

# Provider Services Directorate Plans 2018/19

**Our goal is to provide quality, patient-centred, self-directed care closer to home**

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:

Key Directorate Priorities #	Current State	Target Condition
1 - Better services for the frail older person. We need to identify frail older people early on while they are inpatients and do more to share their care between primary, community, palliative and reablement services. This will enable us to meet the needs of frail older people in their homes or community settings while also avoiding unnecessary admissions	<ul style="list-style-type: none"> <li>Residents at Age Related Residential Care (ARRC) facilities are brought to our Emergency Department (ED) regardless of acuity</li> <li>There is no consistent pathway to manage frail older people in ED</li> <li>Older people currently occupy 42% of all hospital beds and will account for 80% of the growth in demand over the coming years</li> <li>There is a lack of capacity in hospitals to meet the current and future demand</li> </ul>	<ul style="list-style-type: none"> <li>Protocols in place with ARRC to reduce non-acute presentations from ARRC to adult ED</li> <li>Early specialist assessment and management of frail patients presenting to secondary services</li> <li>Dedicated specialist input for frail older people on medical and surgical wards</li> <li>Shared care between primary and community services that meets the acute care needs of frail older people at their place of residence (eg the hospital at home)</li> </ul>
2 - A responsive community service. Our locality teams will support the wider hospital team and primary care practitioners to manage patients in the most appropriate environment, as close to home as possible, and to understand the range of alternatives to hospital services available	<ul style="list-style-type: none"> <li>There is increased demand to manage increasing complexity in a community setting</li> <li>We have workforce and organisational challenges in meeting this demand</li> <li>Intermediate care is in place but is fragmented</li> <li>The commissioning guidelines for intermediate care based on our population needs has been received from planning and funding and requires action</li> </ul>	<ul style="list-style-type: none"> <li>The majority of our referrals to our Rapid Community Access Team (R-CAT) to come from primary care (including ARRC)</li> <li>Our staff to enable whole system navigation of care for the community and have well developed relationships with palliative care and other community providers</li> <li>The single streamlined interim care bed pathway is implemented</li> <li>A community services hub at Pt. Chevalier to offer a range of specialist services</li> </ul>
3 - Outpatient model of care. Our team will work with primary care practitioners to deliver accessible care through developing best practice service delivery models, where patient goals are embedded into care plans and our workforce is supported to work at the top of their scope across all disciplines	<ul style="list-style-type: none"> <li>Enabling practitioners to work at the top of their scope to meet demand</li> <li>Increased demand and inconsistencies in scheduling of appointments</li> <li>Current model does not fully reflect patient goals</li> <li>IT does not allow full shared care with primary care</li> <li>Current infusion service is inadequate to meet demand, resulting in inpatient admission</li> </ul>	<ul style="list-style-type: none"> <li>An increased number of clinics delivered by nurses and allied health professionals</li> <li>Shorter waiting times for first appointments and follow-ups in community services</li> <li>Equitable Did Not Attend (DNA) rates for our Māori and Pacific patients compared with other patient groups</li> <li>There is a 5-day integrated day infusion service for ambulatory care patients</li> </ul>
4 - Building blocks for sustainability. It is important that we develop a sustainable response to the changing environment	<ul style="list-style-type: none"> <li>Historical funding arrangements do not reflect the changes in patients and services</li> <li>Nursing numbers/skill-mix (capacity) do not match inpatient workloads (demand)</li> </ul>	<ul style="list-style-type: none"> <li>Long-term financial sustainability built into models of care</li> <li>Ensure TrendCare and Care Capacity Demand Management (CCDM) methodology are used to establish and budget for nursing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services</li> </ul>
5 - Our people are happy, healthy and high performing. Our workforce capacity and capability meets the service demand	<ul style="list-style-type: none"> <li>High staff turnover rates and difficulties in recruiting for some professions</li> <li>Sub-optimal recruitment, onboarding and development of our teams</li> <li>A developing approach to service sizing that has had variable staff engagement</li> </ul>	<ul style="list-style-type: none"> <li>Planning in place to maintain skill-mix and capacity</li> <li>Roles critical to delivering priorities are defined and succession plans in place</li> <li>Enhanced workforce wellbeing by acknowledging contributions and an improved work environment</li> <li>A high retention rate across all professional groups</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Introduce a dedicated frail older people multidisciplinary team in adult ED	SCDs				
	Expand capacity in intermediate care and implement a single streamlined interim care bed pathway	Allied Health Director				
2	Develop a community hub at our Pt. Chevalier site with the mental health services for older people	SCD Community				
	Implement the second phase of the community central point of triage	SCD Community				
3	Implement the co-design recommendations from the Diabetic Service Level Alliance (DSLAA) in the diabetes service	SCD Diabetes				
	Trial the use of videoconferencing for virtual clinics and bedside handover	SCD Community				
4	Ensure TrendCare and CCDM is fully implemented on inpatient wards	Nurse Unit Manager				
	Introduce mobile devices to community and outpatient services	Operations Manager				
	Develop a service capacity plan and sizing principles for each service	General Manager				
5	Develop a workforce plan (including new graduate recruitment) for professional groups and key roles	Director				

#	Measures/Milestones	Current (end 2017/18)	Target (2018/19)	2019/20
1	Reduction in Auckland City Hospital bed days for over 75 year olds as a ratio of overall admissions	Baseline on 2016/17 data	1.5% reduction from end 2017/18	3% reduction end 2017/18
	Percentage of referrals to R-CAT from primary care and ARRC as a total of all referrals	2%	15%	25%
2	Proportion of our outpatient activity delivered without our patients needing to come to Auckland City Hospital or Greenlane Clinical Centre	24%	55%	60%
3	Reduction of our DNA rates in our Māori and Pacific patient populations	33%	18%	<15%
5	Improvement in retention rate for our staff	83%	89%	92%

## To deliver high quality care to all our patients

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:

Key Directorate Priorities #	Current State	Target Condition
1 - Improving and maintaining our performance across all our services	<ul style="list-style-type: none"> <li>Issues currently with adult Emergency Department (ED) target and colonoscopy</li> <li>Several initiatives for adult ED and a robust sustainable recovery plan for colonoscopy</li> </ul>	<ul style="list-style-type: none"> <li>Meeting all targets and performance metrics across our services and having remedial plans for issues that arise</li> </ul>
2 - Delivering improvement projects across all our services with a specific focus on goals of care and advanced care planning	<ul style="list-style-type: none"> <li>Service development: assessment and planning unit/short stay inpatient development, chronic obstructive pulmonary disease, sleep model of care, integrated stroke unit, hyper acute stroke expansion, bowel screening, full outpatient intravenous antibiotics implementation, renal 'hub' and 'spoke' development, adult ED building programme, implementation of new general medicine ward, critical care</li> </ul>	<ul style="list-style-type: none"> <li>All improvement projects delivered and clear plans for a full delivery of goals of care and advanced care planning</li> <li>Critical care strategy developed and delivered</li> <li>General medicine model of care reviewed and developed</li> </ul>
3 - Implementing and maintaining robust risk management systems and processes that allow us to effectively identify and manage our risks	<ul style="list-style-type: none"> <li>Risk registers in each of our services working towards the formalisation of risk reports</li> </ul>	<ul style="list-style-type: none"> <li>Awareness of all risks across the Directorate with comprehensive risk registers and robust mitigation plans that are monitored frequently for effectiveness</li> </ul>
4 - Using our money wisely and continuously looking for ways to improve our financial management	<ul style="list-style-type: none"> <li>Budget allocation in progress</li> </ul>	<ul style="list-style-type: none"> <li>Budget is effectively managed</li> </ul>
5 - Our people are happy, healthy and high performing	<ul style="list-style-type: none"> <li>Our services are still implementing bespoke action plans developed post the Employee Survey</li> </ul>	<ul style="list-style-type: none"> <li>Supported staff who are able to perform at their highest level and feel empowered and supported</li> </ul>
6 - Developing our workforce in creative and sustainable ways	<ul style="list-style-type: none"> <li>Nurse endoscopist and nurse practitioner roles have been implemented</li> </ul>	<ul style="list-style-type: none"> <li>A fully developed sustainable workforce, identifying roles across our workforce that can be expanded and developed to manage the needs within our services</li> <li>A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix; and to ensure the provision of timely, appropriate and safe services using TrendCare and Care Capacity Demand Management (CCDM) methodology</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Continue with weekly and monthly meetings to monitor progress	Director				
	Review progress of all priorities within monthly priority plan meetings	Director/ General Manager				
2	Deliver projects across Directorate. Monitor each area through a robust project approach	General Manager				
	Monitor design and progress of renal build and integrated stroke unit and Level 2 building projects	General Manager				
3	Continue to support clinical teams in risk identification and documentation	Allied Health Director				
4	Ensure each of our services are reviewed for cost effectiveness	Finance Manager				
	Manage money effectively and review current budget monthly with our services	Finance Manager				
5	Continue with implementation of plans	Director				
6	Identify areas for development	All SCD's				
	Identify staff who are eager for skill development across all our services	Nurse Director				
	Implement new ways of working	All				
	Ensure TrendCare and CCDM is fully implemented within inpatient wards/departments to ensure appropriate response to patient acuity and nursing staffing requirements	Nurse Director				

#	Measures/Milestones	Current (end 2017/18)	Target (2018/19)	2019/20
1	Adult ED targets: Elective Services Patient Flow Indicator, first specialist assessment and follow ups colonoscopy	Adult ED and colonoscopy surveillance targets not met. Meeting all other targets	All targets met	All targets met
2	Full delivery of all improvement projects	Initiation	Milestone met	Delivered
3	Up-to-date risk register for each service	In progress and up to date	All risks identified and documented	All risks identified and documented
	Up-to-date Directorate risk register	In progress and up to date	All risks identified and documented	All risks identified and documented
4	Budget balanced	Developmental stage	Delivered	Delivered
5	Looking after our staff, understanding their needs	Continuing with current initiatives		
6	New ways of working are implemented	Initiation	Milestone met	Delivered

## Best cancer care today, and even better care tomorrow

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:

Key Directorate Priorities #	Current State	Target Condition
1 - Research and innovation	<ul style="list-style-type: none"> <li>Regional process is underway regarding 'hub' and 'spoke' delivery, including local delivery of oncology. Early Phase Trials Unit has been established within the Auckland Academic Health Alliance with Directorate-wide consultation</li> </ul>	<ul style="list-style-type: none"> <li>Integrated cancer service established across the cancer precinct as an Academic Centre of Excellence, developed with the University of Auckland</li> </ul>
2 - Prudent operational/financial management	<ul style="list-style-type: none"> <li>Financial challenges particularly related to tertiary services</li> </ul>	<ul style="list-style-type: none"> <li>Sustained financial position which supports best clinical practice, including the prudent management of costly fleet and equipment</li> </ul>
3 - Demand/capacity management	<ul style="list-style-type: none"> <li>Difficulties linking Senior Medical Officer roster information to SCRUM process</li> <li>Clinic room utilisation is at capacity</li> </ul>	<ul style="list-style-type: none"> <li>Our services flex to meet waiting list demand, using staff/clinic rooms and other physical resources as efficiently as possible</li> </ul>
4 - Improved patient experience	<ul style="list-style-type: none"> <li>Many aspects of the physical space are cramped and unsatisfactory</li> </ul>	<ul style="list-style-type: none"> <li>Patients experience a service environment that meets their expectations</li> </ul>
5 - Cancer and Blood information system	<ul style="list-style-type: none"> <li>Difficulties providing timely, updated clinical information across the region's DHBs to support the focus on distributed models of care</li> </ul>	<ul style="list-style-type: none"> <li>Regionally co-ordinated IT systems to support better patient care, and facilitation of safe practice through the use of shared protocols and scripts</li> </ul>
6 - Health and wellbeing of our people	<ul style="list-style-type: none"> <li>Some staff are concerned about burnout</li> <li>Opportunities for better union engagement</li> </ul>	<ul style="list-style-type: none"> <li>A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services using TrendCare and Care Capacity Demand Management (CCDM) methodology</li> <li>A sustainable, healthy workforce with high levels of engagement</li> </ul>
7 - Service improvements including Cancer Nursing Strategy	<ul style="list-style-type: none"> <li>A range of projects in play, but not all time-lined and structured with the appropriate resources to enable delivery</li> </ul>	<ul style="list-style-type: none"> <li>Planned activities to improve services undertaken - prioritised and agreed through proper and inclusive processes</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Operation of an integrated cancer service steering group to oversee project delivery, with business cases produced and approved	Director				
2	Sustained and effective financial management across financial years with balanced cost/revenue emphasis	Director/SCDs				
3	Clinic space/resource expansion	General Manager/ SCD MedOnc				
	Medirota or equivalent tool operational, rostering visibility	General Manager				
4	Waiting room upgrade - including Māori naming	General Manager				
5	Cancer and Blood information system	Director				
6	Ensure TrendCare and CCDM is fully implemented within inpatient wards/departments to ensure appropriate response to patient acuity and nursing staffing requirements	Nurse Director				
	Cancer and blood lecture series	Director/General Manager				
	Union engagement - radiation oncology	SCD RadOnc				
7	Cancer Nursing Strategy designed and year 1 implemented	Nurse Director				
	Further development of local delivery chemotherapy to deliver our services closer to home and manage capacity constraints	Director/SCD MedOnc				
	Brachytherapy bunker built and operational	SCD RadOnc				
	New haematology model of care implemented	SCD Haematology				

#	Measures/Milestones	Current (end 2017/18)	Target (2018/19)	2019/20
1	Milestones agreed and adhered to	No activity	Model of care and facilities work underway	Model of care complete and facilities work underway
2	Meet revenue and expenditure targets	Budget met	Budget met	Budget met
3	Planned capacity step increases including infusion/clinic	Clinic and infusion space at capacity	Ongoing developments to achieve additional capacity	Ongoing developments to achieve additional capacity
	Implement IT solutions consistent with DHB priority/process	Fragmented IT usage across Directorate	Planned implementation	Planned implementation
4	Waiting room upgrade planned/completed	Work underway	Work planned, progressed through CAPEX	Work implemented
5	Regional system scoped and planned	Prioritised in cancer and blood CAPEX	Planning underway through regional process	Planning underway through regional process
6	TrendCare: greater than 90% of shifts do not exceed negative 40 minutes variance per FTE	50%	90%	
	Staff engagement	Lecture series planned	Lecture series underway	Ongoing engagement
	Union engagement	Regular meetings underway	Proactive engagement	Proactive engagement
7	Cancer Nursing Strategy	Strategy day and initial planning	Strategy consulted and underway	Strategy underway
	Local delivery of chemotherapy extended regionally	Herceptin/blood transfusions Waitemata DHB/Counties Manukau DHB. Awaiting regional agreement	Agreed plan and financing - further extension	Further extension
	Brachytherapy bunker operational	CAPEX/planning underway	Bunker operational	N/A
	Haematology model of care operational	Planning underway	Planned implementation of changes	Planned implementation of changes

## To deliver world class patient and whānau-centred healthcare to all populations we serve

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:

Key Directorate Priorities #	Current State	Target Condition
1 - Strengthen leadership capability. Develop interdisciplinary leadership with accountability as close to the patients as possible	<ul style="list-style-type: none"> <li>Challenges for our clinical leaders in developing and influencing interdisciplinary models within their services, which in turn impacts on quality outcomes for patients</li> </ul>	<ul style="list-style-type: none"> <li>Interdisciplinary models working well within our services and our leaders equipped for success</li> </ul>
2 - Reconfigure our service delivery. Review patient pathway(s) both at primary and tertiary levels	<ul style="list-style-type: none"> <li>Workstreams to reconfigure the model of care for cardiac, thoracic surgery patients are well underway</li> <li>Review of heart failure pathway to ensure locality model focus</li> </ul>	<ul style="list-style-type: none"> <li>Our service redesign projects completed and part of business as usual with continual review</li> <li>Heart failure pathways developed across both inpatients and locality based community teams</li> </ul>
3 - Regional collaboration. Options/solutions for regional collaborative models of care; in particular cardiology and vascular services	<ul style="list-style-type: none"> <li>Early conversations have taken place regarding regional opportunities to identify the most sustainable and patient-centered model for delivery of care for regional patients</li> </ul>	<ul style="list-style-type: none"> <li>Vascular regional model identified and agreed, with ongoing work to develop and support this</li> </ul>
4 - Plan for future service growth. Heart/lung transplant, cardiovascular Critical Care Strategy. Ensure alignment with key organisational workstreams	<ul style="list-style-type: none"> <li>Cardiothoracic and vascular Intensive Care Unit has current capacity challenges</li> <li>Transplant volumes continue to grow</li> </ul>	<ul style="list-style-type: none"> <li>Critical Care Strategy and organisational direction agreed</li> <li>Models of care developed for heart/lung transplant services</li> </ul>
5 - Increase diversity in our workforce to match the population accessing our services and ensure our workforce capacity and capability meets the service demand	<ul style="list-style-type: none"> <li>Services do not have agreed workforce plans for current and future planning. This will help with our staff retention and adapt to the future growth and needs of our services</li> <li>Nursing workforce needs to increase the number of our Māori and Pacific nurses at all levels</li> </ul>	<ul style="list-style-type: none"> <li>A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services using TrendCare and Care Capacity Demand Management (CCDM) methodology</li> <li>Our services have developed workforce plans, taking into account regional changes, anticipated growth in services and cultural diversity</li> <li>Areas at risk are identified and mitigation plans known</li> <li>The ratio of our Māori and Pacific nursing workforce will reflect our population accessing our services</li> </ul>
6 - Financial sustainability. Undertake work to review costs and revenue in alignment with the Provider Financial Sustainability Programme Board	<ul style="list-style-type: none"> <li>Ongoing financial challenges regarding revenue lower than budget continues</li> </ul>	<ul style="list-style-type: none"> <li>Costs and revenue review complete in all services as part of the Financial Sustainability Programme. Potential savings identified</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Continue to develop our service monthly meetings with an interdisciplinary approach alongside Service Clinical Director accountability and leadership	Director				
2,3	Work to collaborate with regional teams to identify and develop regional models across the cardiovascular services, with a particular focus on vascular and cardiology	SCD Vascular				
2	Develop the Auckland DHB heart failure pathway	NUM/Primary Care Director				
2,4	Implement the nursing education model across our Directorate and bring into business as usual	Nurse Director				
	Cardiothoracic Surgical Unit (CTSU) service redesign - shared cardiology/cardiothoracic area for preoperative patients, improve discharge planning across complex and routine pathways, and reconfigure the model of care for Ward 42	SCD CTSU				
	Develop a Critical Care Strategy. Align this with the Building for the Future Programme Board	SCD CVICU				
1 - 2 4 - 5	Develop a 10-year strategic plan for Auckland DHB adult cardiology service with a view on completion of service redesign	SCD Cardiology				
2 - 5	Cardiology Electrophysiology (EP) operational review and EP clinical review combine reports and plan workstreams which can then be implemented	SCD Cardiology				
2, 4, 6	Continue to develop our Transplant Strategy aligned with the Transplant Board	Director				
4	Implement the national Extracorporeal Membrane Oxygenation (ECMO) service model	SCD CVICU				
5	Ensure TrendCare and CCDM is fully implemented within inpatient wards/departments to ensure appropriate response to patient acuity and nursing staffing requirements	Nurse Director				
	Develop a nursing strategy for our Māori and Pacific workforce	Nurse Director				
6	Work with the Provider Financial Sustainability Programme Board to understand revenue and cost risk	General Manager				

#	Measures/Milestones	Current (end 2017/18)	Target (2018/19)	2019/20
2	Develop the Auckland DHB heart failure pathway	To commence Q1 2018/19	Heart failure pathway complete by Q4 2018/19	100% complete
3	Progress is made regarding regional collaboration within vascular services	To commence	An agreed regional model of care and development of joint recruitment strategies by Q4 2018/19	100% complete
2 - 4	Number of recommendations implemented - EP operational/clinical review	25%	All recommendations implemented - complete 2018/19	100% complete
	CTSU pathway service redesign, number of pathways implemented - 6 pathways - pre admission, discharge co-ordination, routine/non-routine pathways, thoracic and ward co-ordination	10%	All pathways complete 2018/19	100% complete
4 - 5	Commencement of Critical Care Strategy	To start Q1 2018/19	Identification of organisational direction and development of implementation plans for agreed direction	100% complete
4	Implementation of ECMO service model	To start Q1 18/19	Delivered according to service model	100% complete

## Striving to deliver and support world-class healthcare for our communities

In 2018/19 our Directorate will continue to build on the 3-year Strategy agreed in 2017/18 and contribute to the delivery of the Provider Services strategic programmes. In addition to this we will also focus on the following Directorate priorities:

Key Directorate Priorities #	Current State	Target Condition
1 - Integrated strategic service planning	<ul style="list-style-type: none"> <li>Strategies for pathology and laboratory (pathology) and pharmacy and medicines (pharmacy) management agreed and being implemented</li> </ul>	<ul style="list-style-type: none"> <li>Strategic vision and implementation plans agreed for all our services focusing on clinical pathways and agreed priorities</li> </ul>
2 - Capacity and demand management	<ul style="list-style-type: none"> <li>Workforce and capacity plans developed and agreed for pathology and pharmacy</li> <li>Limited strategic approach to recruitment, retention and workforce diversity</li> <li>Inconsistent approach to business case development that requires clinical support input and impact on our services capacity</li> </ul>	<ul style="list-style-type: none"> <li>Workforce, capacity plans, business models and recruitment and retention strategies agreed for all our services that support quality, efficiency, diversity, Directorates and organisational priorities and enable planning and delivery of required activity</li> </ul>
3 - Health and wellbeing of our people	<ul style="list-style-type: none"> <li>Staff engagement is in different stages of development and is not fully implemented across all our services</li> </ul>	<ul style="list-style-type: none"> <li>A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services using TrendCare and Care Capacity Demand Management (CCDM) methodology where appropriate</li> <li>Each of our services has an engaged and empowered workforce that reflects Auckland DHB values</li> <li>Our people are equipped and supported to lead and be successful</li> </ul>
4 - Improved patient experience	<ul style="list-style-type: none"> <li>Review of patient experience and quality underway</li> </ul>	<ul style="list-style-type: none"> <li>Patients experience a service and environment that meets their quality and cultural expectations</li> </ul>
5 - Service quality and improvement	<ul style="list-style-type: none"> <li>A patient-centred safety and quality framework is being developed in each of our services</li> <li>Directorate governance structure implemented</li> </ul>	<ul style="list-style-type: none"> <li>Quality and safety excellence is embedded across all our services to measure and improve patient-centred outcomes and clinical safety</li> </ul>
6 - Operational/financial management	<ul style="list-style-type: none"> <li>Significant capital investment in facilities and an equipment replacement programme will be necessary within the next 5-years, potentially with insufficient capital funds available</li> </ul>	<ul style="list-style-type: none"> <li>Sustained financial position which supports best clinical practice</li> <li>An agreed strategy for managing significant key equipment replacement and facilities constraints</li> </ul>
7 - Research and collaboration networks	<ul style="list-style-type: none"> <li>Early stage collaborations developed for radiology, pathology and pharmacy</li> <li>Teaching, training, research and joint appointments with academic partners agreed for pathology and pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>Clinical networks established for all our services</li> <li>Our services have agreed research strategies aligned to strategic priorities</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Develop strategies for Patient Services Centre (PSC), contact centre, allied health and radiology, all aligned to strategic programmes of work	Director/General Manager				
2	Develop our workforce, capacity plans, recruitment and retention strategy and business model developed for Patient Administration System (PAS), allied health and radiology	General Manager/SCDs/HR Manager				
3	Ensure TrendCare and CCDM is fully implemented where appropriate to ensure appropriate response to acuity and clinical requirements	Nurse Director				
	Develop and agree on people and engagement plans	HR Manager				
4	Identify key roles and succession plans	HR Manager/Allied Health Director				
	Agree patient experience measures. Develop training and improvement strategies developed for PSC, allied health and radiology	Director/General Manager/Allied Health Director				
5	Agree quality, safety and outcome measures. Automate measurement where possible	Director/Allied Health Director				
6	Identify revenue, savings targets and capital expenditure strategies for all our services. Sustained and effective financial management across financial years with balanced cost/revenue emphasis	SCD/General Manager/Finance Manager				
	Develop and agree the capital strategy	Director/General Manager/Finance Manager				
7	Develop clinical networks in pathology and radiology. Further embed and develop academic partnerships	Director				

#	Measures/Milestones	Current (end 2017/18)	Target (2018/19)	2019/20
1	Strategies and priorities agreed with the Provider Group	Pathology, pharmacy, PSC agreed	Contact centre, allied health and radiology agreed. Pathology implemented	Models of care/delivery complete. Facilities work underway
2	Workforce and capacity plan proposals completed. Business model reviewed. Recruitment and retention strategies that support further diversity of our workforce agreed	Pathology and pharmacy completed	PAS, allied health and radiology completed	Contact centre and clinical engineering completed
3	People plans, including engagement strategies, embedded across our services. Engagement metrics developed and showing improvement	Pharmacy, allied health and clinical engineering completed	Pathology, PSC and radiology completed	Continue to embed and improve
	Succession planning and leadership development plans in place for key roles	Process and leadership development framework identified	Implement in pathology, allied health and radiology	Implement in PSC and clinical engineering
4	Measures agreed. Improvement strategy developed	Scope for each of our services	PSC and radiology implemented	Pharmacy and allied health implemented
5	Outcome measures developed. Quality and safety metrics reported regularly	Underway	Completed	Embedded
6	Break even budget position and savings plans achieved for each of our services	Budget met	Budget met	Budget met
	Capital strategy agreed by the Executive Leadership Team	Discussions on options with finance underway	Proposal developed	Implemented
7	Clinical networks scoped and agreed. Academic partnerships progressed	Developed	Implemented	Embedded

**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 our 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:**

Key Directorate Priorities #	Current State	Target Condition
1 - Managing demand. An integrated approach to safe, quality care across the continuum	<ul style="list-style-type: none"> <li>We have increasing demand and acuity across all of our mental health services. This impacts on the safety and quality of care, and on our ability to innovate</li> </ul>	<ul style="list-style-type: none"> <li>We will work together to deliver quality care and appropriately scoped, sized and scaled evidenced based models of care that are fiscally responsible to our service users, family and whānau. This will determine where we invest our resources, including facilities that reflect contemporary models of care that are closer to home and integrated with other services</li> <li>A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services based on TrendCare and Care Capacity Demand Management (CCDM) methodology</li> </ul>
2 - Clinical practices and systems. Right interventions by the right people at the right time	<ul style="list-style-type: none"> <li>We have variation across the delivery of our locality based services and this needs to be addressed. Alongside this there are a range of other determinants that impact upon the wellbeing of our service users. We need to work together with other parts of the health and social sectors in a planned and co-ordinated way to address these issues</li> </ul>	<ul style="list-style-type: none"> <li>There are aspects of our philosophy of care such as citizenship and self-determination that require us to work collaboratively with our stakeholders to ensure that everyone has the opportunity to live well in the community with their natural resources (a recovery approach)</li> </ul>
3 - Our people	<ul style="list-style-type: none"> <li>Our people continue to report average levels of morale, wellness and effectiveness in their roles and teams</li> </ul>	<ul style="list-style-type: none"> <li>We are committed to enabling our people to do their ‘life’s best work’ in mental health and addictions services</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4	#	Measures/Milestones	Current (end 2017/18)	Target (2018/19)	2019/20	
1	The future plan for our Directorate will be developed with a 3-year focus	Director		■			1	A future plan developed and signed off by October 2018, taking into account the mental health inquiry findings	Commenced	Completed	Completed	
	We will focus on improving integration across our services, and other health and social services for improved outcomes for our service users through innovative approaches	Director/General Manager				■		We will engage with our intersectoral partners (including Tuhono, Oranga Tamariki, Police) to develop collaborative processes and shared solutions	In progress	On-going	On-going	
	We will focus on our services and their models of care to understand current provision and accessibility and ensure they are fit to respond to future demand and need	Director/SCDs				■		Our services and models of care requiring review will have a clear plan and process, and recommendations to inform and progress future actions and facilities planning	Commenced	On-going	On-going	
	Ensure TrendCare is fully implemented with 100% actualisation across all our mental health inpatient wards/departments in preparation for CCDM to ensure appropriate response to patient acuity and nursing staffing requirements	Nurse Director				■						
2	We will map our current primary/secondary interface and develop a plan to improve physical and mental health outcomes for our service users	Primary Care Director			■		2	A map of our current primary/secondary interface will be collated, along with the range of options available to improve physical and mental health outcomes for our service users. This work will inform an action plan	To be commenced	Completed	Completed	
	We will work to increase consistency and reduce variation of access and service provision across our locality based services	Medical Director/SCDs			■			2	Pathways and algorithms are developed and are in place	In progress	On-going	Completed
	Quality and service improvement work across the Directorate will be progressed, along with identification and implementation of this across our services	Allied Health Director/SCD TWT/SCD CFU				■			Health Quality and Safety Commission: launch of seclusion elimination 20/20. Sustainable service improvement work will continue in the child and family unit and project Haumaru	In progress	On-going	Completed
3	We have a commitment to developing high performing teams within mental health services - providing outstanding professional and personal development opportunities. A succession management plan for leadership and key positions in mental health is developed and implemented	Director/SCDs			■		3	All leaders have a development plan in place full year (FY) 2018/19 that develops leadership capability so as to lead high performing teams. A succession plan will be developed and implemented FY 2018/19	In progress	Completed	Completed	
	Mental health has a specifically tailored recruitment strategy for hard to recruit mental health clinicians and non-clinical/support staff	General Manager/HR Manager		■				Our vacancies and time to recruit will be reduced	To be commenced	On-going	On-going	
	Workforce strategies for nursing, allied health and the medical workforce are being developed with workforce groups	Allied Health Director/Nurse Director/ Medical Director		■				We will have workforce strategies implemented for nursing, allied health and the medical workforce	Commenced	Completed	Completed	
	We will develop a plan aligned to the proposed Auckland DHB wellness strategy to champion employee physical and mental wellbeing that meets the needs of our workforce	General Manager/HR Manager		■				A mental health wellness plan is developed and implemented FY 2018/19	To be commenced	Completed	Completed	
	Our people’s engagement at work continues to rise	SCDs			■			Our people participate in the 2018 Employee Survey and create actions plans which celebrate what is working well and improvements within the workplace	To be commenced	On-going	Completed	

**He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata : What is the most important thing in the world? It is people! It is people! It is people!\***

**To deliver best patient outcomes in a good place to work**

**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:**

Key Directorate Priorities #	Current State	Target Condition
1 - Health and wellbeing of our people	<ul style="list-style-type: none"> <li>The Employee Survey - pressured and overcommitted workforce that feels under valued</li> </ul>	<ul style="list-style-type: none"> <li>Recruit and retain our staff so there is a 10% or less vacancy rate</li> <li>Sustainable, healthy workforce with high levels of engagement</li> </ul>
2 - Safe and quality services	<ul style="list-style-type: none"> <li>Inability to track instruments to individual patients</li> <li>In-situ simulation training is ad-hoc</li> <li>Quality Assurance (QA)/Quality Improvement (QI) activity imperfect</li> </ul>	<ul style="list-style-type: none"> <li>Ability to track and trace theatre instruments for surgery across Auckland DHB</li> <li>Formal introduction of the Multidisciplinary Operating Room Simulation (Networkz) programme</li> <li>QA/QI programme refreshed and aligns with organisational objectives</li> </ul>
3 - Service size to meet growth in demand	<ul style="list-style-type: none"> <li>Potential to increase the complexity of work completed at Greenlane Surgical Unit (GSU)</li> <li>Shortfall of Operating Room (OR) capacity (staff and facility) to meet the demand</li> </ul>	<ul style="list-style-type: none"> <li>Making the best use of all OR facilities</li> <li>Established capacity to meet the volume through all locations including 'off the floor'</li> </ul>
4 - Efficient and effective clinical care	<ul style="list-style-type: none"> <li>Continued poor patient experience that can be addressed through improved pre-admission processes and postoperative planning</li> </ul>	<ul style="list-style-type: none"> <li>Patients are managed on clinical pathways that deliver best outcomes with maximum value for both the patient and Auckland DHB</li> </ul>
5 - Embed leadership structure	<ul style="list-style-type: none"> <li>A recent restructure has involved major change to our Directorate's leadership structure. In particular, the addition of new senior roles and separation of operational from professional accountability for Starship Children's Hospital, nursing and allied health</li> </ul>	<ul style="list-style-type: none"> <li>Embedded leadership structure in line with Auckland DHB clinical leadership models and strengthened policies and procedures that promote collaboration</li> </ul>
6 - Financial sustainability	<ul style="list-style-type: none"> <li>Some of our services delivered in off-site locations are without the same links to quality, resources and support as Auckland DHB delivered services</li> </ul>	<ul style="list-style-type: none"> <li>Deliver a balanced budget against the 2018/19 allocation with minimised disruption through equipment/facilities failures</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	OR dashboard	General Manager				
	Implement a communications plan in preparation for the 2018 Employee Survey, focusing on progress made over the year	Director				
2	Plan and implement the OR Instrument Tracking Module	General Manager				
	Implement the Networkz programme	Director				
3	Develop a business case for increasing anaesthetic cover at GSU. Successfully recruit to expand both acute and elective OR capacity	Director				
4	Undertake the preoperative assessment pathway improvements. Determine baseline process and outcome data for patient care	Director				
5	Implement Directorate and service level engagement action plans	Director				
	Programme of leadership and other training for all our staff	Director				
6	Develop a CAPEX plan with greater transparency around risk management of fleet replacements such as OR lights, tables and instruments. Fleet management to be separated from existing CAPEX process	General Manager				
	OR staffing model of care tracking vacancies versus FTE, leading to a financially sustainable workforce	Nurse Director				

#	Measures/Milestones	Current (End 2017/18)	Target (2018/19)	2019/2020
1	Staff engagement	76%	80%	85%
2	Implementation of OR instrument tracking module	TDOC Version 8	Upgrade to TDOC Version 14	Implement OR instrument tracking for neurosurgery
3	Staff in post % against FTE across our Directorate	TBC	90%	90%
4	Acute index time to OR from booking reporting available	Unable to report	Reporting available	Key performance indicators (KPIs) to be established
5	Establish governance arrangements for measuring quality within Starship Children's Hospital OR's	No formal arrangement exists between Directorates	Establish a service level agreement (SLA) between Directorates to monitor governance	Monitor SLA KPI's
	Succession planning and leadership Directorate plans in place	No current succession plans across Directorate	Each professional group to establish succession plan as part of the workforce plan	To monitor and adjust plan in line with service requirements
6	Financial performance	76%	80%	85%

## To deliver world class patient and whānau-centred paediatric healthcare to all populations we serve

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:

Key Directorate Priorities #	Current State	Target Condition
1 - Clinical Excellence programme	<ul style="list-style-type: none"> <li>Clinical Excellence programme active across all of our services with a strong focus on safety</li> <li>Clinical outcome measures are not consistently measured, reported and used for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Co-ordinated quality and safety improvements across our Directorate</li> <li>Measurement, reporting and improvement of clinical outcomes, including equity</li> </ul>
2 - Financial sustainability	<ul style="list-style-type: none"> <li>Significant financial challenges particularly related to tertiary and community services</li> </ul>	<ul style="list-style-type: none"> <li>Sustained financial position which supports best clinical practice and equitable service access nationally</li> </ul>
3 - Increased and improved delivery of our services in the community	<ul style="list-style-type: none"> <li>Recently reconfigured community services delivering whānau-centered care, an outcomes focus (reducing inequity ) and culturally appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>Community services are integrated, easy to navigate, empower whānau, community-centric and sustainably resourced</li> </ul>
4 - Efficient and effective clinical care	<ul style="list-style-type: none"> <li>Few functioning clinical pathways</li> </ul>	<ul style="list-style-type: none"> <li>Patients are managed on clinical pathways that deliver maximum value</li> </ul>
5 - 'Starship @'	<ul style="list-style-type: none"> <li>We have a range of off site activity that is not very well planned, funded or visible</li> <li>Some of our services delivered in off-site locations are without the same links to quality, resources and support as Auckland DHB delivered services</li> </ul>	<ul style="list-style-type: none"> <li>Many of our services are delivered in non-Auckland DHB locations and these are well co-ordinated and funded</li> <li>Our services delivered are at least as good as those delivered in Starship Children's Hospital and have the same clinical governance</li> </ul>
6 - Health and wellbeing of our people	<ul style="list-style-type: none"> <li>We have a capable and motivated workforce with varying levels of engagement, experiencing increasing challenges through clinical and service complexity</li> </ul>	<ul style="list-style-type: none"> <li>A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services using TrendCare and Care Capacity Demand Management (CCDM) methodology</li> <li>An engaged, healthy and productive workforce supported by skilled leadership and robust workforce planning</li> </ul>
7 - Tertiary service/national role sustainability	<ul style="list-style-type: none"> <li>A diverse range of tertiary and national services with uncertainty around sustainability, model of delivery and funding</li> </ul>	<ul style="list-style-type: none"> <li>A well described and agreed plan, and effective funding model for tertiary and national services</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Further develop the Clinical Excellence programme within all our services	Directors				
	Measure, report, benchmark and improve clinical outcomes	Directors				
2	Sustained and effective financial management across financial years with balanced cost/revenue emphasis	General Manager				
3	Implement the community service redesign	Director Medical				
4	Pathways developed across our services - particularly in pain and cardiac	Director Surgical/General Manager				
	Implement the surgical/operating room pathways, performance and leadership	Director Surgical				
5	Implement the facilities programme for safety, patient experience and long term planning	General Manager				
	Develop a standardised model of delivery ('Starship @') of procedural and outreach support in non-Starship Children's Hospital facilities to ensure equity of quality, outcomes and efficiency	Director Surgical				
6	Measure and report the performance of 'Starship @' services	Director Surgical				
	Ensure TrendCare and CCDM is fully implemented within inpatient wards/departments to ensure appropriate response to patient acuity and nursing staffing requirements	Nurse Director				
	Develop Directorate and service level engagement action plans	General Manager/HR Manager				
	Establish a Human Resources programme of work aligned with our Directorate priorities and Auckland DHB People Strategy	General Manager/HR Manager				
7	Improved programme of research and training for all our staff	Directors				
7	Refresh service specifications, identify high cost activity and seek national position on adequate funding mechanism	General Manager				

#	Measures/Milestones	Current (End 2017/18)	Target (2018/19)	2019/2020
1	Quality and safety metrics established across our services	Services with metrics	Further development of clinical outcome metrics	Reporting and improving
	Quality and safety culture (agency for Healthcare Research and Quality)	Measured	Improved and re-measure	Improved
2	Meet revenue and expenditure targets	Budget met	Budget met	Budget met
	Review and rationalise contracts, identify and action risks and opportunities	Contract rationalisation complete, some opportunities identified	Revenue opportunities identified and pursued, cost controls in place	Revenue aligned to service delivery costs
3	Community redesign programme	Implementation commenced	Implemented	Delivering according to outcome framework
	Pain service model	Model developed	Implemented	Pathway operational
4	Functioning clinical pathways	Few	Every service has at least 1	Every service has many
	Acute flow metric	95%	95%	95%
5	Surgical performance and pathways	Scattered metrics	Balanced safety, performance and efficiency	Improving performance
	'Starship @' performance measures	Few	Developed and reported	Improving performance
6	Staff engagement	Measured - highs and lows identified	Action plans complete	Measurable improvement in engagement
7	Tertiary services	Report complete	Agreed national approach	Implementation of agreed national approach

## To deliver sustainable high quality healthcare through equity, inclusivity and kindness

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:

Key Directorate Priorities #	Current State	Target Condition
1 - Culture of safety	<ul style="list-style-type: none"> <li>Leading on from embedding a culture of quality and patient safety in 2017/18 through service engagement, we have the foundations in place to focus on consistent and timely processes for the management of incidents and risks</li> <li>We are not meeting our TrendCare requirements consistently which compromises the timely roll out of Care Capacity Demand Management (CCDM) resulting in potential risk to patient safety due to incorrect models of care</li> </ul>	<ul style="list-style-type: none"> <li>Incident and risk management pathway and systems operate in a timely manner with learning and opportunities for improvement identified and shared</li> <li>A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services using TrendCare and CCDM methodology</li> </ul>
2 - Timely and effective	<ul style="list-style-type: none"> <li>There is increasing capacity constraints for both beds and operating rooms to meet the demand of the population we serve due to a growing population, and increased acute volumes, regional/national needs and higher acuity</li> </ul>	<ul style="list-style-type: none"> <li>Manage and align capacity for acute and elective demand which meets the expectations of Elective Services Patient Flow Indicator, faster cancer treatment and acute flow targets</li> </ul>
3 - Equitable and inclusive access	<ul style="list-style-type: none"> <li>Equity of access to elective surgery is inconsistent across services and subspecialties</li> <li>Our Māori and Pacific populations are recognised as having poorer health outcomes. Very few of our measures of quality/key performance indicators are reported against ethnicity with a current workforce that does not represent our population</li> </ul>	<ul style="list-style-type: none"> <li>All services have robust waiting list processes in place for managing equitable access to surgical services</li> <li>A Directorate led aspiration of diversity and inclusivity for our DHB: patient access to healthcare and their outcomes with a workforce demographic that reflects our population</li> </ul>
4 - Efficient and financially sustainable pathways	<ul style="list-style-type: none"> <li>Several regional reviews of clinical services have highlighted the need for collaboration within the region including primary care where defined clinical pathways are in their infancy</li> <li>We have a number of loss making services impacting on our ability to deliver a financially sustainable service</li> </ul>	<ul style="list-style-type: none"> <li>Established regional pathways creating centres of excellence and 'hub' and 'spoke' service delivery for appropriate services</li> <li>A sound understanding of the key drivers of loss making services informing strategies to deliver financially sustainable services</li> </ul>
5 - Our people are happy, healthy and high performing	<ul style="list-style-type: none"> <li>There is risk to the health and wellbeing of our people due to constrained capacity and increasing demand and acuity</li> <li>There is variable workforce engagement across the Directorate reflected by recruitment and retention issues</li> </ul>	<ul style="list-style-type: none"> <li>A recognised workforce that is capable to deliver high quality, patient-centred healthcare, in a safe supportive environment</li> <li>A strategy to identify, engage and support the development of leadership capability within the Directorate</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Embed the risk module within Datix across our services	Nurse Director				
	Ensure that incidents and risks are continually reviewed and managed within agreed timescales	Nurse Director				
	Ensure TrendCare is fully implemented within inpatient services to ensure appropriate response to patient acuity and nursing staffing requirements	Nurse Director				
2	Complete seed funding business case for the expansion of operating rooms as part of the Building for the Future Programme Board	General Manager				
	Develop medium term plans to utilise all appropriate and available capacity to deliver sustainable high quality healthcare	General Manager				
3	Develop robust waiting list processes for managing equitable access to elective surgery	General Manager				
	Develop reporting tools which identify our patient population groups	Director				
	Develop inclusivity plans involving intentional and deliberate targeted recruitment	DLT				
4	Develop the future local and regional strategies for orthopaedics, urology and ophthalmology	Director				
	Implement the findings of the Transplant and regional Head and Neck cancer reviews	Director				
	Undertake a service improvement programme across neurosurgery	Nurse Director				
	Identify and address loss making services	General Manager				
5	Continued recruitment towards a sustainable workforce and understand and address retention issues	Nurse Director/ Allied Health Director				
	Finalise staff engagement plans across the Directorate incorporating a leadership capability plan	HR Manager				
	Prepare a communications strategy in preparation of the 2018/19 staff Employee Survey	HR Manager				
	Embed values, Speak Up and a culture of kindness	DLT				

#	Measures/Milestones	Current (End 2017/18)	Target (2018/19)	2019/2020
1	The number of services using and maintaining their risk register	Zero	100%	100% embedded risk management within all our services
	% of Severity Assessment Code 1 & 2 investigations within 70 days	Zero	50%	100%
	% surgical wards ready to enter CCDM	Zero	80%	100%
2	% of acute operating completed in elective/unplanned sessions			Zero
	Did Not Attend % for our Māori and Pacific patients	22.4%	15%	10%
3	% of our workforce that identify themselves as Māori or Pacific	TBC	TBC	TBC
	Ophthalmology follow up performance	0 patients with risk score above 1.5	0 patients with risk score above 1.3	0 patients with risk score above 1.3
4	Orthopaedic non-compliant % of totals bookings	62%	70%	70%
	Head and Neck cancer performance			
	Transplant volume vs. plan			
5	% of our services with completed engagement plan	37%	100%	100%
	Employee Survey results 2018/19	% recommend Auckland DHB as a place to work	% recommend Auckland DHB as a place to work	% recommend Auckland DHB as a place to work
	Teams/units with team charters established	%	80%	100%
	% full-time equivalent employed vs. budget	%	>95%	>95%

**Our vision: Excellent Women's Health outcomes through empowerment and partnership. Our mission: To deliver excellent maternity and gynaecological care**  
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 achieving Directorate priorities:

Key Directorate Priorities #	Current State	Target Condition
1 - Safe and quality services	<ul style="list-style-type: none"> <li>Access to acute theatres is sub-optimal, in particular, afterhours</li> <li>There are challenges with Senior Medical Officer (SMO) and Resident Medical Officer work patterns and rostering</li> <li>Nursing and midwifery recruitment and retention remains a priority</li> <li>Lack of consistent financial and clinical outcomes reporting</li> </ul>	<ul style="list-style-type: none"> <li>Maximise operating room utilisation to meet demand - extended hours</li> <li>Full implementation of Medirota</li> <li>Time critical quality safety targets are met</li> <li>Safety culture survey and subsequent embedding of safety culture</li> <li>Reviewed workforce models in line with Directorate acute and elective flow programme</li> </ul>
2 - Enhanced outcomes for our vulnerable populations	<ul style="list-style-type: none"> <li>Systems for assuring that the inequity in access and health outcomes for the most vulnerable women and their babies need strengthening</li> <li>Our gains in delivering care in a culturally appropriate manner need further attention</li> </ul>	<ul style="list-style-type: none"> <li>Care delivery aligned to needs of our populations and delivered in a clinical and culturally competent manner</li> <li>All our staff have attended the Tūranga Kaupapa and Culturally and Linguistically Diverse workshops</li> </ul>
3 - Strengthened leadership for both operational matters and clinical quality and safety	<ul style="list-style-type: none"> <li>There are opportunities to strengthen our leadership within our Directorate</li> </ul>	<ul style="list-style-type: none"> <li>Stable, effective, engaged and inspirational leadership across all our services</li> </ul>
4 - Our workforce capacity and capability meets the service demand	<ul style="list-style-type: none"> <li>Our sub-specialty workforce in maternal fetal medicine is small, stretched and vulnerable</li> <li>Overseas recruiting is difficult and maternity staffing, recruitment and retainment is under constant pressure</li> </ul>	<ul style="list-style-type: none"> <li>A systematic process is used to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services using TrendCare and Care Capacity Demand Management (CCDM) methodology</li> <li>An engaged, healthy and productive workforce supported by skilled leadership and robust workforce planning that is capable to deliver high quality, patient-centred healthcare in a safe supportive environment</li> </ul>
5 - Develop models of care that are patient focused, sustainable and maximise value	<ul style="list-style-type: none"> <li>We have opportunities to improve efficiencies in our care delivery models and resource utilisation for both inpatients and outpatients</li> </ul>	<ul style="list-style-type: none"> <li>A properly funded model for tertiary and national services</li> <li>Collaboration with primary care</li> </ul>
6 - Fetal medicine, Fertility Plus, Epsom Day Unit and gynae-oncology	<ul style="list-style-type: none"> <li>There is uncertainty around the sustainability, funding and model of delivery for regional, tertiary and national services</li> </ul>	<ul style="list-style-type: none"> <li>Well described and agreed plan and effective funding model for regional, tertiary and national services</li> </ul>

#	Action Plan	Owner	Q1	Q2	Q3	Q4
1	Afterhours inpatient safety model implemented (Clinical Quality and Safety)	Director/General Manager (GM)				
	Agreed plan for enhanced access to theatres afterhours (Clinical Quality and Safety)	Director/GM				
2	Agree the pathway for vulnerable women	Director/Midwifery Director				
	Determine the markers of vulnerability	Director/Midwifery Director				
3	Women's Health Excellence programme fully rolled out	Director				
	Consumer forum established	GM				
	Develop competent and confident women's health leaders	GM				
4	Ensure TrendCare and CCDM is fully implemented within inpatient wards/departments to ensure appropriate response to patient acuity and nursing staffing requirements	Midwifery Director				
	Strengthen employee engagement and succession planning	GM/HR Manager				
	Efficient rostering of our medical staff (Medirota)	GM/HR Manager				
	Maternity workforce plan developed and implemented	Midwifery Director/HR Manager				
5	Review pathways for acute gynaecology patients (models of care)	Director/GM				
	Undertake the collaborative Primary Birthing Project	Midwifery Director				
	Review the induction of labour pathway	Director/Midwifery Director				
	Redesign the postnatal pathway (primary and community programme)	Director/Midwifery Director				
6	Develop a sustainability plan for maternal fetal medicine	Director/GM				
	Develop a sustainability plan for Fertility Plus	Director/GM				
	Develop a sustainability model for gynae-oncology	Director/GM				

#	Measures/Milestones	Current (end 2017/18)	Target (2018/19)	2019/20
1	Patients achieving access to theatres within defined acuity timeframes	Not met	Fully met	Fully met
	SMO work patterns fully compliant with agreed standards	Improved, not yet met	Fully met	Fully met
2	Afterhours senior clinical leadership model agreed and implemented	Improved, not implemented	Fully implemented	Fully implemented
	Care delivery aligns with agreed pathway for vulnerable women	Partially met	Fully met	Fully met
3	Consumers appointed for all excellence groups	Not met	Fully met	Fully met
	Regular structured reporting and key performance indicators for all our services	Partially met	Fully met	Fully met
4	Maternity staffing compliant with agreed models of care	Not met	Fully met	Fully met
	Midwifery vacancies reduced	16	<10	<10
5	New pathway for acute gynaecology patients agreed and implemented	Not met	Implemented	Implemented
	New pathway for postnatal care agreed	Current system	New pathway	New pathway
	Faster cancer treatment targets met	85%	95%	95%
6	5-year plans developed for all key services	On-going	Partially achieved	Fully achieved