Funding and Development Manager Hospitals be received.

2. REGISTER AND CONFLICTS OF INTEREST (Pages 5-7)

Doug Armstrong asked that the words in brackets (“no personal beneficial interest as it is held through a Trust”) following after “Shareholder – Orion Healthcare”; be removed from his interest register.

Judith Bassett asked that the interest, “Daughter – Human Resources Manager at Auckland DHB” be removed from her interest register.

There were no conflicts of interest declared for any items on the open agenda.

3. CONFIRMATION OF MINUTES 25 JULY 2018 (Pages 8-21)

The Corporate Business Manager advised that Alex Pimm’s attendance at the last meeting needed to be removed as he was actually on leave.

Resolution: Moved Gwen Tepania-Palmer / Seconded Jo Agnew

That the minutes of the Hospital Advisory Committee meeting held on 25 July 2018 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Pages 22-24)

There were no updates outstanding.

5. PERFORMANCE REPORTS

5.1 Provider Arm Operational Performance – Executive Summary (Pages 25-29)

5.2 Provider Arm Scorecard (Pages 30-31)

Joanne Gibbs, Director Provider Services asked that the reports be taken as read briefly highlighting key points.

- The Provider Arm is experiencing the ongoing impact of winter pressure and the nurse’s strike. The recovery required for both out and in-patient services will continue for some time.
- There are some specific workforce constraints being experienced with recruitment of midwives and anaesthetic technicians along with some ongoing physical space

constraints.

Matters covered in response to questions included:

- An explanation being given that the DA-EPOCH project related to a process to move haematology patients into an ambulatory care setting from inpatient care.
- Informal feedback is providing information that the Patient at Risk service is proving hugely valuable and has improved patient safety. Nurses value the support of other more experienced nurses being available to support high acuity patients.

Resolution:

That the Hospital Advisory Committee receives the Provider Arm Operational Performance – Executive Summary for September 2018.

Carried

5.3 Clinical Support Services (Pages 32-40)

Ian Costello, Director of Clinical Support Services asked that the report be taken as read briefly highlighting key points.

- The service continued to experience sustained volumes but had seen a reduction in the waiting list. This had been achieved by better prioritisation of the list.
- The focus this year is on how to move forward with the services offered and how to measure the outcomes and their relevance across the clinical pathways. This included patient experience which historically had tended to be measured on a collateral basis from data available from other surveys. The service was seeking to change this approach.
- There was also a move this year to look hard at technology to support key areas within the service.

Matters covered in response to questions included:

- Advice given that the service was seeing a significant improvement in relation to Trendcare data. Successful recruitment to the team had meant that people could now actually spend time in the ward environment itself. It was hoped to extend the deployment of Trendcare to Women's Health and Mental Health over the next few months. Ian believed that it also had application within Allied Health settings but perhaps in a slightly different way than it was currently used on wards.

[Secretarial Note: Item 5.5 was considered next.]

5.4 Women's Health Directorate (Pages 41-49)

Peter van der Weijer, Interim Director Women's Health and Tara Argent, Interim General Manager Women's Health asked that the report be taken as read briefly highlighting the key points.

In relation to the 90 day action plan the service had:

- Been successful in recruiting resource on a two year fixed term contract in line with the Service Level Agreement (until 2020) to work across Auckland City Hospital, but based at Greenlane, to provide a roaming vaccinator service.
- A strengthened leadership team dealing with operational matters and clinical quality and safety and acting as an important role model. A new Director had been identified for primary care. This was an exciting development for the team as the candidate had similar views around delivery of women's healthcare within the community.
- Made gains in the Maternal Foetal Medicine area. A national service improvement project is underway with support from an experienced team. A strong regional service can be offered for Gynaecology. Fertility Plus is the only assisted public provider within New Zealand and is a role model within the country setting high standards of service for this type of care.

Matters covered in response to questions included:

- Judith Bassett commenting that when Auckland DHB had patients within their care to give birth, it should always provide advice to smokers of the benefits of quitting. The figure in the latest statistics indicated a drop in this occurring.

[Secretarial Note: Item 5.3 was considered next.]

5.5 Cardiovascular Directorate (Pages 50-59)

Samantha Titchener, Acting Director for Cardiovascular Services asked that the report be taken as read briefly highlighting key points.

- Design work is underway with the Performance Team around heart failure and empowering family and whanau to work with a patient to prevent reoccurrences.
- There has been successful recruitment into the intensive care unit of senior nurses being Associate Nurse Unit Manager CVICU and Associate Charge Nurse Ward 42. There is a strong desire to reduce the 17% turnover being experienced in this area and strong senior leadership is a first step to achieving this.
- All other work is continuing well and of note is the number of people and projects put forward for a Health Excellence Award.

Matters covered in response to questions included:

- Judith Bassett asked that the Committee's congratulations be conveyed to the Senior Registered Nurse in the cardiac catheter lab who won the Cardiac Society of Australia and New Zealand affiliate prize for her research proposal 'FAAST Trial'.
- Gwen Tepania-Palmer commented that it was good to see progress between Northland and Auckland DHBs regarding access to the catheter lab for STEMI patients is well underway and relationships have been strengthened within the operational management teams. However, Northland had yet to signal that an

outcome had been received for a lab based in Northland and if they were not successful she queried what additional assistance could be offered to them.

5.6 Perioperative Services Directorate (Pages 60-68)

Dr Vanessa Beavis, Director Perioperative Services asked that the report be taken as read briefly highlighting key points.

- Central Sterile Supply Department Traceability Documentation (TDOC) Go Live on 3 July 2018 has been largely successful except for a few glitches that have since been sorted out.
- At present Perioperative is carrying significant vacancies in the Anaesthetic Technician workforce. There are a number of short-term and medium to long-term plans to address this but the situation remains challenging.
- There were now six directorates benefiting in the area of first specialist appointments, enabled by IT support, where making forms talk to one another had avoided or reduced re-entry of data.

Matters covered in response to questions included:

- Judith Bassett commented that recruitment and capacity is a major challenge in all the services but that this specialist area did present unique challenges.

5.7 Cancer and Blood Directorate (Pages 69-76)

Dr Richard Sullivan, Director Cancer and Blood and Deputy Chief Medical Officer asked that the report be taken as read briefly highlighting key points.

- At the last meeting the requirement for the outsourcing of radiation therapy volumes for a fixed term, was discussed. A contract has now been entered into for a six month term and the first patients will be seen within the next week.
- A regional initiative entered into with Waitemata and Counties Manukau DHBs for the local delivery of chemotherapy for women with breast cancer is in the early stages of implementation. This work forms part of wider Local Delivery of Oncology intent, as patients/whānau are better served by services delivered closer to home.
- Work on the Brachytherapy bunker development continues. This is a fit-for-purpose bunker that will allow services to be delivered in a specific space. This will free up linear accelerator capacity as the service is currently provided in this area due to radiation safety requirements. It will also provide a more patient friendly service.
- It is hoped to appoint a Programme Manager to the Integrated Cancer Service in the next four to six weeks.

Matters covered in response to questions included:

- Committee members were pleased to hear that effort was being made to get services out to patients. This regional multi campus care provided the way forward for providing treatment as close to home as possible with the same quality of care.

5.8 Mental Health Directorate (Pages 77-89)

Anna Schofield, Director Mental Health and Addictions asked that the report be taken as read briefly highlighting key points.

- The last of the 3-year Mental Health Action Plan development workshops is to be held this week. These have all been received very well by participants.
- Work with the Health Quality and Safety Commission to close the seclusion unit

Matters covered in response to questions included:

- In response to a question from Michelle Atkinson as to whether the 3-year Mental Health Action Plan would line up with the Mental Health Inquiry findings and recommendations which were also due to be released in October 2018, Anna confirmed this and replied that attention had been paid in particular to issues around disparity and equity and that she was mindful that the Inquiry findings would engender a lot of publicity.
- Gwen Tepania-Palmer noted that on page 81 of the agenda mention of Segar House, a sub-regional service for Auckland and Waitematā DHBs providing intensive psychotherapy had been made and that it had been advised that the model of care has not been reviewed for some years. She asked what timeframes had been applied to the review, what challenges existed and what alternatives might be available.
Anna advised that there was a need to be clear what type of accommodation was required. There is no nursing undertaken at the House now for this complex group of clients. There is a need to look closely at how to support staff across the region more effectively and to determine where psychiatric input is required.
- The Committee commended Anna on the work being done in conjunction with the Community and Long Term Conditions Directorate around improving integration across services and with other Health and Social Services as detailed on page 80 of the agenda.

5.9 Adult Medical Directorate (Pages 90-98)

Dr Barry Snow, Director Adult Medical asked that the report be taken as read briefly highlighting key points.

- Barry drew attention to the new measures commenting that this was the first meeting where a focus had been placed on the new targets and measures along with directorate priorities for 2018-2019.
- Delivery of the Regional Hyper Acute Stroke Service for stroke and clot retrieval had gone live this week.
- Robust risk management systems continue to be developed with a particular focus at this point on projects that may have a risk base to them.

Matters covered in response to questions included:

- Judith Bassett thanked Barry for highlighting the priorities for 2018-2019. His was a big directorate with a lot of challenges requiring attention. It was pleasing to see that the Renal business case which was submitted to the Auckland DHB Board on 4 July 2018 had been approved to proceed.

5.10 Community and Long Term Conditions Directorate (Pages 99-107)

Dr Lalit Kalra, Acting Director Community and Long Term Conditions asked that the report be taken as read briefly highlighting key points.

- Better services for the frail older person has progressed this month with two well-developed work streams focused on comprehensive geriatric assessment in the Adult Emergency Department and improving our sub-acute community response. Work is underway on using service data to identify patients who are frail in the inpatient setting.
- Referrals for patients in the community (St John, Age Related Residential Care and Primary Care) have increased as relationships have developed. There is now a focus for this work stream on preventing hospital presentations and admissions.
- The work being done at the Pt. Chevalier Community Hub as outlined on page 101 of the agenda.
- Scheduling errors were found when reviewing the outpatient service, so satellite clinics were reviewed, which has led to a change in the model of booking for these clinics to make them more accessible to the community's needs.
- There has been a focus on the People Plan for the first quarter to ensure that the service is strengthened and able to successfully recruit as outlined on page 102 of the agenda.

There were no questions.

5.11 Surgical Services Directorate (Pages 108-118)

Mr Arend Merrie, Director Surgical Services asked that the report be taken as read briefly highlighting key points.

- The directorate priorities had been set around pillars of quality
 - Culture of safety
 - Timely and effective
 - Equitable and inclusive access
 - Efficient and financially sustainable pathways
 - Our people are happy, healthy and high performing

Progress against these can be found in the action plan on pages 110-112 in the agenda.

- The Head and Neck service has three new Service Clinical Director appointments and Bridget Cooper was fare welled as she has been seconded to Women's Health

service.

- In addition to the 500 operating hours lost due the industrial action in July there has been an increased loss of operating time through July and August due to staffing shortages across the perioperative directorate particularly around the anaesthetic technician shortfall. This places substantial pressure on the PVS contract delivery and of fully recovering this is very challenging.

Matters covered in response to questions included:

- Gwen Tepania-Palmer acknowledged on behalf of the Committee the contribution over a very long period of time of Neil Croucher, SCD in Oral Health, who is leaving the organisation.

5.12 Commercial Services (Pages 119-126)

Kieron Millar, Acting General Manger Commercial Services asked that the report be taken as read briefly highlighting key points.

- healthAlliance (hA) FPSC have reported annualised savings for 2017/18 as set out on page 121 of the agenda. Opex savings of \$3.82M made up of budgeted savings of \$2.49M and unbudgeted savings of \$1.33M.
- The healthAlliance service level agreement is also up for review.

Matters covered in response to questions included:

- Advice was given that the next report would carry more detail about the refurbishment start date and move in date for the Porters Avenue property.

5.13 Child Health Directorate (Pages 127-141)

Dr Michael Shepherd, Director Medical, Children's Health asked that the report be taken as read briefly highlighting key points.

- The 2018-2019 priorities for the directorate were a continuation of work previously started. There is an emphasis in 2018/19 on consistent and coordinated clinical excellence reporting and improvement. Child focused patient feedback is now being explored.
- As financial stability is very important to the directorate during 2018/19 emphasis is being placed on revenue (Accident Compensation Corporation (ACC), donations, tertiary services), cost containment and financial initiatives across multiple years to ensure enduring change.
- Pathways are in development in Paediatric Chronic Pain, Paediatric Cardiac, Perioperative, Surgical and Long Term Ventilation. During 2018/19 further pathways will be developed and a standardised pathway methodology agreed for Starship.
- Service descriptions have been developed for all tertiary services. These are being updated and published from August 2018.

In general, the challenge of too many referrals and not enough resource is a problem shared

across all of metro Auckland.

Matters covered in response to questions included:

- The committee noted the marginal decrease in DNA rates.

5.14 Provider Arm Financial Performance Report (Pages 142-153)

Rosalie Percival Chief Financial Officer asked that the report be taken as read briefly highlighting key points.

- The Provider Arm result was unfavourable to budget by \$32M. The majority of this sits within personnel cost along with the impact of the settlement of the nursing MECA. Elective revenue ended up being \$1.2M less than expected for year end.
- Audit NZ has raised questions with the treatment of some items within the Mistakes Schedule in the Annual Report, most notably provisions around unsettled collectives. If there is not a clear and obvious liability then it cannot be acknowledged. This will potentially have an impact on the budget.

5.15 Patient Management Services (Pages 154-161)

Alex Pimm, Director Patient Management Services asked that the report be taken as read briefly highlighting key points.

- The DHB received a visit from the Safe Staffing Healthy Workplaces Unit national governance team in July 2018. This was an opportunity to showcase progress made in implementing Trendcare and CCDM work across the organisation as well as discuss future plans, including our integrated operations centre and CCDM three-year programme. Feedback on the day from the visit team was very positive.
- A new Restraint Coordinator has been appointed and started in August 2018. Their role is to support the organisation to be compliant with national restraint standards, including identifying training, providing support to clinical teams, leading the restraint minimisation project and ensuring assurance processes are in place.

Matters covered in response to questions included:

- Concern was expressed about the results of the cleaning audit which showed that some of the high risk areas were still not up to standard. Advice was given that the increased recruitment to our team of in-house cleaners has helped tremendously and that further training would make them more effective in their roles.
- Advice was given that there would be more detailed report on the Thrive programme at a future meeting.

Resolution: Moved Gwen Tepania-Palmer / Seconded Judith Bassett

That the Provider Arm Performance Reports for August 2018 be received.

Carried

6. INFORMATION REPORTS

6.1 Nursing Strike Debrief (Pages 162-167)

Jo Gibbs, Director Provider Services asked that the report be taken as read advising that this was the formal closure report relating to the event and that the learning captured would assist in refining planning and processes for any future industrial action.

Judith Bassett indicated that she wished to add to the resolution and note the level of planning that was undertaken that contributed to a good outcome and also the role played by the internal volunteers on the day.

There were no questions.

Resolution:

That the Hospital Advisory Committee:

- 1. Receives the New Zealand Nurses Organisation Industrial Action report.**
- 2. Notes the importance of effective and comprehensive planning which contributed to the excellent outcome for patients.**
- 3. Appreciates the key role undertaken by internal volunteers on the day.**

Carried

6.2 Patient Experience Report - verbal

Suzanne Corcoran gave a brief update on the patient experience area advising in brief that:

- Not enough feedback was being received from Maori and Pasifika patients. There would be an update on this at the next Board meeting
- A new report would be released soon focussing on the experience of Maori and Pasifika patients over time, including the number of respondents. This is the first time this work has been done at Auckland DHB.
- Seven applicants had been successfully recruited to the Patient and Whanau Centred Care (PWCC) Council. There were 70 applicants and 18 were shortlisted for interview. All have very good reputations within their extensive community networks. A formal powhiri is to be held for the new members tomorrow.

Resolution:

That the verbal Patient Experience report be received.

Carried

7. GENERAL BUSINESS

7.1 Reporting Programme for 2019

Judith Bassett led a discussion with regard to the forward reporting programme for 2019.

Ideas put forward:

- Community and hospital care – creating a seamless approach to care for the elderly particularly dementia care
- Equity outcomes
- Information Technology – better quality connections
- Meaningful measures
- Recruitment stocktake
- Mental health – three year action plan [how this plan supports the outcomes of the mental health enquiry.]
- CDU – Deep dive early next year – a preliminary report on the 90 day action plan for the CDU to be presented at the next meeting
- Seamless services across various locations, whether that be home, community or the hospital

Comment was made that care would need to be taken to not overlap with other committees' delegated authority when producing these reports.

8. RESOLUTION TO EXCLUDE THE PUBLIC (Pages 168-171)

Resolution: Moved Judith Bassett / 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
1. Apologies	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]
2. Register and Conflict of Interests	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 25 July 2018	Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the New Zealand Public Health and	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

	Disability Act [NZPH&D Act 2000]	would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5. Discussion Papers nil	N/A	N/A
6. Presentations - Nil	N/A	N/A
7.1 Head and Neck Cancer Service	Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time. Prevent Improper Gain Information contained in this report could be used for improper gain or advantage if it is made public at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.2 Orthopaedic Services	Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time. Prevent Improper Gain Information contained in this report could be used for improper gain or advantage if it is made public at this time.	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.3 Security for Safety	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public. Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this	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>report and would prejudice or disadvantage if made public at this time.</p> <p>Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.</p>	
7.4 Commercial Contract Management – Meal Services	<p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.</p> <p>Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.</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 Quality Reports	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</p> <p>Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.</p> <p>Obligations of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report.</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>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding

	<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>	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>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.3 Incident Management	<p>Privacy of Persons Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p> <p>Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
8.4 Policies and Procedures	<p>Commercial Activities Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p>	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
9 Information Reports - Nil	N/A	N/A

Carried

Action Points from Previous Hospital Advisory Committee Meetings

As at Wednesday, 05 September 2018

Meeting and Item	Detail of Action	Designated to	Action by
25 July 2018 Item 5.0	Performance Reports: Nursing Strike That the Nursing Strike Debrief report be presented to a future Hospital Advisory Committee meeting.	J Rawiri M Dotchin/ J Gibbs	Completed
25 July 2018 Item 5.1	Provider Arm Operational Performance – Executive Summary That the Auckland DHB Stroke Board be informed of the October 2018 Stroke Foundation public awareness campaign, and asked to advise how best Auckland DHB could support the campaign.	B Snow	Completed
25 July 2018 Item 5.3	Clinical Support Services (Closed) That a report on the status of the Lab Plus and Anatomical Pathology waitlists, including information on international best practice and data illustrating the impact of process improvements already implemented was requested be provided to a future Hospital Advisory Committee meeting.	I Costello	Transferred to Confidential HAC Agenda – Item 8.1
25 July 2018 Item 5.9	Adult Medical Directorate That a themed ‘deep dive’ session on outpatients and the DNA Strategy and Action Plan be scheduled for a future Hospital Advisory Committee, and that the following officers be invited to attend: <ul style="list-style-type: none">• Sandra Hotu - to present research findings relating to the perceptions, beliefs and challenges faced by Maori in accessing healthcare services.• Dr Karen Bartholomew - to provide a progress update against the ‘DNA Strategy and Action Plan’ paper previously presented to the Board as part of the Hospital Advisory Committee ‘deep dive’ session.	I Costello S Waters Committee Secretary	See item 7.1 on this agenda

Meeting and Item	Detail of Action	Designated to	Action by
13 June 2018 Item 5.9	<ul style="list-style-type: none"> The Outpatient Improvement Programme Team - to present on broader equity issues and related improvement activities. <p>Adult Medical Directorate: DNA Programme of Work</p> <p>An update report on the Did Not Attend (DNA) programme of work be provided to a future Hospital Advisory Committee meeting.</p>	B Snow	
25 July 2018 Item 5.13	<p>Patient Management Services</p> <p>That an update report on the THRIVE programme be provided to the October 2018 Hospital Advisory Committee meeting.</p>	F Michel	See Item 6.1 in this agenda
25 July 2018 Item 5.14	<p>Commercial Services: Pandemic Planning</p> <p>That an information report about Auckland DHB's preparedness for emergency and pandemic response be provided to a future Hospital Advisory Committee meeting.</p>	Justin Rawiri	28 November 2018
25 July 2018 Item 5.1	<p>Patient Experience Report</p> <ol style="list-style-type: none"> Share the 'Improving Patient Experience 2013 to 2017' and 'Improving Patient Experience 2014 to 2017' reports with the Health Quality and Safety Commission and the Ministry of Health. Publicise key messages and improvements that have positively impacted patient experience to our staff and patients. 	S Corcoran, A Old	5 September 2018 Completed
13 Jun 2018 Item 5.11	<p>Surgical Services Directorate: Site Visits</p> <ol style="list-style-type: none"> That a site visit for the Hospital Advisory Committee to view the improvements made in Ophthalmology Services at Greenlane Clinical Centre be scheduled. That a site visit for the Hospital Advisory Committee to view the improvements achieved from the co-location of Mental Health and Addictions and Community and Long Term Conditions teams at the Point Chevalier site be scheduled. 	A Merrie	TBA 2018
		L Kalra, A Schofield	TBA in 2019 when build is complete

Meeting and Item	Detail of Action	Designated to	Action by
13 Jun 2018 Item 5.3	<p>Clinical Support Services: MRI Waitlists</p> <p>That further detail on patient types on the MRI waitlist be included in a future Clinical Support Services Directorate report to the Hospital Advisory Committee.</p>	I Costello	See item 5.3 in this agenda
2 May 2018 Item 5.2	<p>Provider Arm Scorecard</p> <p>That the 'Actuals' results in the Provider Arm Scorecard be amended to include the numbers associated with the percentage figure.</p> <p><i>Secretarial Note: The scorecard is being reviewed and this request will be accommodated in the new format.</i></p>	J Gibbs	TBA
2 May 2018 Item 5.5	<p>Child Health Directorate Report</p> <p>That an update on the business case for a proposed new funding model for Child Health community services be provided to the June 2018 Hospital Advisory Committee meeting.</p> <p><i>Secretary Note:</i></p> <p><i>2018/2018 budget approved. Additional funding not released to Child Health Services.</i></p>	J Beca, M Shepherd	Completed

Provider Arm Operational Performance – Executive Summary

Recommendation

That the Hospital Advisory Committee receives the Provider Arm Operational Performance – Executive Summary for October 2018.

Prepared by: Joanne Gibbs (Director Provider Services)

Endorsed by: Ailsa Claire (Chief Executive)

Glossary

Acronym/term	Definition
DNA	Did Not Attend
ED	Emergency Department
ESPI	Elective Services Patient Flow Indicator
FTE	Full-time Equivalent
PSI	Percutaneous Stroke Interventions

1. Executive Summary

The Executive Team highlight the following performance themes for the October 2018 Hospital Advisory Committee Meeting:

- The Adult and Children Emergency Departments (EDs) have had another very busy month due to high patient numbers.
- Vacancy levels in Anaesthetic Technicians are presenting significant pressure on the efficient running of the Operating Rooms.
- Mental Health and Addictions is experiencing seasonal demand and pressure associated with spring across both adult community and inpatient services. Coupled with the overall continued demand the last two years, most of the usual options to flex with resourcing more respite community beds and utilising extra staff via overtime are already being maximised.
- Good progress has been made towards the Building for the Future Programme business case for an Integrated Stroke Unit and Level 5 beds, which is expected to be presented to the Board in December 2018 and is planned to open in May 2020.
- We are aware of possible Stopwork meetings in the coming months for APEX Audiologist members.

2. Progress/Achievements/Activity

- The Adult and Children Emergency Departments (EDs) continue to struggle to manage 95% of patients in less than 6 hours, and Auckland City Hospital has been experiencing significant winter pressures over the last few weeks. This pattern has been mirrored across metro-Auckland.

- The ED stay of less than 6 hours target was not met by Adult and Children EDs during August 2018 (88.84% and 91.59% respectively). This is due to high patient volumes and high hospital occupancy.
- A 'rapid assessment' trial led by Senior Medical Officers in the Adult ED department was piloted in June 2018 enabling faster assessment and diagnostics. This is expected to help flow in the near future.
- Work in collaboration with Auckland University on the 'POD' system is progressing well, with initial work simulating the current model of care now complete. Simulating the impact of pods in reducing ED wait times and Length of Stay in ED is currently underway. A trial of the model will be ready in December 2018.
- There has been substantial recovery in Elective Services Patient Flow Indicator (ESPI) 2 since the nursing strike to recover to a moderate non-compliant position (amber) due to a number of additional clinics being run. Significant lost capacity due to the nursing strike will continue to impact on ESPI 5 for some time. There continues to be close management of bookings, however, the possibility of additional operating lists is constrained by the level of vacancy in Anaesthetic Technicians.
- Elective discharges have deteriorated against plan with reduced production in elective Orthopaedics and General Surgery. This is mainly due to the nursing strike, Anaesthetic Technician vacancies and winter pressures.
- The action plan for reducing the vacancy rate in Anaesthetic Technicians continues to be closely monitored.
- Cardiovascular Services continues to under-deliver volumes primarily in the Cardiothoracic Surgical Unit, with high transplant and Extracorporeal Membrane Oxygenation numbers impacting on elective delivery. The waitlist has seen a rise in both overall numbers and longer wait times. The service continues to monitor clinical priority closely. Improvement work is underway addressing in particular repatriation between intensive care units where clinically appropriate and delays to discharge from the Cardiothoracic and Vascular Intensive care unit to the ward.
- For our hyperacute stroke patients, Q1 has seen the highest number of Percutaneous Stroke Interventions (PSIs) to date (59), which reverses an earlier trend of slowing growth. An increase in non-metro referrals and city wide diversions contributed to this result. Both PSI and Intravenous Thrombolysis cases are getting repatriated in a satisfactorily timely manner.
- Our winter response is underway, with good engagement across all Directorates and support departments.
- We are working to strengthen and improve access to Māori cultural intelligence for our staff. This month the Māori Health team will launch the Āke Āke cultural intelligence app that will give all of our staff direct access to basic cultural intelligence that is required to operate in their respective roles.
- During Te Wiki o Te Reo Māori a new partnership with Te Wānanga o Awanuiārangi was announced that will result in the provision of a free bespoke Te Reo programme being offered to

our staff onsite. This new initiative will be tailored to the health system and staff who complete it will receive a level 3 qualification in Te Reo Māori.

- The on-going commitment of our people to respond to the increased volumes and commitment to patient care is recognised and valued.

3. Provider Services 2018/19 Programme Updates

Building for the Future

- Additional seed funding is in place. The business case for an Integrated Stroke Unit and Level 5 beds is on track, with the draft to be completed end of October 2018.
- The 'Management of Design' RFP responses are being evaluated.
- Preliminary design and costs for office decant space is on track for Programme Board in October 2018.
- Options for auxiliary decant spaces, including the Operations Centre, are being progressed to inform the Decant case.

Clinical Quality and Safety

- Clinical Quality and Safety Governance: First meeting of the Programme Board held late September 2018.
- Enhance function of Clinical Quality and Safety Service: Adverse event rapid improvement event was held end of July 2018 with good engagement across the organisation. A new process for reviewing serious adverse events has been proposed. The rapid improvement event group is continuing to develop new processes.
- Improve safety culture: Just culture paper presented to and endorsed by the Executive Leadership Team early August 2018. Steering group has been formed to begin progress. In addition, a patient safety culture survey is to be included in the employee survey in November 2018.
- Improve non-technical skills and teamwork: Simulation Service Manager commenced in role in late September 2018.
- Patient Deterioration: Continuing to embed the Recognition and Response system. Patient at Risk service is in the process of developing a 3 year strategy.

Outpatients

- The outpatients programme is tracking well and is on target within currently limited resource. As of September 2018 fourteen projects and initiatives have been completed, with nine of these contributing capacity benefits reported through the Provider Financial Sustainability Programme. Over the four months reported to date this soft saving benefit has exceeded

\$390,000 worth of capacity returned to the system. A further three projects have been handed back to the funder for regional approval to proceed.

- A lot of work is also underway currently related to achieving equity of access. This includes basic activities such as establishing a requirement that all Outpatients project managers are now required to include equity as a key focus in designing and reporting progress and ensuring that all data sets used to develop and report projects/programme metrics are able to be reviewed by ethnicity and deprivation (data analysis has been completed for all clinical directorates and is available to service level on request), but also includes more challenging tasks such as developing new programme metrics to report equity with a range of stakeholders including Māori and Pacific health gain teams, users of Auckland DHBs services and others, and work to establish a forum to better understand factors that meet the needs of Māori and Pacific communities when developing new models of care.
- The programme has delivered projects that demonstrate proof of concept in critical areas such as telehealth, one-stop-shops, clinicians working at top of scope, better use of technology to support care in the community and patient-directed follow-ups. Providing care closer to home, in ways that are more convenient or in ways that reduce the financial burden of receiving care are important elements in promoting equity. Our challenge now is to scale the outputs of these projects. Within current programme resource this approach may be too slow to meaningfully address demand and equity drivers. Currently the programme is working to develop resourcing options for consideration with a view to including these within 2019/20 business planning.
- New projects underway currently include the commencement of a Diabetes care navigation and community engagement role, engagement to support a shift of renal outpatient and dialysis services to the community and further telehealth deployments 'clusters' of services. Work is also underway to support Interventional Radiology regional demand modelling within the Building for the Future programme.
- The Auckland DHB Did Not Attend (DNA) reports for Adult Health and Starship Children's Health have recently been completed and are available to HAC. Of particular note is the still-unacceptably high DNA rate for Māori and Pacific peoples. This data, described within the DNA report, indicates the impact of a provider-centric model of care where patients are asked to receive care at a time, in a way and in a place that suits us as a provider, rather than meets the needs of the community. Applying new initiatives such as patient-focused bookings or invitation to contact, establishing standardised clinic grid templates, capacity planning or adherence to business rules such as those contained within the Access, Booking and Choice policy is critical to achieving progress in improving equity of access.

Patient Flow

The primary focus for this month has been reviewing current and previously successful Discharge Planning activity and working with Business Intelligence on Integrated Operations.

- **Admissions** – Formal sub-programme governance will commence in Q1 2018/19, however projects are underway. Adult ED piloted "Rapid Assessment After Triage (RAAT)" in June 2018

enabling faster assessment and diagnostics. Planning commenced to pilot a POD structure in Adult ED and additional Adult ED surge staffing. 90-day CDU review update has been completed.

- **Internal Admissions and Transfers** – Patient Flow Facilitator role extended to 24/7 in late August 2018 to allow for quicker patient admissions to ward beds overnight and free up Clinical Nurse Manager to focus on clinical responsibilities. Pilot to improve transfer from orthopaedic ward transfers to Reablement saw transfers by midday increase from 18 to 55%.
- **Discharges** – Discharge planning activity in August 2018 focused on implementing final changes for key wards. Work also began to document best practices by wards and other high achieving organisations. Ward areas actively leading improvement sustained their strong performance with 35% of patient discharged by noon. August 2018 recorded 26% of discharges by noon across all wards, a slight improvement on July 2018.
- **Integrated Operations** – In August 2018, the Bed Finder tool for patient placement was finalised and is now awaiting input from healthAlliance for rollout. A first draft of a ward-level Bed Status at a Glance has been completed and is awaiting further work to enhance the visualisation. Preparation began for the development of a new Nursing Staff Status dashboard and allocation tool, all designed to support Care Capacity Demand Management.
- **Key Risks** - IT systems constrains ability to produce desired development/enhancements to Operational Intelligence and Insight status at a glance. This has been managed by the CIO working with healthAlliance to address current bottleneck which is likely to be resolved by November 2018. A second key risk is the lack of clinician time and engagement to deliver key work streams. Plans to mitigate are underway to establish active sponsorship for each work stream and monitor at work stream level.

Provider Financial Sustainability

Formal reporting for the Provider Financial Sustainability Programme will commence next month as part of the regional finance reports. August 2018 is not being reported due to the impacts of the strike action, and targets are being re-evaluated.

Benefits will be reported against the key Provider Financial Sustainability workstreams as well as other strategic programmes, as follows:

- Provider Financial Sustainability Programme
 - Revenue
 - Loss Making Services
 - Cost Containment
 - Procurement
 - Sustainability Initiatives
- Models of Care
- Outpatients

**Auckland DHB Provider Scorecard
for August 2018**

	Measure	Target 18/19	Actual	End State Target	Prev Period	Commentary
Patient Safety	% AED patients seen within triage time - triage category 2 (10 minutes) <i>PR006</i>	>=80%	71.68%	>=80%	69.4%	High volumes continue. A pilot for early rapid SMO triage is underway.
	% CED patients seen within triage time - triage category 2 (10 minutes) <i>PR008</i>	>=80%	71.11%	>=80%	75.83%	Busy winter volumes have resulted in dip in performance with regard to this metric. We are reviewing triage 2 process to further streamline this.
	Number of reported incidents <i>PR083</i>		1,430		1,191	
	Number of reported adverse events causing harm (SAC 1&2) <i>PR084</i>	<=12	6	<=12	0	
	Central line associated bacteraemia rate per 1,000 central line days # <i>PR087</i>	<=1	R/U	<=1	0	
	Healthcare-associated Staphylococcus aureus bacteraemia per 1,000 bed days <i>PR088</i>	<=0.25	0.35	<=0.25	0.24	Rate still exceeds target.
	Healthcare-associated bloodstream infections per 1,000 bed days - Adult <i>PR089</i>	<=1.6	1.34	<=1.6	1.9	
	Healthcare-associated bloodstream infections per 1,000 bed days - Child <i>PR090</i>	<=2.4	1.06	<=2.4	1.16	
	Falls with major harm per 1,000 bed days <i>PR095</i>	<=0.09	0.06	<=0.09	0.03	
	Nosocomial pressure injury point prevalence (% of in-patients) <i>PR097</i>	<=6%	5.08%	<=6%	4.18%	
	Rate of HO-CDI per 10,000 bed days (ACH) (Quarterly) * <i>PR143</i>	<=4	1.73	<=4	1.81	
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients) <i>PR185</i>	<=6%	3.42%	<=6%	3.26%	
	% Hand hygiene compliance <i>PR195</i>	>=80%	83.58%	>=80%	82.11%	
	Unviewed/unsigned Histology/Cytology results >= 90 days <i>PR290</i>	0	79	0	97	Comment was requested but not provided.

Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours <i>PR013</i>	>=95%	88.84%	>=95%	90.29%	Surges in acute presentations are driving this performance. Rapid SMO triage is expected to help flow.
	(MOH-01) % CED patients with ED stay < 6 hours <i>PR016</i>	>=95%	91.59%	>=95%	93.85%	Busy winter volumes have impacted on 6 hour performance, with recover expected over the next few months. Work continues on patient flow improvement.
	% of inpatients on Reablement Services Wait List for 2 calendar days or less <i>PR023</i>	>=80%	76.65%	>=80%	85.47%	A peak in referrals and increased demand for ESR facilities due to high winter volumes against fixed capacity and nursing resource have resulted in a 3.3% variance from target for this month.
	HT2 Elective discharges cumulative variance from target <i>PR035</i>	>=1	0.89	>=1	0.95	This is mainly driven through a combination of high acuity patients that were deferred due to the nursing industrial action in July. The other key factor has been winter bed pressures causing cancellations of elective surgery due to bed constraints.
	(ESPI-2) Patients waiting longer than 4 months for their FSA <i>PR038</i>	0%	0.25%	0%	1.45%	
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months <i>PR039</i>	0%	5.46%	0%	6.18%	Orthopaedics continues to be the largest component, however significant lost capacity due to industrial action in July will continue to affect all surgical wait times for some time.
	Cardiac bypass surgery waiting list <i>PR042</i>	<=108	99	<=111	73	
	% Accepted referrals for elective coronary angiography treated within 3 months <i>PR043</i>	>=90%	98.32%	>=90%	98.15%	
	% Urgent diagnostic colonoscopy compliance <i>PR044</i>	>=85%	98.77%	>=85%	100%	
	% Non-urgent diagnostic colonoscopy compliance <i>PR045</i>	>=70%	71.76%	>=70%	78.81%	
	% Outpatients and community referred MRI completed < 6 weeks <i>PR046</i>	>=95%	75.83%	>=95%	74.5%	High acute demand continues and outsourcing will need to remain for the foreseeable future to manage these volumes.
	% Outpatients and community referred CT completed < 6 weeks <i>PR047</i>	>=95%	94.35%	>=95%	93.46%	
	Elective day of surgery admission (DOSA) rate <i>PR048</i>	>=68%	69.5%	>=68%	71.3%	
	% Day Surgery Rate <i>PR052</i>	TBC	60.25%	>=70%	56.47%	
	Inhouse Elective WIES through theatre - per day <i>PR053</i>	>=99	106.94	>=99	104.35	
	% DNA rate for outpatient appointments - All Ethnicities <i>PR056</i>	<=9%	8.72%	<=9%	9.88%	
	% DNA rate for outpatient appointments - Maori <i>PR057</i>	<=9%	18.08%	<=9%	19.42%	
% DNA rate for outpatient appointments - Pacific <i>PR058</i>	<=9%	17.25%	<=9%	19.79%	Reduction of 2.54% from the last period. The Pacific team continue to support the DNA strategy ADHB/WDHB.	

Better Quality Care	Average LOS for WIES funded discharges (days) <i>PR074</i>	<=3	2.64	<=3	2.91	
	28 Day Readmission Rate - Total # <i>PR078</i>	<=8%	10.68%	<=6%	10.25%	Drop in performance with increased volumes.
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera # <i>PR119</i>	<=10%	6.25%	<=10%	6.25%	
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera <i>PR120</i>	<=21	23	<=21	29.8	Av. LoS is a little above target this month but much improved on recent results.
	% Very good and excellent ratings for overall inpatient experience # <i>PR154</i>	>=90%	85.3%	>=90%	86.34%	Slight decrease on previous month. Excellent rating remains high at 54% of inpatients rating overall care as excellent.
	Number of CBU Outliers - Adult <i>PR173</i>	300	477	300	427	Due to the increase in hospital occupancy during winter, patients have been admitted to the most appropriate bed available, sometime this is outside their 'home' specialty wards.
	% Patients cared for in a mixed gender room at midday - Adult <i>PR175</i>	<5%	23.07%	0%	18.13%	There has been an increase in patients care for in a mixed-gender room at midday in the last month due to the challenges in maintaining patient flow during winter. All patients are consented prior to being admitted to a 'mixed' room and ward staff work to move patients into single gender rooms as soon as they become available.
	31/62 day target - % of non-surgical patients seen within the 62 day target <i>PR181</i>	>=90%	93.44%	>=90%	91.84%	
	31/62 day target - % of surgical patients seen within the 62 day target <i>PR182</i>	>=90%	97.26%	>=90%	96.3%	
	62 day target - % of patients treated within the 62 day target <i>PR184</i>	>=90%	95.52%	>=90%	94.17%	
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 2 weeks of referral <i>PR508</i>	TBC	92.92%	100%	82.78%	
% Radiation oncology patients attending FSA within 2 weeks of referral <i>PR509</i>	TBC	45.83%	100%	38.5%		

Improved Health Status	Breastfeeding rate on discharge excluding NICU admissions # <i>PR099</i>	>=75%	76.92%	>=75%	74.01%	
	% Long-term clients with wellness plans in last 12 months	40%	TBC			
	% Hospitalised smokers offered advice and support to quit <i>PR129</i>	>=95%	92.49%	>=95%	95.33%	Increased admissions this month causing below standard documentation of brief advice. Recovery plan is place; Introduced a pilot to increase Brief Advice given and streamline procedure.

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

= Actual is the latest available result prior to August 2018.

***** = Quarterly

PR143 (Quarterly)

Actual result is for the period ending June 2018. Previous period result is for period ending March 2018.

Clinical Support Directorate

Speaker: Ian Costello, Director

Service Overview

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

The Clinical Support Directorate is led by:

Director:	Ian Costello
General Manager:	Kelly Teague
General Manager	Daniel Hunt
Director of Nursing:	Jane Lees
Director of Allied Health:	Moses Benjamin
Director of Primary Care:	Barnett Bond
Human Resource Manager	Anita Jordan
Finance Manager	Leanne Gatman

Directorate Priorities for 2018/19

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

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

5. **Service quality and improvement:** Further develop the Quality and Safety Excellence Programme across the Directorate, building on work already in place to ensure quality and safety excellence is embedded across all our services. To develop indicators and measure and improve patient-centred outcomes and clinical safety.
6. **Operational/financial management:** Achieve a sustainable financial position which supports best clinical practice. An agreed Strategy for managing significant key equipment replacement and facilities constraints is developed and implemented.
7. **Research and collaboration networks:** Clinical networks established for all our services. Our services have agreed research strategies aligned to strategic priorities. Further develop collaborations with the University of Auckland, in Pharmacy, Pathology and Laboratory Medicine Services and Radiology. To develop further collaborations with Auckland University of Technology and other potential partners to deliver improvement in quality, outcomes, training, research and joint ventures.

Glossary

Acronym/term	Definition
CT	Computed Tomography
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
MRT	Medical Radiation Therapist
NCSP	National Cervical Screening Programme

Q1 Actions – 90 day plan

Priority	Action Plan
1	<ul style="list-style-type: none"> • Develop strategies for Patient Services Centre (PSC), Contact Centre, Allied Health (AH) and Radiology, all aligned to Strategic Programmes of work
2	<ul style="list-style-type: none"> • Develop our workforce, capacity plans , recruitment and retention strategy and business model developed for Patient Administration Services (PAS), AH and Radiology
3	<ul style="list-style-type: none"> • Ensure Trendcare and CCDM is fully implemented to ensure appropriate response to acuity and clinical requirements • Develop and agree on People and Engagement plans • Identify key roles and succession plans
4	<ul style="list-style-type: none"> • Agree patient experience measures. Develop training and improvement strategies developed for PSC, AH and Radiology
5	<ul style="list-style-type: none"> • Agree quality, safety and outcome measures. Automate measurement where possible
6	<ul style="list-style-type: none"> • Identify revenue, savings targets and capital expenditure strategies for all our services. Sustained and effective financial management across financial years with balanced cost/revenue emphasis

	<ul style="list-style-type: none"> Develop and agree the capital strategy
7.	<ul style="list-style-type: none"> Develop clinical networks in Pathology and Laboratory and Radiology. Further embed and develop academic partnerships

Scorecard

Auckland DHB - Clinical Support Services
HAC Scorecard for August 2018

	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)	0	0	0
Better Quality Care	Number of complaints received	3	No Target	4
	% Outpatients and community referred MRI completed < 6 weeks	75.83%	>=95%	74.5%
	% Outpatients and community referred CT completed < 6 weeks	94.35%	>=95%	93.46%
	% Outpatients and community referred US completed < 6 weeks	83.7%	>=95%	82.5%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.66	0	\$0.63
	% Staff with excess annual leave > 1 year	30.53%	0%	29.44%
	% Staff with excess annual leave > 2 years	9.06%	0%	8.05%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.56%	<=3.4%	3.57%
	% Voluntary turnover (annually)	10.61%	<=10%	10.63%
	% Voluntary turnover < 1 year tenure	11.51%	<=6%	10.07%

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

Overall, performance against the Ministry of Health (MoH) indicators across modalities has improved in August 2018. An MRI and CT scanner were both unavailable for 9 days this month due to parts failure. The Radiology Team were able to minimise clinical and patient impact through working significantly extended hours and weekends to increase capacity on other scanners. The Directorate leadership team has commended staff for their commitment and we are conscious to ensure they are not at risk of burn-out.

Magnetic Resonance Imaging (MRI)

Performance against the MRI target of 95% of referrals completed within six weeks has improved slightly in August 2018 to 75.8% (82.3% for General MRI and 38.3% for Cardiac MRI) compared to performance in July 2018 (74.5%). High inpatient volumes have resulted in additional outsourcing throughout August 2018. A recovery plan is in place and improvement is already evident. The department currently has a number of vacancies and it has proven difficult to recruit experienced Medical Radiation Therapists (MRTs) into these roles. The majority of new recruits are recent graduates who require a further six months post-graduate training to be able to perform MRIs. In

addition, overseas appointees must undergo this training as previous experience is not recognised by the New Zealand regulator.

A number of challenges still remain with specialist investigations, especially congenital cardiac services due to acute staffing issues in Cardiology. We are working with the Cardiovascular Directorate to rectify this issue and manage the waiting list based on clinical priority. We are providing additional sessions to enable maximal utilisation.

The number of adult non-cardiac patients waiting longer than 42 days was 8 at the end of August 2018 compared to 6 at the end of July 2018. The number of paediatric patients waiting longer than 42 days was 0 at the end of August 2018 compared to 1 in July 2018.

The number of adult cardiac patients waiting longer than 42 days as at the end of August 2018 was 47 compared to 43 in July 2018 with the total waiting list increasing from 82 in July 2018 to 101 in August 2018.

The number of paediatric cardiac patients waiting longer than 42 days at the end of August 2018 was 4 compared to 6 at the end of July 2018 with the total waiting list remaining the same as last month at 14 patients.

The total waiting list continues to improve with 239 patients on the waiting list at the end of August 2018 compared to 350 at the end of July 2018.

Over the past month we have repatriated 18 MRI referrals from Counties Manukau District Health Board (Counties Manukau DHB) where the imaging has been delayed outside of clinically ideal timeframes. This is as a result of MRI resource and capacity constraint issues at Counties Manukau DHB. Counties Manukau DHB will be providing weekly prioritised reports to our radiology department so we can forward onto the relevant clinicians within the organisation for review on whether the suggested timeframes are acceptable. In addition Counties Manukau DHB have adopted Auckland DHB's process with regards to outsourcing so that imaging will be delivered to Auckland DHB clinician's inbox appropriately.

Similarly we have re-repatriated 7 CT referrals from Waitematā DHB where the imaging has been delayed.

We continue to work on our short, medium and long term strategies as previously described.

Computerised Tomography (CT)

Performance against the MoH indicator of 95% of out-patients completed within six weeks has improved slightly to 94.3% in August 2018 compared to 93.5% in July 2018.

Ultrasound

Whilst there is an internal target (95%) we are mindful of the importance of patient access to service and safe waitlist management. Performance against this target has shown a slight improvement to 83.7% of out-patients scanned within 6 weeks in August 2018 compared to 82.5% in July 2018.

Cytology

The Ministry of Health are extending the transition timeline to implement full Human Papillomavirus (HPV) primary screening in place of the current cervical screening programme. This is to allow time to develop a more robust IT system for the NCSP. The first phase of implementation involving raising the starting age for cervical screening from 20 to 25 years has been confirmed for late 2019. The timeline for further change has not been determined but is expected to be 2021. The impact of this change has been modelled for both APS and LabPlus. Options for the future management of screening across both sites are currently being reviewed.

Anatomical Pathology

The business case for the histology cut-room expansion has been submitted. The proposed solution will support a safer work environment and provide space to support the implementation of the histology tissue tracking technology, with associated quality benefits.

Complaints

There were 3 complaints received in August 2018 compared to 4 in July 2018. All the complaints in August 2018 relate to poor/lack of communication. The Directorate has recently introduced a complaints action plan database to ensure that actions are complete and that a 'lessons learnt' approach is adopted which will be shared across all departments.

Quality and Safety

The Quality and Safe Care Governance Group meets monthly with nominated leads from each service. Quality scorecards and metrics have been developed and being reported on for most services within the directorate. The two departments working towards their development are the Patient Service Centre and some of the Allied Health cluster of services. The AH services have now developed scorecards for Physiotherapy and Speech Therapy and are working towards completing the scorecards for the remainder of the three services.

We are now beginning to identify meaningful clinical outcome measures across our services and scoping how these can best be measured.

From a patient safety perspective indicators are being developed from the data available through Datix. Dashboards will be developed and in place by the end of the financial year.

The Risk Register has been updated and is reviewed by the Quality and Safe Care Forum at every meeting.

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

Incidents

Medication Incidents

There were 2 medication incidents reported in August 2018 relating to Pharmacy omissions/delays.

Falls

There were no falls reported in August 2018.

Incidents

There were no Severity Assessment Code 1 or 2 incidents reported in August 2018.

Our People

- We have two investigations underway following complaints received from staff directed towards management which have started from a manager commencing performance management or addressing staff behaviours not aligned to our values.
- The percentage of employees with excess annual leave over 2 years has risen over the last month to 9.12% from 8.09% last month, against Auckland District Health Board Target 6.00%. Although the Directorate remain focussed on getting staff with high excess leave taking their leave this remains an issue with our Senior Medical Officers. This is being actively managed and monitored and the majority of our staff have leave plans being put in place, however in areas where we have shortages of staff this remains an issue.

Key achievements in the month

- Deceased care pathway reviewed. Proposals to be discussed and finalised with Directorates.
- Implementation of an Outpatients Governance Structure agreed.
- Approval for Business Support Managers to be appointed within the Patient Service Centre and Radiology.
- Small biopsy turnaround times improved

Areas off track and remedial plans

- Adult and paediatric cardiac MRI waiting lists. Cardiac are working on providing additional sessions.
- Uptake of alternative interpreter options below plan
- Letters and email projects delayed due to technical issues. Health Alliance managing.

Key issues and initiatives identified in coming months

- Continue to implement solutions for Patient Service Centre data quality reports in conjunction with Business Intelligence and Ernest and Young.
- Continue to improve the process for patients receiving their appointment letters.
- Continue with implementation of the Interpreter Improvement Project.
- Radiology waiting list recovery plan and strategic plan for MRT workforce planning.
- Develop Radiology clinical leadership proposal.
- Seek additional outsourcing capacity should inpatient volumes remain high.
- Further develop our Māori and Pacific Island employee recruitment and retention strategy.
- Continue discussions with the Ministry of Justice on the National Forensic Pathology and Coronial Support Services Request for Proposal.
- Continue with engagement and values workshops in all services.
- Agree membership of Outpatient Governance Committee.
- Agree proposals to improve deceased care pathway.
- Continue to support patient flow through extended hours of service as appropriate.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE							Reporting Date
<i>Clinical Support Services</i>							Aug-18
(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)			
	Actual	Budget	Variance	Actual	Budget	Variance	
REVENUE							
Government and Crown Agency	1,639	1,504	135 F	3,247	2,998	249 F	
Funder to Provider Revenue	3,790	3,791	(0) U	7,477	7,477	0 F	
Other Income	2,930	2,882	47 F	5,693	5,765	(72) U	
Total Revenue	8,359	8,177	182 F	16,417	16,240	177 F	
EXPENDITURE							
Personnel							
Personnel Costs	11,346	12,182	836 F	21,965	23,723	1,759 F	
Outsourced Personnel	178	88	(91) U	270	175	(95) U	
Outsourced Clinical Services	1,011	590	(421) U	1,665	1,164	(501) U	
Clinical Supplies	4,509	4,170	(338) U	8,904	8,230	(674) U	
Infrastructure & Non-Clinical Supplies	2,051	1,951	(100) U	3,928	3,902	(26) U	
Total Expenditure	19,094	18,981	(113) U	36,732	37,196	463 F	
Contribution	(10,734)	(10,804)	69 F	(20,315)	(20,955)	640 F	
Allocations	(9,325)	(9,067)	258 F	(18,002)	(17,801)	201 F	
NET RESULT	(1,410)	(1,737)	327 F	(2,313)	(3,155)	842 F	
Paid FTE							
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)			
	Actual	Budget	Variance	Actual	Budget	Variance	
Medical	149.4	151.0	1.6 F	149.2	151.0	1.8 F	
Nursing	31.2	28.4	(2.9) U	31.0	28.4	(2.6) U	
Allied Health	855.5	878.7	23.2 F	865.6	878.4	12.8 F	
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F	
Management/Administration	264.8	287.1	22.3 F	266.7	287.1	20.4 F	
Total excluding outsourced FTEs	1,300.9	1,345.1	44.2 F	1,312.4	1,344.9	32.5 F	
Total :Outsourced Services	26.4	2.1	(24.3) U	16.9	2.1	(14.8) U	
Total including outsourced FTEs	1,327.2	1,347.2	20.0 F	1,329.3	1,347.0	17.7 F	

Comments on major financial variances

YTD result is \$842 K F. The key drivers of this result are:

- Personnel costs including outsourced were \$1,664K F to budget. This is driven by vacancies across the directorate.
- The main contributors to Outsourced Clinical Services were MRI scans in Radiology. This is necessary to try and meet MoH targets of 95% of referrals completed within six weeks.
- Clinical Supplies are \$674K U. A number of our savings initiatives are in this area and are being rolled out e.g. the use of telephone interpreting. The number of clot retrieval cases in Radiology continues to trend above budget contributing to the unfavourable variance.
- Revenue is \$177K F. \$143K relates to Pharmacy and is offset by expenditure as per above.

Women's Health Directorate

Speaker: Dr Peter Van de Weijer, Director

Service Overview

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

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

The Women's Health Directorate is led by:

Interim Director: Dr Peter Van de Weijer
 Interim General Manager: Tara Argent
 Director of Midwifery: Melissa Brown (left ADHB on Friday 28 September)
 Director of Allied Health: Vacant
 Director of Primary Care: vacant

Directorate Priorities for 2018/19

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

1. Safe and and quality Services
2. Enhanced outcomes for vulnerable populations.
3. Strengthened leadership for both operational matters and clinical quality and safety
4. Our workforce capacity and capability meets the service demand
5. Develop models of care that are patient focused, sustainable and maximise value
6. Develop sustainable delivery models for Fetal Medicine, Fertility Plus, Epsom Day Unit and Gynae-Oncology

Glossary

Acronym/term	Definition
FTE	Full-time Equivalent
WIES	Weighted Inlier Equivalent Separation
YTD	Year to Date

Q1 Actions – 90 day plan

1. Safe and Quality Services

- A six month secondment has been made for a Nurse Consultant within Women’s Health who will be accountable for the quality of nursing care and patient safety with a focus across the patient health care journey through evidence informed practice. This has been appointed to and will commence at the end of October 2018.

2. Enhance outcomes for vulnerable populations

The following programmes are on track:

- Pregnancy and Parenting Programme supporting access and engagement in care for Māori, Pacific, refugee and recent migrant women
- Aranga Tetekura Maternal Wellbeing and Child protection
- Sudden Unexplained Death in Infancy Prevention Programme
- Antenatal community vaccination programme for pregnant women and their babies will start 1 October 2018
- Project Plan for Te Manawa o Hine Service development

New Contract to provide Long-Acting Reversible Contraception’s has been signed. To start 1 November 2018.

3. Strengthened leadership for operational matters and clinical quality and safety

- A Midwifery Consultant position is also being recruited to who will have the same accountabilities for the Midwifery workforce and continuous quality improvements across the directorate in partnership with the Nurse Consultant.
- The Maternity Quality Safety Programme quality coordinator role will be appointed to by way of a secondment during October 2018. This role will report to the Midwifery Consultant.
- Recruitment process for new Primary Care Director has started. Appointment expected in October 2018.

4. Our workforce capacity and capability meets the service demand

- Midwifery recruitment and retention remains a key priority.

- Additional operating lists are being implemented to meet the current demand for elective C-Sections and to ensure the required flow for Gynaecology.

5. Develop models of care that are patient focused, sustainable and maximise value

- Risk mitigation plans are under development to ensure maintenance of a sustainable high quality maternity service and staff wellbeing.

6. Develop sustainable delivery models for Fetal Medicine, Fertility Plus, Epsom Day Unit and Gynae-Oncology

- Maternal Fetal Medicine – National Improvement Advisory Group for Maternal Fetal Medicine has started and is tasked to deliver a comprehensive national plan for future Maternal Fetal Medicine services, models of care, support and referral pathways before the end of this year.
- Epsom Day Unit: report with recommendations has been delivered to the team. Individual follow-up has started and a reset day was held on 21 September 2018.
- Fertility Plus: Funding for the Artemis Data Support System was secured, project manager is appointed. Expected date for it to be operational is by the end of 2018.

Scorecard

Auckland DHB - Women's Health HAC Scorecard for August 2018

	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)	1.3%	<=6%	1.3%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	1	0	6
	Unviewed/unsigned Histology/Cytology results >= 90 days	11	0	11
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.86	>=1	0.96
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0.11%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0.27%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	8.56%	<=9%	9.92%
	% DNA rate for outpatient appointments - Maori	17.49%	<=9%	22%
	% DNA rate for outpatient appointments - Pacific	18.54%	<=9%	17.76%
	Elective day of surgery admission (DOSA) rate	96.15%	>=68%	84.21%
	% Day Surgery Rate	33.83%	>=50%	23.26%
	Inhouse Elective WIES through theatre - per day	R/U	>=4.5	8.15
	Number of CBU Outliers - Adult	8	300	10
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	81.9%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	85.7%
	Number of complaints received	6	No Target	7
	Number of patient discharges to Birthcare	266	TBC	338
	Average LOS for WIES funded discharges (days) - Acute	1.85	<=2.1	1.93
Average LOS for WIES funded discharges (days) - Elective	1.31	<=1.5	1.85	
Post Gynaecological Surgery 28 Day Acute Readmission Rate	R/U	No Target	5.17%	
Improved Health Status	% Hospitalised smokers offered advice and support to quit	88.66%	>=95%	91.03%
	Breastfeeding rate on discharge excluding NICU admissions	R/U	>=75%	76.9%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.42	0	\$0.41
	% Staff with excess annual leave > 1 year	33.67%	0%	33.83%
	% Staff with excess annual leave > 2 years	14.54%	0%	14.79%
	Number of Employees who have taken greater than 80 hours sick leave in the past 12 months	112	60	122
	Number of Pre-employment Screenings (PES) cleared after the start date	1	0	0
	Sick leave hours taken as a percentage of total hours worked	4.16%	<=3.4%	4.02%
	% Voluntary turnover (annually)	14.14%	<=10%	12.82%
	% Voluntary turnover <1 year tenure	3.7%	<=6%	8.16%

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

R/U Result unavailable

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

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

Post Gynaecological Surgery 28 Day Acute Readmission Rate

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

Breastfeeding rate on discharge excluding NICU admissions

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

Inhouse Elective WIES through theatre - per day

Result unavailable

Scorecard Commentary

- There have been 0 Severity Assessment Code 1 or 2 events reported in August 2018. There were no falls, 0 medication errors with major harm, and 0 pressure injuries (stage 2) reported.
- Elective discharge target delivered behind plan, but it was within the predicted levels and there were no patients waiting longer than 4 months. Acute demand was high (125%).
- 6 Complaints were received in August 2018. All are being investigated by the directorate teams.

Key achievements in the month

- No adverse events, minimal number of complaints, high number of compliments.
- “Grow and nurture your own”. Successful recruitment of two new Senior Medical Officers. Both did a substantial part of their training at Auckland City Hospital and bring further specialised skills and expertise to the team.
- Strong presence in Ministry of Health Maternal Fetal Medicine Action Group.

Areas off track and remedial plans

- Risk mitigation plans are under development to ensure maintenance of a sustainable high quality maternity service.
- Plans will also include maintenance of links between Auckland DHB maternity services and Birthcare to ensure a smooth pathway from birthing to postnatal care.

Key issues and initiatives identified in coming months

- Process improvement projects identified to improve the waiting list management and scheduling of elective C Sections.
- Summer bed planning linked to WH bed re-alignment.
- Epsom Day Unit, resources and facilities - future proofing the facility.
- Profit and Loss review of Obstetric Services currently being undertaken, the recommendations will provide the directorate with an action plan for the next quarter.
- Staff engagement and support.
- Māori Community Midwifery Team - expanding on the draft proposal and work towards a staffing model that can be consulted on.
- Urogynaecology: joint service specification document is being drafted.
- Healthware - understand where this system is used across the directorate (LMC's, Maternal Fetal Medicine website) and the associated risks if this was to unsupported by DXC in May 2019.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
<i>Womens Health Services</i>						Reporting Date Aug-18
(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	147	178	(31) U	310	355	(45) U
Funder to Provider Revenue	7,804	7,804	0 F	15,506	15,506	0 F
Other Income	131	172	(41) U	311	344	(33) U
Total Revenue	8,081	8,154	(72) U	16,126	16,205	(79) U
EXPENDITURE						
Personnel						
Personnel Costs	3,715	3,812	97 F	7,224	7,506	282 F
Outsourced Personnel	64	83	19 F	132	166	34 F
Outsourced Clinical Services	58	46	(11) U	103	93	(10) U
Clinical Supplies	525	515	(10) U	997	1,024	26 F
Infrastructure & Non-Clinical Supplies	102	112	10 F	244	224	(20) U
Total Expenditure	4,464	4,568	104 F	8,701	9,013	312 F
Contribution	3,617	3,585	32 F	7,426	7,192	233 F
Allocations	770	708	(62) U	1,491	1,395	(96) U
NET RESULT	2,847	2,878	(30) U	5,935	5,797	137 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	69.4	71.0	1.6 F	69.6	71.0	1.4 F
Midwives, Nursing	250.0	256.4	6.4 F	247.6	256.4	8.8 F
Allied Health	11.5	9.7	(1.8) U	11.3	9.7	(1.6) U
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	34.2	39.1	4.8 F	35.1	39.1	4.0 F
Other	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Total excluding outsourced FTEs	365.1	376.2	11.1 F	363.6	376.2	12.6 F
Total :Outsourced Services	5.6	3.1	(2.5) U	4.5	3.1	(1.4) U
Total including outsourced FTEs	370.7	379.3	8.6 F	368.1	379.3	11.1 F

Comments on major financial variances

This will be the first financial year without the inclusion of the Genetics Services which is now managed under Cancer and Blood Services. The Directorate's result Year to Date (YTD) has a favourable budget variance of \$137k F, due to favourable personnel variance arising from vacancies, mostly of Registered Midwives.

Overall YTD CWD volumes finished at 98.5% of contract, and Specialist Neonates at 77% (Full Year 2017/18: 69%).

The Gynaecology and Gynae-Oncology acute Weighted Inlier Equivalent Separation (WIES) are 125% of contract, and performance of their electives contract was 90% (of WIES contract value, not

discharge target). The electives recovered the lost ground from last month's Nurse strike. Combined, the Gynae and Gynae-Onc WIES (acute and elective) are now 104% of contract.

Obstetric inpatient WIES is (2.3%) below Price Volume Schedule contract, due to Birth numbers being (3%) lower Year on Year for the same 2 months and also because of an increase in the average WIES of 1%.

August 2018: YTD financial analysis:

Revenue \$79k U YTD.

Consists of Non Resident Income at \$58k U, which is not easy to predict, and there is also a drop in recent Colposcopy volumes \$33k U. There is offsetting favourable variance of some minor income.

Expenses

Expenditure variance is \$216k F YTD, largely due to Full-time Equivalent (FTE) vacancies.

- Personnel YTD \$282k F, consists:
 - *Medical \$109k U.* There is expected to be some timing issue for membership and training costs
 - *Midwives and Nursing \$312k F.* Budget cost variance here is due to Net 8.8 YTD FTE vacancies across both Nursing and Midwifery
 - *Allied Health \$28k U.* Not material
 - *Management/Admin \$107k F.* Arising from 4.0 FTE YTD vacancies
- Outsourced personnel \$34k F
 - Arising from University vacancies
- Outsourced Clinical Services \$10k U
 - Not material
- Clinical supplies \$26k F
 - Notable saving in the Blood Costs, so far, of \$33k F
- Infrastructure and Non-Clinical \$20k U; is all due to the monthly provision for doubtful debts.
- Internal Allocations total \$96k U; the largest of which are Labs charges of \$82k U, all for Gynaecology patients.

Child Health Directorate

Speakers: John Beca, Director of Child Health (Surgical) and Michael Shepherd, Director of Child Health (Medical and Community)

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 are provided within two Directorate portfolios:

Surgical Child Health: Paediatric and Congenital Cardiac Services, Paediatric Surgery, Paediatric ORL, Paediatric Orthopaedics, Paediatric Intensive Care, Neonatal Intensive Care, Neurosurgery and Starship Operating rooms

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 Emergency Department, 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 and Community):	Dr Michael Shepherd
General Manager:	Emma Maddren
Director of Nursing:	Sarah Little
Director of Primary Care:	Dr Barnett Bond

Directorate Priorities for 2018/19

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

1. Clinical Excellence programme
2. Financial sustainability
3. Increased and improved delivery of services in the community
4. Efficient and effective clinical care
5. Starship @ (standardised national service delivery)
6. Health and wellbeing of our people
7. Tertiary services/National role sustainability

Glossary

Acronym/term	Definition
ACC	Accident Compensation Corporation
ACHD	Adult Congenital Heart Disease
ESPI	Elective Services Patient Flow Indicator
FTE	Full-time Equivalent
PICU	Paediatric Intensive Care Unit
WIES	Weighted Inlier Equivalent Separation
WNB	Was Not Brought
YTD	Year to Date
ORL	Otorhinolaryngology

Q1 Actions – 90 day plan

Priority	Action Plan	Commentary
1	Excellence programme development within all services	<ul style="list-style-type: none"> The directorate clinical excellence programme and framework is in place and functioning effectively. Emphasis in 2018/19 is on consistent and coordinated clinical excellence reporting and improvement. Child-focused patient feedback is now being explored. Guidance is being developed for Service Clinical Excellence Groups to clarify the process around patient safety event review and communication with the Clinical Excellence Governance Group. Socialisation plan is in development.
1	Measurement, reporting and benchmarking of clinical outcomes	<ul style="list-style-type: none"> Services are developing measures and reporting these regularly. Some services have begun benchmarking and reporting on improvement activity with an emphasis on clinical outcomes. Repeat staff Safety Culture Survey is being incorporated into the organisational engagement survey planned for November 2018. The Child Health Directorate is progressing plans to simultaneously undertake a family safety culture survey.
2	Sustained and effective financial management across financial years with balanced cost/revenue emphasis development	<ul style="list-style-type: none"> Child Health experiences ongoing financial challenges particularly in relation to tertiary services where there is a reliance on service capacity and capability regionally and nationally. During 2018/19 emphasis is on revenue (Accident Compensation Corporation (ACC), donations, tertiary services), cost containment and financial initiatives across multiple years to ensure enduring change.
3	Community service re-design implementation	<ul style="list-style-type: none"> The community services were re-designed and a locality model introduced in 2016/17. Emphasis in 2018/19 is on improving outcomes (with a focus on equity) through whānau-centred, community integrated services. Implementation remains on track with significant recent initiatives including: medicube for Panmure Bridge School, keyworker implementation, trial of new assessment form, health promotion working group, hearing and ear health

Priority	Action Plan	Commentary
		pathway and making your home a safety zone collaboration with Safekids.
4	Pathway development across services - particularly pain and cardiac	<ul style="list-style-type: none"> • Pathways are in development in Paediatric Chronic Pain, Paediatric Cardiac, Perioperative, Surgical and Long Term Ventilation. • During 2018/19 additional pathways will be developed and a standardised pathway methodology agreed for Starship.
4/5	Surgical/Operating Room pathways, performance and leadership	<ul style="list-style-type: none"> • An improvement programme is in progress aiming to enhance the end to end experience for patients and families. Projects span the surgical pathway from referral point to post-operative follow up and there is a high level of engagement from clinical teams. • Key improvement projects implemented: <ul style="list-style-type: none"> ○ A reduced fasting time protocol ○ Pre-operating list briefing and debriefing ○ Daily operations review with improvements in the management of cancellations and visibility of staffing roster shortfalls and mitigation plans ○ Improved Anaesthetic Technician recruitment. • Projects currently underway include: <ul style="list-style-type: none"> ○ Design of central line insertion service ○ Improved in-hospital patient preparation ○ Introduction of patient-focused booking practices ○ Review and redesign of re-admission processes for patients coming to Starship operating rooms.
4/5	Facilities programme for safety and patient experience	<ul style="list-style-type: none"> • Starship Hospital is undergoing a progressive upgrade to ensure the environment supports safe, high quality care and an improved experience for children and families. • The refurbishment of Day Stay and Outpatients phase two are both in the final design phase. • Early planning is underway around the development of additional Paediatric Intensive Care Unit (PICU) bed capacity and re-purposing the public spaces in Starship for clinical use. • A space programme is ensuring optimal use of available space across Starship, both clinical and non-clinical.
5	Develop standardised model of delivery (Starship @) of procedural and outreach support in non-Starship facilities to ensure equity of quality, outcomes and efficiency	<ul style="list-style-type: none"> • Some services delivered in off-site locations do not have access to the full quality, resources and support at Starship. Gaps will be identified and a plan to address these formulated. • Regional discussions around offsite provision of medical services have begun. A discussion of current and planned future service delivery is planned for September 2018.
5	Measurement and reporting of performance of Starship @ services	<ul style="list-style-type: none"> • This action will be targeted in quarters 3 and 4 following development of the standardised Starship @ model.
6	Directorate and service level engagement action	<ul style="list-style-type: none"> • The Child Health Directorate has developed an engagement plan to guide and support engagement activity within services. The directorate plan is focused on recognition and

Priority	Action Plan	Commentary
	plans	<p>value, safety and wellbeing and contribution and control.</p> <ul style="list-style-type: none"> • All services have or are working towards employee engagement plans and targeted support is in place to guide this. • The directorate will be targeting increased participation in this year's engagement survey to measure the success of engagement activity to date and future areas for improvement. • A psychological safety survey and resultant actions have been completed across Child Health with links to the engagement plan.
6	Establish Human Resources priorities and programme of work aligned with directorate priorities and Auckland DHB People Strategy	<ul style="list-style-type: none"> • The Child Health Directorate Human Resources plan is now being finalised. • People objectives and performance are a regular focus at service and directorate leadership meetings. • Workforce planning will be a key area of focus in 2018/19.
6	Improved programme of funding for research, innovation and training for all Starship Child Health staff	<ul style="list-style-type: none"> • A strategy for future funding has been developed with Starship Foundation, with an emphasis on support for the hospital to deliver world-class healthcare. • The third round of research grant funding closed in August 2018 with 10 proposals received across a broad range of research themes.
7	Refresh service specifications, identify high cost activity and seek national position on adequate funding mechanism	<ul style="list-style-type: none"> • Service descriptions have been developed for all tertiary services. These are being updated and published from August 2018. Current focus is on General Surgery, Neurology, ORL and Orthopaedics.

Scorecard

Auckland DHB - Child Health HAC Scorecard for August 2018

5.5

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0.9	<=1	1
	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)	3.6%	<=6%	8.1%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	5.3%	<=6%	5.2%
	Number of reported adverse events causing harm (SAC 1&2)	2	0	0
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	5	0	13
Unviewed/unsigned Histology/Cytology results >= 90 days	13	0	23	
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.78	>=1	0.94
	(MOH-01) % CED patients with ED stay < 6 hours	91.59%	>=95%	93.85%
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.32%	0%	0.51%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	4.82%	0%	4.05%
	% DNA rate for outpatient appointments - All Ethnicities	9.76%	<=9%	11.25%
	% DNA rate for outpatient appointments - Maori	18.67%	<=9%	22.78%
	% DNA rate for outpatient appointments - Pacific	18.54%	<=9%	21.84%
	Elective day of surgery admission (DOSA) rate	62.41%	TBC	65.55%
	% Day Surgery Rate	61.44%	>=52%	57.67%
	Inhouse Elective WIES through theatre - per day	R/U	TBC	22.62
	% 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%	87.8%
	Number of complaints received	6	No Target	10
	28 Day Readmission Rate - Total	R/U	<=10%	8.98%
	% Adjusted Session Theatre Utilisation	77.7%	>=85%	77.5%
Average LOS for WIES funded discharges (days) - Acute	3.81	<=4.2	5.05	
Average LOS for WIES funded discharges (days) - Elective	0.91	<=1.5	1.19	
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.69	0	\$0.67
	% Staff with excess annual leave > 1 year	32.64%	0%	30.9%
	% Staff with excess annual leave > 2 years	11.94%	0%	12.09%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.52%	<=3.4%	4.62%
	% Voluntary turnover (annually)	10.49%	<=10%	10.87%
	% Voluntary turnover <1 year tenure	6.4%	<=6%	6.2%

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

R/U Result unavailable

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

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Inhouse Elective WIES through theatre - per day

Result unavailable

Scorecard Commentary

Elective performance

- Elective surgery performance continues to be a central focus for the Child Health Directorate; with 100% compliance achieved for the majority of services for Elective Services Patient Flow Indicator (ESPI) 1 and 2. There are residual challenges in ESPI 2 and 5 for some sub-specialties.
- ESPI 1 (acknowledgement of referral): 100%
- ESPI 2 (time to First Specialist Assessment): 0.4% non-compliant, 8 breached in total (5 Paediatric Orthopaedics, 2 Paediatric Neurosurgery and 1 Haematology/Oncology).
- ESPI 5 (time to surgery): 4.85% non-compliant, 42 cases breached in total (3 Adult Congenital Heart Disease (ACHD), 3 Paediatric Cardiac, 9 Paediatric Orthopaedics and 27 Paediatric Surgery). Contributing factors include spinal surgery constraints, surgeon illness, Anaesthetic Technician shortage and acute demand. Mitigations include re-allocated theatre sessions and insourced sessions.
- The Child Health Directorate achieved 80% of the target for Auckland DHB discharges at the end of August 2018. Recovery plans are in place for the balance of 2018 to offset the impact of strike action and Anaesthetic Technician shortages.

Did Not Attend rates (in Child Health reported as Was Not Brought, WNB)

WNB rates remain a central concern for the Child Health Directorate despite recent improvements in rates across all ethnicities. A paper detailing the current WNB position and efforts to reduce rates of non-attendance is included with this month's Hospital Advisory Committee Oversight papers.

Excess annual leave usage

Excess annual leave management is continuing and the financial benefits of this work are now being realised with reductions in many services during 2018. In summary the key activities are:

- 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.
- Audited and corrected leave records when incorrect records are identified.
- Targeted leave reduction plans with all employees whose leave exceeds two years.
- Service and directorate level workforce planning will commence during 2018/19 to focus on long term capacity planning which has an influence on the ability to release clinical staff for their full annual leave entitlement each year.

It is noted that some areas of Starship have significant workforce pressures and this impacts the ability to support staff to take their full annual leave entitlement. Workforce planning and improved recruitment and retention are important areas of focus to address these.

Staff turnover (annual)

- Staff turnover consistently performs just above the organisational target, and fluctuates minimally month on month. Service-level analysis of the turnover data has revealed a small number of services where turnover is of concern. This is being addressed directly with these services and will be strengthened through information gained in the staff engagement survey and in the leadership development of all Child Health service-level leadership staff.
- Engagement plans are currently being developed for all Child Health Services.

Sick leave usage

- Sick leave hours taken are higher than the target in several services within Child Health and have remained high in recent months.
- More granular reporting is now being provided to understand trends and areas where greater emphasis needs to be placed on staff wellbeing and/or managing sick leave usage.
- Sick leave usage is a focus in each service review meeting to illuminate concerns and problem-solve solutions. Human Resources coaching and support is provided to people leaders where there have been challenges, reducing sick leave rates or significant workforce complexities.

Key achievements in the month

- Safe and high quality care maintained through a significant increase in acute activity across Starship. The significant and sustained efforts by clinical teams in all areas including wards, intensive care, emergency department, community and theatre teams are recognised.
- Progression of the long term ventilation project plan and workstreams. This project will agree and document a standard pathway for children requiring long term ventilation nationally.
- Starship Perioperative Service integration with the Child Health Directorate. The improvement programme is now in progress with initial changes and improvements complete and others in development.

Areas off track and remedial plans

- Recruitment challenges resulting in a limited volume of candidates for nursing roles. This is particularly impacting Paediatric Intensive Care and the Haematology and Oncology Service.
- On-going and significant risk related to provision of allergy safe meals for patients. This has been investigated thoroughly with Compass and a range of immediate mitigations have been put in place.
- Significant risk related to the unreliable function of the link lift 2. This is the sole lift required for safe transfer of patients from the Paediatric Cardiac Ward (23b) to PICU, Theatre and Radiology. Contingency plans are in place for patient transfer. Lift replacement business case has been approved, now awaiting timeline from Facilities.

- Delays completing the installation of the air handling unit and associated facilities upgrade to ensure the paediatric cardiac investigation unit is able to function at theatre standard.. Facilities and Development has commissioned remedial work to be complete by January 2019.
- Delays progressing facilities projects, particularly those which will impact clinical capacity in the next two years. More rapid engagement with engineering and architectural specialists is sought by facilities to determine the feasibility for redevelopment of areas within Starship. Feasibility work for the displacement of clinical space to the Starship atrium and public areas is expected to be complete by January 2019.

Key issues and initiatives identified in coming months

- Starship Community Services have developed a set of outcome measures that demonstrate progress on equity of access and outcomes. Unmet health needs have been identified during the redesign and implementation process and a business case has been presented to the Executive Leadership Team.
- Development of the service-level clinical excellence groups and finalisation of the service-level outcome measures.
- Child Health Perioperative Service, service-level leadership change and improvement programme is in progress and will be implemented through to April 2019.
- The second phase of the PICU recruitment to the increased nursing Full-time Equivalent (FTE) is expected to occupy the balance of 2018 calendar year given a global Intensive Care Unit nursing shortage.
- Commencement of the patient-focused booking and scheduling project from October 2018. This will follow the Ministry of Health guidelines and will align to other projects such as 'Was Not Brought'. Ultimately this project will seek to engage patients and families in a conversation about preferred times to attend appointments and to coordinate bookings with multiple services and for multiple members of the same family to improve access to a range of services.
- National funding proposals for ACHD and Cardiac Inherited Diseases Group services have been submitted for consideration nationally. These proposals follow a successful submission for phase one funding in 2015 and were an agreed outcome of the earlier submission.
- Outcome from funding proposals submitted for:
 - Palliative care: seeking a correction to funded volumes (mostly regional) and agreement about moving to a more complete model of care (mostly national)
 - Consultation liaison: seeking increased core funding to allow appropriate service delivery for increased volumes of patients and increasing patient and family complexity
- Tertiary services proposal to the Ministry of Health timeline and strategy to be agreed.

Starship Clinical Excellence Programme

- The Starship Clinical Excellence Programme has been developed to both drive and support the delivery of world-class patient and family focussed child health care across Starship Child Health to all the populations it serves.
- Starship Child Health is developing these measures and the corresponding targets and internationally relevant benchmarks. The measures are developed around the Institute of Medicine domains of healthcare quality.
- We continue to 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.

The scorecard below is for the Child Health Directorate.

Auckland DHB - Child Health Child Health Clinical Excellence Scorecard for August 2018

Safety					
Metric	Frequency	Actual	Target	Benchmark	Previous
Central line associated bacteraemia rate per 1,000 central line days	Monthly	0.9	<=1		1
Number of Central line associated bacteraemia reported	Monthly	1.2	<=1		1.8
Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	Monthly	5%	<=6%		5%
Medication/Fluid Errors causing moderate/severe harm	Monthly	0	Lower		2
Medication and Fluid Error rate reported per 1,000 bed days	Monthly	10.2	Higher	6.6	7.1
Good Catches	Monthly	20	Higher		7
Unexpected PICU admissions	Monthly	23	Lower		23
Ward Code Blue Calls	Monthly	5	Lower		3
% PEWS Compliance	Monthly	96%	>=95%		91%
% Hand hygiene compliance	Monthly	90%	100%	>=80%	90%
Timeliness					
Metric	Frequency	Actual	Target	Benchmark	Previous
(MOH-01) % CED patients with ED stay < 6 hours	Monthly	92%	>=95%		94%
Median acute time to theatre (decimal hours) - Starship	Monthly	4.9	Lower		3.1
(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	Monthly	4.8%	0%		4.1%
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Total	Monthly	39	0		31
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Maori	Monthly	7	0		7
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Pacific	Monthly	6	0		5
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Asian	Monthly	8	0		4
(ESPI-5) Number of patients given a commitment to treatment but not treated within 4 months - Deprivation Scale Q5	Monthly	13	0		9
(ESPI-2) Patients waiting longer than 4 months for their FSA	Monthly	0.32%	0%		0.51%
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Total	Monthly	6	0		10
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Maori	Monthly	1	0		1
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Pacific	Monthly	0	0		0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Asian	Monthly	1	0		0
(ESPI-2) Number of patients waiting longer than 4 months for their FSA - Deprivation Scale Q5	Monthly	0	0		1

Efficiency					
Metric	Frequency	Actual	Target	Benchmark	Previous
% Day Surgery Rate	Monthly	60%	>=55%	47%	57%
% Adjusted Session Theatre Utilisation	Monthly	77.7%	>=80%	77%	77.5%
Average Occupancy - Child Health	Monthly	93%	90%		89%
Inpatient Median LOS	Monthly	2.1	Lower		2.2
Inpatient LOS over 30 days – Child Health	Monthly	12	Lower		17
FSA to FU Ratio – Child Health	Monthly	1:3	Higher		1:3
Laboratory cost per bed day (\$) - Child Health	Monthly	80.79	Lower		89.27
Radiology cost per bed day (\$) - Child Health	Monthly	96.41	Lower		105.73
Antibiotic cost per bed day (\$) - Child Health	Monthly	20.06	Lower		22.95
% of patients discharged on a date other than their estimated discharge date	Monthly	18.2%	Lower		16.7%
PICU Exit Blocks	Monthly	10	0		5
Effectiveness					
Metric	Frequency	Actual	Target	Benchmark	Previous
28 Day Readmission Rate – all DHBs – Total	Monthly	R/U	<=10%		8.11%
28 Day Readmission Rate – all DHBs – Maori	Monthly	R/U	<=10%		6.25%
28 Day Readmission Rate – all DHBs – Pacific	Monthly	R/U	<=10%		10.12%
28 Day Readmission Rate – all DHBs – Asian	Monthly	R/U	<=10%		9.68%
28 Day Readmission Rate – all DHBs – Deprivation Scale Q5	Monthly	R/U	<=10%		8.55%
Patient Centred					
Metric	Frequency	Actual	Target	Benchmark	Previous
% Was Not Brought (WNB) rate for outpatient appointments - All Ethnicities	Monthly	10%	<=9%	10.5%	11%
% Was Not Brought (WNB) rate for outpatient appointments - Maori	Monthly	19%	<=9%	10.5%	23%
% Was Not Brought (WNB) rate for outpatient appointments - Pacific	Monthly	19%	<=9%	10.5%	22%
% Was Not Brought (WNB) rate for outpatient appointments - Asian	Monthly	6%	<=9%	10.5%	8%
% Was Not Brought (WNB) rate for outpatient appointments - Deprivation Scale Q5	Monthly	15%	<=9%	10.5%	19%
Electronic Discharge Summary completion – Child Health	Monthly	97%	>=95%		98%
% Very good and excellent ratings for overall inpatient experience	Monthly	R/U	>=90%		86%
% Very good and excellent ratings for overall outpatient experience	Monthly	R/U	>=90%		88%
% Very good and excellent ratings for coordination of care after discharge	Monthly	R/U	>=90%		67%
Number of compliments received	Monthly	27	Higher		54
Number of complaints received	Monthly	6	Lower		10
Child Health Nursing Family Feedback	Monthly	97%	>=90%		97%

Financial Results

5.5

STATEMENT OF FINANCIAL PERFORMANCE						
<i>Child Health Services</i>						
						Reporting Date Aug-18
(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,159	1,064	95 F	2,034	2,127	(93) U
Funder to Provider Revenue	20,591	20,591	0 F	40,166	40,166	0 F
Other Income	1,320	1,237	82 F	2,695	2,475	220 F
Total Revenue	23,070	22,892	177 F	44,895	44,768	127 F
EXPENDITURE						
Personnel						
Personnel Costs	13,464	13,451	(13) U	25,866	26,425	559 F
Outsourced Personnel	158	126	(33) U	311	252	(60) U
Outsourced Clinical Services	173	291	118 F	436	582	147 F
Clinical Supplies	3,185	2,754	(431) U	5,945	5,380	(565) U
Infrastructure & Non-Clinical Supplies	733	416	(317) U	1,080	832	(249) U
Total Expenditure	17,713	17,038	(675) U	33,638	33,470	(168) U
Contribution	5,357	5,855	(498) U	11,257	11,298	(41) U
Allocations	1,037	938	(99) U	1,966	1,836	(130) U
NET RESULT	4,320	4,916	(596) U	9,291	9,462	(171) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	263.8	262.4	(1.4) U	264.4	262.4	(2.0) U
Nursing	733.7	727.2	(6.5) U	728.8	727.2	(1.6) U
Allied Health	197.4	209.2	11.8 F	198.2	209.2	11.1 F
Support	0.3	0.3	0.0 F	0.3	0.3	0.0 F
Management/Administration	97.5	94.4	(3.1) U	97.4	94.4	(3.1) U
Total excluding outsourced FTEs	1,292.7	1,293.5	0.8 F	1,289.1	1,293.5	4.4 F
Total :Outsourced Services	9.1	3.9	(5.2) U	8.3	3.9	(4.4) U
Total including outsourced FTEs	1,301.8	1,297.4	(4.4) U	1,297.3	1,297.4	0.0 F

Comments on major financial variances

The Child Health Directorate was \$600k unfavourable for the month of August 2018, and \$170k unfavourable Year to Date (YTD).

August YTD revenue is \$130k favourable with total expenditure variance at \$300k unfavourable. The unfavourable expenditure is primarily across pharmacy, implants and bad and doubtful debt provisions.

Inpatient Weighted Inlier Equivalent Separation (WIES) for the month is 6% lower than last year and 13% lower than contract.

Total YTD inpatient WIES was 7% lower than 17/18 and 8% lower than contract.

YTD FTE for employed/contracted Employees is exactly at budget levels.

Factors impacting on the August YTD performance are as follows:

- Revenue \$130k favourable:
 - Non-resident revenue is \$220k favourable, which is mitigating sub-contract revenue (\$115k unfavourable), which is an on-going risk. Non-resident revenue however is also generating higher doubtful debt provisions at this point.
- Expenditure \$298k F:
 - Personnel costs \$559k favourable YTD – as FTE are at budget levels this is due to a 1.9% overall lower cost/FTE than budget at this point. We will carefully monitor FTE as there is risk in employee costs when newly budgeted roles are appointed to.
 - Clinical supply costs are \$565k unfavourable – primarily orthopaedic implant costs (\$100k unfavourable) which have been higher since 2017/18, as more elective spine cases have been completed; and pharmacy costs, especially in haematology/oncology (\$295k unfavourable), as YTD volumes are more than 40% higher than prior year. Medical specialty pharmacy costs are also up 20% on prior year (\$40k). Depreciation expenditure is \$170k higher than budget, primarily in surgical specialities.
 - Infrastructure costs \$249k unfavourable – primarily bad and doubtful debt provisions (\$200k unfavourable) associated with higher non-resident revenues.
- FTE: 0.0 FTE favourable:
 - YTD reported FTE is at budget levels, although nursing FTE is not phased heavier in winter months, but actual usage of beds and staff is, so the underlying FTE position is slightly better than is reported, compared to the phased budget.
 - Cost per FTE is slightly below YTD budgeted levels – 2.8% favourable medical; 1.7% favourable nursing and 3.4% favourable allied health. This is the driver of the \$559k favourable YTD variance (1.9% lower cost/FTE overall).
 - There has been some shift of reported FTE out of allied health and into management/administration in community services, compared to budget.

Key strategies currently employed to deliver to the 2018/19 budget include the following:

1. On-going focus on revenue streams. ACC revenue was significantly higher in August 2018 whilst other revenue streams were at around budget levels. We will actively monitor revenue levels to optimise cash-flows.
2. Tight management of employee costs, including vacancy and recruitment processes; and leave management.
3. On-going review of expenditures that are relatively high – we are currently looking at implant costs which were very high in July 2018 but reduced significantly in August 2018. Initial reviews of pricing indicate that there has been no adverse pricing impact on costs.

Perioperative Directorate

Speaker: Vanessa Beavis, Director

Service Overview

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

The Perioperative Directorate is led by:

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

Directorate Priorities for 2018/19

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

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

Glossary

Acronym/term	Definition
FTE	Full-time Equivalent
OR	Operating Room
SAC	Severity Assessment Code
TDOC	Traceability Documentation
YTD	Year to Date

Q1 Actions – 90 day plan

1. Health and wellbeing of our people

Activity	Progress
Staff engagement	<ul style="list-style-type: none"> The Perioperative leadership team is focussing on “welcome”, as the first experience that our new employees have of our Directorate.

2. Safe and quality services

Activity	Progress
Implementation of Operating Room (OR) Instrument Tracking Module	<p>Central Surgical Supplies Department Traceability Document (TDOC) Go Live 3 July 2018 has been largely successful except for a few glitches. Currently TDOC is on stabilisation Mode.</p> <p>Outstanding: Archiving and deleting issue</p> <ul style="list-style-type: none"> Large database is slowing down and causing frequent “time-out” of TDOC. Archive and delete data up to Year 2014. Planned data deletion to be completed by Friday 19 October 2018 or earlier. System Outage is expected. We need 12 outages which are expected to be 2 hours each. Liaise with theatres when a schedule is confirmed. Further upgrade to latest version 14.81 is scheduled for Monday 5 November 2018. Few fixes applicable to other related issues will be done only after data deletion is completed. <p>Single Instrument Tracking (SIT) System: The business case was presented and approved by CAMP in July 2018.</p> <ul style="list-style-type: none"> Business case reviewed and updated will be returned to Ministry of Health in August 2018 for approval.

3. Service size to meet growth in demand

Activity	Progress
Staff in post% against Full-time Equivalent (FTE) across Directorate	<ul style="list-style-type: none"> • At present Perioperative is carrying significant vacancies in the Anaesthetic Technician workforce. There are a number of short term and medium to long term plans to address this. • Nursing vacancies remain steady. • Turnover is unchanged.

4. Efficient and effective clinical care

Activity	Progress
Acute index time to OR from booking reporting available	<ul style="list-style-type: none"> • A heavy acute load, and maintaining the elective throughput is finely balanced. This has meant we have achieved 87% against a target of 90%.

5. Embed leadership structure

Activity	Progress
Establish governance arrangements for measuring quality within Starship ORs	<ul style="list-style-type: none"> • The Directors of Perioperative and Child Health are working through the best way to ensure collaboration such that nothing will fall through the gap, and duplication will be avoided.
Succession planning and leadership directorate plans in place	<ul style="list-style-type: none"> • Underway, with the new key appointments settling into their roles.

6. Financial sustainability

Activity	Progress
Financial performance	<ul style="list-style-type: none"> • See financial report.

Scorecard

Auckland DHB - Perioperative Services HAC Scorecard for August 2018

	Measure	Actual	Target	Prev Period
Patient Safety	% Acute index operation within acuity guidelines	86.9%	>=90%	81.43%
	Wrong site surgery	0	0	0
Better Quality Care	% Unplanned overnight admission	5.6%	<=3%	5.1%
	% Cases with unintended ICU / DCCM stay	0.33%	<=3%	0.24%
	% 30 day mortality rate for surgical events	0.33%	<=2%	0.56%
	% CSSD incidents	2.98%	<=2%	3.46%
Improved Health Status	% Elective sessions planned vs actual	89.9%	>=97%	87.8%
	% Adjusted theatre utilisation - All suites (except CIU)	83.73%	>=85%	81.98%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.55	0	\$0.51
	% of Staff with excess annual leave > 1 year < 2 years	27.23%	<=30%	28.5%
	% Staff with excess annual leave > 2 years	13.15%	0%	12.49%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.48%	<=3.9%	4.5%
	% Voluntary turnover (annually)	11.9%	<=10%	11.14%
	% Voluntary turnover <1 year tenure	4.12%	<=6%	4.4%
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 was one complaint received for Perioperative services for August 2018.
- No Perioperative Severity Assessment Code (SAC) 1 and no SAC 2 incident was reported in the three months from 1 June 2018 to 31 August 2018, although we are supporting other Directorates as required.
- Recommendations from previous Root Cause Analysis have been implemented. Formal auditing of the surgical safety check list has recommenced this quarter, with good rates of engagement (and compliance). There were six medication incidents reported for August 2018. 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.
- August 2018 planned versus actual elective session usage was 89.9% (Year to Date (YTD) 97%). This is attributed to the improved attendance of the SCRUM meeting and the release and reallocation of sessions across departments. Although an improvement from the YTD position, this has deteriorated over the last month in part due to being unable to recycle lists.
- Unplanned overnight admissions for August 2018 were at 5.6% against a target of 3%. Investigation of the cause of the increase seems to be in some part due to clerical errors.

Key achievements in the month

- A new Perioperative Services webpage is currently under construction. This initiative will keep the Directorate and external visitors up to date on the department and its activities.
- New to Operation Rooms (NTOR) programme has commenced. New Staff have started across all ORs.
- A new educator role retitled as “Clinical Coach” has been appointed to Level 8 as part of the training support objectives for Anaesthetic Technicians.
- Business Intelligence are currently working with the Directorate team to establish an OR dashboard which provides greater transparency of OR allocations and usage for the Orthopaedic Service and Greenlane Surgical Unit site.

Areas off track and remedial plans

- Recruitment of staff for the additional acute work (the flex team, the extended Auckland Surgical Unit hours and the flex sessions at Greenlane Surgical Unit) is slow. The recruitment process has been reviewed and refined. There is more extensive advertising, targeted to specific groups using the networks of local contacts. Additional support is offered to those new hires from out of town.
- On-going recruitment continues for all operating suites on the Auckland City Hospital site with further difficulty in attracting applicants for Anaesthetic Technician vacancies. However, an increase in the training program will start to mitigate that in 6-12 months, along with other initiatives.

Key issues and initiatives identified in coming months

- Anaesthetic Technician training and staffing shortfall. The Directorate still has over 34 FTE vacancies of which approx. 14 are new positions, including those for new elective lists. Short term cover is also being provided through agency and overtime. There are presently 10 key actions being worked on within the Directorate to establish a sustainable workforce including:
 - Training strategy
 - Recruitment strategies
 - Retention strategies including review of terms and conditions
 - Collaboration with other DHBs
 - An oversight committee to monitor progress has been established

Financial Results

Summary Net Result

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

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Aug-18		
<i>Perioperative Services</i>						
(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	205	215	(10) U	411	429	(19) U
Funder to Provider Revenue	13	13	0 F	26	26	0 F
Other Income	13	17	(4) U	26	33	(7) U
Total Revenue	231	245	(13) U	463	489	(26) U
EXPENDITURE						
Personnel						
Personnel Costs	7,387	7,616	229 F	14,399	14,911	512 F
Outsourced Personnel	68	68	(0) U	158	135	(23) U
Outsourced Clinical Services	1	0	(1) U	1	0	(1) U
Clinical Supplies	3,499	3,546	47 F	6,776	6,981	205 F
Infrastructure & Non-Clinical Supplies	157	144	(13) U	320	288	(31) U
Total Expenditure	11,112	11,374	262 F	21,654	22,315	662 F
Contribution	(10,881)	(11,129)	249 F	(21,191)	(21,827)	635 F
Allocations	12	18	7 F	20	36	16 F
NET RESULT	(10,892)	(11,147)	255 F	(21,211)	(21,862)	651 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	133.1	141.2	8.1 F	130.7	141.2	10.4 F
Nursing	392.4	411.6	19.2 F	388.6	411.6	23.0 F
Allied Health	76.8	101.3	24.5 F	76.2	101.3	25.1 F
Support	104.9	115.3	10.4 F	105.2	115.3	10.1 F
Management/Administration	20.4	13.7	(6.7) U	20.3	13.7	(6.6) U
Total excluding outsourced FTEs	727.6	783.1	55.5 F	721.0	783.1	62.1 F
Total :Outsourced Services	2.0	0.0	(2.0) U	2.0	0.0	(2.0) U
Total including outsourced FTEs	729.6	783.1	53.5 F	723.0	783.1	60.1 F

Comments on Major Financial Variances

Volumes

	Year to date				
	Actual	Budget	Variance to budget	Prior year Actual	Variance year on year
Minutes all theatres	590,562	628,243	94.0%	617,105	95.7%
Cases	6,470	6,694	96.7%	6,602	98.0%
Cost per minute	\$ 35.92	\$ 34.80	103.2%	\$ 32.11	111.9%
Average minutes per case	91.3	93.9		93.5	

YTD

The result is \$651k favourable for the YTD.

Production is behind plan YTD in minutes at 94.0% with a decrease in average minutes per case is a resulting in 96.7% of cases completed against budget. Volumes have been impacted by Industrial action, vacancy and staff illness.

Expenditure

- Personnel costs are \$512k F with the main driver being vacancy across all professional groups and annual leave management, which is partially offset by overtime and use of bureau Anaesthetic Technicians. A focussed recruitment plan is in progress however many of the specialised roles are traditionally slow to appoint.
- Outsourced Personnel \$23k U high use of Anaesthetic Technicians to cover vacancy.
- Clinical supplies spend \$205k F YTD with the main drivers of cost being:
 - Instruments and equipment repairs \$121k U
 - Write off of equipment due to CJD contamination risk \$40k U
 - Lower consumables use due to production volumes \$380k F
- The actual cost per minute YTD is \$35.92 against a budget of \$34.80. The fixed costs of running the Directorate results in higher cost per minute when production volumes are lower than budget.

Cancer and Blood Directorate

Speaker: Richard Sullivan, Director

Service Overview

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

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

The Cancer and Blood Directorate is led by:

Director:	Richard Sullivan
General Manager:	Deirdre Maxwell
Director of Nursing:	Brenda McKay
Director of Allied Health:	Vacant
Finance Manager:	Dheven Covenden
Human Resources Manager:	Andrew Arnold

Directorate Priorities for 2018/19

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

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

Glossary

Acronym/term	Definition
SCD	Service clinical director
SMO	Senior medical officer

Q1 Actions – 90 day plan

1. Research and innovation: Integrated Cancer Service

The Programme Board has been established, with the first meeting held 11 September 2018. Consistent with the set-up of this programme, work is underway to secure seed funding to support recruitment to a Programme Manager position. This role will oversee the process to agree regional models of care, working with Facilities and Development to result in a major rebuild of the Cancer precinct on the Auckland DHB site, and working with Intelligence and Informatics to implement a regional electronic health record to support technology enablement of cancer care.

2. Prudent operational/financial management

Ongoing work within the Directorate is underway to manage service pressures. Current issues relate to the requirement to outsource radiation therapy volumes for a fixed term, and work with Funders to secure an appropriate regional price for specialised radiation therapy provision. Service Clinical Directors (SCDs) meet two-weekly with directorate leadership to manage these issues.

3. Demand/capacity management: Clinic space/resource expansion utilising Medirota tool

Our Directorate has embraced the opportunity to implement Medirota. We are working closely with the Project Manager to implement this tool, with team support training well underway. We anticipate a 'go-live' date in late October 2018. Our weekly Service and Super-SCRUM processes actively manage wait list demand, Senior Medical Officer (SMO)/clinician time and clinic capacity. Medirota will assist with visibility and management of these processes.

4. Improved patient experience: Waiting room upgrade, including Maori naming

We have DHB Capital approval to proceed with an upgrade of our main waiting room in Building 8. We await final approval from Dry July (October 2018 Board meeting) for the allocation of these external funds for this purpose. We will include a Pharmacy Hub so that patients can drop off chemotherapy and other prescriptions, and pick up these items more easily. We have a Directorate group working under the guidance of Dame Naida Glavish and Mr Riki Nia Nia to identify appropriate concepts for naming significant areas within our patient-facing locations. Initial ideas have been tabled and we are working through a wider engagement process at present. This naming work will assist with a more welcoming approach for patients/whānau and better way-finding.

5. Cancer and Blood Information System

We have secured capex funding for this important technology, as it will facilitate technology-enabled patient/whānau care across the region. This is an integral part of the Integrated Cancer Service in (1) above. We will progress this through DHB Capital approvals, seeking seed funding in the first instance.

6. Health and wellbeing of our people

We have a suite of activities aiming to better support our patients and staff. Trendcare is being implemented consistent with DHB-wide process to ensure appropriate nursing staffing in wards and departments. Our engagement survey action planning is now complete, aligned with the November 2018 employee survey rollout. We are working up a lecture series for staff on current issues, including burnout recognition and prevention. We are actively engaged with the APEX delegate(s) to ensure a platform for discussion of current/up-coming issues regarding radiation therapy, and have commenced engagement with the medical physics national bargaining process.

7. Service improvements

Cancer Nursing Strategy: Our nursing leadership are consulting on a final draft of our Cancer Nursing Strategy, following a well-supported workshop. Key priorities include patient/whānau-centred care, patient safety and nursing workforce development. This exciting work has ramifications region-wide, for example, assisting with appropriate training and workforce progression for nurses engaged with the local delivery of chemotherapy in both Waitematā and Counties Manukau DHBs.

Local Delivery of Chemotherapy: With our regional colleagues, we have secured Regional Executive Forum approval to proceed with the next step of staged implementation of the delivery of non-cytotoxic chemotherapy at Counties Manukau and Waitematā DHBs. We are very engaged with work-up activities, and will shortly submit an Implementation Plan to the Service Review Group for their review and sanction. This work forms part of wider Local Delivery of Oncology intent, as patients/whānau are better served by services delivered closer to home.

Brachytherapy bunker development: We are working with Facilities and Development, following the production of a Functional Brief. We seek a fit-for-purpose bunker that will allow these services to be delivered in a specific space. This will free up linear accelerator capacity as the service is currently provided in this area due to radiation safety requirements, and will provide a more patient friendly service.

Haematology Model of Care: Our Haematology SMO lead has presented detailed patient journey data to a meeting of all haematology SMOs. This is to gain clinical agreement to move to a seamless inpatient/outpatient model of care, with agreement reached around improved ward team management by beginning to sub specialise within the malignant haematology grouping. Further work will address greater sub-specialisation, to manage increased presentations year-on-year particularly within the outpatient setting for the general malignant haematology team and bone marrow transplant team.

Scorecard

Auckland DHB - Cancer & Blood Services HAC Scorecard for August 2018

	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)	0.8%	<=6%	2.4%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	0
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	1	0	0
	Unviewed/unsigned Histology/Cytology results >= 90 days	0	0	0
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	% DNA rate for outpatient appointments - All Ethnicities	4.59%	<=9%	4.94%
	% DNA rate for outpatient appointments - Maori	9.51%	<=9%	10.06%
	% DNA rate for outpatient appointments - Pacific	8.96%	<=9%	8.37%
	Number of CBU Outliers - Adult	26	300	27
	% 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%	96.7%
	Number of complaints received	0	No Target	2
	28 Day Readmission Rate - Total	R/U	TBC	23.46%
	Average LOS for WIES funded discharges (days) - Acute	4.25	TBC	4.13
	% Cancer patients receiving radiation/chemo therapy treatment within 4 weeks of DTT	82.52%	100%	92.78%
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 4 weeks of referral	98.36%	100%	98.05%
	% Chemotherapy patients (Med Onc and Haem) attending FSA within 2 weeks of referral	92.92%	100%	82.78%
	% Radiation oncology patients attending FSA within 2 weeks of referral	45.83%	100%	38.5%
	% Radiation oncology patients attending FSA within 4 weeks of referral	94.26%	100%	94.23%
	% Patients from Referral to FSA within 7 days	27.62%	TBC	22.57%
	31/62 day target – % of non-surgical patients seen within the 62 day target	93.44%	>=90%	91.84%
31/62 day target – % of surgical patients seen within the 62 day target	97.26%	>=90%	96.3%	
62 day target - % of patients treated within the 62 day target	95.52%	>=90%	94.17%	
Improved Health Status	% Hospitalised smokers offered advice and support to quit	96.77%	>=95%	95.83%
	BMT Autologous Waitlist - Patients currently waiting > 6 weeks	0	0	1
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.16	0	\$0.15
	% Staff with excess annual leave > 1 year	29.61%	0%	28.45%
	% Staff with excess annual leave > 2 years	9.5%	0%	9.12%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.18%	<=3.4%	3.2%
	% Voluntary turnover (annually)	15.07%	<=10%	14.42%
	% Voluntary turnover <1 year tenure	11.76%	<=6%	10.2%

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

R/U Result unavailable

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

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Scorecard Commentary

Patient Safety/Quality:

- There have been no Severity Assessment Code 1 or 2 events, medication incidents with harm, or falls.

Better Quality Care:

- We continue to work with staff to improve access and efficiency, utilising SCRUM processes to monitor and manage demand and capacity through our clinics. Our metrics include a suite of current and aspirational measures to provide oversight.

Engaged Workforce:

- Our staff metrics are continuously monitored by SCDs, specifically with a view to reducing excess annual leave, and engaging with staff on a substantive basis.

Key achievements in the month

- We have held the first meeting of our Programme Board to support Integrated Cancer Service and technology enablement to support world-class cancer care. This approach is consistent with DHB-wide programmes, including the Building for the Future Programme work.
- Nursing, management and finance staff have attended the Care Capacity Demand Management workshops to match nursing demand and capacity on Ward 64 (oncology). This has been a very engaged process and we look forward to the further progression of this work.
- Installation of our second new linear accelerator continues on track: The first patient treatment on this new machine is planned for October 2018.
- Ongoing work with regional colleagues has achieved Regional Executive Forum agreement to expedite the Local Delivery of Oncology work, which will see increased volumes of medical oncology cytotoxic and non-cytotoxic treatments delivered at patient/whānau DHB of domicile.

Areas off track and remedial plans

- Achieving Financial Savings: We have developed financial savings plans with SCDs, and although these are in place they are proving challenging to deliver. We meet 2 weekly with senior leadership to review and manage.
- Our Radiation Oncology Service (radiation therapy) are experiencing short term pressures regarding timeliness of delivery. Fixed term outsourcing is in place with a local private provider, with planned volumes of work being delivered. Recovery planning in-house is underway. Note that no patients are currently exceeding Ministry of Health policy priority waiting times.

Key issues and initiatives identified in coming months

We are developing a Clinical Excellence Programme for Cancer and Blood. While we have well-embedded quality initiatives within our services, we seek to invigorate these with a Directorate-wide approach consistent with the organisation's quality focus.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE				Reporting Date Aug-18		
<i>Cancer & Blood Services</i>						
(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	1,259	1,335	(76) U	2,478	2,626	(149) U
Funder to Provider Revenue	10,983	10,983	0 F	21,441	21,441	0 F
Other Income	43	71	(28) U	75	142	(68) U
Total Revenue	12,286	12,390	(104) U	23,993	24,210	(216) U
EXPENDITURE						
Personnel						
Personnel Costs	3,719	3,879	160 F	6,995	7,583	588 F
Outsourced Personnel	46	50	4 F	116	100	(16) U
Outsourced Clinical Services	414	267	(147) U	664	534	(130) U
Clinical Supplies	4,767	4,846	79 F	9,140	9,465	325 F
Infrastructure & Non-Clinical Supplies	138	146	8 F	351	292	(59) U
Total Expenditure	9,084	9,189	104 F	17,266	17,975	709 F
Contribution	3,202	3,201	1 F	6,727	6,235	492 F
Allocations	706	738	32 F	1,379	1,452	73 F
NET RESULT	2,496	2,463	33 F	5,349	4,784	565 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	73.6	73.1	(0.5) U	73.2	73.1	(0.0) U
Nursing	145.9	153.5	7.6 F	147.6	153.5	6.0 F
Allied Health	94.8	105.8	11.0 F	96.4	105.8	9.4 F
Support	2.1	1.0	(1.1) U	2.0	1.0	(1.0) U
Management/Administration	49.7	53.9	4.2 F	49.2	53.9	4.7 F
Total excluding outsourced FTEs	366.1	387.3	21.3 F	368.3	387.3	19.1 F
Total Outsourced Services	8.3	1.3	(7.0) U	5.6	1.3	(4.3) U
Total including outsourced FTEs	374.3	388.6	14.3 F	373.9	388.6	14.7 F

Comments on Major Financial Variances

The result for the year to date August is a favourable variance of \$ 565k.

Volumes: Overall volumes are 93.2 % of contract, or \$ 1,257k under contract.

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

Key drivers of the favourable variance:

- Total Revenue \$ 216k U - mainly due to Haemophilia blood product reimbursement which is demand driven and offset by lower blood product costs.
- Personnel costs \$ 588k F - due to vacancies across most of the directorate mainly in SMOs, Radiation Therapy and Administration personnel.
- Clinical Supplies \$ 325k F - primarily due to the reduction in Haemophilia blood product costs (demand driven and offset by decreased revenue) and the reduction in Pharmaceutical Cancer Treatment drug spend (timing).

FTE – 14.7 FTE favourable mainly due to Nursing, Radiation Therapy and Administration vacancies.

Mental Health and Addictions Directorate

Speaker: Anna Schofield, Director

Service Overview

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

The Mental Health and Addictions Directorate is led by:

Director:	Anna Schofield
General Manager:	Alison Hudgell
Medical Director:	Allen Fraser
Director of Nursing:	Tracy Silva Garay
Director of Allied Health:	Mike Butcher
Director of Primary Care:	Vacant

Directorate Priorities for 2018/19

Integral to Mental Health's business plan is a patient and family/whānau focus, along with integration and collaboration. To this end, we will work with mental health and physical health services and other agencies and sectors locally, regionally and further afield to improve outcomes for service users.

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

1. Managing demand. An integrated approach to safe, quality care across the continuum
2. Clinical practices and systems. Right interventions by the right people at the right time
3. Our people

Glossary

Acronym/term	Definition
CAMHS	Child and Adolescent Mental Health Services
CMHC	Community Mental Health Centre
FTE	Full-time Equivalent
HQSC	Health Quality and Safety Commission
LOS	Length of Stay
MoH	Ministry of Health
NGO	Non-Government Organisation
RYFS	Regional Youth Forensic Service
SCD	Service Clinical Director
TWT	Te Whetu Tawera

Q1 Actions – 90 day plan

1. Managing demand. An integrated approach to safe, quality care across the continuum

1.1 The future plan for Auckland DHB Mental Health Services will be developed with a 3-year focus

In response to the increased demand and need to develop different service delivery models, and with support from the Strategy Participation and Improvement Team we have commenced the development of a 3 year Mental Health Action Plan with the Auckland DHB Mental Health Addiction Programme Board. Stakeholders including Auckland DHB staff, consumer leaders and whānau, NHO and primary care have been engaged through a series of workshops focused on different age groups and those who are disadvantaged as a result of inequities including older people, adult, child and youth, Māori, Pacific, Asian, Refugee and Migrant and LBGQTQI+. The process enabled the capture of rich feedback through electronic means and this is currently being analysed thematically and will support the Programme Board determine the priority areas of the Mental Health Action Plan.

1.1.1 Adult Acute Flow

A work programme has been established to improve adult acute flow. It involves all the adult Service Clinical Directors (SCDs) from across the Directorate. Te Whetu Tawera (TWT) has initiated a planned approach to better prioritise the needs of service users on a daily basis Monday to Friday regardless of occupancy levels. The SCDs for adult services have been working together to optimise the process of transitioning from one part of the service to another. Transitions are known to affect the outcome for service users and optimisation of the transition process is expected to improve outcomes for patients, as well as smoothing the processes of admission and/or discharge to or from a service (including TWT).

1.2 Improving integration across our services and with other Health and Social Services

The Mental Health Directorate is involved in a range of intra and inter sector initiatives including the Mental Health Programme Board, the Oranga Tamariki Child and Family Unit programme of work, the regional Child and Adolescent Mental Health Services (CAMHS) Oranga Tamariki Network, Taikura Trust Mental Health Governance Group and Housing related initiatives. At the DHB level there are programmes of work regarding the interface between Mental Health and the Emergency Department and with Community and Long Term Conditions Executive Health of Older People

Group. All of these initiatives are aimed at improving outcomes for service users who are reliant on a joined up approach/interface between the respective services and agencies involved.

1.2.1 Mental Health Programme Board

The Mental Health Programme Board workstreams include:

- Supporting effective and safe prescribing in mental health services
- Supporting effective and healing practices – alternatives to medication in mental health services
- Zero suicide framework
- Housing for Wellness project
- Equally well initiatives – improving the physical health of people who experience severe and enduring mental illness
- Paired Up – project to pilot and evaluate ‘Paired Up-Youth Pair Services’ initially within the Tamaki College population.

Some of these projects have been additionally resourced with project management, including the Zero suicide framework workstream and this has been recruited to. Others will be led by existing programme board members with a number of Auckland DHB senior staff and some project management from the Mental Health Directorate involved.

Members of the programme board are actively involved in a newly formed Central City Collective that is collaboration between health, housing and social services, with a focus on housing vulnerable people, including those with severe mental illness, in the Central Business District.

The Directorate is also leading on an intersectoral submission to the Ministry of Business, Innovation and Employment on the Residential Tenancy Act which covers registered and unregistered Boarding Houses, noting that agencies may also do individual submissions.

1.2.2 Tūhono

Tūhono is collaboration between Waitematā and Auckland funded providers of mental health services, including the DHB provider arm, Non-Government Organisations (NGOs) and Primary Health Organisations. The current work programme includes the following workstreams:

- Applying Research and Evaluation
- Equally Well
- Involving Parents and Whānau
- Housing
- Sustainability: Financial and Clinical
- Specialist Mental Health Services Support Worker Interface

The Mental Health Directorate/Support Worker work stream is focused on the interface between Community Mental Health Centres (CMHCs) and DHB funded community support and to date three workshops have been held. These were well attended and focused on clarifying roles and responsibilities, communication and information sharing as well as relationship building. The outcome is to enable clinicians and support workers to work together more effectively and to the

top of their scope in addressing clinical issues and social needs for service users with mental health issues.

1.3 Services and Models of Care, including current provision and accessibility are understood to inform future responses to demand and need

1.3.1 Tupu Ora: A service change proposal for the Midland DHBs Eating Disorder Services was presented to the Ministry of Health (MoH) and latterly shared with Auckland DHB funders and the Mental Health Directorate. We are working with our funders on the implications of this withdrawal as well as the care model and requirements for this service. This will, in turn, determine the type of facilities and model of care required. The lease for the existing facility has been extended until March 2020.

1.3.2 Segar House

Segar House is a sub-regional service for Auckland and Waitemata DHBs providing intensive psychotherapy. The model of care has not been reviewed for some years and this will be examined to determine whether it is meeting the current needs of the service users now and in the future.

1.3.3 Regional Youth Forensic Service:

The current model of care for this service is now signed off by the Regional Youth Forensic Mental Health Network Group. There are, however, Oranga Tamariki changes likely from 1 July 2019 as 17 year olds currently under the Adult Court will come under the jurisdiction of the Youth Court. This cohort is likely to present with greater morbidity and severity of offending than 14-16 year olds and the change will significantly impact on the Regional Youth Forensic Service (RYFS). This will require a service change proposal involving regional mental health planners and funders and work will commence once data is available around increased demand of RYFS.

2. Clinical practices and systems. Right interventions by the right people at the right time

2.1 Health Quality and Safety Commission (HQSC)

The Health Quality and Safety Commission are focusing on five national quality improvement initiatives across mental health and addiction services using co-design as the quality improvement methodology:

- Zero Seclusion: towards eliminating seclusion by 2020
- Continuing Care: improving service transitions
- Learning from serious adverse events and consumer experience
- Medication management and prescribing
- Maximising physical health

The first of these initiatives 'Zero Seclusion: towards eliminating seclusion by 2020' is now underway with a well-established project group. The aspirational vision is to create a future in which our entire community no longer sees seclusion as an option. The project group will engage with staff, service users and whānau to work together on reducing and eliminating seclusion. This will include facilitated

co-design workshops. The project group has reviewed seclusion data, engaged with staff and seeking service user feedback to inform new ways of working.

Continuing Care, for improving service transitions, has now commenced and a project team is in place that includes an NGO partner. Auckland DHB's focus is on the transition from adult and older adult acute inpatient units to community/NGO transitions as this can be a time of risk. The project team attended an initial HQSC workshop and is in the process of setting up a co-design group to focus on the service user journey into the inpatient unit and back to the community. This will involve a range of key stakeholders including service users and their family/whānau, Māori, Pacific, Asian and clinicians.

3. Our people

3.1 Leadership Development programme

The Leadership Development Programme generated significant interest amongst people leaders across the Mental Health Directorate indicating a commitment to professional and personal development. A manager nomination and formal application process supported the Directorate to maximise our investment in developing leadership capability with an initial focus on participants who are current people leaders at the right level and ensuring manager support for them throughout the programme. Nine applicants were accepted onto the first wave of the programme, with a further eighteen people identified for consideration in future waves.

Scorecard

Auckland DHB - Mental Health HAC Scorecard for August 2018

	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)	1.9%	<=6%	1.9%
	Number of reported adverse events causing harm (SAC 1&2) - excludes suicides	0	0	0
	Seclusion. All inpatient services - episodes of seclusion	0	<=7	3
	Restraint. All services - incidents of restraint	60	<=86	70
	Mental Health Provider Arm Services: SAC1&2 (Inpatient & Non-Inpatient Suicides)	0		2
Better Quality Care	7 day Follow Up post discharge	97.5%	>=95%	100%
	Mental Health - 28 Day Readmission Rate (KPI Discharges) to Te Whetu Tawera	R/U	<=10%	6.25%
	Mental Health Average LOS (KPI Discharges) - Te Whetu Tawera	23	<=21	29.8
	Mental Health Average LOS (All Discharges) - Child & Family Unit	12	<=15	15.4
	Mental Health Average LOS (All Discharges) - Fraser McDonald Unit	26.1	<=35	19.6
	Waiting Times. Provider arm only: 0-19Y - 3W Target	69.2%	>=80%	69.6%
	Waiting Times. Provider arm only: 0-19Y - 8W Target	88.8%	>=95%	88.4%
	Waiting Times. Provider arm only: 20-64Y - 3W Target	88.8%	>=80%	89.2%
	Waiting Times. Provider arm only: 20-64Y - 8W Target	95.5%	>=95%	95.7%
	Waiting Times. Provider arm only: 65Y+ - 3W Target	78.9%	>=80%	78%
	Waiting Times. Provider arm only: 65Y+ - 8W Target	92.2%	>=95%	92%
Improved Health Status	% Hospitalised smokers offered advice and support to quit	97.37%	>=95%	94.74%
	Mental Health access rate - Maori 0-19Y	6.17%	>=6.16%	6.17%
	Mental Health access rate - Maori 20-64Y	10.4%	>=10.16%	10.34%
	Mental Health access rate - Maori 65Y+	3.89%	>=3%	3.78%
	Mental Health access rate - Total 0-19Y	3.33%	>=3.42%	3.31%
	Mental Health access rate - Total 20-64Y	3.49%	>=3.7%	3.47%
	Mental Health access rate - Total 65Y+	2.94%	>=3.15%	2.91%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.23	0	\$0.22
	% Staff with excess annual leave > 1 year	27.27%	0%	27.77%
	% Staff with excess annual leave > 2 years	6.75%	0%	5.48%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.51%	<=3.4%	4.61%
	% Voluntary turnover (annually)	12.72%	<=10%	12.87%
	% Voluntary turnover <1 year tenure	4.17%	<=6%	6.19%

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 Length of Stay (LOS) - TWT

- While the August 2018 result is still a little above target, it is much improved over recent months
- Median LOS is 16.0 days for August 2018
- For the last few years, the monthly pattern over 12 months has been characterised by a small number of months with low Average LOS, sometimes around or below the target, and a few months with Average LOS of >30 days
- Average LOS is always impacted by factors such as ongoing acuity, treatment/management complexity and placement challenges within that month's discharge group
- Length of Stay remains a key focus with on-going monitoring and reporting. Barriers to discharge are identified regularly and analysed to inform service planning. The Auckland DHB model for this has been adopted and implemented regionally

Waiting Times

Waiting times remain a challenge for the Older Adult Community Team (Mental Health Service Older People) and for our Child and Adolescent services. Both services have experienced growth in demand and associated activity in the first half of 2016/17 Full Year compared to the same period in 2015/16 Full Year and this is showing no signs of abating. This increase in demand and waiting times is occurring for CAMHS services nationally.

Access (DHB-wide)

- 'Access' is based on a count of mental health service contact with, or about, Auckland DHB residents in any DHB or NGO services during a 12 month period. 'Access' rates are these counts calculated as a percentage of the relevant projected populations in ethnic and age groups.
- Access rates for Auckland DHB residents includes activity within Auckland DHB Provider Arm Mental Health Services and the NGO sector, as well as Provider Arm services contracted by Auckland DHB for delivery via Waitemata DHB (e.g. Community Alcohol and Drug services and Forensic services).
- Auckland DHB provider arm delivers only a proportion of the access and this varies across age and ethnic groupings with NGOs, Community Alcohol and Drug Services and services provided by other DHBs delivering the balance. It is challenging, therefore, to understand the relative performance of different parts of this continuum from the broad access data provided by the MoH.

Leave Management

The cost of excess annual leave has decreased slightly to \$0.23(M). The Directorate continues to monitor this and has requested leave plans for all employees with excess annual leave balances. Some employees are also opting to apply for annual leave buy out in order to reduce their balance.

Sick leave has remained high over this quarter and we have continued to monitor this by asking managers to provide reasoning for high sick leave usage. From the reasons given we have discovered 22% of sick leave taken is for domestic leave (i.e. looking after dependant family members) and not due to our employee's own ill health. We have also noted that when sick leave has been carried over

from previous years but more than 10 days of eligible entitlement is used over the one year period, this is classified as excess sick leave. We are communicating with managers to ensure sick leave is being coded correctly. We are also looking at more effective ways to monitor and manage this.

Turnover and Recruitment

Voluntary turnover has decreased slightly to 12.72%. The new recruitment strategy has had a positive effect on the time it takes from identifying a need for recruitment through to making an offer to a candidate. Other directorates have reported an increase in job applications received following 'new look' adverts which include photos of staff and video testimonials from staff. We have started to contact services with high vacancies to get these videos and new adverts underway. Having a constant expression of interest advert running is helping to pipeline candidates into the directorate.

Staff Engagement Survey and Action Plans

The Directorate Leadership Team has socialised senior clinicians and managers in the Directorate with key actions that include improving the connection and support between teams within the Directorate and the wider Auckland DHB. People Leaders have been asked to book on to the manager road shows to get them prepared for the next employee engagement survey.

Key achievements in the month

Engagement for Mental Health Action Plan

There has been significant focus and investment of time in developing and participating in the series of 8 workshops held between 26 July and 6 September 2018. See section 1.1 for further details on the Action Plan.

Areas off track and remedial plans

Supra-Regional Eating Disorder Service

The Midland DHBs have withdrawn from all but the adult residential component of the Supra-Regional Eating Disorder Programme as of 1 July 2017. We are currently taking the opportunity with changes in leadership (in Midlands) to start a conversation around considering staying within the contact.

Key issues and initiatives identified in coming months

Future Planning: Mental Health Inquiry and Action Plan

The Mental Health Directorate has initiated the 3 year Action Plan (see section 1.1) that builds on the momentum created by the national Mental Health and Addictions Inquiry. The Director and a small group including consumer and family leaders and planning and funding will be working with the Strategy Participation and Improvement Team to pull together themes and priorities for the

Action Plan. The Mental Health Programme Board has a number of planned workshops to assist in identifying the priority areas for the Action Plan.

Facilities

There is a focus on facilities over the coming months with the future facilities for the Assertive Community Outreach service and St Lukes Community Mental Health Team being made fit for purpose. In addition the lease for the Taylor Centre CMHC ends in October 2021 and, given the number of years it took to find an alternative location for the Lukes CMHC, this work will need to begin.

Mental Health will be a workstream under the Building for the Future Programme. Whilst the initial focus of the programme is focused on urgent needs, such as providing more adult acute inpatient space and office accommodation, it is anticipated that mental health workstream will begin in the next quarter.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
<i>Mental Health & Addictions</i>						Reporting Date Aug-18
(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	103	64	39 F	160	128	32 F
Funder to Provider Revenue	9,662	9,662	0 F	19,328	19,325	3 F
Other Income	63	55	8 F	127	110	17 F
Total Revenue	9,828	9,781	47 F	19,615	19,563	52 F
EXPENDITURE						
Personnel						
Personnel Costs	7,059	7,368	309 F	13,586	14,422	837 F
Outsourced Personnel	95	17	(79) U	167	34	(133) U
Outsourced Clinical Services	73	108	35 F	154	217	63 F
Clinical Supplies	111	88	(23) U	200	176	(24) U
Infrastructure & Non-Clinical Supplies	362	405	44 F	769	808	39 F
Total Expenditure	7,700	7,986	286 F	14,875	15,657	782 F
Contribution	2,128	1,795	333 F	4,739	3,906	834 F
Allocations	1,939	1,950	11 F	3,859	3,900	41 F
NET RESULT	189	(155)	345 F	880	5	875 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	92.7	101.2	8.4 F	93.2	101.2	7.9 F
Nursing	333.1	338.3	5.2 F	327.7	337.6	9.9 F
Allied Health	250.8	273.9	23.2 F	253.0	273.2	20.2 F
Support	7.4	7.8	0.4 F	7.4	7.8	0.4 F
Management/Administration	62.6	61.9	(0.7) U	61.4	61.9	0.5 F
Total excluding outsourced FTEs	746.6	783.0	36.4 F	742.7	781.6	38.9 F
Total :Outsourced Services	7.9	0.0	(7.9) U	6.4	0.0	(6.4) U
Total including outsourced FTEs	754.4	783.0	28.6 F	749.1	781.6	32.5 F

Comments on Major Financial Variances

The Mental Health Directorate is favourable to budget for both current month (\$345k F) and the year to Date (\$875k F).

The year to date favourable result is primarily from:-

- Personnel costs (\$704k F including Outsourced Personnel), with 33 Full-time Equivalent (FTE) less than Budget. This includes the additional 9 FTE funded in 2018/19 which are not yet fully recruited. There are on-going recruitment difficulties, with particular challenges attracting Nurses, Occupational Therapists, Psychologists and Social Workers. As well as new graduates, interns and additional respite services, we have recruited additional FTE in community acute services and in the emergency department overnight, in order to decompress our Adult Specialist Mental Health continuum

- One off upsides including university training income catch-up from the last financial year, slower uptake of the Funded GP Visit Discharge pathway and Porters Ave/St Lukes rental.

Adult Medical Directorate

Speaker: Barry Snow, Director

Service Overview

The Adult Medical Directorate is responsible for the provision of emergency care, medical services and sub specialties for the adult population. Services comprise: Adult Emergency Department, Short Stay Inpatient, Clinical Decision Unit, Department of Critical Care Medicine, General Medicine, Infectious Diseases, Gastroenterology, Respiratory, Neurology and Renal.

The Adult Medical Directorate is led by:

Director:	Barry Snow
General Manager:	Dee Hackett
Director of Nursing:	Brenda McKay
Director of Primary Care:	Jim Kriechbaum

Directorate Priorities for 2018/19

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

1. Improving and maintaining our performance across all our services
2. Delivering improvement projects across all our services with a specific focus on goals of care and advanced care planning
3. Implementing and maintaining robust risk management systems and processes that allow us to effectively identify and manage our risks
4. Using our money wisely, and continuously looking for ways to improve our financial management
5. Our people are happy, healthy and high performing
6. Developing our workforce in creative and sustainable ways

Glossary

Acronym/term	Definition
AED	Adult Emergency Department
CDU	Clinical Decision Unit
FTE	Full-time Equivalent
SAC	Severity Assessment Code
PSI	Percutaneous Stroke Intervention
IVT	Intravenous Thrombolysis
KPI	Key Performance Indicators

Q1 Actions – 90 day plan

- Weekly team and monthly directorate meetings are working well. Each service is developing and delivering Management Operating Systems.
- Monthly meetings with each service reviewing priority plans, finance information, Human Resources information, risks and service scorecards.
- Renal build is continuing. Resource consent application is underway.
- Integrated Stroke Unit is progressing, and governance framework for developing detailed business case implemented.
- Level 2 building projects - short stay inpatient refurbishment business case was submitted to CAMP in August 2018. The mental health area and an area for patients with challenging behaviours are being developed with good engagement with the mental health teams.
- Quality forum delivered. New scorecards for all services have been developed that include quality items. Scorecards are reviewed with services on a monthly basis.
- Surveillance target met for Gastroenterology/Colonoscopy. Since February 2018 the routine target has been met and in August 2018 the surveillance target was met. Recovery plan for the surveillance waiting list is being implemented and is monitored weekly.
- Care Capacity Demand Management (CCDM) Full-time Equivalent (FTE) calculation workshops initiated for Wards 64 and 72.
- Successfully commenced the Regional Out of Hours Stroke Service on 3 September 2018. This involves Auckland DHB receiving all strokes requiring acute intervention to Auckland DHB out of hours from across the Auckland region.

Scorecard

Auckland DHB - Adult Medical Services HAC Scorecard for August 2018

5.9

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	6.91
	Medication Errors with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	6.3%	<=6%	2.6%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3.9%	<=6%	3.9%
	Number of falls with major harm	2	0	0
	Number of reported adverse events causing harm (SAC 1&2)	2	0	0
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	13	0	12
	Unviewed/unsigned Histology/Cytology results >= 90 days	1	0	5
Better Quality Care	(MOH-01) % AED patients with ED stay < 6 hours	88.84%	>=95%	90.29%
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.64%	0%	0.28%
	% DNA rate for outpatient appointments - All Ethnicities	11.68%	<=9%	12.03%
	% DNA rate for outpatient appointments - Maori	25.57%	<=9%	21.95%
	% DNA rate for outpatient appointments - Pacific	19.8%	<=9%	21.66%
	Number of CBU Outliers - Adult	210	300	196
	% Patients cared for in a mixed gender room at midday - Adult	24.85%	0%	21.02%
	% Patients cared for in a mixed gender room at midday - Adult (excluding APU)	24.85%	TBC	21.02%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	78.9%
	Number of complaints received	17	No Target	13
	28 Day Readmission Rate - Total	R/U	<=10%	13.35%
	% Urgent diagnostic colonoscopy compliance	98.77%	>=85%	100%
	% Non-urgent diagnostic colonoscopy compliance	71.76%	>=70%	78.81%
% Surveillance diagnostic colonoscopy compliance	74.44%	>=70%	63.76%	
Average LOS for WIES funded discharges (days) - Acute	3.17	TBC	3.7	
Improved Health Status	% Hospitalised smokers offered advice and support to quit	92.49%	>=95%	94.54%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.68	0	\$0.64
	% Staff with excess annual leave > 1 year	34.29%	0%	34.08%
	% Staff with excess annual leave > 2 years	12.91%	0%	12.53%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.09%	<=3.4%	3.98%
	% Voluntary turnover (annually)	9.58%	<=10%	8.99%
	% Voluntary turnover <1 year tenure	14.46%	<=6%	9.09%

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

R/U Result unavailable

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

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

% Very good and excellent ratings for overall inpatient experience

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

- The nosocomial pressure injury point prevalence (% of inpatients) consists of one Stage 1 and two Stage 2 pressure injuries.
- There have been two falls with harm that contributed to the two adverse events:
 - One resulting in a hip fracture requiring surgery
 - One causing a fracture to the eye orbit
- % of patients cared for in a mixed gender room remains high this month. This may have been due to volumes and pressure on bed capacity. The local service initiatives will now come under the Releasing Time to Care umbrella in order to co-ordinate a standardised approach that won't compromise acute flow.
- There has been a slight decrease in AED performance in August 2018 to 88.84%. Many variables contribute to under achievement. 3 key areas that have been identified are:
 - AED clinician sign on
 - Delays in transfer from AED and Clinical Decision Unit (CDU) contributing to delay of inpatient sign on
 - Acute flow and admitting patients into beds
- Colonoscopy recovery plan is on-going. Weekly performance meetings are being held and close monitoring with routine and surveillance target being met in August 2018.
- Staff wellbeing continues to be difficult to manage effectively.
- Unplanned absence in excess of 4% and turnover approaching 10% excess annual leave and high levels of overtime continue to be a concern.
- The directorate continues to monitor absence and excess leave closely at monthly meetings with each of the services.

Key achievements in the month

- Successfully commenced the Regional Out of Hours Stroke Service on 3 September 2018. Activity in the last 7 days has comprised of 14 code strokes which includes regional out of hours diversions and referrals from the North Island for PSI. In total 10 patients have had a hyperacute intervention (5 PSI, 5 IVT). 4 patients attended using the Regional Out of Hours Stroke Service.
- Renal community development project held a social investor presentation to celebrate Auckland DHB Board approval.
- Continuation of a joint Respiratory Sleep Project with Waitemata DHB and Auckland DHB to review model of care.
- Developing an integrated Stroke Unit model of care and holding a workshop to identify future staffing needs.

- Progressing with Colonoscopy recovery plan. Urgent target, routine and surveillance target met during August 2018.
- Progressing the use of Trendcare within our inpatient areas. Actively using the tool to ensure that we have the correct nursing staff to match levels of patient acuity.
- Developing the model of care to inform the design of a mental health area in AED and an area for patients who have behaviours that are challenging.
- Continuing to develop a robust risk culture within the Directorate. Each individual service now has their own risk register and all risks are thoroughly discussed at the priority plan meetings. A directorate risk register is also being developed and is reviewed and discussed at the weekly Senior Leadership Team meeting. Training is being planned to support directorate leadership to manage service risks on the Safety Management System (Datix).

Areas off track and remedial plans

- Plans to improve AED sign on times to improve AED performance include: Rapid assessment trial, re-starting surge shifts, move AED to a POD system and improve specialist referral pathways. Weekly capacity and demand meeting assessing impact of high demand and planning for the future week.
- Did Not Attend rates still an issue but remain consistent.

Key issues and initiatives identified in coming months

- Plan to continue to achieve the routine and surveillance colonoscopy targets. Meeting weekly with Gastroenterology team to ensure detailed planning and delivery.
- Continue to progress the community dialysis provision and working collaboratively with Tāmaki Regeneration Company, Social Investors and the Kidney Society for future provision of capacity.
- Plan to address AED target.
- Monthly priority plan and service performance meetings continuing with good engagement.
- Continuing with Neurology, Gastroenterology and Respiratory capacity and demand planning and maintaining organisational targets.
- Continuing with the delivery of the Regional Hyper Acute Stroke Service for stroke and clot retrieval that went live across all metro on 3 September 2018.
- Security and safety actions being progressed within AED. Seed funding secured for a behavioural assessment area, review of triage and a mental health area. Action plan developed following a review.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
<i>Adult Medical Services</i>						Reporting Date Aug-18
(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	215	242	(27) U	440	483	(43) U
Funder to Provider Revenue	16,350	16,350	0 F	32,583	32,583	0 F
Other Income	523	569	(46) U	884	994	(111) U
Total Revenue	17,088	17,160	(73) U	33,906	34,060	(154) U
EXPENDITURE						
Personnel						
Personnel Costs	9,928	9,824	(104) U	19,025	19,337	312 F
Outsourced Personnel	97	90	(7) U	189	181	(8) U
Outsourced Clinical Services	10	49	40 F	53	98	45 F
Clinical Supplies	2,171	2,141	(30) U	4,438	4,262	(176) U
Infrastructure & Non-Clinical Supplies	216	237	21 F	552	474	(78) U
Total Expenditure	12,422	12,341	(80) U	24,257	24,353	95 F
Contribution	4,666	4,819	(153) U	9,649	9,708	(59) U
Allocations	2,797	2,708	(90) U	5,253	5,322	69 F
NET RESULT	1,868	2,111	(243) U	4,396	4,386	10 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	210.7	211.3	0.6 F	209.1	211.3	2.2 F
Nursing	644.1	619.6	(24.5) U	634.8	619.6	(15.2) U
Allied Health	53.1	51.4	(1.8) U	50.9	51.4	0.5 F
Support	5.4	6.0	0.6 F	5.3	6.0	0.7 F
Management/Administration	66.3	66.1	(0.1) U	65.5	66.1	0.6 F
Total excluding outsourced FTEs	979.6	954.4	(25.2) U	965.6	954.4	(11.2) U
Total :Outsourced Services	2.9	4.4	1.5 F	4.0	4.4	0.4 F
Total including outsourced FTEs	982.4	958.8	(23.7) U	969.6	958.8	(10.8) U

Comments on Major Financial Variances

The result for the year to date is a favourable variance of \$ 10k.

Volumes: Overall volumes are 100.3 % of contract, or \$ 72k over contract.

Key drivers of the favourable variance:

- Revenue \$ 154k U – mainly due to the timing of the Health Workforce New Zealand revenue and Non-resident revenue.
- Personnel costs \$ 312k F - primarily due to favourable employee costs mainly Senior Medical Officer vacancies \$242k F.
- Clinical Supplies - \$ 176k unfavourable - mainly AED blood products (patient complexity) and Respiratory Pharmaceutical costs (driven by volumes).

Community and Long Term Conditions Directorate

Speaker: Kalra Lalit, Director

Service Overview

The Community and Long Term Conditions Directorate is responsible for the provision a wide range of adult services.

The services in the Directorate are structured into the following six service groups:

- Reablement (inpatient adult assessment, treatment and rehabilitation services)
- Sexual Health services
- Community services (Chronic Pain services, locality community teams and Mobility Solutions)
- Diabetes services
- Ambulatory services (Endocrinology, Dermatology, Immunology and Rheumatology)
- Integrated Palliative Care services

The Community and Long Term Conditions Directorate is led by:

Director:	Kalra Lalit
General Manager:	Jennie Montague
Nurse Director:	Sheri-Lyn Purdy
Allied Health Director:	Anna McRae
Primary Care Director:	Jim Kriechbaum

Directorate Priorities for 2018/2019

In the 2018/2019 year our Directorate will contribute to the delivery of the Provider Services strategic programmes. In addition to this we will also focus on the following Directorate priorities:

1. Better services for the frail older person
2. A responsive community service
3. Outpatient model of care
4. Building blocks for sustainability
5. Our people

Glossary

Acronym/term	Definition
ACC	Accident Compensation Corporation
ARRC	Age Related Residential Care
DNA	Did Not Attend
Level 2	Adult Emergency Department, Clinical Decision Unit, Short Stay Inpatient Unit
PHARMAC	The Pharmaceutical Management Agency
YTD	Year to Date

Q1 Actions – 90 day plan

1. Better services for the frail older person

Our programme of work to support better services for the frail older person is on track. We have prioritised two work streams focused on:

- specialist geriatric management of frail older people throughout Level 2; and
- avoiding unnecessary hospital presentation of frail older people.

This will contribute towards reducing patient flow and capacity pressures in the hospital setting as well as being recognised as best practice for this patient cohort.

The Level 2 frailty work-stream is progressing well. In collaboration with Level 2 staff, we are piloting an automated tool for identifying frail older people on presentation to the Adult Emergency Department and on rapid referral pathways for specialist assessment by a specialist (Senior Medical Officer). The expectation is those identified as frail but with no acute medical or surgical need can be discharged directly from Level 2 on the same day, or within twenty-four hours. The patient will have Gerontology Nurse Specialist support to coordinate community services. We are working on pathways and capacity to admit patients with multidisciplinary needs best met by geriatrics services directly to Reablement wards. A comprehensive geriatric assessment document that will be visible in our core systems to all clinicians involved with care is being developed. We have actively engaged other directorates in this work and will put together a wider communication strategy when these initiatives near completion.

Prioritisation of support to Aged Related Residential Care (ARRC) by our Community and Reablement services has resulted in a significant decrease in frail older people presenting to the hospital from these facilities over the last 2 years. We are building on this success by developing relationships in the community (St John, ARRC and primary care) and working on joint pathways to provide a coordinated response to changes in health or minor accidents in frail older patients in the community.

2. A responsive community service

Integrated secondary health services are at the heart of the locality model and central to the vision of the Pt. Chevalier Community Hub. We have already increased District Nursing and Allied Health clinics at the site and two of our localities will move to the Pt. Chevalier Community site over the next quarter. As part of working across services we are also introducing a podiatry clinic at Pt. Chevalier.

We have progressed first phase of developing a multidisciplinary centralised triage. The new way of working will mean a focus on what is the 'unmet need' of the patient rather than what service they are being referred to.

3. Outpatient model of care

A number of our services are progressing new projects to improve patient access and engagement. The use of tele-health options is being embedded in our outpatient services, especially those that are regional or share care with primary care. Each service is identifying patient pathways that could be supported using alternatives to in person face to face appointments at our main centres. We have reviewed our satellite clinics and are changing the model of booking for these clinics to make them more accessible to the community.

We are continue to see high non-attendance rates for Māori and Pacific at our Diabetes clinics, for whom there is a higher prevalence of diabetes and diabetic complications. Following a green belt performance improvement project, the service is in the process of evaluating innovative practices that include a family support worker, shared multidisciplinary clinics and patient focused scheduling of appointments.

4. Building blocks for sustainability

The Community Services are getting ready to roll out mobile devices which have now arrived. Mobile devices mean better information for health professionals at the point of care and reduction in duplication of effort for recording information about patients and their care plans, making us more efficient. We have moved through user testing to training and the devices will be in use from October 2018.

5. Our People

The recruitment and retention of Allied Health professionals is central to our core business of disability management. This is a particular issue throughout the Auckland region (and to some extent New Zealand) which has a significant impact on the future sustainability of our services. We have worked closely with the Clinical Support directorate to implement a new graduate recruitment strategy for both Physiotherapy and Occupational Therapy. Within our services, we have introduced new roles such as the Clinical Coach to support the professional development of these new graduates. In addition, we have profession specific and inter-disciplinary in-service programmes of professional development across all disciplines that contribute to enhancing professional and leadership skills.

Scorecard

Auckland DHB - Adult Community & Long Term Conditions HAC Scorecard for August 2018

	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)	13.3%	<=6%	4%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	4.6%	<=6%	4.9%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	1
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	0	0	5
	Unviewed/unsigned Histology/Cytology results >= 90 days	0	0	0
Better Quality Care	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	11.27%	<=9%	15.29%
	% DNA rate for outpatient appointments - Maori	24.49%	<=9%	30.43%
	% DNA rate for outpatient appointments - Pacific	21.79%	<=9%	31.82%
	% Patients cared for in a mixed gender room at midday - Adult	15.59%	<=2%	13.91%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	81.8%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	85.1%
	Number of complaints received	5	No Target	2
	% of inpatients on Reablement Services Wait List for 2 calendar days or less	76.65%	>=80%	87.61%
% Discharges with Length of Stay less than 21 days (midnights) for OPH and Rehab Plus combined	70.74%	>=80%	73.91%	
Improved Health Status	% Hospitalised smokers offered advice and support to quit	98%	>=95%	93.75%
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.09	0	\$0.08
	% Staff with excess annual leave > 1 year	30.68%	0%	29.98%
	% Staff with excess annual leave > 2 years	6.1%	0%	5.96%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	3.52%	<=3.4%	3.51%
	% Voluntary turnover (annually)	17.92%	<=10%	17.4%
	% Voluntary turnover <1 year tenure	10%	<=6%	9.28%

R/U	Result unavailable
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less
	Result unavailable until after the 16th of the next month.
	% Very good and excellent ratings for overall inpatient experience
	% Very good and excellent ratings for overall outpatient experience
	These measures are based on retrospective survey data, i.e. completed responses for patients discharged or treated the previous month.

Scorecard Commentary

- There were no medication errors or falls with major harm.
- We will be reviewing the prevalence audits for nosocomial pressure injuries to identify any opportunities for improvement. We have committed to completing the Releasing Time to Care Pressure Injury module across our four inpatient wards.
- Compliance with offering smokers advice is 100% in day cases. Reablement is showing compliance of 76.92% however there were some miscoded events which mean that there was actually only one missed event. The overall compliance is 98%. We have reminded wards about the importance of documenting this advice.

- The progress on reducing the Did Not Attend (DNA) rate for outpatient services (particularly the Diabetes Service) remains steady. We have a focus on specifically reducing the DNA rate for Māori over the next 12 months to close the gap for DNA rates.
- Maintaining gender appropriate areas remains a priority but is proving difficult because of increased demand for ESR facilities due to high winter volumes against fixed bed capacity and limited nursing resource. Re-orientation of the rooms will occur as soon as it is practical. Consent is gained prior to any patient entering a mixed gender room and patients are reviewed on a shift by shift basis when discharges occur.
- Each team member with excess leave of over 2 years has a plan in place.
- Turnover remains high and we have a programme of work in place to understand and address the drivers of this.

Key achievements in the month

- Auckland City Hospital was recently granted Full Accreditation by the Royal Australasian College of Physicians Faculty of Rehabilitation Medicine subcommittee, with high praise for the training programme led by Dr Hung-Kai Chen, Reablement Services. The feedback from the trainees was overwhelmingly positive: they spoke highly of supervision, training, and support from supervisors. Trainees also felt the programme worked well within the acute hospital setting and provided better learning opportunities than the previous programme.
- Our Sexual Health service has now fully implemented paper free clinics.
- The 7 day services for specialist palliative care in the adult hospital are in place as of 1 October 2018. Specialist nurses will be available to support patients and provide advice 7 days a week.

Areas off track and remedial plans

- The Allied Health community wait times have remained stable but still sit outside the target of six weeks to be seen. Our maximum wait is still ten weeks. Our remedial plan is on track.
- Our turnover remains high and we are working with people leaders to review support to staff in identified roles. We are developing a workforce plan to mitigate our risk of not being able to recruit to key roles in a timely way. Recruitment for subspecialty medicine Senior Medical Officers has proved challenging.
- The increased number of enhanced support rooms required for our patients has become a noticeable trend over time and has an impact on transfer time to wards and resourcing.

Key issues and initiatives identified in coming months

- We will be working towards implementation of our enhanced services for the frail older adult both in hospital and in the community.

Comments on Major Financial Variances

The result for August is \$132k F and the Year to Date (YTD) result is \$350k F.

The favourable YTD Revenue of \$315k is due to high Accident Compensation Corporation (ACC) and Non-residents invoicing and does not include the current estimated under-delivery in the Funder to Provider Revenue contract.

The favourable variances in Personnel (\$539k F including outsourced) is mainly due to high vacancies, mostly in Allied Health in Community Services, and some in medical staff. Ongoing recruitment plans are expected to reduce vacancies over coming months and increase volumes.

The unfavourable variances in Non-Personnel expenditure are due to:

- High patient volumes, especially in high cost Ambulatory services;
- Pharmac rebates due later in the year including the estimated Pharmac rebates for additional ambulatory volumes;
- Specialised equipment hired to care for clients with complex needs in the community. A Project has commenced to quantify the problem and identify improvements, with a number of credits already coming through;
- Motor vehicles with high maintenance costs as a result of an aging fleet.

Volumes

Price Volume Schedule volumes are \$1.1M (7.7%) below base contract for the YTD. The contract for Reablement bed days is too high and is not reflecting the higher volumes of bed days used for ACC and patients under other specialties. It is under review. Excluding Reablement, the under-lying over-delivery is \$0.1M with high Ambulatory and Diabetes volumes offset by low volumes in Community.

Forecast

We are currently forecasting to break even for the year.

Surgical Services Directorate

Speaker: Arend Merrie, Director

Service Overview

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

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

The Surgical Services Directorate is led by:

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

Directorate Priorities for 2018/19

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

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

Glossary

Acronym/term	Definition
ESPI	Elective Services Patient Flow Indicator
FSA	First Specialist Assessment
FTE	Full-time Equivalent
OR	Operating Room
ORL	Otorhinolaryngology
SAC	Severity Assessment Code
SMO	Senior Medical Officer

Q1 Actions – 90 day plan

1. Culture of safety

Activity	Progress
Embed the risk module within Datix across our services	<ul style="list-style-type: none"> As of 15 August 2018, services are starting to add risks to Datix with agreed Directorate review to ensure consistent scoring.
Ensure that incidents and risks are continually reviewed and managed within agreed timescales	<ul style="list-style-type: none"> Weekly Directorate governance review is now embedded which review outstanding incidents, Severity Assessment Code (SAC) 1 & 2 events and reviews newly added risks. Datix champions for directorate being established with role guidelines and training.
Ensure TrendCare is fully implemented within inpatient services to ensure appropriate response to patient acuity and nursing staffing requirements	<ul style="list-style-type: none"> Directorate A3 TrendCare plan agreed for 2018/19. Initial three wards have commenced Full-time Equivalent (FTE) calculations, with fourth ward to be added to this first group.

2. Timely and effective

Activity	Progress
Complete seed funding business case for the expansion of operating rooms (ORs) as part of the Building for the Future Programme Board	<ul style="list-style-type: none"> Building for the Future OR capacity group has been established with the first meeting held 30 August 2018. We have started to build decant plans for Auckland City Hospital OR's to Greenlane Surgical Unit with the capacity created through Oral and Ophthalmology Services being established at Waitematā DHB.
Develop medium term plans to utilise all appropriate and available capacity to deliver sustainable high quality	<ul style="list-style-type: none"> Agreed outsourcing model in place for Ophthalmology with 2 providers agreed for 2018/19. The service in on plan to deliver the agreed

healthcare	<p>400 cases in Q1.</p> <ul style="list-style-type: none"> • Orthopaedic outsourcing continuing through 2018/19. Year to date performance has been slightly higher than planned with forecast volumes increasing from 350 to 380 cases. • Waitematā DHB facility agreements to start through Q1 in Oral Health and Ophthalmology. <ul style="list-style-type: none"> ○ Ophthalmology lists went live on 24 August 2018 successfully ○ Oral Health lists start on 1 October 2018 with patients currently booked
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3. Equitable and inclusive access

Activity	Progress
Develop robust waiting list processes for managing equitable access to elective surgery	<ul style="list-style-type: none"> • Develop service A3’s to include Key Performance Indicators for delivery against Access, Booking and Choice policy.
Develop reporting tools which identify our patient population groups	<ul style="list-style-type: none"> • Business Intelligence reporting request made in June 2018 for standard reports broken down by ethnicity. • Business objects have been updated from 20 September 2018 to allow standard surgical report to be broken down by ethnicity.
Develop inclusivity plans involving intentional and deliberate targeted recruitment	<ul style="list-style-type: none"> • Good progress within nursing recruitment targeting Māori and Pacific applicants.

4. Efficient and financially sustainable pathways

Activity	Progress
Develop the future local and regional strategies for Orthopaedics, Urology and Ophthalmology	<ul style="list-style-type: none"> • Ophthalmology Strategy presented and supported at July 2018 Service Review Group meeting. Agreement to now establish regional working group to deliver strategy. • The Ophthalmology was presented and endorsed by the CMDHB on 19 September 2018.
Implement the findings of the Transplant and regional Head and Neck Cancer reviews	<ul style="list-style-type: none"> • Joy Farley has been appointed for 2 days a week to programme lead the implementation of the findings of the regional head and neck cancer review.
Undertake a service improvement	<ul style="list-style-type: none"> • Service improvement group in July 2018 with

programme across Neurosurgery	particular focus on day of surgery admission opportunities and breakdown of virtual follow-up activity which is a key contributor to loss making within the service.
Identify and address loss making services	<ul style="list-style-type: none"> • Draft General Surgery report was presented in August 2018 with further action required around excluding skin surgery from data.

5. Our people are happy, healthy and high performing

Activity	Progress
Continued recruitment towards a sustainable workforce and understand and address retention issues	<ul style="list-style-type: none"> • Recruitment improvement workshop was presented in August 2018, training recruiting managers how to reduce 'on boarding time' with agreement for continual recruitment to high turnover roles instead of waiting for vacancies. • Charge Nurse workshop in September 2018 included focus and discussions on recruitment. Further focus group planned with Human Resources, Charge Nurses, Nurse Unit Managers and Nurse Director to find optimal solution for processes involved in recruitment.
Finalise staff engagement plans across the Directorate incorporating a leadership structure	<ul style="list-style-type: none"> • Review and update of the existing staff engagement plans at service level.
Prepare a communications strategy in preparation of the 2018/19 staff Employee Survey	<ul style="list-style-type: none"> • Awaiting central communications to be circulated – these will be used as the basis to establish Directorate wide communications with emphasis on staff groups where low completion rates have been received historically.
Embed values, Speak Up and a culture of kindness	<ul style="list-style-type: none"> • Continued delivery of values and Speak Up sessions across the Directorate. • The number of incidents of bullying and harassment being reported remains low.

Scorecard

Auckland DHB - Surgical Services HAC Scorecard for August 2018

5.11

	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)	5.6%	<=6%	3.5%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	3.2%	<=6%	3.4%
	Number of reported adverse events causing harm (SAC 1&2)	0	0	1
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	26	0	19
	Unviewed/unsigned Histology/Cytology results >= 90 days	4	0	5
Better Quality Care	HT2 Elective discharges cumulative variance from target	0.85	>=1	0.95
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	57.14%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0.24%	0%	2.88%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	6.3%	0%	7.37%
	(ESPI-8) Proportion of patients prioritised using nationally recognised processes or tools	99.76%	100%	99.55%
	% DNA rate for outpatient appointments - All Ethnicities	8.88%	<=9%	9.97%
	% DNA rate for outpatient appointments - Maori	20.39%	<=9%	19.61%
	% DNA rate for outpatient appointments - Pacific	18.2%	<=9%	20.39%
	Elective day of surgery admission (DOSA) rate	80.97%	>=68%	82.89%
	% Day Surgery Rate	64.47%	>=70%	62.89%
	Inhouse Elective WIES through theatre - per day	R/U	TBC	56.49
	Number of CBU Outliers - Adult	129	300	84
	% Patients cared for in a mixed gender room at midday - Adult	22.67%	TBC	13.72%
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	84.73%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	84.8%
	Number of complaints received	22	No Target	13
	28 Day Readmission Rate - Total	R/U	<=10%	10.68%
	Average LOS for WIES funded discharges (days) - Acute	3.26	TBC	3.38
	Average LOS for WIES funded discharges (days) - Elective	1.23	TBC	1.12
	31/62 day target – % of non-surgical patients seen within the 62 day target	93.44%	>=90%	91.84%
31/62 day target – % of surgical patients seen within the 62 day target	97.26%	>=90%	96.3%	
62 day target - % of patients treated within the 62 day target	95.52%	>=90%	94.17%	
Improved Health Status	% Hospitalised smokers offered advice and support to quit	93.54%	>=95%	96.47%
Engaged Workforce	Excess annual leave dollars (\$M)	\$1.16	0	\$1.13
	% Staff with excess annual leave > 1 year	32.17%	0%	30.7%
	% Staff with excess annual leave > 2 years	15.01%	0%	15.11%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	2
	Sick leave hours taken as a percentage of total hours worked	3.49%	<=3.4%	3.41%
	% Voluntary turnover (annually)	12.43%	<=10%	12.45%
	% Voluntary turnover <1 year tenure	12.37%	<=6%	11.46%

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

R/U Result unavailable

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

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

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Inhouse Elective WIES through theatre - per day

Result unavailable.

Scorecard Commentary

- There were no falls in August 2018 resulting in major harm.
- There were no reported adverse events causing harm (SAC 1 and 2) in August 2018. Elective discharges deteriorated further against plan with reduced production in elective Orthopaedics and General Surgery.
- All elective services further impacted by being unable to pick up vacant/recycled sessions or convert LA lists to general due to the shortfall in Anaesthetic Technicians.
- Orthopaedics also impacted with treating an increase in complex long waiting patients, so reduced volume achieved.
- There is a forecast increase of Elective Services Patient Flow Indicator (ESPI) 2 and 5 breaches in July and August 2018 due to the impact of industrial action and winter pressures which have continued into September 2018.

Key achievements in the month

- Further improvement of Day of Surgery Admission rate due to successful implementation across services bringing patients in on day of surgery.
- Sustained improvement in Ophthalmology with 0 waiting beyond 1.5 times their intended wait times.
- Appointment of;
 - Jeanette Wyllie has been appointed to a permanent position as a Human Resources Consultant. She replaced Adrienne Poulter who worked for the Directorate as a temporary consultant.
 - With effect from 1 October the Human Resources Manager, Les Lohrentz, will enter into a job share arrangement with Louise Bull, previously Human Resources Manager for Women's Health.
- Radio New Zealand interview for Insight programme with nursing staff on Ward 77.
- A full Directorate meeting was held 27 August 2018 to celebrate the achievements of the people within Surgical Services, including long service and other awards.
- A hui was held 5 September 2018 to engage in presentations by the non-clinical departments working within the Directorate. The hui was well attended and level of participations was high.
- Human Resources made a number of presentations at a Charge Nurse Education day including the use of metrics, objective setting and the use of the online performance appraisal.

Areas off track and remedial plans

- ESPI performance in Otorhinolaryngology (ORL) and Urology continues to be challenging with ORL case mix and restricted OR capacity. Both services have been impacted considerably with cancellations due to winter pressures through August and September 2018.
- Additional to the operating hours lost due the industrial action in July, there has been an increased loss of operating time through July and August 2018 due to staffing shortages across the Perioperative directorate particularly around the Anaesthetic Technician shortfall. Lists are continually reviewed and all external OR capacity options are being explored to mitigate the impact of cancellations where possible through outsourcing and facility agreements.
- Including the impact of industrial action the total capacity at risk currently is 4,830 hours = Capacity of 3.5 full time operating rooms.

Key issues and initiatives identified in coming months

General Surgery

- ESPI 2 and 5 improved through June 2018 however have deteriorated through July and August 2018 due to the impact of industrial action and winter bed pressures
 - Additional clinics are being established through August 2018 to recover position

Transplant

- Lack of dedicated OR space with knock on impact to displacing elective surgery and delaying acute operating in other surgical specialties.
 - The Transplant Board has approved this to be managed through the Building for the Future OR work stream which is currently being established
 - Implementation of Greenbelt project in Transplant – with day of surgery admission for live donors.

Ophthalmology

- ARC/ECC Acute over performance in volumes.
 - Volumes are being driven by a combination of increased volumes and time waiting in the emergency eye clinic
 - August 2018 overdue follow-ups with a risk score of over 1.5 remain at 0.
 - The project started in April 2018 to address this with senior triage being trialled which has seen waiting times reduce significantly
- Requirement for additional OR sessions for newly recruited Senior Medical Officers (SMOs) started in July 2018.
 - New SMO's that have commenced are back filling vacant lists
 - The Service Level Agreement is now in place for 5 sessions per month at Waitakere Hospital delivering Waitematā DHB patients care closer to home (started 24 August 2018)

Orthopaedics

- Ongoing capacity constraints are limiting plans to reduce waiting times. Additional internal capacity for Orthopaedics, combined with continuing of outsourced capacity is expected to deliver an improved position by year end.

Urology

- The Lithotripsy machine was deemed irreparable in May 2018 and therefore decommissioned. An interim solution has been established with a mobile lithotripter establishing services on the Greenlane Surgical Unit site 3 days per month whilst a business case is developed for the long term regional service.
 - The mobile lithotripsy unit has been arranged to visit Greenlane monthly over the next 6 months as contingency and to allow time to review the business model to procure a new unit
- The service has been severely impacted by elective cancellations through August /September 2018 largely driven by winter bed pressures.

Oral Health

- On-going capacity constraint with short notice SMO vacancies leading to problems with triaging patients and seeing First Specialist Assessments (FSAs) in a timely manner.
- Waitematā DHB lists have been agreed for 8 sessions per month where the first all day fortnightly sessions will commence from 1 October 2018 once equipment has been procured.

ORL

- There is continued ESPI pressure within the ORL service driven by high complexity cases and shortfall in OR allocations. Saturday insourcing will continue to mitigate this.

Oromaxillofacial Surgery

- On-going capacity constraint with short notice SMO vacancies leading to problems with triaging patients and seeing FSA's in a timely manner.
- The Directorate is reworking the OR timetable in order to increase OR capacity for the service in 2018/19 recommendation from the Head and Neck review.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE						
<i>Surgical Services</i>						Reporting Date Aug-18
(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	811	641	170 F	1,392	1,283	109 F
Funder to Provider Revenue	26,193	26,193	0 F	50,749	50,749	0 F
Other Income	576	427	149 F	956	854	102 F
Total Revenue	27,580	27,261	319 F	53,097	52,885	212 F
EXPENDITURE						
Personnel						
Personnel Costs	9,222	8,865	(357) U	17,728	17,404	(324) U
Outsourced Personnel	377	385	8 F	676	770	94 F
Outsourced Clinical Services	247	291	44 F	370	582	211 F
Clinical Supplies	3,342	2,716	(626) U	5,833	5,266	(567) U
Infrastructure & Non-Clinical Supplies	483	264	(218) U	583	529	(55) U
Total Expenditure	13,671	12,521	(1,150) U	25,191	24,550	(640) U
Contribution	13,909	14,740	(831) U	27,906	28,335	(428) U
Allocations	2,742	2,672	(70) U	5,203	5,252	49 F
NET RESULT	11,167	12,068	(901) U	22,703	23,083	(380) U
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	236.5	227.6	(8.9) U	235.8	227.6	(8.2) U
Nursing	520.3	488.1	(32.3) U	523.1	488.1	(35.0) U
Allied Health	44.3	49.0	4.7 F	43.1	49.0	5.9 F
Support	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Management/Administration	93.4	81.3	(12.1) U	94.1	81.3	(12.8) U
Total excluding outsourced FTEs	894.4	845.9	(48.5) U	896.1	845.9	(50.2) U
Total :Outsourced Services	24.2	19.4	(4.8) U	22.3	19.4	(2.9) U
Total including outsourced FTEs	918.7	865.3	(53.3) U	918.4	865.3	(53.1) U

Comments on Major Financial Variances

Surgical Services \$380k U for YTD August 2018.

Revenue

Total volumes delivered are 90% of contract for the YTD. Demand for acute services is 100.9% and elective volumes at 71.7% against contract YTD. This is predominantly a result of the nursing industrial action in July and high levels of staff sickness and high inpatient volumes across the hospital. This is not yet reflected in the financial result for Funder to Provider revenue which is currently reported at budget level.

Non-resident billings \$112k F and ACC revenue is \$148k F mainly in Orthopaedics, General Surgery and Urology.

Expenditure

The key drivers to the result are:-

- Expenditure including Internal Allocations \$591k U
- Personnel costs are \$324k U driven by overspends in nursing due to the need for patient attenders to monitor high acuity patients. The Care Capacity Demand Management (CCDM) process has commenced with three surgical wards (61, 71 and 73) currently undertaking the FTE calculation process.
- Clinical supplies \$567k U
 - Treatment Disposables – Blood costs \$87k U due to single Trauma event costing \$105k
 - Pharmaceutical costs remain very high at \$507k U with \$206k U for transplant patients and Ophthalmology \$269K U. Recent Pharmac approval for a new pharmaceutical (Eylea) has extended the indications for use to include Diabetes retinopathy conditions not previously funded, resulting in an increase in the number of patients receiving treatment, this is partially offset by a change from Lucentis to the less expensive Eylea for other patients.
 - Implants - Ophthalmology \$94k U mainly resulting from higher number of cataract procedures requiring lenses compared to the same period last year. Neurosurgery, \$183k for 6 high cost Neurostimulator implant procedures during August resulted in \$100k U variance
 - Air Ambulance for transporting donor organs from Australia \$161k F. No significant activity YTD for Intra-Abdominal transplant
- Infrastructure costs \$54k U - Bad debt write offs and provisions against non-resident billing \$73k U.
- Internal Allocations \$49k F, driven mainly by laboratory testing \$74k F mainly in General Surgery, ORL and Urology.

Cardiovascular Services Directorate

Speaker: Samantha Titchener, Acting 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 Services Directorate is led by:

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

Directorate Priorities for 2018/19

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

1. Strengthen leadership capability. Develop interdisciplinary leadership with accountability as close to the patients as possible
2. Reconfigure our service delivery. Review patient pathway(s) both at primary and tertiary levels
3. Regional collaboration. Options/solutions for regional collaborative Models of Care; in particular Cardiology and Vascular Services
4. Plan for future service growth. Heart/Lung Transplant, Cardiovascular Critical Care Strategy. Ensure alignment with key organisational work streams
5. Increase diversity in our workforce to match our population accessing our services and ensure our workforce capacity and capability meets the service demand
6. Financial sustainability. Undertake work to review costs and revenue in alignment with the Provider Financial Sustainability Programme Board

Glossary

Acronym/term	Definition
ACH	Auckland City Hospital
CTSU	Cardiothoracic Surgical Unit
CVICU	Cardiothoracic and Vascular Intensive care unit
ECMO	Extracorporeal Membrane Oxygenation
EP	Electrophysiology
ESPI	Elective Services Patient Flow Indicator
FTE	Full-time Equivalent
MoH	Ministry of Health
SAC	Severity Assessment Code
SCD	Service Clinical Director
TAVI	Transcatheter Aortic Valve Implantation
WIES	Weighted Inlier Equivalent Separation

Q1 Actions – 90 day plan

1. Strengthen leadership capability. Develop interdisciplinary leadership with accountability as close to the patients as possible

The directorate continues to encourage and support interdisciplinary leadership capability with a quality focus. Performance conversations are progressing well, anecdotally we believe that more performance conversations have taken place than are recorded. Some education regarding the use of the reporting tool is required. Recruitment for the Service Clinical Director (SCD) role in the Cardiothoracic Surgical Unit (CTSU) is underway; interviews are planned for September 2018 with both internal and external interest.

2. Reconfigure service delivery for patient pathway(s).

Improvements to the continuity of care for routine/complex patients transitioning from Cardiothoracic and Vascular Intensive Care Unit (CVICU) to Ward 42 is progressing well, with good engagement from the nurse specialists in the CVICU. The building work on Ward 42 for the complex patient area has been delayed due to requiring all beds to be open and operational due to high occupancy throughout the hospital. Day of Surgery Admission opportunities for the thoracic pathway work are now identified with logistics being worked though for development of thoracic pre admission clinics. The work stream reviewing thoracic patient allocation to the High Dependency Unit is currently in the data collection phase which will inform the service of the care being provided in the High Dependency Unit that could not safely be managed in the ward environment.

An improvement project reviewing the current inpatient care pathway for Endovascular Aortic Aneurysm repair patients is ongoing. The communication plan for this project is being finalised, with a view to distribute early September 2018. The service is preparing to use the PDSA cycle methodology to trial 10 patients through the SEVAR pathway. This is planned to take place early September 2018. The EP external operational and clinical review recommendations continue. Proof of concept activities are underway for both the “Database” and the “Pre-Admission Clinic” work streams, bringing us closer to identifying effective options for these work streams.

The perfusion leadership document has been released for consultation; the service is awaiting collated feedback before submitting the final leadership structure.

The heart failure design sprint brought many people together from across the health care system to review the current performance of heart failure management and to develop solutions for change. The objectives were to improve the integrated management of patients with heart failure across the continuum of care. Seven key issues were identified and prioritised with solutions agreed for each issue; the team are now focused on actions plans for implementation of the identified solutions.

3. Regional collaboration: Options and solutions for regional collaborative models of care

The cardiology service has been working closely with Northland DHB cardiology team to improve the service provided for Northland DHB patients presenting to Auckland City Hospital (ACH) for coronary angiogram. Representatives from Auckland DHB cardiology teams visited Northland DHB in August 2018; progress was made on improving transport options for Northland DHB patients accessing ACH cardiology service; family/whānau patient information pamphlets have been updated and work has commenced on discharge planning pathways to promote Northland DHB patients returning to work post procedure.

A regional cardiac operations working group has been reviewing the increase in the EP volumes. Operational reporting templates are near completion to ensure detailed information regarding the waitlist is available. Discussions with the National Cardiac Network are continuing to determine nationally agreed level of intervention and an agreed single set of prioritizing guidelines for the Electrophysiology (EP) service.

4. Plan for future service growth - identify resource and structure to support areas of growth within the Cardiovascular Directorate, in particular heart/lung transplant, TAVI, lead extraction and cardiovascular critical care strategy

Auckland DHB continues to work with Ministry of Health (MoH) to progress ACH formal recognition as the single provider for lead extraction services. ACH has provided feedback on the service model to the MoH. Work continues on implementation of the 6 objectives for the Extracorporeal membrane Oxygenation (ECMO) service plan. International survey results on leadership and education are being reviewed to identify areas for change in model of care where appropriate.

5. Ensure our workforce capacity and capability meet service demand

The directorate has commenced conversations encouraging participation in the upcoming engagement survey. The leadership team has endorsed the idea of a Directorate dedicated Wellbeing Group and this has attracted interest from across the Directorate. This group will take a collaborative approach to a wellbeing strategy for the directorate.

The leadership team in CVICU have implemented a team based 'huddle' in each of the clinical areas immediately post the ward rounds; the objective is to improve communication and teamwork, identify skill mix challenges and review what support may be required from the senior nursing teams for the day. This is one of the initiatives to help reduce turnover and provide a greater level of support to nursing teams in the CVICU.

6. Financial sustainability

Please refer to the financial results section.

Scorecard

Auckland DHB - Cardiovascular Services HAC Scorecard for August 2018

	Measure	Actual	Target	Prev Period
Patient Safety	Central line associated bacteraemia rate per 1,000 central line days	0	<=1	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
	Nosocomial pressure injury point prevalence (% of in-patients)	0%	<=6%	0%
	Nosocomial pressure injury point prevalence - 12 month average (% of in-patients)	5.3%	<=6%	5.3%
	Number of reported adverse events causing harm (SAC 1&2)	2	0	0
	Unviewed/unsigned Histology/Cytology results >30 and < 90 days	7	0	12
	Unviewed/unsigned Histology/Cytology results >= 90 days	3	0	13
Better Quality Care	HT2 Elective discharges cumulative variance from target	1.02	>=1	0.99
	(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less	R/U	100%	100%
	(ESPI-2) Patients waiting longer than 4 months for their FSA	0%	0%	0%
	(ESPI-5) Patients given a commitment to treatment but not treated within 4 months	0%	0%	0%
	% DNA rate for outpatient appointments - All Ethnicities	8.56%	TBC	9.51%
	% DNA rate for outpatient appointments - Maori	14.49%	TBC	18.75%
	% DNA rate for outpatient appointments - Pacific	14.61%	TBC	21.3%
	Elective day of surgery admission (DOSA) rate	11.36%	TBC	13.85%
	% Day Surgery Rate	17.14%	TBC	25.93%
	Inhouse Elective WIES through theatre - per day	R/U	TBC	16.18
	Number of CBU Outliers - Adult	82	300	82
	% Very good and excellent ratings for overall inpatient experience	R/U	>=90%	94.8%
	% Very good and excellent ratings for overall outpatient experience	R/U	>=90%	95.1%
	Number of complaints received	8	No Target	1
	28 Day Readmission Rate - Total	R/U	TBC	15.29%
	% Adjusted Session Theatre Utilisation	78.5%	>=85%	78.4%
	% Theatre Cancellations	14.42%	TBC	16.13%
	Average LOS for WIES funded discharges (days) - Acute	5.28	No Target	4.81
	Average LOS for WIES funded discharges (days) - Elective	2.64	No Target	2.47
	Cardiac bypass surgery waiting list	99	<=111	73
% Accepted referrals for elective coronary angiography treated within 3 months	98.32%	>=90%	98.15%	
Improved Health Status	% Hospitalised smokers offered advice and support to quit	93.58%	>=95%	98.86%
	Vascular surgical waitlist - longest waiting patient (days)	114	<=150	147
	Outpatient wait time for chest pain clinic patients (% compliant against 42 day target)	93.02%	>=70%	97.83%
Engaged Workforce	Excess annual leave dollars (\$M)	\$1.06	0	\$1.02
	% Staff with excess annual leave > 1 year	33.67%	0%	30.26%
	% Staff with excess annual leave > 2 years	19.36%	0%	19.57%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	4.38%	<=3.4%	4.27%
	% Voluntary turnover (annually)	15.84%	<=10%	15.52%
	% Voluntary turnover <1 year tenure	14.29%	<=6%	15.91%

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

R/U Result unavailable

(ESPI-1) % Services acknowledging 90% of FSA referrals in 15 calendar days or less
Result unavailable until after the 16th of the next month.

% Very good and excellent ratings for overall inpatient experience

% Very good and excellent ratings for overall outpatient experience

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

28 Day Readmission Rate - Total

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

Inhouse Elective WIES through theatre - per day

Result unavailable

Scorecard Commentary

- There were no Severity Assessment Code (SAC) 1 event reported for August 2018 for the Cardiovascular Directorate. There were two SAC 2 events reported. See details below.
- There were 8 complaints received in August 2018 for the Directorate, three of these via HDC. All have either been resolved or are nearing resolution.
- The two SAC 2 events reported were Stage 3 Pressure Injuries. These occurred in two critically ill patients who were requiring ECMO in CVICU. A team in CVICU is working together to audit current practice, and create a bundle of education, resources and products using best practice guidelines. The range of activities includes:
 - Review of incontinence products in use
 - Review of positioning equipment available
 - Review of protective/barrier creams used
 - Review of current Pressure Injury Assessment, Prevention and Care Plan documentation
 - Review of barriers to turning schedules including model of care

Recommendations will be developed using best practice (international) guidelines.

- There were no medication errors resulting in harm and no falls resulting in serious harm.
- At the end of August 2018 the cardiac surgery eligible bypass waitlist had increased from 80 patients to 101. The service performed 2 lung and 2 heart transplants in August 2018 and cared for 7 ECMO patients.
- Vascular surgery continues to meet Elective Services Patient Flow Indicator (ESPI) 2 and 5.
- ESPI 2 in Cardiology continues to meet 4 month targets.
- The Cardiology Interventional waitlist is stable and currently has 112 patients; waiting times remain well within 120 days.

Key achievements in the month

- The Directorate has remained ESPI 2 and ESPI 5 compliant for August 2018.
- The Cardiac surgical database has been successfully implemented with the team working through any challenges as they are identified.
- The meeting between Northland DHB and Auckland DHB was well attended by both DHB's with successful conversations regarding transport improvements and family/whānau information updates for those coming to ACH for coronary angiography.
- The EP x-ray equipment replacement project has an agreed design and final equipment agreements are underway.
- In response to CVICU high staff turnover the leadership team are focussing on interventions to keep staff well including regular debriefs after critical events, EAP in service and teaching sessions on resilience – titled “surviving and thriving”.

- Trendcare rollout – CVICU has gone from 16% actualisation to 91% actualisation over the past 3 months.
- Charge Nurse Quality and Patient Safety is working alongside our Nurse Specialist team in the CVICU to audit our current practices with pressure area care and create a bundle of education, resources, and products that meet best practice guidelines to roll out in CVICU. This project aims to help reduce the incidence and severity of pressure area injury in CVICU.

Areas off track and remedial plans

The service continues to under-deliver volumes primarily in CTSU, with high transplant and ECMO numbers impacting on elective delivery. The waitlist has seen a rise in both overall numbers and longer wait times; the service continues to monitor clinical priority closely. Improvement work is underway addressing in particular repatriation between intensive care units where clinically appropriate and delays to discharge from CVICU to the ward.

Key issues and initiatives identified in coming months

- Continued focus on the EP Catheter Lab upgrade. Time lines remain challenging.
- Continuation of delivery of the 6 work streams in the cardiology EP service.
- Process improvement projects identified in the CVICU to assist with flow and delivery of elective volumes.
- Continuation of delivery of the Ward 42 pathway project.
- Encouraging our teams to participate in the engagement survey.
- Recruitment into the SCD role for CTSU.
- Work on improving estimated date of discharge for CTSU patients is underway this project will link in with the wider organisational work.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Cardiovascular Services

Reporting Date **Aug-18**

(\$000s)

	MONTH			YEAR TO DATE (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	173	165	8 F	370	331	40 F
Funder to Provider Revenue	14,321	14,321	0 F	26,796	26,796	0 F
Other Income	904	715	190 F	1,381	1,430	(49) U
Total Revenue	15,399	15,201	198 F	28,547	28,556	(9) U
EXPENDITURE						
Personnel						
Personnel Costs	6,226	6,464	238 F	12,211	12,741	531 F
Outsourced Personnel	39	50	11 F	95	100	5 F
Outsourced Clinical Services	(14)	72	86 F	14	144	130 F
Clinical Supplies	3,230	3,440	210 F	6,500	6,452	(49) U
Infrastructure & Non-Clinical Supplies	264	171	(93) U	503	342	(161) U
Total Expenditure	9,744	10,196	452 F	19,324	19,779	455 F
Contribution	5,655	5,005	650 F	9,223	8,777	446 F
Allocations	1,271	1,233	(38) U	2,579	2,417	(161) U
NET RESULT	4,384	3,772	612 F	6,644	6,359	285 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	97.2	100.4	3.2 F	96.5	100.4	3.8 F
Nursing	356.0	354.2	(1.8) U	353.9	354.2	0.3 F
Allied Health	72.6	68.0	(4.6) U	70.9	68.0	(2.9) U
Support	2.7	2.7	(0.0) U	2.7	2.7	(0.0) U
Management/Administration	31.2	35.4	4.2 F	31.3	35.4	4.1 F
Total excluding outsourced FTEs	559.6	560.6	0.9 F	555.3	560.6	5.3 F
Total Outsourced Services	1.9	1.7	(0.1) U	2.4	1.7	(0.7) U
Total including outsourced FTEs	561.5	562.3	0.8 F	557.8	562.3	4.6 F

Comments on Major Financial Variances

The August year-to-date result is \$285k F – driven by favourable Personnel costs due to 4.6 Full-time Equivalent (FTE) vacancies.

Inpatient Weighted Inlier Equivalent Separation (WIES) year to date is 84% of budget with Cardiology at 88%, cardio-thoracic at 75% and vascular at 104% of budget.

Year to date FTE Employed/Contracted is 4.6 favourable.

1. Revenue

Overall revenue variance for the month is \$9k U. This does not include wash-up for base contract variance. WIES is estimated to be 750 below contract, of which the impact of the July 2018 strike is approximately 200 WIES.

2. Expenditure

Total Expenditure (including Allocations) for the month is \$294k F, this is mainly due to:

- Personnel and Outsourced personnel costs being net \$536k F (4.6 FTE F); primarily due to vacancies not filled within medical staff and management; and cost/FTE being 3.4% lower than year to date budget, particularly in allied health and nursing.
- Outsourced Clinical is \$130k F for the year. We will continue refraining from outsourcing wherever possible however one case has been outsourced due to capacity issues at ACH. Additionally some Saturday EP cardiology work will commence in September 2018, which has been budgeted as outsourced costs.
- Clinical Supplies is \$49k U. The main drivers are:
 - 6 heart and 6 lung transplants (blood costs \$126k U). This is over double the contracted transplant numbers.
 - A review of stock levels in the cardiac catheterisation lab is currently being undertaken with healthAlliance due to high costs in July 2018.
 - We continue to work on opportunities in the Procurement space reviewing graft and stent usage and engaging healthAlliance to negotiate rebates with suppliers.
- Infrastructure and Non-Clinical Supplies is \$161k U, of which \$111k relates to a Bad Debt provision. Internal Allocations are \$161k U due to 2 high cost Vascular Interventional Radiology charges in July 2018. A coding review of these cases has been requested.

Commercial Services

Speaker: Kieron Millar, Acting General Manager

Service Overview

Commercial Services is responsible for service delivery and management of Linen and Laundry, Car Parking, Motor Vehicle Fleet, Staff Shuttle, Property Leases, Retail Space Management, Delivery Dock Management, Commercial Contracts, Clinical Education Centre, Sustainability, Mailroom, Food and Nutrition, Health Alliance Procurement and Supply Chain (including New Zealand Health Partnerships Ltd, PHARMAC and Ministry of Business Innovation and Employment).

The Directorate has four core service groups with a single point of accountability for each function. These are as follows:

- Commercial Services Business Improvement
- Commercial Contracts Management
- Procurement and Supply Chain
- Sustainability

The Commercial Services Directorate is led by:

Acting General Manager:	Kieron Millar
Operations Manager Business Improvement:	Kieron Millar
Commercial Manager Contracts :	Shankara Amurthalingam
Sustainability Manager:	Manjula Sickler
Finance:	Tut Than

Directorate Priorities for 2018/19

In 2018/19 our Directorate will contribute to the delivery of the Finance and Business Support Services long term plan with a focus on the following key priorities:

1. Proactively manage and develop partnerships with our key suppliers.
2. Improve our communications and engagement with our customers and partners.
3. Develop and embed the key principles of sustainability.
4. Manage and improve change through improved project and contract management processes.
5. Support and develop our workforce to align with our objectives and goals.
6. Embed best practice Health and Safety across the team.
7. Improve our planning by inclusive planning and engagement with other Directorates.
8. Identification of commercial revenue generation and other value for money opportunities.
9. Develop and improve policies, strategies and guidelines.
10. Identify and develop regional collaborative opportunities.

Scorecard

Auckland DHB - Support Services HAC Scorecard for August 2018

	Measure	Actual	Target	Prev Period
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.05	0	\$0.05
	% Staff with excess annual leave > 1 year	26.28%	0%	30.1%
	% Staff with excess annual leave > 2 years	10.92%	0%	10.03%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0
	Sick leave hours taken as a percentage of total hours worked	6.13%	<=3.4%	5.84%
	% Voluntary turnover (annually)	19.07%	<=10%	19.48%
	% Voluntary turnover <1 year tenure	52.27%	<=6%	47.73%

Key achievements in the month

Procurement

- healthAlliance FPSC have reported the following annualised savings:

OPEX	\$1.05M
Budgetary	\$793K
Non-Budgetary	\$255K
CAPEX	\$1.79M
Non-Budgetary	\$1.79M

- Defibrillator roll-out of Zoll Manual Defibrillators completed Wednesday 12 September 2018.

Update Supply Chain

#	Project Description and Desired Outcome	Update on Progress
Regional Supply Chain Review		
1.	healthAlliance FPSC restructure <ul style="list-style-type: none"> healthAlliance supply chain are restructuring their presence within each of the Northern DHBs to establish a single line of accountability and greater integration into the DHB. 	<ul style="list-style-type: none"> The supply chain continues to have issues with moderate stock outages healthAlliance have been very responsive Root cause analysis in some areas indicated min-max levels were inadequate and have now been adjusted
2.	Product Returns <ul style="list-style-type: none"> Regional project to centralise management of returns, process returns in a coordinated way and ensure that credits received are correctly accounted for. 	<ul style="list-style-type: none"> Outputs from returns trial are positive. 72 lines have been processed and retuned for a credit value of 21.7K

#	Project Description and Desired Outcome	Update on Progress
3.	<p>Backorders</p> <ul style="list-style-type: none"> Backorders were identified by DHB staff as a key concern. Costs to process backorders are estimated to be \$800k+ for the region. 	<ul style="list-style-type: none"> This project has proven more complex than originally planned. This is now split into two work-streams with healthAlliance focussing on internal processes first.
4.	<p>Cost to serve model</p> <ul style="list-style-type: none"> healthAlliance has identified a standard costing model per service provided. 	<ul style="list-style-type: none"> Modelling from Cost to service model checked against actual figures from Emergency Department/Clinical Decision Unit upgrade showed a very similar Full-time Equivalent requirement. Increased volume and change of pathways highlighted a need for an additional healthAlliance headcount.
5.	<p>Inventory optimisation</p> <ul style="list-style-type: none"> The Auckland DHB target is to reduce inventory holdings of \$410k by 30 June 2018. 	<ul style="list-style-type: none"> Reduction in inventory of 317K achieved.
6.	<p>Supply Chain Service Level Agreement</p>	<ul style="list-style-type: none"> In the final stages of consultation within the DHB
Auckland DHB Initiatives		
7.	<p>Dock Project</p> <ul style="list-style-type: none"> Seed funding request will be submitted for a Project Manager and Architect to consider the feasibility of moving deliveries from Support Building to Building 32 Dock 1 (dirty dock). 	<ul style="list-style-type: none"> Logistics consultants have been engaged to review upstream/downstream impact of loading dock project.
8.	<p>Regional Pandemic Project</p> <ul style="list-style-type: none"> Northern Regional DHBs and St John are working together to identify a standard range of products to support a pandemic and to identify the most appropriate supply chain solution. 	<ul style="list-style-type: none"> Pandemic Logistics team will engage with suppliers to seek the best options for 3 months' supply of Pandemic stock - to be rotated with business as usual stock.
9.	<p>Security for Safety Programme</p> <ul style="list-style-type: none"> Security for Safety projects including access control and CCTV project, security access plans development, security services review, lone worker alarm system, security awareness education and security policies and procedures development. 	<ul style="list-style-type: none"> Access Control enhancements completed in Adult Emergency Department. CCTV system upgrade is now a key focus area. Security reviews completed at Grafton and in progress at Greenlane and community sites.

#	Project Description and Desired Outcome	Update on Progress
		<ul style="list-style-type: none"> • Code Black/Lockdown awareness e-learning package has been developed and ready to be launched with the Code Black response. • Lone Worker welfare system - completing final user acceptance testing and developing processes for monitoring by the Auckland DHB Security Control Room. • Security Staffing and Services – recruitment of a Security Operations Manager and Training Officer is well underway.

Sustainability

- The DHB has been selected as a finalist for the 2018 Sustainable Business Network awards in four categories. The four categories being Going Circular (Recycling), Efficiency Champion (Energy), Millennials on a Mission (ARPHS Sidd Mehta) and Hardwired for Social Good (Tāmaki Mental Health and Wellbeing Initiative). Winners will be announced at a special awards ceremony on 22 November 2018.
- The DHB has also been selected as a finalist in the Energy Efficiency and Conservation Authority (EECA) 2018 awards under the public sector category. These awards celebrate innovation and leadership through projects that deliver emissions savings for New Zealand's largest energy users.
- Planning underway for food composting pilot in Grafton Staff Cafeteria and Jamaica Blue food outlet.
- The recent changes in China and other Asian countries not accepting certain types of plastic waste has impacted on our recycling programme. While local solutions are being sought, further waste training is being scheduled for all staff to help with key messaging and education.
- Preparing stock-take of activities for Ministry of Health Annual Plan reporting for 2018/19.
- Awaiting response to a Ministry for the Environment waste minimisation funding submission for additional recycling bins in staff kitchens and public areas.
- Planning underway for the annual Sustainability in the Health Sector symposium scheduled for 29 November 2018.
- An Auckland Transport initiative to get more people trialling public transport was offered to Auckland DHB staff this month. 58 staff have already signed up for the "Give it a Go" pass from Auckland Transport which gives them free travel to and from work for 2 weeks.

Car Parking

- Car park compliance continues to be an issue. Current areas of focus are mobility carparks, red sticker and on-call parking areas. Wilsons Parking, Security and Commercial Services staff undertook coordinated and targeted blitz in red sticker carpark at Auckland City Hospital. This was with a combination of warning messaging and towing. This has been effective with a subsequent increase in the number of available spaces. A similar approach is planned for Greenlane red sticker area.

Motor Vehicle Fleet

- A business case for 32 replacement vehicles will be submitted is currently under development. This will reduce the average age of the fleet considerably, with our oldest vehicle being 2008 rather than 2002 as it is currently.
- The Lease plan contract for fleet management has been reviewed. This has been extended to 30 June 2019 with some amendments in key performance indicators and a change to the billing process. Service and repair costs will now be charged as they occur rather than a forecast approach to billing.

Shuttle Service

Shuttle service data for August 2018:

Monthly Staff Shuttle Figures	Total trips	Total passengers	Total kilometers
Aug-18	3086	26077	13496

- Information on real-time shuttle location is now available on the web via Pavlovich Greenroads software. Access to this and instructions for use are available via the Shuttle buses page on Hippo.
- Pavlovich have re-routed the shuttle that travels between Alexandra Park and Auckland City Hospital in the mornings and afternoons (to now stop at Mercy) to increase available seats in the morning peak. An analysis of numbers boarding the shuttles at peak times at the pick-up sites is planned over the next few weeks.
- We are seeing improvements in customer service and driving habits since Pavlovich reviewed both the drivers assigned to the Auckland DHB routes and their training.
- Next Shuttle quarterly meeting is scheduled for 26 September 2018.

Property Leases

- Porters Ave refurbishment, the Facilities Project Manager has provided the following update:
 - *Facilities are reviewing options with contractor procurement in the current market where resources are stretched. The Building Services Consultant is having resourcing issues as well, which is delaying the issue of our Detailed Design information which is required to close out the design phase. At this time, it is anticipated the Service will be able to be aiming on moving in, early April next year.*

- A suitable property for Starship management has been located at 3 Ferncroft Street and due diligence is underway.
- Due diligence has also started on another building located at 56 Grafton Road.
- The Mangere Sexual Health lease renewal, with a further 1 year right of renewal, is underway.
- Lease renewal is underway for Clifton Court Panmure.

Retail Leases

- The Māketē Level 5 retail lease is to be extended for 3 years with a 2 year right of renewal.
- The Subway lease is to be extended for 12 months pending finalising of the new Subway branding and subsequent refurbishment plans.

Clinical Education Centre

In June, the Clinical Education Centre had a total of 273 sessions with 12,594 attendances. Revenue Generating represented 22%, Clinical teaching 47% and non-educational represented 31%.

Contract Management

Linen

The linen supply and utilisation rate at Auckland City Hospital for the month of August 2018 was 93% and 78% respectively.

- The sales figure for combined linen items was \$729K, an increase of \$71K from the previous month.
- Monthly linen sales in August increased by \$35k compared to the previous month.
- Disposable linen increased by \$8k compared to the previous month. Sterile usage sales also increased from previous month by \$28k.
- 2017/2018 Comparison: Total combined figures August 2017 \$705K compared to August 2018 \$730K, there was a sharp increase in occupancy August 2018.
- Trial to commence with biodegradable wipes to replace fabric face flannels. This is to address a more sustainable solution to the practice of using the fabric face flannels which are discarded in the general waste to landfill as well as flushed away in the sewer system.
- Slight imprest adjustments are being made on towels, blankets and blue pillow slips, to align with current occupancy.
- Sterile Linen expiry project – the extension of the sterile product expiry date project was implemented and the savings for Auckland DHB are on track with a total savings of \$12K since project initiation.

Food and Nutrition Services

- There was a spike in meal volumes in August up 4,939 over the previous month
- Meal volumes increased by 983 from June to July 2018 and by 4,939 from July to August 2018.
- Buchanan Rehab meal volumes have remained steady.
- Greenlane meal volumes have fluctuated, decreasing from June to July 2018, and then increasing from July to August 2018.
- Joint Compass Group and Auckland DHB initiatives:
 - Review of the Starship trolley locations and timings.
 - Forecasting methodology overview (combined with Waitematā DHB/Auckland DHB) being undertaken.
 - Working on reducing the data refresh time for Trendcare/Saffron from 30mins to 15mins.
- Key performance indicator for meal substitutions met for the month of August 2018 with 6 instances of meal substitutions.
- Compliments outweigh complaints in August, with compliments being 56% of feedback received. This is a 10% improvement compared to July 2018.
- Discussions continue with Auckland DHB Contracts Manager to move Buchanan Rehabilitation Centre to self-delivered Steamplicity.

Vending Machines

- Contract extended for a further year, new expiry date 30 September 2019.

Uniforms

- Fabric, pattern and embroidery signed off for Starship, potential delivery date early February 2019.

Water Coolers

- Water cooler stations; Capex has been approved, waiting for project number.
- Signage under discussion, installation dated end 2018.

Financial Results

STATEMENT OF FINANCIAL PERFORMANCE

Commercial Services

Reporting Date **Aug-18**

(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
REVENUE						
Government and Crown Agency	0	0	0 F	0	0	0 F
Funder to Provider Revenue	0	0	0 F	0	0	0 F
Other Income	1,068	856	212 F	1,878	1,712	167 F
Total Revenue	1,068	856	212 F	1,878	1,712	167 F
EXPENDITURE						
Personnel						
Personnel Costs	111	136	25 F	219	260	41 F
Outsourced Personnel	39	0	(39) U	66	0	(66) U
Outsourced Clinical Services	0	0	0 F	0	0	0 F
Clinical Supplies	(5)	0	5 F	(2)	1	3 F
Infrastructure & Non-Clinical Supplies	2,408	2,224	(184) U	4,567	4,447	(120) U
Total Expenditure	2,553	2,360	(193) U	4,850	4,708	(142) U
Contribution	(1,485)	(1,504)	19 F	(2,972)	(2,996)	25 F
Allocations	(1,210)	(1,140)	70 F	(2,357)	(2,280)	77 F
NET RESULT	(275)	(364)	89 F	(615)	(717)	102 F
Paid FTE						
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Nursing	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Allied Health	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Support	0.0	3.6	3.6 F	0.0	3.6	3.6 F
Management/Administration	10.1	12.6	2.6 F	10.0	12.6	2.7 F
Other	0.0	0.0	0.0 F	0.0	0.0	0.0 F
Total excluding outsourced FTEs	10.1	16.2	6.2 F	10.0	16.2	6.3 F
Total :Outsourced Services	6.1	0.0	(6.1) U	5.5	0.0	(5.5) U
Total including outsourced FTEs	16.1	16.2	0.1 F	15.5	16.2	0.7 F

Comments on Major Financial Variances

Results year to date August 2018 are favourable by \$102K.

Rental income from sub-tenancies are favourable by \$200k. This has been offset by unfavourable budget variance in the Food Services budget of \$21k and outsourced healthAlliance costs \$55k.

Patient Management Services

Speaker: Alex Pimm, Director

Service Overview

Patient Management Services provide a range of clinical and non-clinical services to support the effective running of Auckland City Hospital, Starship Hospital and Greenlane Clinical Centre as well as other off-site locations.

The services include:

- 24/7 Hospital Functioning Team
- Patient Transport Service
- Orderly Service
- Equipment Pool
- Transition Lounge
- Transit Care Team
- Temporary Staffing Bureau and Resource Nursing Team
- Trendcare and CCDM Team
- Chaplaincy Liaison
- Cleaning Services
- Waste Services
- Staff Residences
- Building for the Future Programme
- Production Planning

Patient Management Services is led by:

Director: Alex Pimm
Nurse Director: Jane Lees

Glossary

Acronym/term	Definition
FTE	Full-time Equivalent
CCDM	Care Capacity Demand Management

Scorecard

Auckland DHB - Patient Management Services HAC Scorecard for August 2018

	Measure	Actual	Target	Prev Period
Patient Safety	Number of reported adverse events causing harm (SAC 1&2)	0	<=12	0
	Medication Errors with major harm	0	0	0
	Number of falls with major harm	0	0	0
Better Quality Care	Number of complaints received	0	No Target	2
Engaged Workforce	Excess annual leave dollars (\$M)	\$0.21	0	\$0.2
	Sick leave hours taken as a percentage of total hours worked	4.07%	<=3.4%	3.91%
	% Staff with excess annual leave > 1 year	29.61%	0%	31.94%
	% Staff with excess annual leave > 2 years	13.92%	0%	13.29%
	% Voluntary turnover <1 year tenure	35.8%	<=6%	34.21%
	% Voluntary turnover (annually)	15.27%	<=10%	17.45%
	Number of Pre-employment Screenings (PES) cleared after the start date	0	0	0

Scorecard commentary

- The service continues to have a high proportion of members of staff with large leave balances although this has reduced over recent months from approximately 18% this time last year. Individual leave plans have been developed for members of staff with high leave balances and leave plans for the upcoming summer period are being developed.
- Sickness absence has remained relatively static, although there has been an increase in the past month. Work continues to support all members of staff to maintain a positive attendance record, particularly during the winter period.
- Turnover remains a significant challenge for the service. A number of strategies are in progress to recruit and retain people across the service, however it is expected that turnover will remain high within some of the services.

Key achievements in the month

24/7 hospital functioning and patient flow

- The revised patient admissions and transfer process has now been rolled-out to all adult specialties. The service has now moved to a 24 hour single-team model with Patient Flow Facilitators available throughout the 24 hour period. This will allow Clinical Nurse Managers to focus on supporting clinical priorities across the wards out-of-hours, rather than managing bed allocations, and will help ensure patient flow across the 24 hour period.
- August 2018 has been a busy month with an increase in hospital occupancy. Teams have responded well to this and worked together to ensure that patients continue to receive high quality care.

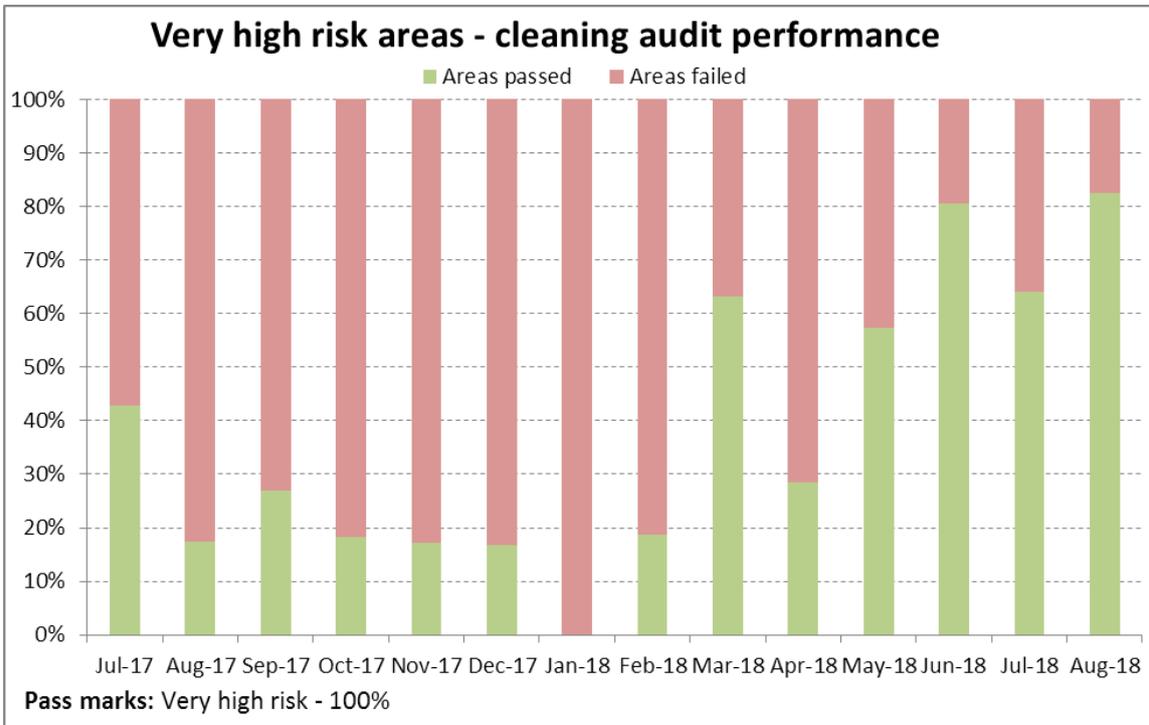
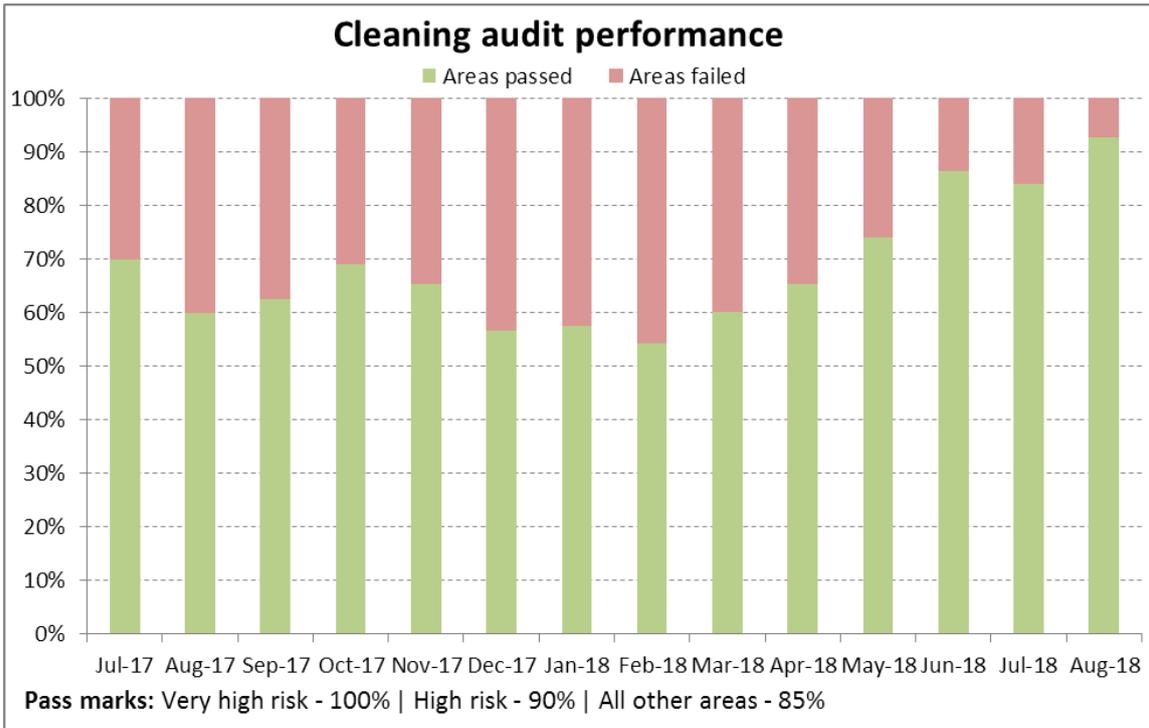
- The summer plan is being developed with clinical directorates. The planned hospital capacity is being agreed based on expected demand, considering growth on previous years. A full report will be brought before the committee in November 2018.
- The Integrated Operations Centre planning is underway. A steering group has been established to oversee the development of this work, including: development and use of dashboard and live information; processes and ways of working; the design of the new facility.
- Additional wheelchairs have been purchased and located close to main hospital entrances to support patients who need assistance as they arrive in to the hospital.

Cleaning services

- In August 2018, 93% of areas audited passed the cleaning audit standard relevant for their area. This result is a significant improvement on previous trends however further work is on-going to improve and sustain cleaning performance. An increase in in-house cleaners and a refresh on cleaning standards has contributed to this improved performance.
- The service continues to focus on improving performance in very high risk areas, where performance has been lower than expected. In August 2018, 83% of high risk areas achieved 100% compliance in their cleaning audit.
- With increased hospital occupancy, there has been a pressure on the cleaning team, particularly to reduce any delays with discharge cleans to enable a patient to be admitted to a vacant bed space. Cleaning supervisors have been focussing teams on reducing any delays and providing a responsive service around the clock.

Waste Services

- Training is being provided regarding appropriate and safe management of general and medical waste for the waste team as well as clinical areas, including ward staff. Training is expected to continue until November 2018 when a regular programme will be in place to capture new members of staff and those requiring a refresher.
- The service is currently assessing the changes in the recycling market following the decision by China to change its acceptance of waste from other countries. The service is working with waste management companies to assess local recycling options, particularly for plastic waste.
- In the meantime, additional recycling waste stream bins ('tri-bins') have been purchased for theatres to enable waste to be segregated before disposal.



Temporary Staffing Bureau and Resource Nursing Team

- In preparation for winter there was a focussed recruitment to nursing, midwifery and healthcare assistant roles in the Temporary Staffing Bureau and the Resource Team as well as focussing on increasing the number of people actively engaging in work through the Bureau.
- There has been an increase to around 85% of people who have worked in the past three months – from from 57% at the start of the year.
- During the winter period there has been a 10% increase in demand for the Bureau compared to the same period last year. Despite this, the shift fill rate has also increased to 86% - approximately an additional 550 shifts per month.
- Good quality data and information is now being reported each week showing bureau requests by service, shifts and staff type. This information will be used to ensure that the bureau is meeting the needs of the clinical services as well as supporting clinical directorates with staffing and resourcing decisions.
- The Resource Team has more than doubled in size over the past 12 months to 55 Full-time Equivalent (FTE).
- The Resource Team roster has been reviewed and adjusted to better match demand to staff. Similarly the Bureau are pre-booking staff to shifts where there has traditionally been high demand to avoid sourcing all additional staff on the day.
- Variance indicator scoring has been rolled-out to four wards. This regular snapshot of ward staffing and safety is being used to inform on-the-day staffing decisions and improve responsiveness to changes in care needs.

Transition Lounge

- Approximately 1,700 patients passed through the Transition Lounge in August 2018. This included ward discharges, patients pre and post-surgical procedures, trial removal of catheters, and patients receiving infusions and transfusions. This has reduced the pressure on inpatient beds within the hospital, supporting patient flow.
- A Transition Lounge transformation project has been launched. The project aims to assess current and future needs for the organisation from the Transition Lounge; ensure that the right people with required competencies are available; and review the equipment and infrastructure in place. The project will also take responsibility for confirming the design for the renovated space and developing the revised business case to present for approval.
- A high-level 12 month action plan has been developed with key roles and responsibilities defined.

Key issues and initiatives identified for the coming months

- Continue bargaining with First Union regarding their collective agreement (Orderly Service and Equipment Pool staff).
- Continuing to participate in the national bargaining process for the Etū multi-employer collective agreement (affecting cleaning and waste services staff).
- Continuing to launch aspects of the To Thrive programme, including publishing a handbook for To Thrive participants.
- Developing a single team and single roster for the Clinical Nurse Managers and Clinical Operations Coordinators covering the Auckland City Hospital, Starship Hospital and Greenlane Clinical Centre sites.
- Working with the Planning and Funding Team, Commercial Services, healthAlliance and other Auckland DHBs to develop a regional patient land transport strategy.
- Progressing the Building for the Future Programme and proposed phase one inpatient capacity expansion (integrated stroke unit), including development of the relevant business cases.
- Implementing CCDM work programme and continuing to roll-out and embed the use of Trendcare.
- Developing the summer plan for presentation at a future committee meeting.
- Continuing the integrated operations centre planning and development.
- Supporting the Emergency Management Team with preparations for an Emergo major incident exercise in December 2018.
- Continuing to implement the restraint minimisation action plan.

Financial results

STATEMENT OF FINANCIAL PERFORMANCE							Reporting Date Aug-18		
<i>Patient Management Services</i>									
(\$000s)	MONTH			YEAR TO DATE (2 months ending Aug-18)					
	Actual	Budget	Variance	Actual	Budget	Variance			
REVENUE									
Government and Crown Agency	0	5	(5) U	0	10	(10) U			
Funder to Provider Revenue	0	0	0 F	0	0	0 F			
Other Income	83	80	2 F	163	160	3 F			
Total Revenue	83	85	(3) U	163	170	(7) U			
EXPENDITURE									
Personnel									
Personnel Costs	1,503	2,083	580 F	2,877	4,084	1,207 F			
Outsourced Personnel	569	0	(569) U	1,174	0	(1,174) U			
Outsourced Clinical Services	0	0	0 F	0	0	0 F			
Clinical Supplies	20	23	3 F	45	45	0 F			
Infrastructure & Non-Clinical Supplies	251	263	13 F	558	527	(31) U			
Total Expenditure	2,343	2,369	26 F	4,654	4,656	3 F			
Contribution	(2,260)	(2,284)	24 F	(4,491)	(4,486)	(4) U			
Allocations	(72)	(71)	1 F	(142)	(142)	(1) U			
NET RESULT	(2,188)	(2,213)	25 F	(4,349)	(4,344)	(5) U			
Paid FTE									
	MONTH (FTE)			YEAR TO DATE (FTE) (2 months ending Aug-18)					
	Actual	Budget	Variance	Actual	Budget	Variance			
Medical	0.0	0.0	0.0 F	0.0	0.0	0.0 F			
Nursing	46.1	59.2	13.1 F	45.1	59.2	14.0 F			
Allied Health	0.0	0.0	0.0 F	0.0	0.0	0.0 F			
Support	303.5	317.6	14.1 F	303.8	317.6	13.8 F			
Management/Administration	48.3	41.7	(6.6) U	46.3	41.7	(4.6) U			
Total excluding outsourced FTEs	397.9	418.5	20.6 F	395.2	418.5	23.2 F			
Total :Outsourced Services	50.9	0.0	(50.9) U	49.0	0.0	(49.0) U			
Total including outsourced FTEs	448.7	418.5	(30.3) U	444.2	418.5	(25.7) U			

Comments on major financial variances

The year to date result is very close to budget at \$5K unfavourable.

- There are offsetting variances in personnel and outsourced personnel primarily in nursing.
- The year to date FTE variance of 26 U is mostly due to additional cleaners and the costs associated with this are being offset by savings in other areas.

Provider Arm Financial Performance

Glossary

Acronym/term	Definition
FTE	Full-time Equivalent
IDF	Inter District Flow
WIES	Weighted Inlier Equivalent Separation
YTD	Year to Date

Consolidated Statement of Financial Performance - August 2018

Provider \$000s	Month (Aug-18)			Year to Date (YTD) (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
<u>Income</u>						
Government and Crown Agency sourced	8,834	9,108	(274) U	16,908	18,183	(1,275) U
Non-Government & Crown Agency Sourced	8,562	7,854	709 F	16,004	15,563	441 F
Inter-DHB & Internal Revenue	(5,984)	1,579	(7,562) U	(4,958)	3,157	(8,115) U
Internal Allocation DHB Provider	114,491	114,491	0 F	228,999	228,982	17 F
	125,904	133,031	(7,128) U	256,954	265,886	(8,932) U
<u>Expenditure</u>						
Personnel	85,467	88,463	2,995 F	164,657	173,284	8,627 F
Outsourced Personnel	2,396	1,138	(1,258) U	4,768	2,275	(2,493) U
Outsourced Clinical Services	3,201	2,847	(354) U	5,326	5,786	460 F
Outsourced Other	5,176	5,141	(35) U	10,427	10,283	(144) U
Clinical Supplies	26,497	25,253	(1,245) U	50,962	49,270	(1,692) U
Infrastructure & Non-Clinical Supplies	17,765	16,697	(1,068) U	35,175	33,398	(1,777) U
Internal Allocations	538	453	(85) U	1,075	906	(169) U
Total Expenditure	141,040	139,991	(1,049) U	272,391	275,202	2,811 F
Net Surplus / (Deficit)	(15,136)	(6,960)	(8,177) U	(15,437)	(9,316)	(6,121) U

Consolidated Statement of Financial Performance – August 2018

Performance Summary by Directorate

By Directorate \$000s	Month (Aug-18)			YTD (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Adult Medical Services	1,868	2,111	(243) U	4,396	4,386	10 F
Adult Community and LTC	2,295	2,163	132 F	4,572	4,222	350 F
Surgical Services	11,167	12,068	(901) U	22,703	23,083	(380) U
Women's Health	2,847	2,878	(30) U	5,935	5,797	137 F
Child Health	4,320	4,916	(596) U	9,291	9,462	(171) U
Cardiac Services	4,384	3,772	612 F	6,644	6,359	285 F
Clinical Support Services	(1,410)	(1,737)	327 F	(2,313)	(3,155)	842 F
Patient Management Services	(2,188)	(2,213)	25 F	(4,349)	(4,344)	(5) U
Perioperative Services	(10,892)	(11,147)	255 F	(21,211)	(21,862)	651 F
Cancer & Blood Services	2,496	2,463	33 F	5,349	4,784	565 F
Operational - Other	(3,129)	5,463	(8,592) U	1,240	10,596	(9,356) U
Mental Health & Addictions	189	(155)	345 F	880	5	875 F
Ancillary Services	(27,084)	(27,541)	457 F	(48,574)	(48,650)	75 F
Net Surplus / (Deficit)	(15,136)	(6,960)	(8,177) U	(15,437)	(9,316)	(6,121) U

Consolidated Statement of Personnel by Professional Group – August 2018

Employee Group \$000s	Month (Aug-18)			YTD (2 months ending Aug-18)		
	Actual	Budget	Variance	Actual	Budget	Variance
Medical Personnel	32,356	32,951	595 F	61,362	63,868	2,505 F
Nursing Personnel	27,893	28,214	321 F	54,634	56,456	1,822 F
Allied Health Personnel	13,494	14,307	813 F	26,055	28,035	1,980 F
Support Personnel	1,876	2,060	185 F	3,693	4,044	351 F
Management/ Admin Personnel	9,849	10,931	1,082 F	18,913	20,882	1,969 F
Total (before Outsourced Personnel)	85,467	88,463	2,995 F	164,657	173,284	8,627 F
Outsourced Medical	834	899	65 F	1,706	1,799	93 F
Outsourced Nursing	384	12	(372) U	822	24	(798) U
Outsourced Allied Health	50	43	(8) U	128	85	(43) U
Outsourced Support	165	27	(139) U	316	53	(263) U
Outsourced Management/Admin	962	157	(805) U	1,797	314	(1,483) U
Total Outsourced Personnel	2,396	1,138	(1,258) U	4,768	2,275	(2,493) U
Total Personnel	87,863	89,600	1,737 F	169,425	175,559	6,134 F

Auckland District Health Board
Hospital Advisory Committee Meeting 17 October 2018

Consolidated Statement of Full-time Equivalent (FTE) by Professional Group – August 2018

FTE by Employee Group	Month (Aug-18)			YTD (2 months ending Aug-18)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Medical Personnel	1,432	1,463	31 F	1,427	1,459	32 F
Nursing Personnel	3,838	3,829	(9) U	3,807	3,828	21 F
Allied Health Personnel	1,889	1,989	100 F	1,896	1,988	93 F
Support Personnel	432	461	29 F	432	461	29 F
Management/ Admin Personnel	1,350	1,447	97 F	1,345	1,447	102 F
Total (before Outsourced Personnel)	8,941	9,189	248 F	8,907	9,184	277 F
Outsourced Medical	30	26	(4) U	31	26	(5) U
Outsourced Nursing	1	1	() U	0	1	0 F
Outsourced Allied Health	3	0	(3) U	4	0	(4) U
Outsourced Support	47	0	(47) U	46	0	(46) U
Outsourced Management/Admin	168	18	(150) U	153	18	(135) U
Total Outsourced Personnel	250	45	(205) U	234	45	(189) U
Total Personnel	9,190	9,234	44 F	9,141	9,229	88 F

Consolidated Statement of FTE by Directorate – August 2018

Employee FTE by Directorate Group (including Outsourced FTE)	Month (Aug-18)			YTD (2 months ending Aug-18)		
	Actual FTE	Budget FTE	Variance	Actual FTE	Budget FTE	Variance
Adult Medical Services	982	959	(24) U	970	959	(11) U
Adult Community and LTC	563	559	(4) U	559	559	0 F
Surgical Services	919	865	(53) U	918	865	(53) U
Women's Health	371	379	9 F	368	379	11 F
Child Health	1,302	1,297	(4) U	1,297	1,297	0 F
Cardiac Services	562	562	1 F	558	562	5 F
Clinical Support Services	1,327	1,347	20 F	1,329	1,347	18 F
Patient Management Services	449	418	(30) U	444	418	(26) U
Perioperative Services	730	783	53 F	723	783	60 F
Cancer & Blood Services	374	389	14 F	374	389	15 F
Operational - Others	0	22	22 F	0	18	18 F
Mental Health & Addictions	754	783	29 F	749	782	33 F
Ancillary Services	858	871	13 F	852	871	18 F
Total Personnel	9,190	9,234	44 F	9,141	9,229	88 F

Month Result

The Provider Arm result for the year to date is \$8.2M unfavourable. This result is revenue driven, with the key variance being provision for elective and Inter District Flow (IDF) funding washup.

Overall volumes (for total Auckland DHB and IDF funders) are reported at 92.9% of the seasonally phased contract, equating to \$8.1M below contract. The mix of services under and over contract within the consolidated position indicates in a net elective and IDF washup liability, and \$7.2M has been provided for in the month result.

Total revenue for the month is \$7.1M (5.4%) unfavourable, with the key variances as follows:

- Provision for elective and IDF washup \$7.2M unfavourable
- Additional revenue assumed for budget initiatives not received \$0.9M unfavourable
- Non Resident Income \$0.3M favourable – this income varies from month to month
- Accident Compensation Corporation Income \$0.5M favourable reflecting one off invoicing this month

Total expenditure for the month is \$0.1M (0.7%) unfavourable with the key variances as follows:

- Personnel/Outsourced Personnel costs \$1.7M (3.5%) favourable, reflecting month FTE 44 below budget.
- Clinical Supplies \$1.2M (4.9%) unfavourable, reflecting the following key variances:
 - Ophthalmology \$0.2M unfavourable reflecting the recent Pharmac approval for a new drug that has extended the indications for use to include diabetes retinopathy conditions not previously funded, resulting in an increase in the number of patients receiving treatment. This is partially offset by a reduction in costs for some existing treatments
 - Paediatric Haematology and Oncology \$0.2M unfavourable due to unusually high volumes for this service driving higher than normal expenditure on high cost pharmaceuticals
 - Clinical Support \$0.3M unfavourable due to the directorate's bottom line savings targets allocated to Clinical Supplies but achieved across all expenditure categories – year to date total expenditure for the directorate is favourable to budget
 - Surgical implants \$0.3M unfavourable reflecting a particularly high number of high cost implant surgeries in Neurosurgery for the month
- Infrastructure and Non Clinical Supplies \$1.1M (6.4%) unfavourable, with the key variances being:
 - Repairs and Maintenance \$0.7M unfavourable reflecting high infrastructure maintenance costs
 - Bad and Doubtful Debts \$0.6M unfavourable, in line with favourable Non Resident Income for the year to date

Year to Date Result

The Provider Arm result for the year to date is \$6.1M unfavourable. This result is revenue driven, with the key variance being provision for elective and IDF funding washup.

Overall volumes (for total Auckland DHB and IDF funders) are reported at 93.8% of the seasonally phased contract, equating to \$13.8M below contract. The mix of services under and over contract within the consolidated position indicates in a net elective and IDF washup liability, and \$7.2M has been provided for in the result.

Total revenue for the year to date is \$8.9M (3.4%) unfavourable, with the key variances as follows:

- Provision for elective and IDF washup \$7.2M unfavourable
- Additional revenue assumed for budget initiatives not received \$1.7M unfavourable
- Ministry of Health Public Health funding \$0.4M unfavourable, in line with services delivered
- Non Resident Income \$0.5M favourable – this income varies from month to month

Total expenditure for the year to date is \$2.8M (1.0%) favourable with the key variances as follows:

- Personnel/Outsourced Personnel costs \$6.1M (3.5%) favourable, reflecting year to date FTE 88 below budget.
- Clinical Supplies \$1.7M (3.4%) unfavourable, reflecting the following key variances:
 - Ophthalmology \$0.4M unfavourable reflecting the recent Pharmac approval for a new drug that has extended the indications for use to include diabetes retinopathy conditions not previously funded, resulting in an increase in the number of patients receiving treatment. This is partially offset by a reduction in costs for some existing treatments
 - Paediatric Haematology and Oncology \$0.4M unfavourable due to unusually high volumes for this service driving higher than normal expenditure on high cost pharmaceuticals
 - Clinical Support \$0.7M unfavourable due to the directorate's bottom line savings targets allocated to Clinical Supplies but achieved across all expenditure categories – year to date total expenditure for the directorate is favourable to budget
- Infrastructure and Non Clinical Supplies \$1.8M (5.3%) unfavourable, with the key variances being:
 - Repairs and Maintenance \$1.1M unfavourable reflecting high infrastructure maintenance costs
 - Bad and Doubtful Debts \$0.4M unfavourable, in line with favourable Non Resident Income for the year to date

FTE

Total FTE (including contract/outsourced) for August 2018 were 9,190 which was 44 below budget. This is an increase of 98 FTE from last month, of which 61 was in Nursing, reflecting the filling of vacancies and expansion of the resource pool. The balance of the increase is spread across all other professional groups.

Provider Financial Sustainability Programme

Formal reporting for the Provider Financial Sustainability Programme will commence next month. August 2018 is not being reported due to the impacts of the strike action, and targets are being re-evaluated.

Benefits will be reported against the key Provider Financial Sustainability workstreams as well as other strategic programmes, as follows:

- Provider Financial Sustainability Programme
 - Revenue
 - Loss Making Services
 - Cost Containment
 - Procurement
 - Sustainability Initiatives
- Models of Care
- Outpatients

Volume Performance

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

Directorate	Service	August 2018				YTD (2 months ending Aug-18)			
		\$000s				\$000s			
		Cont	Act	Var	Prog %	Cont	Act	Var	Prog %
Adult Community & LTC	Ambulatory Services	1,340	1,351	12	100.9%	2,609	2,770	161	106.2%
	Community Services	2,020	1,796	(224)	88.9%	3,955	3,815	(140)	96.5%
	Diabetes	582	600	18	103.0%	1,105	1,168	63	105.7%
	Palliative Care	39	39	0	100.0%	78	78	0	100.0%
	Reablement Services	2,772	1,949	(823)	70.3%	5,456	4,295	(1,161)	78.7%
	Sexual Health	551	576	26	104.7%	1,085	1,065	(19)	98.2%
Adult Community & LTC Total		7,303	6,312	(992)	86.4%	14,287	13,191	(1,096)	92.3%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,456	2,312	(145)	94.1%	4,837	4,592	(245)	94.9%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	13,893	14,133	240	101.7%	27,745	28,063	317	101.1%
Adult Medical Services Total		16,350	16,445	95	100.6%	32,583	32,655	72	100.2%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	10,194	9,745	(449)	95.6%	19,555	18,737	(819)	95.8%
	N Surg, Oral, ORL, Transpl, Uro	11,062	9,584	(1,478)	86.6%	21,640	19,016	(2,624)	87.9%
	Orthopaedics Adult	4,936	4,231	(705)	85.7%	9,554	7,864	(1,690)	82.3%
Surgical Services Total		26,193	23,560	(2,632)	89.9%	50,749	45,617	(5,132)	89.9%
Cancer & Blood Services	Cancer & Blood Services	10,448	9,722	(726)	93.1%	20,575	19,412	(1,163)	94.3%
	Genetics	345	286	(59)	83.0%	675	581	(94)	86.1%
Cancer & Blood Services Total		10,792	10,008	(784)	92.7%	21,250	19,993	(1,257)	94.1%
Cardiovascular Services		14,321	12,447	(1,874)	86.9%	26,796	22,839	(3,956)	85.2%
Children's Health	Child Health & Disability	983	965	(18)	98.2%	1,958	1,948	(10)	99.5%
	Medical & Community	8,037	7,620	(417)	94.8%	15,350	15,034	(316)	97.9%
	Paediatric Cardiac & ICU	4,766	4,315	(452)	90.5%	9,463	9,543	79	100.8%
	Surgical & Community	5,279	4,455	(824)	84.4%	10,341	8,457	(1,884)	81.8%
Children's Health Total		19,065	17,354	(1,711)	91.0%	37,113	34,981	(2,131)	94.3%
Clinical Support Services		3,777	3,716	(61)	98.4%	7,449	7,405	(44)	99.4%
DHB Funds		7,246	7,119	(128)	98.2%	14,359	14,198	(161)	98.9%
Perioperative Services		13	7	(6)	56.3%	26	15	(11)	56.8%
Public Health Services		130	130	0	100.0%	259	259	0	100.0%
Support Services		101	101	0	100.0%	203	203	0	100.0%
Women's Health Total		7,804	7,812	8	100.1%	15,506	15,472	(34)	99.8%
Grand Total		113,095	105,012	(8,083)	92.9%	220,578	206,827	(13,751)	93.8%

2) Total Discharges for the YTD (2 Months to August 2018)

		Cases Subject to WIES Payment		All Discharges			Same Day discharges		Same Day as % of all discharges	
		Inpatient								
Directorate	Service	2018	2019	Last YTD	This YTD	% Change	Last YTD	This YTD	Last YTD	This YTD
Adult Community & LTC	Ambulatory Services	432	424	545	494	(9.4%)	525	462	96.3%	93.5%
	Reablement Services	0	0	465	389	(16.3%)	12	11	2.6%	2.8%
Adult Community & LTC Total		432	424	1,010	883	(12.6%)	537	473	53.2%	53.6%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	2,126	2,082	2,188	2,087	(4.6%)	1,620	1,481	74.0%	71.0%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,669	3,767	3,738	3,813	2.0%	604	561	16.2%	14.7%
Adult Medical Services Total		5,795	5,848	5,926	5,900	(0.4%)	2,224	2,042	37.5%	34.6%
Cancer & Blood Total		850	829	959	945	(1.5%)	483	482	50.4%	51.0%
Cardiovascular Services Total		1,493	1,455	1,553	1,513	(2.6%)	1,553	1,513	100.0%	100.0%
Children's Health	Medical & Community	2,739	2,848	2,945	3,118	5.9%	1,774	1,844	60.2%	59.1%
	Paediatric Cardiac & Surgical & Community	318	379	340	388	14.1%	63	67	18.5%	17.3%
		1,560	1,339	1,662	1,446	(13.0%)	780	708	46.9%	49.0%
Children's Health Total		4,617	4,565	4,947	4,952	0.1%	2,617	2,619	52.9%	52.9%
DHB Funds Total		162	215	162	215	32.7%	119	0	73.5%	0.0%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	3,101	2,979	3,571	3,329	(6.8%)	2,088	1,867	58.5%	56.1%
	N Surg, Oral, ORL, Transpl, Uro	2,017	2,001	2,175	2,160	(0.7%)	949	883	43.6%	40.9%
	Orthopaedics Adult	820	706	851	741	(12.9%)	148	139	102.1%	97.0%
Surgical Services Total		5,938	5,686	6,597	6,230	(5.6%)	3,185	2,889	48.3%	46.4%
Women's Health Total		3,496	3,385	3,647	3,506	(3.9%)	1,368	1,243	37.5%	35.5%
Grand Total		22,783	22,408	24,801	24,144	(2.6%)	12,086	11,261	48.7%	46.6%

3) Caseweight Activity for the YTD (2 Months to August 2018 (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		163	220	57	828	1,117	288	134.8%	23	14	(9)	115	70	(45)	61.1%	186	234	48	943	1,187	244	125.9%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	652	589	(62)	3,302	2,986	(316)	90.4%	0	0	0	0	0	0	0.0%	652	589	(62)	3,302	2,986	(316)	90.4%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	3,588	3,658	70	18,184	18,537	353	101.9%	3	0	(3)	13	0	(13)	0.0%	3,590	3,658	67	18,197	18,537	340	101.9%
Adult Medical Services Total		4,240	4,247	7	21,486	21,523	37	100.2%	3	0	(3)	13	0	(13)	0.0%	4,242	4,247	5	21,499	21,523	24	100.1%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	1,501	1,606	105	7,606	8,139	533	107.0%	1,401	1,153	(248)	7,101	5,844	(1,257)	82.3%	2,902	2,759	(143)	14,707	13,982	(724)	95.1%
	N Surg, Oral, ORL, Transpl, Uro	1,670	1,656	(15)	8,466	8,392	(74)	99.1%	1,392	958	(434)	7,054	4,857	(2,198)	68.8%	3,062	2,614	(448)	15,520	13,248	(2,272)	85.4%
	Orthopaedics Adult	1,014	962	(52)	5,141	4,878	(263)	94.9%	682	381	(301)	3,458	1,930	(1,528)	55.8%	1,697	1,343	(353)	8,599	6,807	(1,791)	79.2%
Surgical Services Total		4,186	4,224	39	21,213	21,408	195	100.9%	3,475	2,492	(983)	17,613	12,630	(4,983)	71.7%	7,661	6,716	(945)	38,826	34,038	(4,788)	87.7%
Cancer & Blood Services		1,048	1,004	(44)	5,312	5,088	(224)	95.8%	0	0	0	0	0	0	0.0%	1,048	1,004	(44)	5,312	5,088	(224)	95.8%
Cardiovascular Services		2,717	2,569	(148)	13,770	13,022	(748)	94.6%	1,987	1,375	(612)	10,069	6,967	(3,102)	69.2%	4,704	3,944	(760)	23,839	19,989	(3,850)	83.8%
Children's Health	Medical & Community	2,079	2,022	(57)	10,535	10,248	(287)	97.3%	0	6	6	1	33	32	5279.6%	2,079	2,028	(50)	10,536	10,281	(255)	97.6%
	Paediatric Cardiac & ICU	839	950	111	4,251	4,814	563	113.2%	474	360	(115)	2,405	1,823	(582)	75.8%	1,313	1,310	(4)	6,656	6,637	(19)	99.7%
	Surgical & Community	873	673	(200)	4,424	3,411	(1,013)	77.1%	874	694	(180)	4,431	3,520	(911)	79.4%	1,747	1,367	(380)	8,855	6,930	(1,924)	78.3%
Children's Health Total		3,790	3,645	(145)	19,210	18,473	(737)	96.2%	1,349	1,061	(288)	6,836	5,375	(1,461)	78.6%	5,139	4,706	(434)	26,046	23,848	(2,198)	91.6%
Women's Health Services		1,797	1,799	3	9,106	9,120	13	100.1%	373	337	(36)	1,891	1,709	(182)	90.4%	2,170	2,137	(33)	10,997	10,829	(168)	98.5%
DHB Funds		0	0	0	0	0	0	0.0%	288	256	(32)	1,458	1,297	(161)	89.0%	288	256	(32)	1,458	1,297	(161)	89.0%
Grand Total		17,941	17,709	(232)	90,926	89,751	(1,176)	98.7%	7,497	5,534	(1,962)	37,994	28,048	(9,946)	73.8%	25,438	23,243	(2,194)	128,921	117,799	(11,122)	91.4%

Excludes caseweight Provision

Acute Services

August 2018 month discharges continue July's trend, being similar to last year. Average Weighted Inlier Equivalent Separation (WIES) is slightly lower than the same period last year which is due mainly to the lower complexity of high WIES (over 20 WIES) cases. If they are excluded from the data, then the average WIES for cases under 20 WIES has increased by 1%.

For the two months August year to date the average length of stay for acute patients is up slightly on last year (1.6%) - equating to an additional 14 beds.

August activity by service type:

- Discharges are up again in medical services, with a 2% increase compared to the same period last year. However, average WIES is 2% lower, which reflects the lower total WIES for high WIES cases (a drop of nearly 300 WIES across 15 patients). Length of stay is still higher than the same period last year.
- Acute surgical discharges have risen slightly from last month but are still lower than August last year. Average WIES is also 2% lower, however unlike medical discharges this is not due to the high WIES cases which are sitting at the same level as last year. Average length of stay is also 2% lower (smoothing the unusual statistic for July where average length of stay was 12% lower). It is likely that the strike in July would have had an impact on this statistic.
- Newborn discharges are up (significantly on the same period last year at 43% higher but across a small volume) and obstetric numbers continue to decline (down 5%) with fewer births this year as compared to the same period last year. Of note, newborn average length of stay is continuing an upward trend over the last three years with the average length of stay being 13.3 days for July/August this year compared to 9.9 days in July/August 2015.

Elective Services

Overall year to date discharges compared to the same period last year are 8% lower. Volumes have been impacted by the strike in July. Average length of stay has decreased slightly from the same period last year (likely impacted by the strike which had a greater impact on longer length of stay patients).

4) Non-DRG Activity (ALL DHBs)

		August 2018				YTD (2 months ending Aug-18)			
		\$000s				\$000s			
Directorate	Service	Cont	Act	Var	Prog %	Cont	Act	Var	Prog %
Adult Community & LTC	Ambulatory Services	870	772	(98)	88.7%	1,666	1,583	(83)	95.0%
	Community Services	2,020	1,796	(224)	88.9%	3,955	3,815	(140)	96.5%
	Diabetes	582	600	18	103.0%	1,105	1,168	63	105.7%
	Palliative Care	39	39	0	100.0%	78	78	0	100.0%
	Reablement Services	2,772	1,949	(823)	70.3%	5,456	4,295	(1,161)	78.7%
	Sexual Health	551	576	26	104.7%	1,085	1,065	(19)	98.2%
Adult Community & LTC Total		6,834	5,732	(1,101)	83.9%	13,344	12,004	(1,340)	90.0%
Adult Medical Services	AED, APU, DCCM, Air Ambulance	768	805	37	104.8%	1,535	1,606	71	104.6%
	Gen Med, Gastro, Resp, Neuro, ID, Renal	4,862	4,992	130	102.7%	9,548	9,526	(23)	99.8%
Adult Medical Services Total		5,631	5,797	167	103.0%	11,083	11,131	48	100.4%
Surgical Services	Gen Surg, Trauma, Ophth, GCC, PAS	2,475	2,457	(18)	99.3%	4,849	4,755	(94)	98.1%
	N Surg, Oral, ORL, Transpl, Uro	3,095	2,973	(122)	96.1%	6,119	5,768	(352)	94.3%
	Orthopaedics Adult	485	575	90	118.4%	955	1,057	101	110.6%
Surgical Services Total		6,055	6,005	(51)	99.2%	11,923	11,579	(344)	97.1%
Cancer & Blood Services	Cancer & Blood Services	7,705	7,201	(503)	93.5%	15,263	14,325	(939)	93.8%
	Genetics	345	286	(59)	83.0%	675	581	(94)	86.1%
Cancer & Blood Services Total		8,049	7,487	(562)	93.0%	15,938	14,906	(1,033)	93.5%
Cardiovascular Services		1,494	1,417	(77)	94.8%	2,956	2,850	(106)	96.4%
Children's Health	Child Health & Disability	983	965	(18)	98.2%	1,958	1,948	(10)	99.5%
	Medical & Community	2,438	2,444	6	100.3%	4,814	4,753	(61)	98.7%
	Paediatric Cardiac & ICU	1,410	1,442	32	102.3%	2,808	2,906	98	103.5%
	Surgical & Community	757	812	55	107.3%	1,486	1,527	40	102.7%
Children's Health Total		5,588	5,663	75	101.3%	11,067	11,133	67	100.6%
Clinical Support Services		3,777	3,716	(61)	98.4%	7,449	7,405	(44)	99.4%
DHB Funds		6,450	6,450	0	100.0%	12,900	12,900	0	100.0%
Perioperative Services		13	7	(6)	57.0%	26	15	(11)	57.6%
Public Health Services		130	130	0	100.0%	259	259	0	100.0%
Support Services		101	101	0	100.0%	203	203	0	100.0%
Women's Health Total		2,295	2,435	140	106.1%	4,509	4,643	134	103.0%
Grand Total		46,417	44,941	(1,475)	96.8%	91,657	89,028	(2,630)	97.1%

Overall performance to contract has improved from last month. The key variance is in Reablement for rehabilitation bed days – this variance will continue as the contract volume is too high and will be reviewed for 2019/20.

To Thrive – Programme to Support Lower Income Workers - Update

Recommendation

That the Hospital Advisory Committee receives the To Thrive – Programme to support lower income workers: Update report.

Prepared by: Melissa Russek (Remuneration Practice Leader), Alex Pimm (Director Patient Management Services)
 Endorsed by: Fiona Michel (Chief Human Resources Officer)

Glossary

Acronym/term	Definition
ACH	Auckland City Hospital
GCC	Greenlane Clinical Centre
WINZ	Work and Income New Zealand

The To Thrive programme was officially launched on 25 June 2018 to support Auckland DHB employees in lower paid roles to maximise their income, support their personal and professional development and improve their working lives and health.

The purpose of this report is to update the Hospital Advisory Committee on the implementation of programme initiatives to the pilot group of 380 employees in the Cleaning, Waste Orderly and Orderly services within Patient Management Services. Implementation is tracking within expected timeframes and has been well received by employees. Learning from the pilot will be used to enhance the programme before it is rolled out to other employee groups.

Diagram 1: To Thrive programme overview



1. Value Initiatives

1.1. Improving workplace conditions

- A tax exempt laundry allowance capped at \$5 per week started in July 2018. This allowance has been replaced with a clothing allowance (up to \$15.75 per week) for Housekeepers located in the Buchanan Rehabilitation Centre. The clothing allowance is aligned with the provision to employees covered by the PSA Mental Health and Public Health Nursing MECA, who wear civilian clothes for therapeutic/rehabilitation reasons.
- SoleMate, a vendor of quality, slip resistant shoes (including to other DHBs), has been confirmed as an additional option to the annual \$200 shoe voucher (purchase order) during this trial period. SoleMate provide a sizing service and allow employees to try a variety of 'short listed' shoes to select the best match for them. This option allows people to receive their shoes without the hassle of shopping in their own time. Additionally, the payment of a \$200 shoe allowance direct to member of staff is currently being explored and is expected to be available as a third option shortly.

1.2. On-going professional development

- NZQA qualifications for cleaners and orderlies continue with all members of staff being offered the opportunity to enrol on a relevant course. Further in-house assessors are being identified and registered for the assessor's qualification. Additional qualifications are being made available for members of staff who have not had access to them previously:
 - New Zealand Certificate in Business (Level 3), to be offered to employees in the Orderly Dispatcher and Equipment Coordinator roles
 - New Zealand Certificate in Business (Level 4) First Line Management, to be offered to all Supervisors. Careerforce have agreed to offer Auckland DHB fee-free enrolment for the first cohort on this course, due to commence later this year.
- It is also planned that these newly introduced qualifications will, over time, be extended to Cleaners and Orderlies looking to progress their careers within Auckland DHB.
- healthAlliance are working to expand the successful pilot of digital literacy sessions to additional interested employees and additional computers are being installed in or close to the Orderly, Waste and Cleaning services' bases to allow people to practice their skills as well as review their payslip and timecards, apply for leave online and access the intranet.
- An opportunity is being explored with 20/20 Trust, providers of a computer-in-homes programme that includes funded provision of a ChromeBook, a subsidised modem and 12 months free internet upon completion of a training programme.

1.3. Help When You Are Working education session

- Work and Income New Zealand (WINZ) have facilitated two 90 minute sessions at Greenlane Clinical Centre (GCC) for employees within the Cleaning service. Although WINZ discovered that a notable number of attendees were already clients (primarily part-time workers), a lot of questions were asked and several employees spoke to facilitators one-to-one afterwards.

- Attendees responded well to hearing about the availability of the multi-lingual line, allowing individuals to speak to a WINZ representative in their first language. Facilitators also conversed with some employees in Samoan.
- Sessions at Auckland City Hospital (ACH) are being coordinated.

1.4. Free health and personal benefits

- Free health check clinics with a MedPro nurse are being coordinated at both ACH and GCC sites, with an expected launch late October 2018.
- Free eye tests at the Auckland University Optometry Clinic have been utilised by 371 Auckland DHB employees (including the To Thrive pilot group and their families) since June 2018. A process for employees unable to afford prescribed eyewear, to access an interest free WINZ loan has been established and communicated.
- A free \$40,000 life insurance policy (underwritten by Cigna Life Insurance NZ) was launched to pilot group employees aged below 70 years on 1 August 2018. Auckland DHB pays a premium to extend automatic acceptance from age 65, to up to age 69 years (maximum coverage age). Employees are only eligible for this benefit while working within our Cleaning, Waste Orderly and Orderly services. Two employees (aged below 70) are not eligible for cover due to existing terminal illness diagnosis.
- 12 employees aged over 69 years will receive a free \$15,000 funeral insurance benefit (also underwritten by Cigna). As To Thrive employees turn 70, they will be migrated from the life insurance policy to the funeral insurance policy. The funeral policy will pay out for accidental death only within the first 24 months. Thereafter, employees are covered for all causes of death up to the age of 89 years (while employed within our Cleaning, Waste Orderly and Orderly services).

1.5. Understanding employment conditions

Our Payroll Manager and Team Leaders have presented to 150 employees across the Cleaning and Waste Service about understanding their payslip. These sessions have been well attended with an active Q&A session. Weekend sessions are being coordinated as are sessions for members of the Orderly service.

2. Enable Initiatives

2.1. Money Minded financial capability education series

- Two cohorts of Cleaners have completed this four workshop series, one group at ACH and a second at GCC. The next two cohorts are scheduled to commence early October 2018 and will also include Orderly and Waste Orderlies in addition to Cleaners. Uptake for these further cohorts is slower than the initial groups; however service leaders have encouraged people to attend (and now have a fully-subscribed group) and to provide detailed feedback.
- Feedback from facilitators (Solomon Group) and attendees is being used to tailor the content of future workshops to meet the specific needs and interests of this employee group. Solomon

Group will present an overview of the series to Cleaning and Waste service employees in team meetings scheduled during October 2018.

- Insurance and retirement savings were the topics of the fourth workshop, where our brokers Mercer Marsh presented information on the new Life Insurance benefit. This workshop identified a need to make information available about creating a will. The Executive Officer of A+ Trust has a relationship with Public Trust which will be pursued as a next step.

2.2. Career pathways

- The OD Practice Leader – Supportive Employment continues to work with Directorates across the Auckland DHB to establish career pathways, including needs analysis, the number of roles available immediately and funding options (as some training roles supernumerary).
- Information regarding the Manukau Institute of Technology training programme for the prerequisite Healthcare Assistant qualification will be advertised to employees in October 2018. The next uptake for this external course is February 2019 and the Government’s policy of a year of free tertiary study is expected to be an inducement.
- Members of staff from within the To Thrive group who have already completed their level 3 healthcare assistant qualification (a pre-requisite for a Healthcare Assistant role) continue to be offered guaranteed interviews with the Resource Nursing Team, within Patient Management Services. The service is working with other Directorates to expand this to Healthcare Assistant roles across the organisation.

2.3. ESOL, literacy and numeracy programmes

The literacy and numeracy programmes continue. A literacy, numeracy and digital literacy assessment is being scoped for To Thrive employees, as a baseline for determining future training needs and opportunities. Several members of staff have already completed literacy and numeracy assessments, as part of their recruitment process and qualification enrolment. Existing information will be used to inform the need analysis and guide where further support may be required.

3. Thrive initiatives

3.1. Scholarships and internships

- Two pilot group employees are currently participating in the internal Healthcare Assistant Cadetship Programme. We are anticipating that if the Pacific Healthcare Assistant Cadetship (focusing on youth) is offered again in 2019, a further two employees will be selected for this programme.
- We have engaged with Le Va (funders of Mental Health and Addiction scholarships for Pasifika) to discuss the possibility of To Thrive scholarships/funding for the NZQA Level 4 Mental Health Support Worker qualification.

4.2. Success stories

- Presenting To Thrive to small groups provided an opportunity to hear from employees with overseas qualifications and/or career goals outside of the Cleaning, Waste Orderly and Orderly services. Over the past month:
 - A Cleaner has successfully been promoted internally to an administrative position within Auckland DHB
 - A paid day internship has been scheduled for a Cleaner to shadow a Ward Clerk on the Urology and Neurology ward, with the view to assessing her potential as an applicant for a permanent Ward Clerk vacancy
 - Two Cleaners have been shortlisted for vacant Healthcare Assistant positions and are being supported through the recruitment process.

3.3. Identification of other To Thrive employee groups

- Interest in expanding the To Thrive programme to other employee groups across Auckland DHB has been high. Potential groups identified include Central Surgical Supplies Department Technicians, Medical Laboratory Technicians, Healthcare Assistants and administration roles.
- Although meeting with managers of the relevant services to provide an overview of the programme, HR has delayed engagement with employee groups that are currently involved in collective bargaining until after settlements.
- The approach to expanding To Thrive will be structured and sustainable. Engagement with directorate leadership teams is required to understand service commitment (i.e. time, cost and appetite for introducing qualification opportunities). HR will then lead employee focus groups, to understand needs and tailor initiatives. Financial capability workshops, targeted allowances and free health checks are the most transferable initiatives from the pilot programme.

4. Conclusion

The implementation of To Thrive programme initiatives is well underway to the Cleaning, Waste and Orderly services pilot group. Personal development and career opportunities, and new benefits have been well received by employees. Interest in expanding the programme has been expressed by other areas of Auckland DHB. Learning from the pilot will be used to enhance the programme for the current group and to inform future versions for new employee groups.

Supporting the DNA Strategy: Outpatients Programme Activity

Recommendation

That the Hospital Advisory Committee receives the Supporting the DNA Strategy: Outpatients Programme Activity report for October 2018.

Prepared by: Ian d'Young, Outpatients Programme Manager (Adult Health Services)

Endorsed by: Joanne Gibbs (Director Provider Services)

Subject: Activity to support the Auckland – Waitematā DHB DNA strategy across the Current State and Transformation streams of the Auckland DHB Outpatients programme

To: Outline the different areas of activity currently underway or planned within the Outpatient programme that supports the DNA strategy
Complement information provided by the Auckland DHB strategy team reflecting the current operational activity being led by directorates to support the DNA strategy

Input from: Ian Costello, Director, Clinical Support Services
Kelly Teague, General Manager, Clinical Support Service
Sarah Danko, Manager, Patient Administration Service
Julie Helean, Deputy Director Strategy, Strategy, Participation and Innovation

Glossary

Acronym/term	Definition
DNA	Did not attend
WNB	Was not brought (paediatrics)
NEHR	Northern region electronic health record
ABC	Access, booking and choice policy
ITC	Invitation to contact
PFB	Patient-focussed bookings
PSC	Patient service centre
TINT	Telephone interpreters
PAS	Patient administration service
PHS	Outpatient scheduling software platform
PFS	Provider financial sustainability programme
FSA	First specialist appointment
FU	Follow-up appointment
NP	New patient event
FTE	Full time equivalent
LTC	Long term conditions
AAH	Adult allied health
WAH	Women's allied health

1. Executive Summary

In June 2018 the Auckland DHB Hospital Advisory Committee discussed the DNA (Did Not Attend) Strategy agreed by the Auckland and Waitematā DHB boards in August 2016. Within this strategy were a number of both overarching and DHB-specific recommendations to be implemented at service and directorate level. In addition, since that time, the Outpatients strategic programme has been launched at Auckland DHB, within which are a number of activities that also support the DNA strategy. The purpose of this paper is to provide information to describe these activities and progress in implementing the key recommendations outlined in the strategy.

Non-attendance to appointments is a significant challenge for Auckland DHB. While there is variation in DNA rates across services, in general these represent close to 10% of all Outpatient appointments. For certain services, DNAs account for a much higher proportion of lost capacity. There are marked differences in DNA rates based on ethnic and locality factors, while higher DNA rates correlate to poorer health equity and outcomes.

DNAs are an indicator of system failure and our response to inequity. Data analysis included in this paper indicates that while there has been progress in some services to implement the recommendations within the strategy, DNA rates remain high for Māori/ Pacific patients, particularly for First Specialist Appointments (FSA). While DNA rates are lower for other Outpatient appointment types, such as follow-ups, and across the totality of outpatient events across all professional groups, the high rates for FSAs indicate the continuing challenge of providing equity of access to services in the absence of organisation-wide approaches to Patient-Focussed Bookings (PFB) and culturally-appropriate methods of engagement with Māori and Pacific communities.

Progress to implementing recommendations within the DNA strategy by directorates is reported in this paper. In addition, within the two streams of the Outpatients programme there are a number of activities that also seek to reduce DNAs, improve equity and outcomes for the community and the utilisation of health resources. These include efforts to establish patient-focussed booking practices and clear business rules for the management of DNAs within the Current State stream, as well as projects to establish new models of care delivery such as telehealth and patient-directed follow-ups within the Transformation stream. Activities within each Outpatients programme stream are also reported in this paper.

There are also significant directorate-specific initiatives underway to reduce DNAs. The current approach for Starship Child Health has been reported as a separate paper and can be used as an exemplar to describe a directorate-level response to DNAs, particularly as they relate to driving inequity for Māori and Pacific children.

2. Background

Non-attendance to appointments has a significant impact on patients and communities and does not make the best use of our clinical resource. There are a number of factors that contribute to a person not attending an appointment, including the convenience of the appointment time, the financial burden associated with attending the appointment, the perceived value of the appointment, how the appointment is scheduled and the patient notified (including issues with correct contact details and culturally-appropriate engagement), how appointments are coordinated between services and

personal circumstances such as taking time off work, arranging childcare or having to travel long distances.

Specific services also have much higher DNA rates than the DHB average for Māori and Pacific people. While deprivation is an important factor related to DNA rates, analysis demonstrates that the least deprived Māori and Pacific patients still have higher DNA rates than the most deprived European patients¹. This is particularly apparent for long-term conditions such as Diabetes, where most of the high DNA rate for Māori and Pacific are driven by multiple missed appointments. Background to the 2016 DNA strategy indicated that approximately 80% of DNAs for Māori and Pacific patients were generated by 20% of patients who had not attended an appointment more than twice¹.

While data analysis in this paper reports DNA trends using the rate of first specialist appointments not attended (consistent with the ministry and monthly directorate reporting approach), it also reports DNA and clinic cancellation rates across all appointment types, professional groups and modes of delivery and more specifically to Māori and Pacific patients.

The intention of this approach is to provide a more comprehensive view of lost opportunities to provide timely access to care and promote equity and show the impact of DNAs in terms of lost clinical capacity. Addressing factors that contribute to appointment DNAs is consistent with Auckland DHB and national health strategy and the guiding principles of the Outpatients programme, including:

Service Integration and/or Consolidation

People need support to find health and disability information and services. The services need to be located as close as possible to where people live and work and be easy to access. By collaborating around the needs of the patient, health providers can deliver the right services in the right place and by the best person, to get outcomes that matter to the patient. The DHB can create a seamless experience of care, especially as people move between primary care and secondary care.

Outward Focus and Flexible Service Orientation

We focus on the long-term population health outcomes that we and our communities want. Long term planning is required to reduce inequalities in health status, and we need to work with other social sector agencies to achieve this. We will streamline the organisation to minimise bureaucracy and make the most of services. We have a statutory accountability for the health of Aucklanders and take positions on issues where we believe our voice should be heard.

2.1 Auckland-Waitematā DHBs DNA Strategy

In response to high DNA rates and local and national strategic drivers, the Auckland-Waitematā DHB's DNA strategy was endorsed in August 2016 and made a number of overarching recommendations, in addition to specific recommendations for each DHB. Recommendations for both DHBs include:

1. Endorse a joint DHB explicit DNA policy addressing measurement, monitoring and management with an equity focus.
2. Implement Patient Focused Bookings.

3. Create a tailored DNA Navigation Service.
4. Accelerate the development of clinically appropriate alternate delivery approaches and systematically offer these to patients. This includes a requirement to determine the medical value/necessity of an appointment.
5. Improve all communication to patients: Conduct health literacy review of standard letters and service specific letters; develop standardised transport/parking and wayfinding (map) information.
6. Ensure standardised and optimised text reminder across all services.
7. Resolve the issues limiting use of email as a contact modality for appointments.
8. Mandate cultural competence/CALD training for booking and scheduling staff (in Patient Service Centre and services who book their own clinics).
9. Review and optimise cultural competence component and assessment of values in Human Resource processes with an initial focus on booking and scheduling positions followed by clinical positions.

Specific recommendations were also made to Auckland DHB. These included Outpatient redesign work to include DNA as an outcome measure (led by Clinical Support Services); development of electronic patient-focused booking under the Northern Region Electronic Health Record (NHER) work programme; a specific goal for the Community and Long Term Conditions directorate to include a reduction of DNA target of <9% as an explicit measure in their work plan; and a relationship to both Faster Cancer Treatment tumour stream specific patient pathways and the work programme Using the Hospital Wisely (improved use of hospital and community services to reduce acute demand). Within the DNA strategy are four domains:

1. Systems and Value	1.1 We ensure that the appointment is necessary and of value
	1.2 Patients choose an available appointment at the best time for them (PFB)
	1.3 We ensure that participants know about and value the appointment
	1.4 We optimally remind people
2. Access	2.1 We make getting to the appointment easy
	2.2 Where appropriate, we change where and how services are delivered
	2.3 We have tailored solutions for groups with the highest DNA rates
3. Experience	3.1 We have a culturally competent booking & scheduling workforce
	3.2 We welcome, listen and explain
4. Value	4.1 We use a common definition to monitor by service and we follow up

2.2 Auckland DHB Implementation of Recommendations 1 – 9: Status

The following information has been provided by business and general managers, PAS and HR with respect to activity in response to recommendations 1 – 9 outlined in the DNA strategy:

1. The Access, Booking and Choice Policy was endorsed by the Auckland DHB executive and board in 2017 and was formally published with guidance in February 2018
2. Patient-focused bookings: Partially implemented for some services. Note that implementation of PFB is constrained by dependencies described in section 5 of this document, including a replacement for the current PAS outpatient booking system (PHS), consolidation of scheduling

staffing, processes and business rules as part of the Patient Service Centre review and the implementation of the invitation to contact model

3. Tailored DNA navigation services: Implemented for a small number of services only, including Colposcopy, Breast Surgery/ Faster Cancer Treatment pathway
4. Clinically appropriate alternate delivery approaches. The bulk of Outpatient Programme (Transformation Stream) activity is focused on supporting this recommendation. Key themes of activity include telehealth deployment, patient-directed follow-ups, better support for primary care clinicians to manage patients in the community, support for clinicians to identify where follow-up appointments are not required, better use of community testing, more one-stop-shop clinics and more clinicians working at top of scope to free SMO capacity. Outpatient programme project activity and status is described in Appendix 3 of this document
5. Improved information on transport and parking has been developed in 2016 as part of the Sustainable Transport Project however service utilisation of this information is variable. Some work within individual services has been done to review patient letters
6. Text reminders have been implemented across Auckland DHB in 2016
7. Issues related to using email to contact patients are being resolved. Auckland DHB has commenced email validation of contact details with patients and are in the process of implementing a new system whereby appointment letters will be emailed to patients if there is a validated/ verified email address
8. Mandated cultural competence/CALD training for booking and scheduling staff in Patient Service Centre and services who book their own clinics is underway, with 62% of the PAS team having completed this training by August 2018
9. Review and optimise cultural competence component and assessment of values in Human Resource processes with an initial focus on booking and scheduling positions, followed by clinical positions. This has been completed by the HR team with instruction from ELT to all hiring managers around material that HR have developed for to support them making the right decisions when assessing candidate capability around Māori and Pacific health

2.3 Activity to support improvement domains 1-4: Outpatient Programme Streams

In addition to recommendations 1 – 9, four key improvement domains have been described in the DNA policy with 10 guiding principles described in the previous section: Systems and Value; Access; Experience; and Value. Activity within both the Current State and Transformation workstreams of the Outpatient programme that support these guiding principles are described in Appendix 2 of this document.

2.4 Auckland DHB Outpatients Programme

In late 2016 the Outpatients programme was launched at Auckland DHB. Auckland DHB is facing significant challenges related to increasing demand for clinical services, increasing inequity in both access and outcomes across the catchment and suboptimal utilisation of clinical resources.

For the most part Auckland DHB has operated within a traditional provider-centric outpatient model of care. That is, outpatient appointments are offered at a time, in a place, and care delivered in a way that best suits the provider, rather than meets the community's needs. As a result, our model of care, modes of care delivery, systems and processes contribute to high DNA rates.

A number of these factors drive non-attendance to appointments, including inconvenient appointment times, variation in how appointment information is communicated, a lack of culturally-appropriate patient engagement, variation how appointments are scheduled and coordinated, the lack of perceived appointment value and the high cost of travel, parking and time off work.

2.5 Outpatients Programme, DNA and Equity

While DNAs are an important driver for the Outpatient programme, they are symptomatic of how our current Outpatients operating and revenue models, approach to scheduling appointments and models of care contribute to inequity across our community. The following table describes these factors and the response of the Outpatients programme and activities currently underway to address them:

Factors that Drive Inequity	Activities that Promote Equity (Programme Response)
<ul style="list-style-type: none"> ▪ Patients are sent appointments that suit the provider but do not suit patients ▪ There is a significant financial burden associated with attending on-site, in-person appointments for many people ▪ Patients are booked for unnecessary simple outpatient appointments that can be avoided or provided using alternative modes of delivery such as telehealth ▪ Care navigation is not tailored to meet the needs of our most at-risk communities ▪ Our methods of communication with patients are not tailored to Māori and Pacific communities ▪ Patients often have to travel long distances for appointments ▪ Clinics are not co-ordinated within specialities and across pathways ▪ Patients often experience long waiting times for access to appointments as well as on the day of the clinic ▪ Patients find rescheduling of appointments difficult due to processes and scheduling hours of availability ▪ Patients are often sent first specialist appointments (FSA) without validation of contact details 	<ul style="list-style-type: none"> ▪ More care provided closer to home and targeted to areas of highest need ▪ More delivery of care by telehealth ▪ Culturally relevant care and DNA navigation ▪ Coordination of care and scheduling across specialties including one-stop-shops to minimise additional appointments ▪ Patient-focussed bookings, including contact detail validation and initiatives such as invitation to contact and adherence to the Access, Booking & Choice policy ▪ More autonomy for patients and clinicians to determine whether follow-up appointments are required ▪ Reduced reliance on paper appointment letters, better use of email and text ▪ Better use of existing technology to support primary care clinicians to manage people in the community ▪ More choice in how care is delivered for patients ▪ More options for clinicians to choose alternatives to in-person, on-site appointments ▪ Better capacity and production planning to offer patients more choice of appointment times ▪ Better access to interpreting services by telephone and videoconferencing ▪ More tests available in the community

In order to address these issues, the Outpatients programme is structured in two streams which are described in the table below. The Current State stream addresses issues within the current model of care and has a focus on tactical and operational improvements. These include implementing approaches to Patient-Focussed Booking such as the Access, Booking and Choice (ABC) policy and the Invitation-to-Contact (ITC) model, email validation of contact details and improved communication approaches with patients and whānau. It is important to note that while progress has been made through each stream, the speed of change is currently constrained by available resource:

Current State Stream	Transformation Stream
Implementation of Access Booking and Choice (ABC) Policy including establishing standardised business rules for management of DNA Performance visibility and scorecard reporting (related to ABC) Patient Service Centre review (consolidating/ streamlining scheduling services) including PAS skill mix Governance and Accountability to adhere to standard business rules (related to Patient Service Centre review) Patient-focussed bookings, including establishment of an Invitation-to-Contact model Email validation of contact details and better use of email to communicate appointment details Technical/ IT initiatives including replacement of PAS system (scheduling) Tele-interpreters (TINT) Review of clinic working hours Reduction of DNA rates (regional focus and localised initiatives)	Telehealth delivery of care closer to home (including reducing financial burden of accessing care, providing more convenient, less disruptive appointments and minimising unnecessary on-site travel) Patient-directed follow-ups Increasing availability of tests in the community to reduce need for on-site appointments More clinicians working at top of scope to support/ free SMO capacity Co-design of outpatient and community-based services with patients and whanau More use of technology such as text services to support patient care in the community More one-stop-shop clinic approaches to minimise additional follow-up appointments More use of eReferrals to offer simple advice and support patient management in primary care Production planning to optimise clinical capacity and reduce waiting times

Table 1: Outline of key areas of focus within Current State and Transformation streams of Outpatients programme

3. Current State

Current DNA values at **end-June 2018** are described by directorate and by service in the following table. Data has been obtained from the TITAN OUTPATIENT data set within the Auckland DHB Business Objects universe, the same data set that is used to derive monthly directorate-level and Ministry DNA reporting. Note that data analysis using the alternative ATLAS data set has also been completed using the same methodology and is available on request.

Trend analysis by directorate, ethnicity, FSA and by service is provided in more detail in the appendix to this document. While DNA is the primary focus of this paper, it should be noted that this is a subset of Cancelled appointments, which are a truer reflection of lost outpatient capacity and are also reported below. Analysis methodology is also described in Appendix 1.

Directorate	Directorate DNA % (all events) End June 2018	Directorate NP DNA % (all events)	Directorate FU DNA % (all events)	Directorate Cancellation % (all events)	FSA DNA % (SMO PUC Only – 1 st)	Māori DNA % (All Events)	Māori FSA DNA % (SMO PUC Only – 1 st)	Pacific DNA % (All events)	Pacific FSA DNA % (FSA PUC Only – 1 st)	Service	Service DNA% End June 2018 (All events, all clinicians)
Adult Medical	4.3%	8.1%	3.3%	6.6%	11.2%	8.1%	23.3%	4.1%	21.5%	Gastroenterology	4.7%
										General Medicine	4.8%
										Infectious Diseases	11.0%
										Neurology	8.1%
										Renal	0.7%
										Respiratory	8.3%
Community & Long Term Conditions	7.5%	10.0%	7.1%	7.1%	12.0%	14.7%	29.6%	17.7%	27.7%	Dermatology	3.0%
										Diabetes	14.4%
										Immunology	10.7%
										Reablement	5.9%
										Rheumatology	5.1%
										TARPS	6.0%
Women's Health	5.1%	8.9%	4.4%	9.6%	9.4%	11.8%	20.0%	10.9%	21.8%	Fertility Plus	0.0%
										Gynae Oncology	2.1%
										Gynaecology	5.6%
										Obstetrics	5.2%
Cancer & Blood	2.3%	4.9%	2.1%	7.1%	6.0%	4.3%	9.5%	4.5%	11.5%	Familial CR	6.3%
										Genetics	5.7%
										Haematology	2.1%
										Oncology	2.2%
Surgical	9.1%	11.5%	8.7%	13.9%	13.8%	18.0%	26.1%	16.4%	23.9%	General Surgery	9.5%
										Neurosurgery	3.9%
										Ophthalmology	9.5%
										ORL	8.3%
										Orthopaedics	6.3%
										Oral Health	11.3%
Urology	6.1%										
Child Health*	8.6%	11.5%	7.8%	12.5%	11.1%	13.9%	21.7%	16.7%	16.3%	General Paediatrics	6.1%
										Paed Cardiology	3.4%
										Paed Onc/Haem	1.8%
										Paed Orthopaedics	11.1%
										Paed ORL	13.7%
										Paed Surgery	16.2%
										Paed Hearing	14.1%
										Paed Endocrinology	5.3%
Cardio-vascular	5.1%	9.6%	3.8%	9.3%	10.8%	12.2%	21.6%	11.5%	17.2%	Cardiology	4.6%
										Cardiothoracic	6.1%
										Vascular	7.7%
Clinical Support	7.5%	13.3%	6.4%	12.2%	N/A	8.4%	N/A	9.7%	N/A	Adult Allied Health	8.7%
										Dietetics	5.3%
										Women's Allied Health	7.7%

Table 3: DNA and appointment cancellation % as derived from the Outpatient TITAN data set 2016 – 2018 by directorate and service and for all appointments and SMO FSAs within Māori/ Pacific patient populations

Current state data provides insight into the key challenge of reducing DNA and improving equity for Māori and Pacific people. DNA rates for first specialist appointments are significantly higher for Māori/ Pacific relative to other groups and relative to other types of Outpatient events. This

highlights the impact of a lack of patient-focused booking initiatives such as the invitation to contact model, validation of contact details, and a reliance on non-standardised paper-based appointment letters. There appears to be a correlation between those services with low or falling DNA rates and the degree of uptake to these initiatives, notwithstanding the constraints identified in section 5 of this document. The status of these initiatives by directorate is described in section 4 below:

4. Directorate-Level Implementation of DNA Strategy Recommendations Scorecard

The following table outlines current directorate activity related to recommendations within the DNA strategy and has been provided by directorate business and general managers and by the Patient Administration Service (PAS):

Directorate	ABC policy compliant (6 week business rules)	Invitation to Contact model	Standardised letter templates for services	Text reminders	Email validation	Email of Appointment Letters	Tailored DNA navigation service	Māori/Pacific pre-appointment telephone calls	Centralised scheduling or owned by Service(s)?	Service examples (where recommendation partially applied)	Directorate DNA Trend	Directorate Māori/Pacific DNA Trend
Adult Medical	Some services only	Some services only	Some services only	Yes	Yes	No	No	No	Mixed Models	Renal	↓	↔
Community LTC	Some services only	Some services only	Yes	Yes	Yes	No	No	No	Mixed Models	Rheumatology	↔	↔
Surgical	Most Services	No	Most Services	Yes	Yes	No	No	Some services only	Central	Breast Surgery	↔	↔
Child Health (WNB)	Yes	Some services only	Some services only	Yes	Yes	No	Initiated	Some services only	Central	Note whole-of directorate PFB and DNA initiatives underway – see SCH paper	↓	↓
Women’s Health	Some services only	No	Yes	Yes	Yes	No	Some services only	Some services only	Mixed models	Colposcopy	↓	↓

Cancer & Blood	Yes	No	No	No	Yes	No	Some services only	Some services only	Service	Breast Surgery; Note Pacific Health team have some DNA navigation functions	↓	↔
Cardio-vascular	Yes	No	Yes	Yes	Yes	No	No	No	Central	Cardiology	↓	↓
Clinical Support	Yes	Some services only	Yes	Yes	Some services only	No	No	No	Central	MSOP/ Women's Health Physiotherapy	↔	↔

Table 4: Status of key initiatives to support DNA strategy and implementation of Patient-Focussed Bookings by Auckland DHB directorate 17/18 and 18/19

5. Dependencies and Constraints

There are a number of interdependencies and constraints affecting the organisation and both streams of the Outpatients programme that impact application of the DNA strategy. Key themes include:

- Attempts to address the problem through solutions known to reduce DNAs are piecemeal within the current structure and rely on the agreement of individual services to proceed.
- Inability to deliver patient-focussed bookings within current PAS structure and resourcing
- Technology enablers such as a replacement for the current PAS system will not be available for a considerable period of time
- Implementation of a new PAS system is a large piece of work that requires every clinic template/grid to be transferred to the new system – this needs to be considered as it will significantly impact PAS team resource and needs to be planned carefully in the months prior to deployment of the new system
- The lack of an organisation-wide governance and accountability structure for Outpatients (currently being addressed).

6. References

1. Bartholomew K. Auckland and Waitematā District Health Board Joint DNA Strategy. August 2016
2. Cancellation, DNA and Outpatient Volume data derived from Auckland DHB Outpatient TITAN data set within Business Intelligence portal. July 2016 – end June 2018
3. Teague K. Patient Service Centre Review Paper: Provider Directors. Auckland District Health Board. July 2018
4. Auckland DHB Access, Booking and Choice: Policy and Operational Procedures. February 2018

Appendix 1: DNA Definitions and Data Analysis Business Rules

The following describes definitions and business rules for DNA management outlined in the Auckland DHB Access, Booking and Choice policy, issued in February 2018:

Did Not Attend (DNA): Adult Services

A patient is recorded as DNA if they do not arrive at their allocated appointment slot and no prior notice is given of this intention. For community appointments, a DNA occurs if the patient is not available/ present at the agreed appointment date, time and location. A cancellation in advance, even if on the day, is not treated as a DNA.

ADHB policy is that a patient, who has failed to attend their FSA or follow up outpatient appointment, the clinician will review the referral and clinical notes and decide whether a virtual appointment would be a more appropriate option prior to rebooking. Patients will be discharged back to the care of their GP having first ensured that:

- The appointment was clearly communicated to the patient.
- Discharging the patient is not contrary to their best clinical interest.
- The clinical interests of vulnerable patients are protected.
- The relevant clinician (usually an SMO) has been consulted

Where the responsible clinician believes that one of these criteria applies, the patient can be offered a third appointment date. All patients should be discharged to the care of their GP following a third DNA.

The patient's GP and the patient should be contacted on each occasion a patient fails to attend their appointment. If a patient has failed to attend a diagnostic test or pre-operative assessment appointment the patient will be returned to the clinical team with a view to discharge. ADHB policy is that the patient will be discharged back to the care of their GP, providing it is not contrary to their best clinical interest. All patients should be discharged to the care of their GP following a second DNA of a diagnostic test or pre-operative assessment.

If a patient fails to attend a follow up outpatient appointment they will be discharged back to the care of their GP in line with the DNA criteria outlined above, providing it is not contrary to their best clinical interest.

Was Not Brought (WNB) – Paediatric Did Not Attend (DNA)

In the context of this policy, for paediatric patients the term DNA actually means that the patient Was Not Brought (WNB) by the responsible adult. WNB is the preferred term for paediatric patients, i.e. any instance where the patient failed to attend an appointment or admission without giving any prior notification, no matter how short.

On first WNB for paediatric patients a second appointment or admission will be offered and at the discretion of the responsible clinician (usually a SMO) a third appointment will be offered. Factors which could suggest a second appointment or admission date being offered are:

- Severity of referring medical condition

- Vulnerability of the child (see Child Protection Policy).

Whilst it is preferred that the responsible senior clinician (usually an SMO) review the case notes of those paediatric patients that WNB, it is acceptable that this is undertaken by the designated paediatric outpatient nurse where present. For follow up patients the responsible senior clinician (usually an SMO) should make the decision taking into account the patient’s previous management and diagnosis.

In line with the ADHB Child Protection Policy it may be appropriate to contact the Child Protection team after the first DNA.

If it is decided to reappoint, the department responsible for booking this appointment should first check the patient’s contact details with the GP before calling/ letters being sent. Should a referral be made to the Child Protection Team, the management of the patient’s condition remains the responsibility of the SMO to which the child was originally referred. The Starship Child Health policy and pathway for this situation is available on the intranet. The expectation is that all Starship Child Health services will develop an optimal response to WNB patients according to this pathway and make this available to their teams. The patient’s GP should be contacted each time a patient fails to attend/is not brought to the appointment.

Analysis Methodology/ Definitions

DNA and cancellation data is derived from the TITAN OUTPATIENT data set, accessed through the Auckland DHB business intelligence portal. Outpatient data is reported by event, which includes all new patient and follow-up encounters, mode of delivery and DNA/cancelled appointments by service, directorate, ethnicity and DHB origin. Data analysis and graphical representations are performed using Minitab 17™ statistical software. Business rules for this analysis are included in the table below.

Note that there has been a historical discrepancy between different data sets and methods of expressing DNA and cancellation rates. For this reason analysis of both the TITAN (current) and the ATLAS (retired) data sets has been completed in order to provide the most accurate view possible of the current state data. Data by service and directorate has been developed using both sets and is available on request in both MS Excel™ and Minitab 17™ format.

Data Reporting Field	Definition/Methodology
DNA % (all events)	The number of flagged DNA events as a percentage of total outpatient events, including all appointment types and all reported professional groups.
NP DNA % (all events)	The number of flagged “New Patient” DNA events as a percentage of total new patient outpatient events by directorate/ service, including all appointment types and all reported professional groups. “New Patients” include all service first encounters across all appointment types and professional groups. “FSA” is therefore a subset of “New Patient” and is included within this data.

FU DNA % (all events)	The number of flagged “Follow Up” DNA events as a percentage of total outpatient follow-up events by directorate/ service, including all appointment types, modes of delivery and all reported professional groups.
Cancellation % (all events)	The number of flagged Cancelled events as a percentage of total outpatient events, including all appointment types and all reported professional groups. Note that “DNA” is a subset of cancelled appointments, therefore “cancellation %” will reflect the total capacity impact of DNAs, patient-cancelled and service/clinician-cancelled events.
FSA DNA % (SMO PUC Only)	The number of flagged DNA FSA events as a percentage of total FSA events. FSA events are defined by Price Unit Code (PUC) as “1 st Appointment” with an SMO, so exclude any other nurse-led or allied health clinics, procedures, follow-up appointments, or “New Patient” events not performed by an SMO. Note that monthly directorate and ministry DNA reports use this measure
Time period	Data is reported for three full financial years, 2016/17, 2017/18 and 2018/19 for the period 1 July 2016 – 30 June 2018

Table 5: Business rules and definitions used to complete data/ trend analysis section 3 and in the Appendices to this document

Appendix 2: Outpatient Programme Workstreams

The following table outlines the key areas of activity within the Current State and Transformation streams of the Outpatients programme and how they align to the four improvement domains identified within the DNA strategy:

DNA Strategy Domains	Outpatient Programme Stream	Project/ Workstream	Description	Status	
Systems and Value	We ensure that the appointment is necessary and of value	Transform	Patient-directed follow-ups	Give patients more autonomy to determine whether an appointment is required using the 'SOS' approach	Colorectal (General Surgery) early adopters live from September 18
			Perioperative Automation	Shift preadmission activity to automated digital platform that allows clinicians to better determine patients who do not need a preadmission appointment or those that are suitable for a telehealth appointment	Technical solution build has commenced August 18
			Renal AMODOC	Offer patients telephone follow-ups as an alternative to in-person surveillance appointments (where procedures are not required)	Project currently live and clinicians providing follow-up appointments using telephone mode of delivery
			Labtests Pilot	Perform more simple tests such as weight and blood pressure in the community to reduce the need for on-site surveillance appointments	Pilot sites identified by Labtests and patient group being modelled by project team
			TARPS Telehealth	Reduce need to travel long distances for on-site appointments by providing care using telehealth (videoconferencing)	Project currently live and clinicians providing care by telehealth
			Orthopaedic Outpatients	Identify non-surgical orthopaedic patients early and divert to the right care sooner by embedding a physiotherapy clinic within orthopaedic outpatients and establishing a new triage process	Project currently live and patients being seen within embedded clinic
			Haematology Telehealth	Reduce need to travel long distances for on-site appointments by providing care using telephone follow-ups	Project currently live and clinicians providing appropriate follow-up appointments by telephone
			Lung Cancer co-design	Work with patients to develop a new model of care for lung cancer surveillance and minimise unnecessary travel to hospital sites	Project underway, first workshop to commence from September 18
			Telehealth Clusters	As Above	As Above
	Patients choose an available appointment at the best time for them (PFB)	Current State	ABC Policy	Establish clear business rules to support PFB, including leave and clinic cancellations and DNA management; Establish clear reporting framework, responsibility and accountability for adherence to policy	Project management resource being recruited to support implementation of policy; Reporting framework/ scorecard development complete
			Patient Service Centre Review	Consolidate scheduling processes and resourcing to reduce variation, allow cross-cover of leave and achieve economies of scale to allow implementation of ABC policy and Invitation to Contact model	Options currently under review by Provider Directors
			Invitation to Contact	Minimise practice of providing appointments to patients where contact has not been achieved by asking patients to contact schedulers to select most appropriate available appointment slot; Note that lack of ITC model is strongly associated with high DNA rates	Requires economies of scale within patient service centre to be achieved in order to transition from single services to organisation-wide BAU
			Production Planning	Use production planning approach to identify appointment availability by clinical resource and location, optimising available resources (transformation stream)	Approach currently live within General Surgery outpatients; Work underway with Community Rehabilitation and NASC teams
			PAS Replacement (HARP)	Replace current PAS system for Outpatient scheduling (PHS) with fit-for-purpose system that supports PFB and allows schedulers to have more visibility of a patient's appointment needs across multiple services, supporting appointment coordination	HARP project approved within regional ISSP/ investment planning and scoping currently underway led by IMS
	We ensure that participants know about and value the appointment	Current State	Email validation of details	Ensure we have the right details so that we can be confident that patients receive appointment information	Project currently live, led by IMS and PAS teams
			Email not letters	Use a platform to communicate appointment information that better suits consumers	Project currently live, led by PAS team
			Telephone Interpreters	Utilise telephone interpreters to better communicate with groups at higher risk of DNA about appointments	Some activity initiated within Diabetes initiative
			Diabetes Satellite Clinics	Utilise co-design to understand barriers to attendance at community diabetes clinics with specific focus on Māori/ Pacific communities (transformation stream)	Māori/ Pacific interviews completed with multiple insights gained; Outputs of this work to complement regional Diabetes model of care work
	We optimally remind people	Current State	Email validation of details	As Above	As Above
			Email not letters	As Above	As Above
			Telephone Interpreters	Utilise telephone interpreters to better communicate with groups at higher risk of DNA about appointments	Some activity initiated within Diabetes initiative
			Cardiology COTS	We utilise simple technology to establish a text-for-heart service that not only reminds patients about appointments but also supports adherence to cardiac rehabilitation (transformation stream)	Cardiology text service solution built and for go-live August 18
			Text Reminders	Use text messages to remind patients about upcoming appointments	Currently live for most services
	Access	Transform	Renal AMODOC	As Above	As Above
			Labtests Pilot	As Above	As Above
			Preadmission OSS	Patients are able to walk-in to preadmission appointments on the same day as surgical FSAs (a 'one stop shop') to minimise need for additional follow-up appointments, reduce need for additional travel/ costs/ time off work	Colorectal, breast surgery and urology pilots now complete and services considering transition to BAU
			GCC Radiology Walk-Ins	Allow patients to walk-in to have plain-film procedures following referrals from primary care at defined	Project currently live and resulting in significant reduction in

				periods of the day that better suit patients	DNAs
			TARPS Telehealth	As Above	As Above
			Telehealth Clusters	As Above	As Above
			Lung Cancer co-design	As Above	As Above
	Where appropriate, we change where and how services are delivered	Transform	Telehealth (multiple)	Organisational roll-out of telehealth as default option for all appropriate surveillance follow-up appointments	Business planning currently underway; Resource will be required from 19/20
			Gynaecology eConsults	Utilise eReferral platform to provide more virtual appointments, create plans of care and support/ up skill primary care to manage patients in the community	Project has commenced
			Diabetes regional MOC	Shift current model from a secondary-care dominated approach to a primary/ community approach where only the most complex/ unstable cases (10%) are required to travel to congested hospital sites for appointments	Project is being led by the Funder and 5 workstreams have been identified; Outpatients programme looking to support using outputs of cardiology text-for-heart and telehealth projects
			Renal Dialysis in the Community	Shift dialysis to the community and target to most at-risk communities to provide care closer to home	Dialysis unit to be established in Tamaki in 2019
			Haematology Model of Care	Review and modify care pathways to minimise unnecessary outpatient and day stay appointments	Changes to infusion protocol, acceptance criteria and waitlist management live
			Community Iron Infusions	Shift the bulk of IV Iron and other infusions (such as bisphosphonates) to the community utilising models similar to POAC	Funder-led, Outpatients programme is facilitating scoping and development of joined-up concept design
	We have tailored solutions for groups with the highest DNA rates	Transform & Current State	Diabetes Satellite Clinics	Utilise co-design to understand barriers to attendance at community diabetes clinics with specific focus on Māori/ Pacific communities	Māori/ Pacific interviews completed with multiple insights gained; Outputs of this work to complement regional Diabetes model of care work
			Diabetes regional MOC	As Above	As Above
			Tamaki Collaboration	Work with the Tamaki team to target Māori/ Pacific populations with initiatives such as telehealth, multi-specialty provision of care in the community	Currently scoping how Tamaki and Outpatient programmes collaborate with initial projects
Telephone Interpreters			As Above	As Above	
Experience	We have a culturally competent booking & scheduling workforce	Current State	ABC Policy	Establish clear business rules to support PFB, including leave and clinic cancellations and DNA management; Establish clear reporting framework, responsibility and accountability for adherence to policy	Project management resource being recruited to support implementation of policy; Reporting framework/ scorecard development complete
			Patient Service Centre Review	As Above	As Above
			Invitation to Contact	Minimise practice of providing appointments to patients where contact has not been achieved by asking patients to contact schedulers to select most appropriate available appointment slot; Note that lack of ITC model is strongly associated with high DNA rates	Requires economies of scale within patient service centre to be achieved in order to transition from single services to organisation-wide BAU
			Production Planning	Use production planning approach to identify appointment availability by clinical resource and location, optimising available resources	Approach currently live within General Surgery outpatients; Work underway with Community Rehabilitation and NASC teams
			HR Guidance	As Above	As Above
	We welcome, listen and explain	Transform & Current State	ABC Policy	As Above	As Above
			Patient Service Centre Review	As Above	As Above
			Invitation to Contact	As Above	As Above
			Telephone Interpreters	As Above	As Above
			Co-design projects	Tamaki, Lung Cancer, Diabetes, MS Pregnancy projects utilising insights of patients to change model of care (transformation stream)	Projects are currently underway
Value	We use a common definition to monitor by service and we follow up	Transform & Current State	ABC policy scorecard	Scorecard reporting by service and directorate created by PAS team within GM accountability	Scorecard template and monthly reporting approach has been completed
			PAS Monthly reporting	Multiple PAS reports available including DQ69 reporting of activity and outcomes	DQ69 reporting template complete and monthly data available at service and directorate level
			Provider Financial Sustainability	Outpatients programme benefits reporting framework created; Capacity benefits (soft savings) reported monthly quantifying capacity benefit returned to the system through project activity	Currently 7 projects contributing capacity benefit data to monthly PFS reporting
			Programme strategy block reporting	Standardised strategy block and A3 approach provides in-depth information, metrics and progress for all Outpatient projects	Reported monthly, information on specific projects can be provided on request
			Production Planning	As Above	As Above

Was Not Brought – Starship Child Health

Recommendation

That the Hospital Advisory Committee receives the Was Not Brought – Starship Child Health report for October 2018.

Prepared by: Michael Shepherd (Medical Director, Child Health Directorate)

Endorsed by: Joanne Gibbs (Director Provider Services)

7.2

Glossary

Acronym/term	Definition
PFS	Patient/Whānau focussed scheduling
WNB	Was Not Brought

This paper has been prepared to detail the scope of the Was Not Brought (WNB) (also known as DNA) in Starship Child Health and to describe the work completed to date and further plans aimed at reducing this problem.

Situation:

Starship Child Health continues to have high rates of patients not being brought to outpatient clinic appointments and there is significant inequity associated with this problem.

Background:

Was Not Brought (WNB) vs Did Not Attend (DNA)

In Child Health, around the world, it is increasingly accepted that children and young people who do not attend clinic appointments (either first specialist assessments or follow up) are not making an informed choice to not attend. Instead they are being not brought to clinic by their caregivers. This distinction is important as it reframes the lack of attendance as the responsibility of the children's caregivers, wider community connections and on healthcare providers.

Important Problem

It has been demonstrated that children who are WNB are likely to have worse health outcomes, often worsening inequity. Children who have high incidence of WNB are also known to be at high risk of broader care and protection issues. It is also noted that high WNB rates result in inefficient healthcare delivery.

Why do WNBs occur?

There are a number of factors known to contribute to WNB in both Starship and other child health settings:

1. Caregivers not received adequate explanation of need for clinic appointment – this includes first appointments and follow up appointments
2. Poor coordination of care – eg multiple appointments
3. Poor communication – eg late notification, unclear location, incorrect contact details
4. Access issues – eg vehicle access, parking
5. Child Protection issues

Current State of WNB in Starship Child Health

Currently there are unacceptable high rates of WNB in Starship Child Health services.

There is significant inequity of WNB rates, with much higher rates in Māori, Pacific and children in low socio-economic status areas.

Starship WNB complicated by the regional nature of outpatient activity (noting our extensive outreach work beyond metro Auckland is not included in these data).

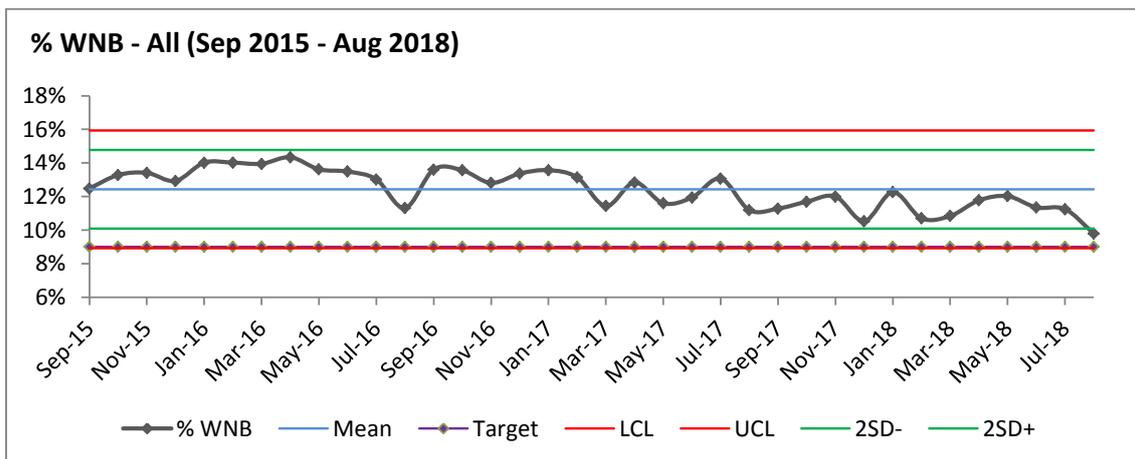
45% of WNB are Auckland DHB patients – with overall WNB % of 12%

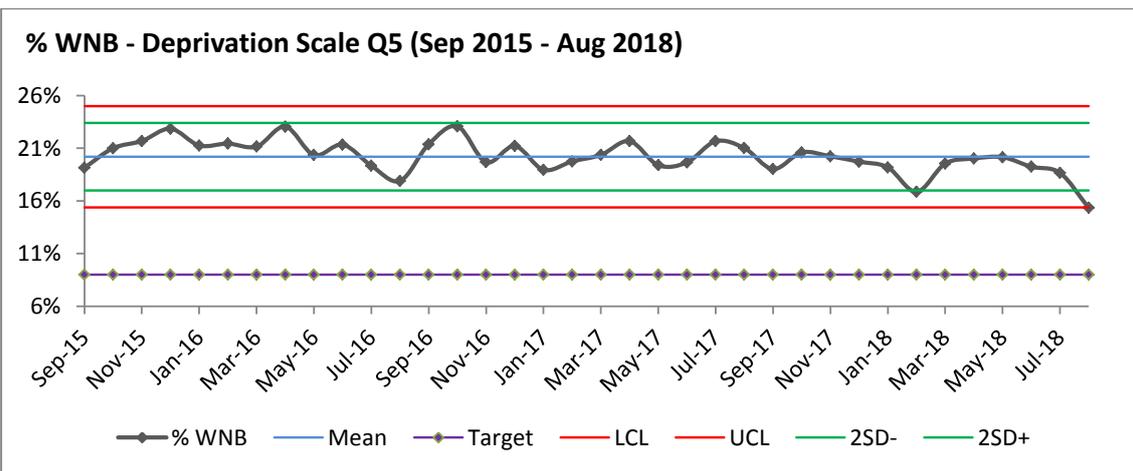
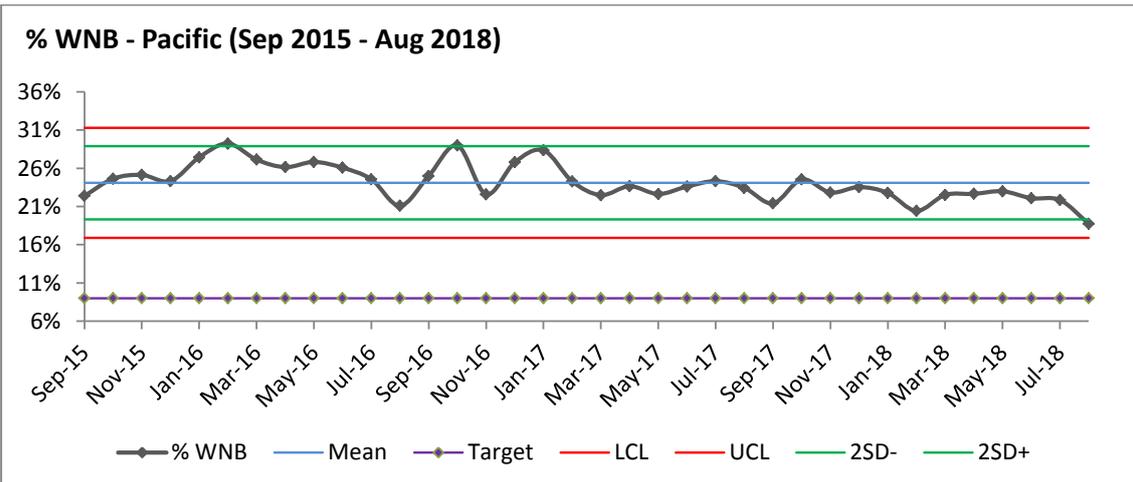
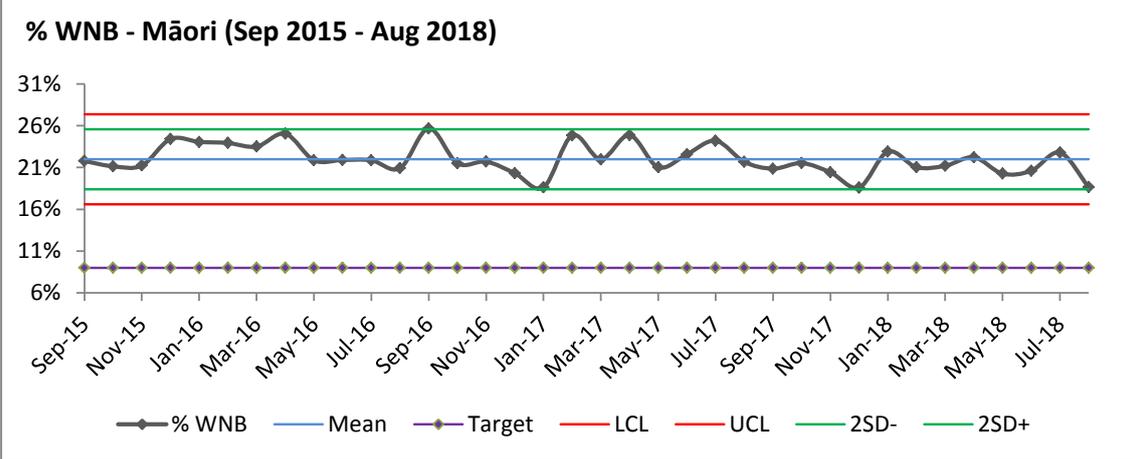
21% of WNB are Counties Manukau DHB patients – with overall WNB % of 14%

26% of WNB are Waitemata DHB patients – with overall WNB% of 9%

3% of WNB are Northland DHB patients – with overall WNB% of 15%

Control chart of WNB for last 3 years





Actions:

1. **Reporting** for individual services and clinic locations has been developed and these reports are being used to develop specific solutions

2. **Greater understanding** of the issue has been gained by the completion of a short project involving telephoning parents in Auckland DHB who had a scheduled appointment and a recorded history of having missed three or more appointments in the previous 12 months. There was a response rate of 43% for the project (67 people were contacted). Many of those who responded had children with multiple medical problems and coordination of appointments was a significant issue.

Detailed analysis of 52 children who were unable to be reached via telephone in the WNB survey identified that approximately one third of them are known to our Starship Community Service and this provides us with opportunities to increase our focus on supporting and enabling attendance.

3. **A specific intervention** has been initiated for the children who are not being brought to Ponseti (club foot) clinic. The Pacific Social Worker is engaging with Pacific families and a data capture plan is being developed that aims to demonstrate this difference this additional input is making to attendance rates.

4. **Patient/Whānau focussed scheduling (PFS)** is being developed

PFS has been found to be effective when used by other healthcare providers. PFS involves giving whānau a range of ways of contacting our services and scheduling appointments that are suited to their needs.

Auckland DHB is not yet ready to progress to this approach across all outpatient areas, so we have sought additional funding from the Starship Foundation to progress more rapidly. It requires a number of changes including:

- a. Foundation funding plan for additional staff - completed
- b. Co-location of schedulers – partially completed
- c. Changes to scheduling function
- d. Working with clinical services to implement

Current timelines are that some services will begin PFS in December 2018, with gradual increase in 2019.

5. **Contact details** gathered accurately

We are auditing performance in this area and do not believe this is currently a significant issue. We have added a reminder on the primary care e-referral asking referrers to check these details.

6. WNB response

Individual services have significant differences in outpatient delivery including patient domicile, clinical risk, clinic locations and available staff. We have developed a pathway to ensure services have a process for managing patients who are not brought (Appendix A). While many services have some processes these are often individual clinician led or are not comprehensive in their approach. We are also ensuring that services link in with the Starship Community services where this is relevant.

We are now working with services to confirm their approach and to embed this in service practice.

7. WNB scheduler

Developing a scheduler position who will have with specific expertise in WNB and working with whānau.

We are also developing a suite of options that can be offered to whānau if they are having difficulty attending.

8. Transport

It is recognised that access to transport and transport costs can be a significant barrier to clinic attendance. We are exploring a range of options to assist whānau with transport.

9. Clinic locations

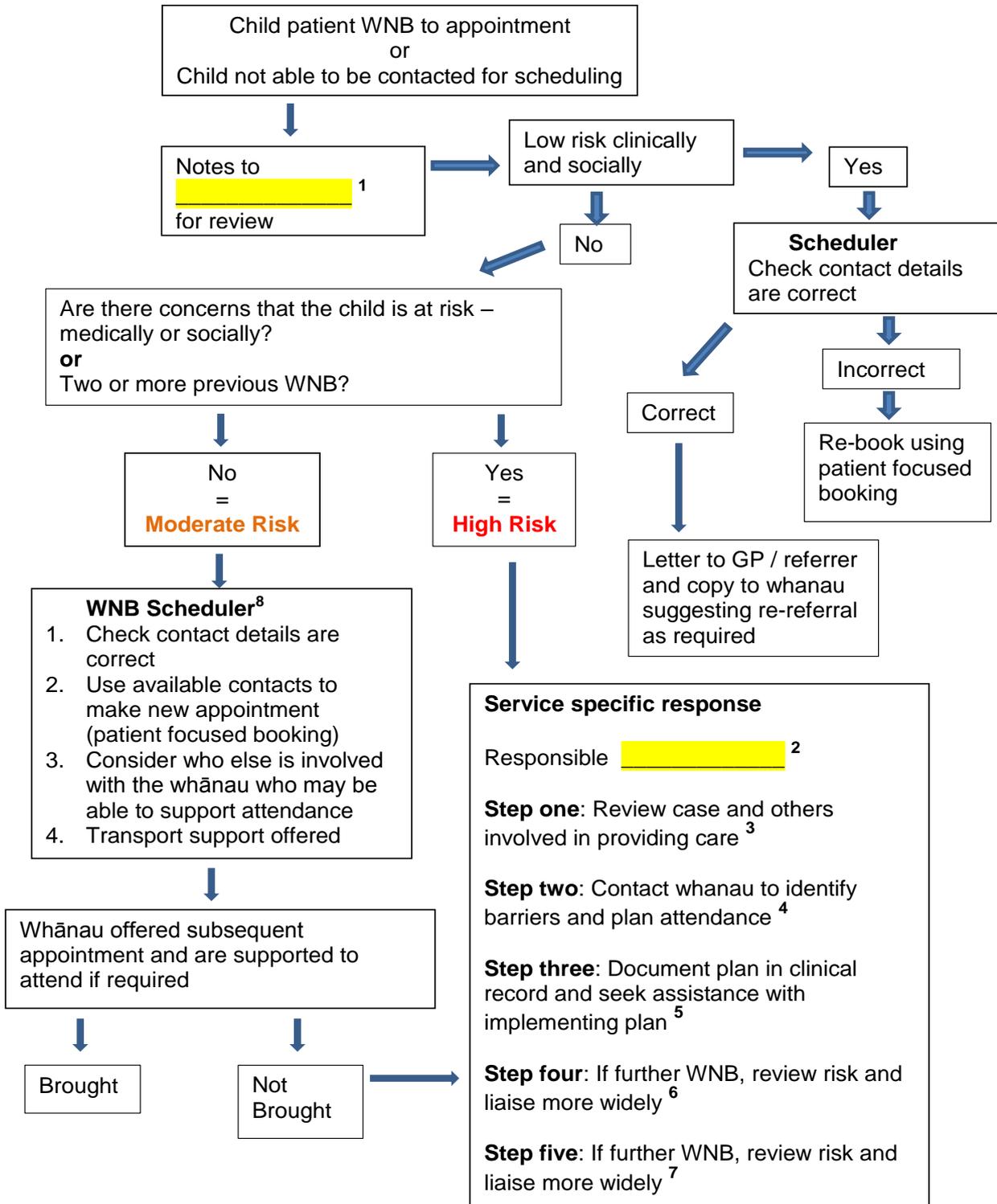
We have a number of outreach clinics in a range of specialties across metro Auckland. We are developing further governance around these clinics in the “Starship@” model which will include WNB management. We are also looking to develop further outpatient delivery in the community where volumes and workforce allow.

10. Other DHBs

We recognise that a significant proportion of our WNB children and young people come from outside Auckland DHB. As noted above, we plan to build further clinic capacity closer to these patients but we also plan to work with Waitematā DHB and Counties Manukau DHB to help with WNB patients. However, this inter-DHB work is planned for after the implementation of some of the activity described above, in order to ensure that we have our own processes optimised in the first instance.

Appendix 1 : Service Template Was Not Brought (WNB) response

Was Not Brought(WNB) Process for [redacted] Service



Each Starship Child Health Service will develop a WNB response that is tailored to their service using the attached flow chart. This response should include identifying **who** is responsible for which functions, the level or **risk** associated with the WNB in particular circumstances, and **responses** that reflect the level of **impact** of the failure to attend on this child's health and wellbeing.

Notes

1 Responsibility for initial assessment of clinical and social risk

- a. Will need to be a clinician eg Registrar/Nurse Specialist but likely to need SMO input

2 Responsibility for following service specific response

- a. Likely to be Nurse Specialist or Social Worker but likely to need SMO input
- b. May or may not be same staff member as 1. above

3 Step one

Review of case

- a. Re-check contact details;
- b. Review whether other clinical teams are involved, any recent admissions and in particular if a Community Team member is involved.
- c. Decide if you want to pursue attendance, if yes move to next step

4 Step two

Contact whānau to identify barriers and develop a plan for attendance

- a. Negotiate a suitable day / time to attend;
- b. Identify any barrier to attendance

5 Step three

Document plan in clinical record and seek assistance with implementing plan

- a. A member of the Starship Community Service for Auckland DHB patients would be a good example of a resource in this situation (community nurse, allied health staff, cultural worker or social worker).
- b. Other options might include contacting wider whānau; a social worker in the child's school; internal cultural support services; the referring DHB or GP. This persons role is to help facilitate constructive contact with the whānau and to support attendance.

6 Step four

Wider liaison

- a. Mandatory SMO involvement
- b. Mandatory Health Social work involvement – Hospital or Community
- c. Consider Te Puaruruhau involvement
- d. Consider Oranga Tamariki involvement

- e. Consider using the medical neglect pathway.

7 Step five

Medical Neglect pathway

- a. Oranaga Tamariki referral
- b. Continue work as per Steps 3 and 4

8 WNB Scheduler

- a. This role(s) are within Starship scheduling team - in development
- b. Use script with whānau - in development
- c. Use transport options - in development

Resolution to exclude the public from the meeting

Recommendation

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

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
1. Apologies	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]
2. Register and Conflict of Interests	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 5 September 2018	Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the New Zealand Public Health and Disability Act [NZPH&D Act 2000]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
4. Confidential Action Points	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
5.1 Presentation – CDU 90 Day Review	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act

		1982 [NZPH&D Act 2000]
5.2 Draft HAC Forward Work Programme 2018/2019	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.1 Transplant	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time. Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]s	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.2 Shortage of Anaesthetic Technician	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)] Prejudice to Health or Safety Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time. Negotiations Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]s	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
6.3 Women's Health - Midwifery	Commercial Activities Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for

	<p>disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Prejudice to Health or Safety</p> <p>Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time.</p> <p>Negotiations</p> <p>Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)]s</p>	<p>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>
6.4 Food Services	<p>Commercial Activities</p> <p>Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Negotiations</p> <p>Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
7.1 Complaints	<p>Privacy of Persons</p> <p>Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence</p> <p>Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
7.2 Compliments	<p>Privacy of Persons</p> <p>Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence</p> <p>Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p>	<p>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]</p>
7.3	<p>Privacy of Persons</p>	<p>That the public conduct of the whole or</p>

Incident Management	<p>Information relating to natural person(s) either living or deceased is enclosed in this report [Official Information Act s9(2)(a)]</p> <p>Obligation of Confidence</p> <p>Information which is subject to an express obligation of confidence or which was supplied under compulsion is enclosed in this report [Official Information Act 1982 s9(2)(ba)]</p> <p>Prejudice to Health or Safety</p> <p>Information about measures protecting the health and safety of members of the public is enclosed in this report and those measures would be prejudiced by publication at this time [Official Information Act 1982 s9(2)(c)]</p>	the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]
7.4 Policies and Procedures	<p>Commercial Activities</p> <p>Information contained in this report related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p>	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 Anatomical Pathology	<p>Commercial Activities</p> <p>Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]</p> <p>Prevent Improper Gain</p> <p>Information contained in this report could be used for improper gain or advantage if it is made public at this time [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]