Waitemata
District Health Board

Best Care for Everyone

HOSPITAL ADVISORY COMMITTEE (HAC) MEETING

Wednesday 14 June 2017

1.00pm

A G E N D A

VENUE

Waitemata District Health Board
Boardroom
Level 1, 15 Shea Tce
Takapuna

Waitemata District Health Board
Best Care for Everyone

HOSPITAL ADVISORY COMMITTEE (HAC) MEETING
14 June 2017

Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna **Time: 1.00pm**

Committee Members	WDHB Management
James Le Fevre – Committee Chair	Dale Bramley – Chief Executive Officer
Max Abbott – WDHB Board Member	Robert Paine – Chief Financial Officer and Head of Corporate Services
Kylie Clegg – WDHB Deputy Chair	Andrew Brant – Chief Medical Officer
Sandra Coney – Deputy Committee Chair	Jocelyn Peach – Director of Nursing and Midwifery
Brian Neeson – WDHB Board Member	Cath Cronin – Director of Hospital Services
Morris Pita – WDHB Board Member	Joanne Brown – Funding and Development Manager, Hospitals
Allison Roe – WDHB Board Member	Tamzin Brott – Director of Allied Health
cc All Waitemata DHB Board Members	Fiona McCarthy – Director Human Resources
	Peta Molloy – Board Secretary

APOLOGIES:

AGENDA

DISCLOSURE OF INTERESTS

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

PART I – Items to be considered in public meeting

All recommendations/resolutions are subject to approval of the Board.

	1.	**AGENDA ORDER AND TIMING**
	2.	**CONFIRMATION OF MINUTES**
1.00pm	2.1	Confirmation of Minutes of Hospital Advisory Committee Meeting (03/05/17) Actions Arising from previous meetings
	3.	**PROVIDER REPORT**
1.05pm	3.1	Provider Arm Performance Report Executive Summary Human Resources Acute and Emergency Medicine Division Specialty Medicine and Health of Older People Services Child, Women and Family Services Specialist Mental Health and Addiction Services Surgical and Ambulatory Services/Elective Surgery Centre Provider Arm Support Services Facilities and Development
	4.	**CORPORATE REPORTS**
2.05pm	4.1	Clinical Leaders' Report
2.15pm	4.2	Human Resources Report
2.20pm	4.3	Quality Report
	5.	**INFORMATION PAPERS**
3.00pm	5.1	Winter Plan 2017
3.10pm	**6.**	**RESOLUTION TO EXCLUDE THE PUBLIC**

Waitemata District Health Board

Hospital Advisory Committee Member Attendance Schedule 2017

NAME	MAR	MAY	JUN	JULY	SEP	OCT	NOV
Max Abbott	✓	✓					
Kylie Clegg	✓	✓					
Sandra Coney	✓	✓					
James Le Fevre (Committee Chair)	✓	✓					
Brian Neeson	✓	✓					
Morris Pita	*x*	✓					
Allison Roe	✓	✓					

✓ ***Attended the meeting***
x ***Absent***
******* ***Attended part of the meeting only***
# ***Absent on Board business***
^ ***Leave of absence***

Register of Interests

Hospital Advisory Committee

Board/Committee Member	Involvements with other organisations	Last Updated
Max Abbott	Pro Vice-Chancellor (North Shore) and Dean – Faculty of Health and Environmental Sciences, Auckland University of Technology Patron – Raeburn House Advisor – Health Workforce New Zealand Board Member, AUT Millennium Ownership Trust Chair – Social Services Online Trust Board member – Rotary National Science and Technology Forum Trust	19/03/14
Kylie Clegg	Director – Auckland Transport Board Member - Hockey New Zealand Trustee and Chair - the Hockey Foundation Trustee and Beneficiary - Mickyla Trust Trustee and Beneficiary - M&K Investments Trust (includes a share of less than 1% in Orion Health Group *and a shareholding in Nextminute Holdings Ltd*) Trustee and Beneficiary - M&K Investments Trust (owns 99% share in MC Capital Ltd and MC Securities Ltd and *a minority shareholding in HSCP1 Ltd)*	26/04/16
Sandra Coney	Member – Waitakere Ranges Local Board, Auckland Council Patron – Women's Health Action Trust Member – Portage Licensing Trust Member – West Auckland Trusts Services	15/12/16
James Le Fevre	Deputy Chair – Auckland District Health Board Emergency Physician – Auckland Adults Emergency Department Pre-hospital Physician – Auckland HEMS – ARHT/Auckland DHB Trustee – Three Harbours Foundation Member – Medical Protection Society Member – ACEM Hospital Overcrowding Subcommittee Shareholder – Pacific Edge Ltd DHB Representative (Auckland and Waitemata DHBs) – Air Ambulance Codesign Procurement Governance Board. James' wife is an employee of the Waitemata DHB, Department of Anaesthesia and Perioperative Medicine and a Medico-Legal Advisor for the Medical Protection Society	05/05/17
Brian Neeson	Member – Upper Harbour Local Board Member – Human Rights Review Tribunal Member – Auckland District Licensing Committee Managing Director – BK & VS Neeson Limited Managing Director – Apollo Property Investments Limited Property Development Consultant	15/12/16
Morris Pita	Owner/operator – Shea Pita and Associates Limited Shareholder – Turuki Pharmacy Limited Member - Eden Park Trust Board Morris' wife is member of the Northland District Health Board Shareholder and Director of Healthcare Applications Limited	06/12/16
Allison Roe	Chairperson – Matakana Coast Trail Trust Member - Rodney Local Board, Auckland Council	02/11/16

2.1 Minutes of the Health Advisory Committee Meeting 03 May 2017

Recommendation:

That the draft minutes of the Health Advisory Committee meeting held on 03 May 2017 be approved.

Minutes of the meeting of the Waitemata District Health Board

Hospital Advisory Committee

Wednesday 03 May 2017

held at Waitemata District Health Board Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 1.37pm

PART I – Items considered in public meeting

COMMITTEE MEMBERS PRESENT

James Le Fevre (Committee Chair)
Max Abbott
Kylie Clegg
Sandra Coney (Committee Deputy Chair)
Brian Neeson
Morris Pita
Allison Roe

ALSO PRESENT

Warren Flaunty (Board Member) (until 3pm)
Dale Bramley (Chief Executive Officer)
Robert Paine (Chief Information Officer and Head of Corporate Services) (until 2.35pm)
Andrew Brant (Chief Medical Officer)
Cath Cronin (Director of Hospital Services)
Fiona McCarthy (Director of Human Resources)
Jocelyn Peach (Director of Nursing and Midwifery)
Joanne Brown (Funding and Development Manager-Hospitals)
David Price (Director of Patient Experience)
Peta Molloy (Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item.)

PUBLIC AND MEDIA REPRESENTATIVES

Lynda Williams (Auckland Womens Health Council)
Sue Claridge (Auckland Womens Health Council)
Molly Neilson (Maternity Services Consumer Council)

WELCOME

The Committee Chair welcomed those present. He noted the success of the recent World Masters Games and congratulated Allison Roe on her gold medal win for mountain biking.

APOLOGIES

An apology was received and accepted for early departure from Morris Pita.

DISCLOSURE OF INTERESTS

Kylie Clegg advised that she had been appointed as a Director of Auckland Transport.

There were no declarations of interest relating to the open section of the agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed in the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Hospital Advisory Committee Meeting held on 22 March 2017 (agenda pages 5 to 12)

Resolution (Moved Kylie Clegg/Seconded Brian Neeson)

That the Minutes of the Hospital Advisory Committee meeting held on 22 March 2017 be approved.

Carried

Actions Arising (agenda page 13)

There are currently no actions arising.

3. PROVIDER ARM PERFORMANCE REPORT

3.1 Provider Arm Performance Report – February 2017 (agenda pages 14 to 79)

Cath Cronin (Director Hospital Services) and Robert Paine (Chief Financial Officer Head of Corporate Services) introduced the report.

Cath Cronin introduced the report and summarised the Executive Summary section.

Sandra Coney queried whether the DHB had measures set for the services provided by district nurses, in response Debbie Eastwood noted that measures are in place and that feedback from patients is encouraged. It was also noted that the DHB does provide a full weekend service for district nursing. Sandra advised that she would encourage the patient who contacted her following their recent discharge from hospital to provide direct feedback to the DHB.

In response to a question from Max Abbott about the results for the faster cancer treatment target and its subsequent impact on outcomes, Andrew Brant noted that the results are being monitored; however, more time is required to see the outcome of this target.

Robert Paine summarised the financial performance section of the Executive Summary.

Matters highlighted and response to questions included:

- That regarding Clinical Supplies Costs and the reference to patient meals, Robert Paine advised that he will report back on what the actual cost is per patient meal.
- That the financial impact of the two recent NZRDA strikes is approximately $1m per strike.
- That when filling a vacancy for an existing role, the DHB assesses the requirement of the role prior to advertising.

Human Resources (agenda page 30)

Fiona McCarthy (Director, Human Resources) summarised this section of the report. She provided an update on the flu vaccination data noting that approximately 3,000 staff had been vaccinated.

Pam Lightbrown (General Manager Mental Health) was introduced to the Committee. In response to a question from the Committee Chair about staff available to assist with overtime, Ms Lightbrown noted that extra staffing shifts are offered to the casual bureau.

Acute and Emergency Medicine Division (agenda page 33)

Dr Gerard De Jong (Division Head Acute and Emergency Medicine), Shirley Ross (Head of Division Nursing) and Alex Boersma, (General Manager, Acute and Emergency Medicine) presented this section of the report.

Alex Boersma introduced the report.

Matters covered in discussion and response to questions included:

- Noting a review recently undertaken on the regional eating disorder service provisions led to agreement that services would continue to be provided at Waitemata DHB and Counties Manukau DHB.
- On noting the 24.2% turnover of nursing in the emergency department, the Committee requested further information on the turnover of senior nurses in the emergency departments.

Specialty Medicine and Health of Older Persons (agenda page 41)

Debbie Eastwood (General Manager, Medicine and Health of Older People Services), Shirley Ross (Head of Department Nursing) and John Scott (Head of Division, Speciality Medicine and Health of Older People Services) presented this section of the report.

Debbie Eastwood introduced the report.

John Scott summarised the Needs Assessment/Service Co-ordination (NASC) service update to the Committee.

The Committee Chair thanked the team for the NASC update, noting that the two cases identified in the report were informative.

Matters covered in discussion and response to questions regarding the NASC service update included:

- That the DHB has NASC working in its teams and on its wards providing an integrated and efficient service.
- Noting that there is means testing for household management and personal care; it was also noted that assessor's contract with home based agencies to provide services.
- That the formulas for means testing are set nationally and the DHB is required to administer the formulas accordingly.

Child, Women and Family (agenda page 49)

Meia Schmidt-Uili (Acting Head of Department Medical) and Stephanie Doe (Acting General Manager Child, Women and Family Services) presented this section of the report.

Stephanie Doe introduced Pamela Marino (Charge Nurse Manager, Children's Rehabilitation Service) and Cara Davidson (Play Specialist, Wilson Centre) to the Committee. A video on the 'Child Rehabilitation Service, Wilson Centre, Waitemata DHB' was shown to the Committee. The Committee thanked Ms Marion and Ms Davidson and acknowledged those presenting in the video.

Stephanie Doe summarised the Child, Women and Family section of the report.

The Committee discussed the update provided in the report on the changes in delivery of the Human Papillomavirus school based immunisations programme and requested a more in depth update on the programme including delivery and funding.

Matters covered in discussion and response to questions included:

- That with regard to oral health for pre-school age children the service is looking at ways in increase the attendance rate, particularly for those in high-needs areas.

Mental Health and Addiction (agenda page 56)

Susanna Galea (Director, Special Mental Health and Addiction Services), Jeremy Skipworth (Director Forensic Services), Pam Lightbrown (General Manager Mental Health) and Alex Craig (Associate Director of Nursing, Mental Health) presented this section of the report.

Susanna Galea introduced the report.

Matters covered in discussion and response to questions included:

- Noting the highlight of the month: 'New Entry into Speciality Practice, Mental Health and Addiction Nursing Graduate Programme.'
- Noting that mental health services in the ED/ADU area is a priority area of focus with a project underway together with the emergency services team to look at mental health services in this area.
- Noting that the building programmed for the new 15 bed medium secure unit is on track.

Susanna Galea noted that a further update on infant focussed services would be provided to the Committee, particularly around capacity of the service.

Surgical and Ambulatory Services/Elective Surgical Centre (agenda page 62)

Gill Cossey (General Manager, Surgical and Ambulatory Services) and Michael Rodgers (Chief of Surgery) presented this section of the report.

Michael Rodgers introduced Gill Cossey (General Manager, Surgical and Ambulatory Services) to the Committee.

Matters covered in discussion and response to questions included:

- Noting that whilst the fractured neck of femur target was no longer a national metric, the DHB continues to monitor it.
- Noting that the reference to patient flow – theatre utilisation in the report is specific to the Elective Surgery Centre.

The Committee requested a briefing on the WIES reporting (weighted inlier equivalent separations).

Provider Arm Support Services (agenda page 73)

Robert Paine summarised this section of the report.

Resolution (Moved Brian/Seconded Sandra Coney)

That the report be received.

Carried

3.2 Provider Arm Performance Report – March 2017 (agenda pages 80 to 87)

Robert Paine summarised the report.

The report was noted.

4. CORPORATE REPORTS

4.1 Clinical Leaders' Report (agenda pages 88 to 93)

Dr Andrew Brant (Chief Medical Officer) and Dr Jocelyn Peach (Director of Nursing and Midwifery; Emergency Systems Planner) and Tamzin Brott (Director of Allied Health) presented this item

Andrew Brant summarised the Medical staff section of the report, noting that the Medical Council of New Zealand is currently considering changes to the recertification for vocationally registered doctors. Andrew Brant advised that he will keep the Committee informed as to changes that occur.

Jocelyn Peach summarised the Nursing and Midwifery; Emergency Planning Systems section of the report. She noted the recent number of senior nurses retiring from the DHB. The Committee extended an invitation to Ms Donna Riddell to present to the Board following her 39 years of service with the DHB *(note: following the meeting, it*

was advised that Donna Riddell would retire on 18th May and that she then departing for Australia soon after and was therefore unable to present to the Board.)

In addition to the report, Ms Peach acknowledged Emma Farmer, who had recently been working with Syrian refugees in Greece.

Tamzin Brott summarised the Allied Health, Scientific and Technical Professions section of the report.

In response to a question about the friends and family test and how allied health is segmented, Tamzin Brott noted that individual allied health clinicians record the data, which is collected on iPads.

Resolution (Moved Kylie Clegg/Seconded Sandra Coney)

That the report be received.

Carried

4.2 Human Resources (agenda pages 94 to 103)

Fiona McCarthy (Director of Human Resources) and Stephen Anderton (Group Manager Organisation Development) were present for this item. Fiona introduced Mr Anderton to the Committee.

Fiona summarised the report and noted the results being seen in the 'time to hire' area. She also acknowledged the scholarship awards hui (held on 13th April) to welcome new students.

In response to a question Fiona McCarthy noted that, while not systematic, there are opportunities for people who are retiring from the DHB after many years of service to provide support or mentoring to other staff within the organisation.

Resolution (Moved Max Abbott/Seconded Morris Pita)

That the report be received.

Carried

5. RESOLUTION TO EXCLUDE THE PUBLIC (agenda page 104)

Resolution (Moved Kylie Clegg/Seconded Morris Pita)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 22/03/17	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

Carried

The open session of the meeting concluded at 3.38 pm.

SIGNED AS A CORRECT RECORD OF THE WAITEMATA DISTRICT HEALTH BOARD HOSPITAL ADVISORY COMMITTEE MEETING OF 03 MAY 2017

_____COMMITTEE CHAIR

Actions Arising and Carried Forward from Meetings of the Hospital Advisory Committee as at 08 June 2017

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back	Comment
22/03/17	3.1	Speciality Medicine and Health of Older People, advise on timeline for report the Committee regarding in-depth review undertaken on sick leave within the service	Debbie Eastwood	14/06/17	See Speciality Medicine and Health of Older People Update (key issues) in the provider arm report of this agenda.
22/03/17	3.1	Mental Health and Addiction, advise on timeline for update to the Committee regarding bed planning to 2025	Alex Craig	14/06/17	
03/05/17	3.1	Provider Arm Report – Executive Summary Committee to be advised of the cost per patient meal.	Robert Paine	14/06/17	Verbal update will be provided at the meeting.
03/05/17	3.1	Provider Arm Report - Acute and Emergency Medicine Division. Provide data on the turnover of senior nurses in the emergency departments.	Shirley Ross	26/07/17	
03/05/17	3.1	Provider Arm Report – Child, Women and Family Services. Provide a more in depth report including delivery and funding on the changes in delivery of the Human Papillomavirus school based immunisation programme.	Stephanie Doe/Cath Cronin	26/07/17	
03/05/17	3.1	Provider Arm Report – Mental Health and Addiction Services. Provide a further update on infant focussed services, particularly around capacity of the service.	Susanna Galea	14/06/17	
03/05/17	3.1	Provider Arm Report - Surgical and Ambulatory Services/Elective Surgical Centre. Provide a briefing on WIES reporting.	Gill Cossey/ Michael Rodgers	26/07/17	

3.1 Provider Arm Performance Report – April 2017

Recommendation:

That the report be received.

Prepared by: Robert Paine (Chief Financial Officer and Head of Corporate Services) and Cath Cronin (Director, Hospital Services)

This report summarises the Provider arm performance for April 2017.

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- Divisional Reports
  - Acute and Emergency Medicine Division
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  - Child, Women and Family Services
  - Specialist Mental Health and Addiction Services
  - Surgical and Ambulatory Services/Elective Surgery Centre
  - Provider Arm Support Services
  - Facilities and Development

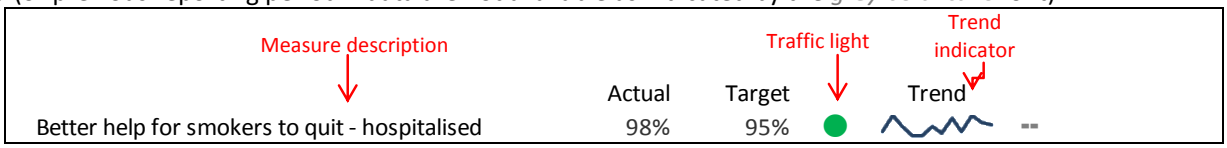
Glossary

ACC	-	Accident Compensation Commission
ADU	-	Assessment and Diagnostic Unit
ARDS	-	Auckland Regional Dental Service
AT&R	-	Assessment Treatment and Rehab
CLAB	-	Central Line Associated Bacteraemia
CWF	-	Child, Women and Family service
DNA	-	Did not attend
ECHO	-	Echocardiogram
ED	-	Emergency Department
ERAS	-	Enchanced recovery after surgery
ESC	-	Elective Surgery Centre
ESPI	-	Elective Services Performance Indicators
FTE	-	Full Time Equivalent
HQSC	-	Health Quality and Safety Commission
ICU	-	Intensive Care Unit
MRI	-	Magnetic Resonance Imaging
ORL	-	Otorhinolaryngology (ear, nose, and throat)
RMO	-	Registered Medical Officer
S&AS	-	Surgical and Ambulatory Services
SACAT		Substance Addiction (Compulsory Assessment and Treatment)
SMHA	-	Specialist Mental Health and Addiction Services
SMO	-	Senior Medical Officer
SSI		Surgical site infections
WIES	-	Weighted Inlier Equivalent Separations
YTD	-	Year To Date

How to interpret the scorecards

Traffic lights

For each measure, the traffic light indicates whether the actual performance is on target or not for the reporting period (or previous reporting period if data are not available as indicated by the *grey bold italic* font).



The colour of the traffic lights aligns with the Annual Plan:

Traffic light	Criteria: Relative variance actual vs. target		Interpretation
	On target or better		Achieved
	95-99.9% achieved	0.1–5% away from target	Substantially Achieved
	90-94.9%*achieved	5.1–10% away from target AND improvement from last month	Not achieved, but progress made
	<94.9% achieved	5.1–10% away from target, AND no improvement, OR >10% away from target	Not Achieved

Trend indicators

A trend line and a trend indicator are reported against each measure. Trend lines represent the actual data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. The small data range may result in small variations appearing to be large.

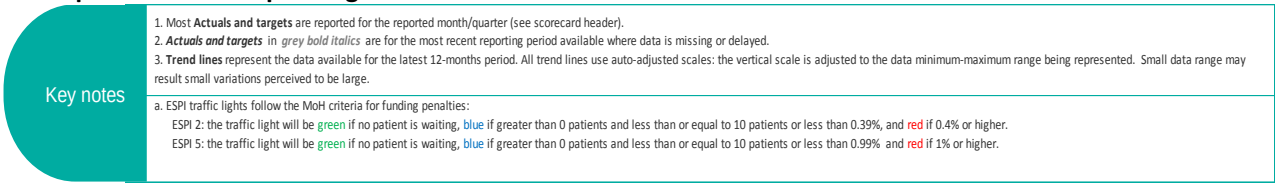
Note that YTD measures (e.g. WIES volumes, revenue) are cumulative by definition. As a result their trend line will always show an upward trend that resets at the beginning of the new financial year. The line direction is not necessarily reflective of positive performance. To assess the performance trend, use the trend indicator as described below.

The trend indicator criteria and interpretation rules:

Trend indicator	Rules	Interpretation
▲	**Current > Previous** month (or reporting period) **performance**	Improvement
▼	**Current < Previous** month (or reporting period) **performance**	Decline
--	**Current = Previous** month (or reporting period) **performance**	Stable

By default, the performance criteria is the actual:target ratio. However, in some exceptions (e.g., when target is 0 and when performance can be negative (e.g., net result) the performance reflects the actual.

Look up for scorecard-specific guidelines are available at the bottom of each scorecard:



Executive Summary/Overview

Summary

The Provider has sustained high performance outcomes for quarter three. The 'how is my DHB performing' profiles Waitemata at 97% for ED, 108% for Elective Surgery and leading nationally for Cancer Treatment at 92%.

By 30 June 2017, the Provider will be sitting close to 100% delivery to MoH targets. All surgical discharges have been completed with FY17 agreed funding allocations.

Highlight of the month

Update on the volunteer programme

In February 2017, a recruitment campaign commenced with advertisements in the local newspapers. We have now recruited 25 volunteers (14 Waitakere Hospital and 11 North Shore Hospital) increasing our number to 54 for both sites (28 Waitakere Hospital and 26 North Shore Hospital).

In mid June 2017, a pilot project 'Volunteer wheelchair management' will commence at Waitakere Hospital. It involves our current volunteers assisting with the availability of wheelchairs, due to challenges patients have reported in locating wheelchairs to support their access to the hospital. Wilson Centre, Rangatira Ward and Short Stay Ward at North Shore are piloting new volunteer roles to support patients on the wards.

Two green coats (one from North Shore Hospital - Betty Murray and one from Waitakere Hospital - Lynn Butler) have been shortlisted for MoH National Volunteer Awards. These ladies were nominated by the Volunteer Programme with the endorsement of Dr Dale Bramley due to over 12 years of service and an average of over 20 hours a week of support to Waitemata DHB.

Key Issue of the Month

Overall the Provider showcases a very positive scorecard and we would like to acknowledge the consistent work and contribution from our senior management team and all their team members. A scorecard and national performance measure are often not easy to achieve. Few DHBs do as consistently well as Waitemata DHB. There are many challenges in our day, but our teams rises above all the variations to provide consistent care and outcomes for our patients.

Scorecard variance report

Service delivery

DNA rates for Maori and Pacific remain unchanged. Work within teams to seek improvement continues. One success factor that reduces DNA is seen within teams that have nurse navigators. It is an investment in personnel, but we do see low DNA rates where nurses navigate patients and families during their hospital journey.

Living within our means

The Provider will not break even at 30 June. The investment that has been supported in the Provider has enabled us to maintain a leading position nationally and is also in part due to the cost of managing increased demand and new services approved by the Board. The Provider has held and maintained the financial position as forecasted in 2016. This stabilising of our financial position is testament to the concentrated effort to enhance our financial control environment. We will be working with an increasing focus and optimism to spend our allocated health dollar wisely.

Financial performance

The Provider result is $10.952m unfavourable to budget for the YTD to April 2017. The key variances are described below:

Revenue

Revenue is $10.548m favourable to budget YTD. The favourable YTD variance includes $11.999m additional funder revenue received as compensation for the delivery of acute volumes. This is offset against interest revenue $2.579m less than budget, which is reflective of a combination of the cash balance and the continuing low-interest rates.

Expenditure

Overall expenditure was unfavourable to budget by $21.500m YTD. The key variances are summarised below.

Personnel ($2.844m favourable YTD)

A significant contributor to the favourable variance is vacancies due to positions budgeted that have yet to be appointed.

- Medical staff costs are favourable by $1.222m YTD. The favourable variance is largely due to vacancies offset by costs related to strike action.
- Nursing staff costs are unfavourable by $138k YTD. The unfavourable variance is largely due to increased volume in Acute and Emergency Medicine.
- Allied Health staff costs were favourable to budget by $429k YTD, largely due to vacancies in the Sub Specialty Medicine and CWF.
- Support staff costs are favourable by $483k YTD.
- Management and Administration staff costs are favourable by $447k YTD.

Outsourced Services Costs ($6.619m unfavourable YTD)

- The unfavourable variance relates to nursing bureau costs unfavourable by $1.480m YTD largely due to the requirement for unplanned watches in Acute and Emergency between July – November 2016. A Watch Pilot was initiated in November to mitigate this expenditure. The unfavourable variances YTD by service area were Acute and Emergency $1.068m, SMHA $480k, Hospital Operations $627k and S&AS $2.762m. The variance also includes planned savings targets not realised.

Clinical Supplies Costs ($4.760m unfavourable YTD)

- The unfavourable variance relates to increased costs for patient meals, clinical supplies, inpatient pharmaceuticals and unbudgeted repairs. The unfavourable variances YTD by service area were CWF $514k, S&AS and ESC $1.386 and Hospital Operations $1.473m.

Infrastructure & Non-Clinical Supplies ($12.965m unfavourable YTD)

- The YTD unfavourable variance is related to unbudgeted repairs and maintenance in Facilities and Development of $2.4m and planned saving targets recorded in infrastructure not realised. Hospital Operations had an unfavourable variance of $739k YTD.

Scorecard – All services

Waitemata DHB Monthly Performance Scorecard

ALL Services
April 2017
2016/17

Health Targets

	Actual	Target	Trend
Shorter Waits in ED	98%	95%	▲
Faster cancer treatment (62 days)	93%	85%	▼

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	11 days	<14 days	▼
Net Promoter Score FFT	70	65	--
Improving Outcomes			
Better help for smokers to quit - hospitalised	99%	95%	--
Quality & Safety			
Older patients assessed for falling risk	100%	90%	--
Rate of falls with major harm	0.07	<2	▼
Good hand hygiene practice	86%	80%	--
S. aureus infection rate	0	<0.2	▲
Occasions insertion bundle used	100%	95%	--
Pressure injuries grade 3&4	0	0	--
HR/Staff Experience			
Sick leave rate	3.2%	<3.8%	▲
Turnover rate	12%	8-12%	--

Service Delivery

	Actual	Target	Trend
Elective Volumes			
Provider Arm - Overall	106%	100%	▲
Waiting Times			
ESPI 2 - % patients waiting > 4 months for FSA	*Compliant*		
ESPI 5 - % patients not treated w/n 4 months	*Compliant*		
ESPI 1 - OP Referrals processed w/n 15 days	*Compliant*		
Patient Flow			
a. Average Length of Stay - Electives	1.63 days	1.69 days	▼
a. Average Length of Stay - Acutes	2.60 days	2.51 days	▼
Outpatient DNA rate (FSA + FUs) - Total	9%	<10%	▼
Outpatient DNA rate (FSA + FUs) - Māori	21%	<10%	▼
Outpatient DNA rate (FSA + FUs) - Pacific	19%	<10%	▼

Value for Money

	Actual	Target	Trend
Financial Result (YTD)			
Revenue	729,626 k	719,078 k	▼
Expense	738,819 k	717,318 k	▲
Net Surplus/Deficit	-9,193 k	1,760 k	▼
Capital Expenditure (% Annual budget)	72%		
Contracts (YTD)			
Elective WIES Volumes	15,791	14,855	▲
Acute WIES Volumes	51,402	49,609	▼

How to read

Performance indicators:

- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

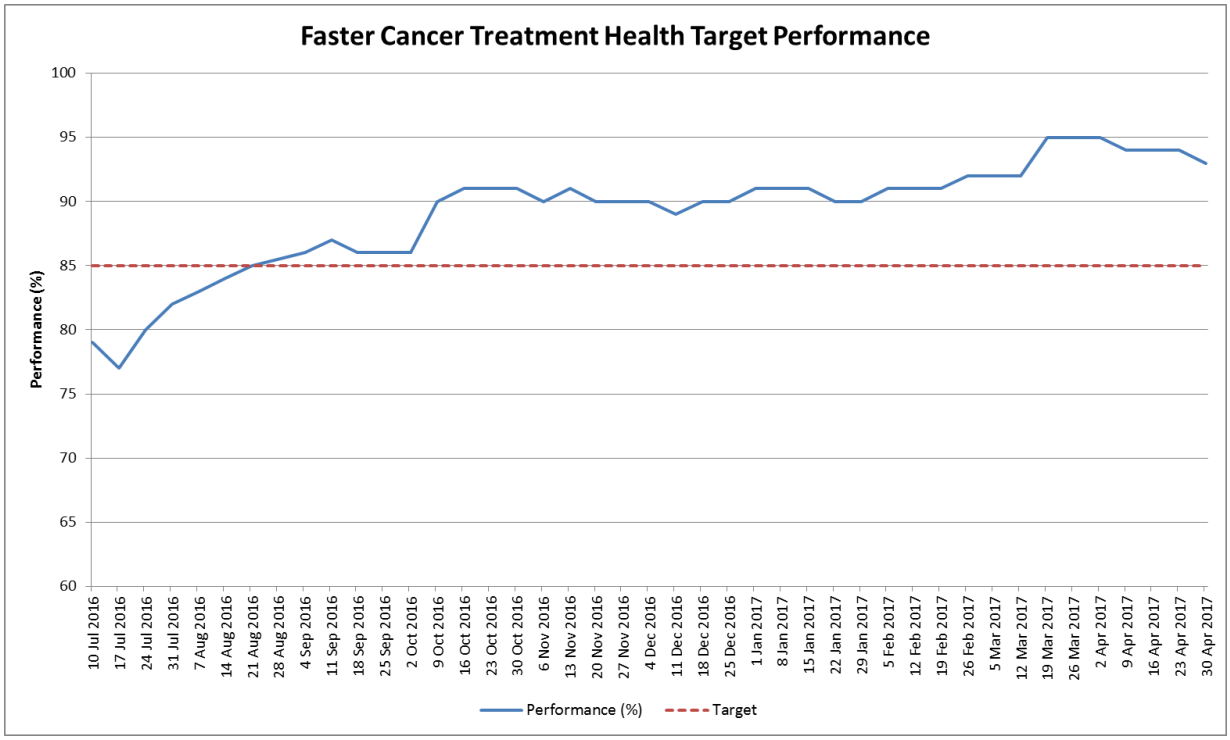
a. 2015/16 new MoH Average length of stay definition, new 2016/17 MOH based targets.
b. March data - Apr n/a yet

A question?

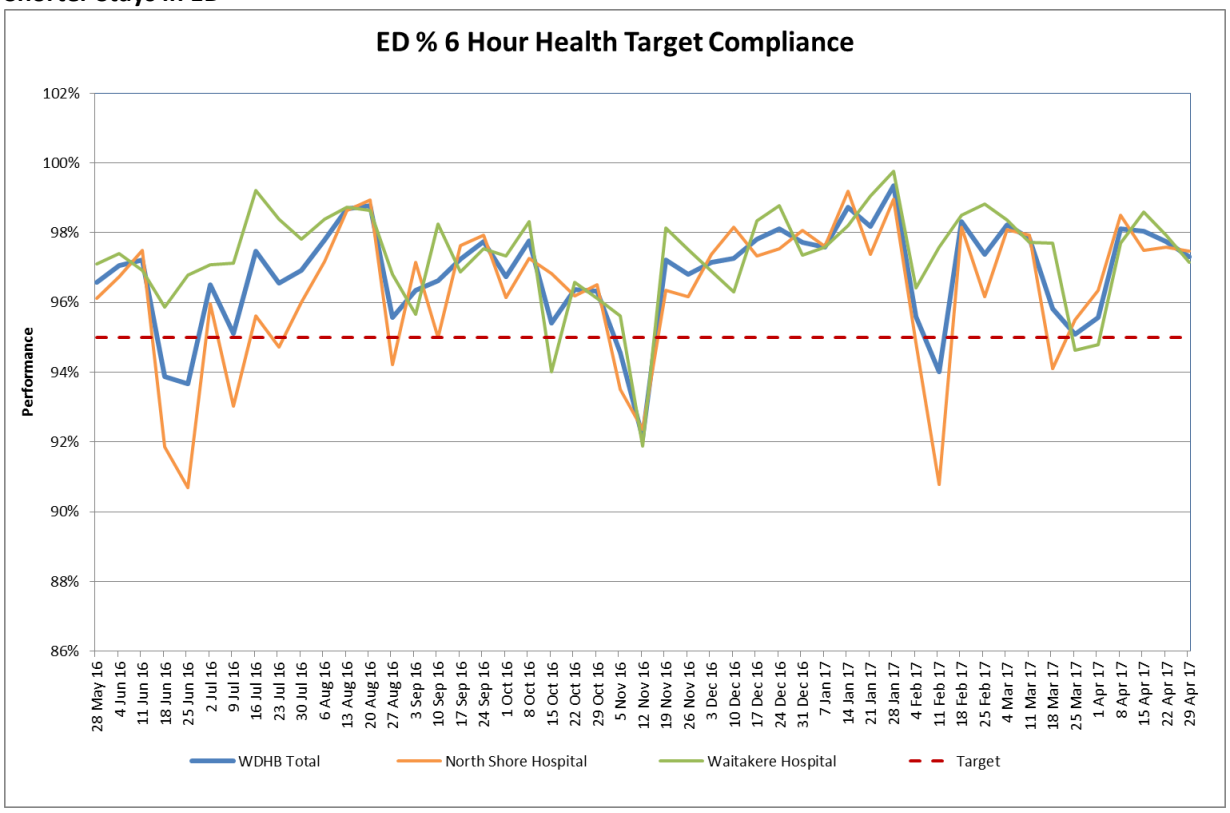
Contact:
Victora Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitemata DHB

Health Targets

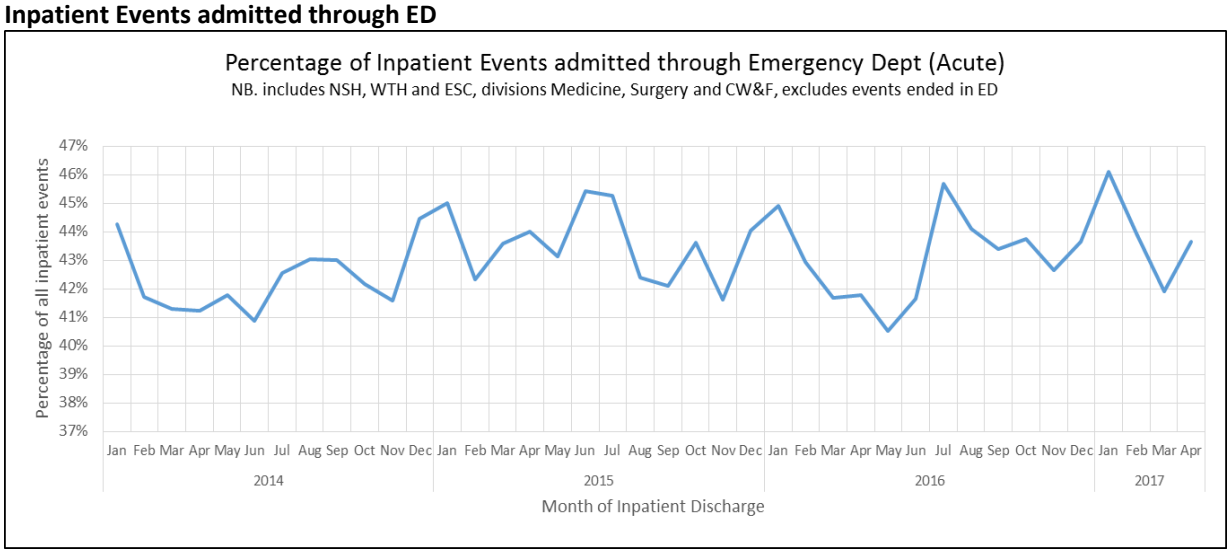
Faster Cancer Treatment



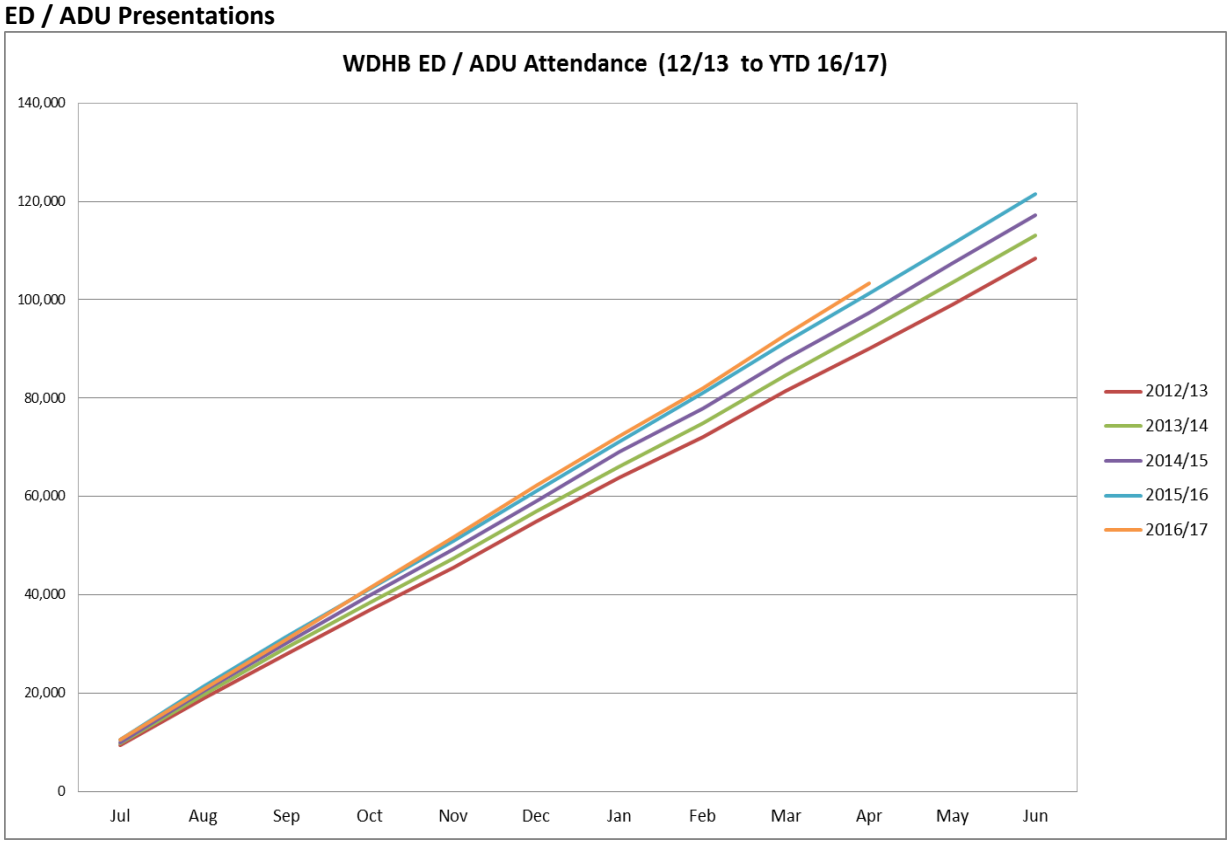
Shorter Stays in ED



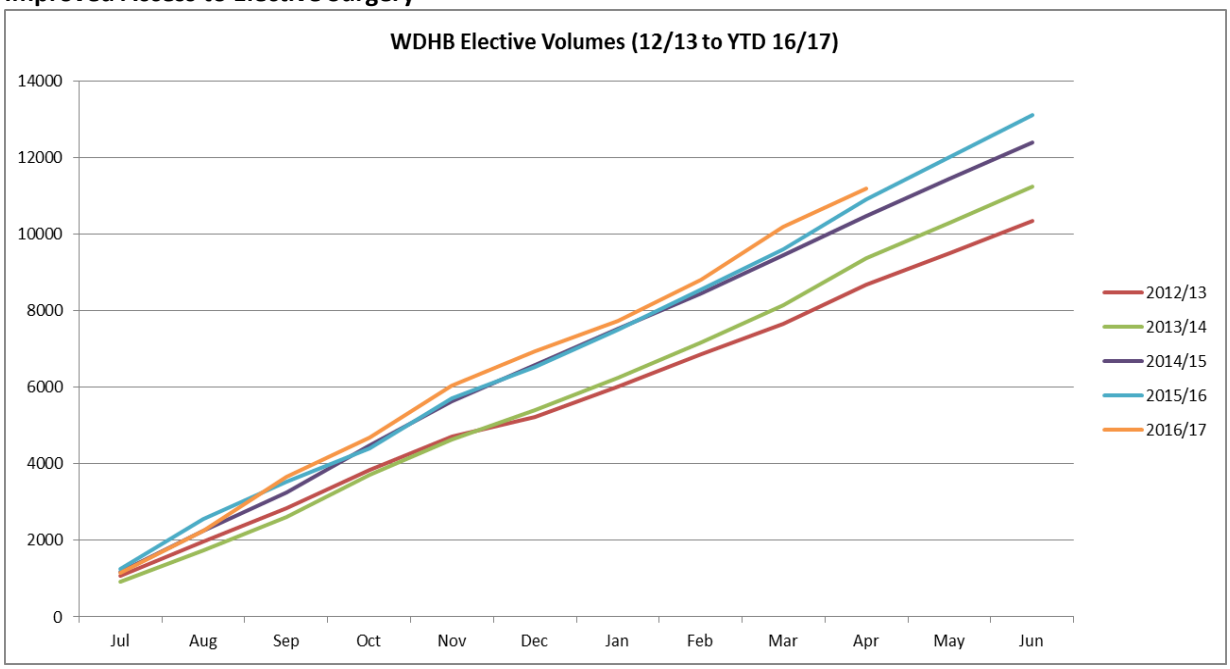
Inpatient Events admitted through ED



ED / ADU Presentations



Improved Access to Elective Surgery



Note: Changes were made to the electives health target for 2015/2016

Percentage Change ED and Elective Volumes

April 2017	Month Volumes	% Change (last year)	YTD Volumes	% Change (last year)
ED/ADU Volumes	10,371	5%	103,269	2%
Elective Volumes	1,002	-7%	11,196	2.7%

Elective Performance Indicators

Zero patients waiting over four months

Summary (Apr 17)	
Speciality	**Non Compliance %**
ESPI2	0.13%
ESPI5	0.32%

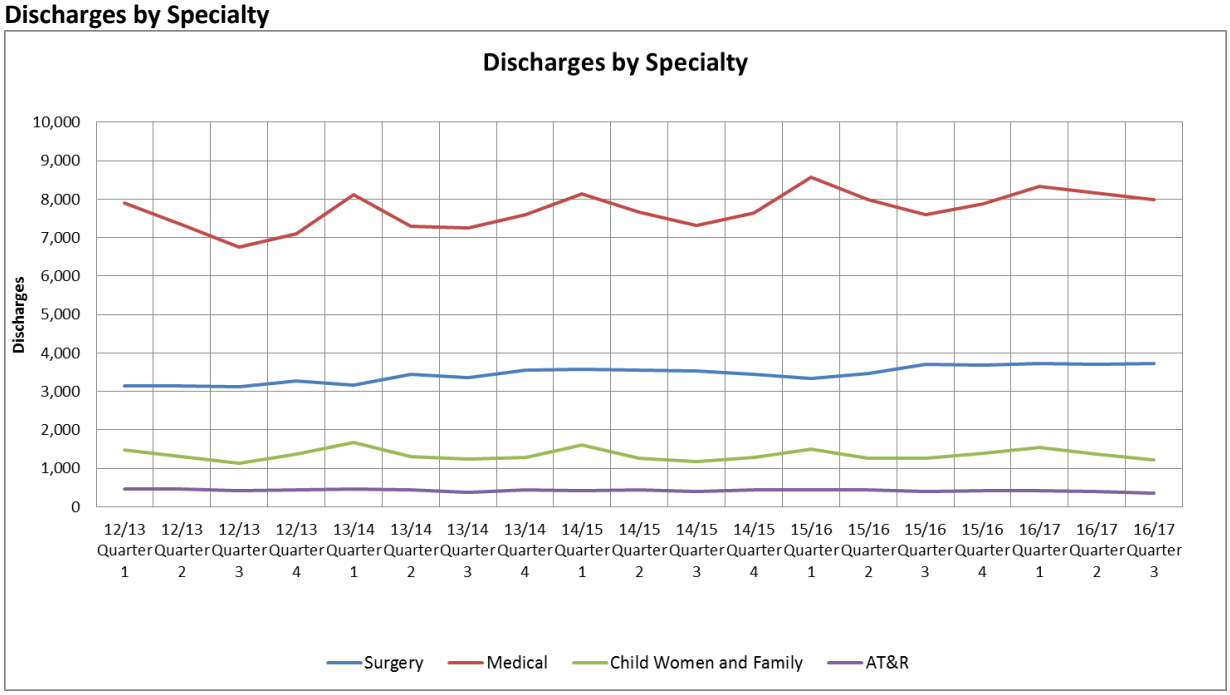
ESPI		Compliant	Non-Compliant	Non-Compliant %
ESPI 2	Anaesthesiology	111	-	0.00%
	Cardiology	1,147	-	0.00%
	Dermatology	238	-	0.00%
	Diabetes	207	-	0.00%
	Endocrinology	253	-	0.00%
	Gastro-Enterology	767	-	0.00%
	General Medicine	144	1	0.69%
	General Surgery	1,177	3	0.25%
	Gynaecology	958	-	0.00%
	Haematology	115	-	0.00%
	Infectious Diseases	30	-	0.00%
	Neurovascular	104	-	0.00%
	Orthopaedic	1,890	-	0.00%
	Otorhinolaryngology	1,498	10	0.66%
	Paediatric MED	671	-	0.00%
	Renal Medicine	161	-	0.00%
	Respiratory Medicine	470	-	0.00%
	Rheumatology	260	-	0.00%
	Urology	573	-	0.00%
	Total	10,774	**14**	**0.13%**
ESPI 5	Cardiology	109	-	0.00%
	General Surgery	1,127	3	0.27%
	Gynaecology	478	-	0.00%
	Orthopaedic	807	2	0.25%
	Otorhinolaryngology	590	6	1.01%
	Urology	322	-	0.00%
	Total	3,433	**11**	**0.32%**

90% of outpatient referrals acknowledged and processed within 10 days

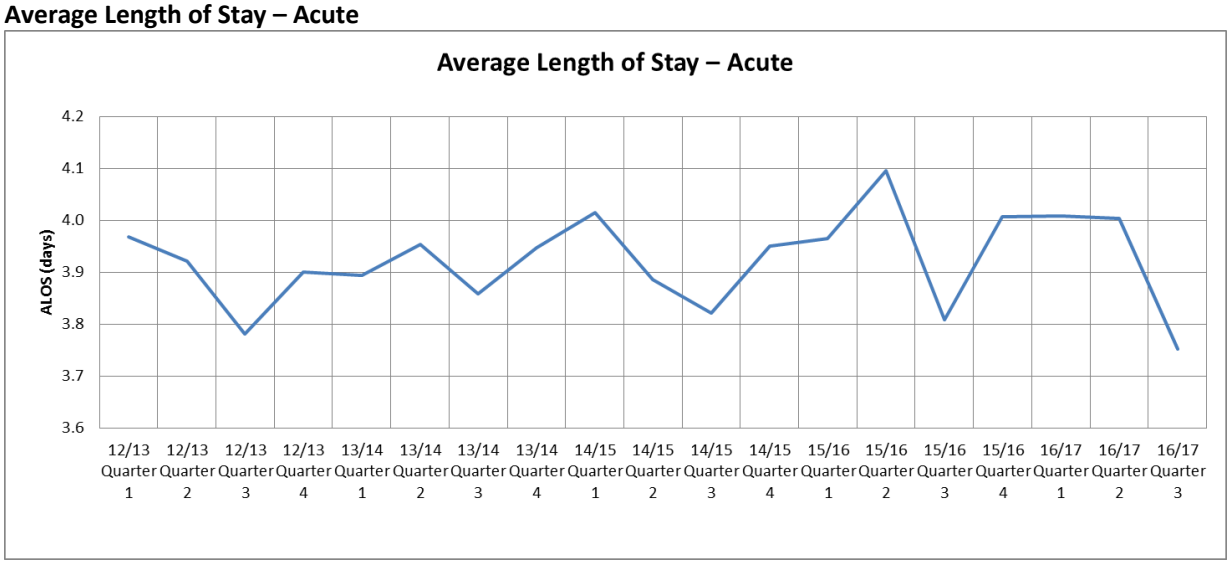
ESPI 1 (Apr 17)	
Specialty	**Compliance %**
Anaesthesiology	100.00%
Cardiology	94.59%
Dermatology	93.75%
Diabetes	97.06%
Endocrinology	95.56%
Gastro-Enterology	99.55%
General Medicine	96.25%
General Surgery	97.20%
Gynaecology	100.00%
Haematology	96.94%
Infectious Diseases	91.84%
Neurovascular	96.72%
Orthopaedic	97.87%
Otorhinolaryngology	98.14%
Paediatric MED	99.54%
Renal Medicine	100.00%
Respiratory Medicine	99.57%
Rheumatology	97.64%
Urology	99.59%
Total	**97.83%**

Legend	
ESPI 1	Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
ESPI 2	Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
ESPI 5	Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher

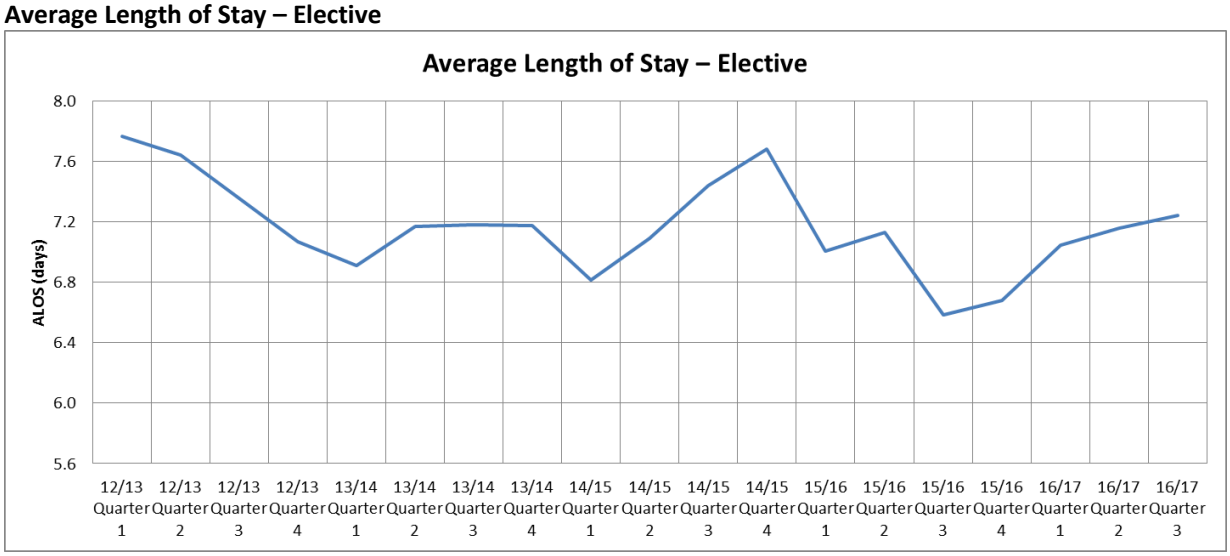
Discharges by Specialty



Average Length of Stay – Acute



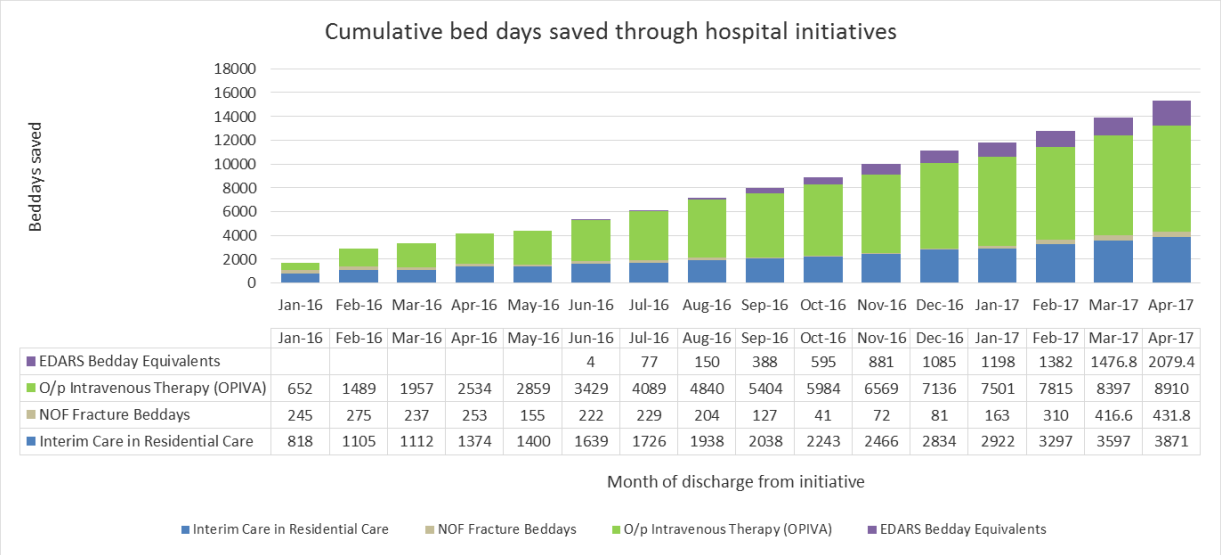
Average Length of Stay – Elective



Bed days by Division

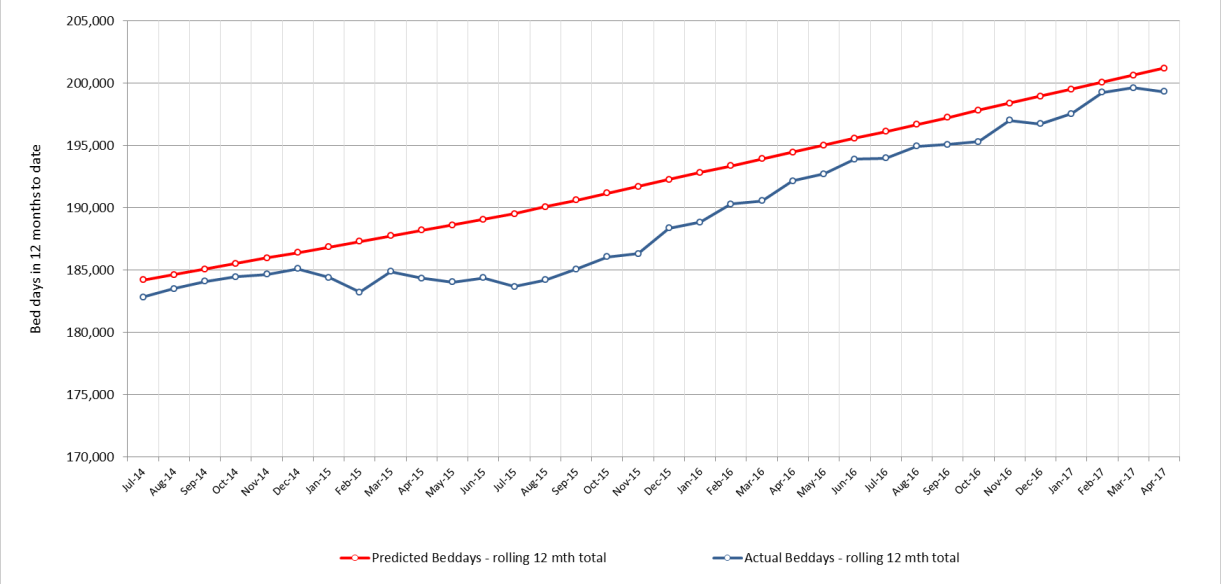
* excludes events ended in ED	Month comparison			Year comparison May - April		
Division	Apr 2016	Apr 2017	Change	May 2015 - Apr 2016	May 2016 - Apr 2017	Change
Acute and Emergency Medicine	8,976	8,102	-874	110,132	110,477	345
Specialist Services and HOP	3,075	2,445	-630	40,062	38,712	-1,350
CWF	3,927	3,948	21	45,954	48,915	2,961
S&AS	5,811	6,108	297	65,885	70,661	4,776
	21,789	20,603	-1,186	262,033	268,765	6,732
Total Growth			-5%			3%

Cumulative Bed Days saved through Hospital Initiatives



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
EDARS Bedday Equivalents						4	77	150	388	595	881	1085	1198	1382	1476.8	2079.4
O/p Intravenous Therapy (OPIVA)	652	1489	1957	2534	2859	3429	4089	4840	5404	5984	6569	7136	7501	7815	8397	8910
NOF Fracture Beddays	245	275	237	253	155	222	229	204	127	41	72	81	163	310	416.6	431.8
Interim Care in Residential Care	818	1105	1112	1374	1400	1639	1726	1938	2038	2243	2466	2834	2922	3297	3597	3871

Predicted versus Actual Bed Days



Financial Performance

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Provider							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	66,899	68,605	(1,706)	699,172	686,507	12,665	823,886
Other Income	2,836	3,292	(455)	30,454	32,571	(2,117)	39,262
Total Revenue	69,736	71,897	(2,162)	729,626	719,078	10,548	863,148
EXPENDITURE							
Personnel							
Medical	14,668	15,116	448	143,821	145,043	1,222	175,380
Nursing	20,308	19,810	(498)	192,709	192,571	(138)	230,824
Allied Health	8,975	9,118	143	89,766	90,195	429	108,939
Support	1,589	1,617	27	14,913	15,396	483	18,548
Management / Administration	5,306	5,522	215	52,174	53,021	847	64,389
	50,847	51,183	336	493,382	496,226	2,844	598,080
Other Expenditure							
Outsourced Services	5,471	4,787	(684)	56,026	49,407	(6,619)	59,353
Clinical Supplies	9,372	8,604	(768)	96,218	91,459	(4,760)	110,938
Infrastructure & Non-Clinical Supplies	5,733	7,325	1,592	93,192	80,227	(12,965)	94,777
	20,577	20,716	140	245,436	221,092	(24,344)	265,068
Total Expenditure	71,423	71,899	476	738,818	717,318	(21,500)	863,148
Cost Net of Other Revenue	**(1,688)**	**(2)**	**(1,686)**	**(9,192)**	**1,760**	**(10,952)**	**0**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Provider							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
CONTRIBUTION							
Surgical and Ambulatory	(12,847)	(12,218)	(629)	(129,038)	(124,590)	(4,449)	(150,380)
Acute and Emergency	(10,544)	(10,238)	(306)	(108,011)	(104,603)	(3,408)	(126,836)
Sub Specialty Med and HOPS	(7,071)	(7,220)	148	(73,131)	(72,943)	(189)	(88,077)
Child Women and Family	(5,914)	(5,878)	(36)	(62,838)	(62,279)	(559)	(75,837)
Special Mental Health and Addiction	(9,095)	(8,863)	(233)	(93,096)	(94,480)	1,384	(114,344)
Elective Surgery Centre	(2,088)	(2,001)	(87)	(21,827)	(22,299)	473	(27,217)
Provider Support	45,871	46,415	(544)	478,749	482,954	(4,205)	582,691
Net Surplus/Deficit	**(1,688)**	**(2)**	**(1,686)**	**(9,192)**	**1,760**	**(10,952)**	**0**

Comment on major variances by Provider Service

The Provider result is $10.952m unfavourable to budget for the YTD to April 2017. The key variances are described below:

Surgical and Ambulatory Services

The service is $4.449m unfavourable YTD. The service has under-delivered on elective WIES at 97%, but continues to meet elective discharges at 112% due to skin lesions. The service has prepared and is executing a recovery plan. The service management team are closely monitoring surgical health targets on a weekly basis with the Director Hospital Services. Tight cost controls are also in place in all key areas of expenditure with regular reviews between the management team and Deputy Chief Financial Officer.

Acute and Emergency Medicine

The division is $3.408m unfavourable YTD. The volume of dedicated patient watches in the month was on budget however, on a YTD basis patient watches have generated an unfavourable variance in bureau costs. Nursing and medical costs are unfavourable to budget YTD with pricing and volume continuing to be a significant driver. Tight cost controls are also in place in all key areas of expenditure with regular reviews between the management team and Deputy Chief Financial Officer.

Sub Specialty Medicine and HOPS

The division is $189k unfavourable YTD. April was favourable $148k; this result is driven predominantly by vacancies within Allied Health, along with additional revenue for Service Level Agreements and training.

Child Women and Family Services

The service is $559k unfavourable YTD. April was $36k unfavourable primarily due to higher than planned stat days in lieu costs for Nursing.

Specialist Mental Health and Addiction Services

The service is $1.384m favourable YTD. This is primarily driven by favourable variances in personnel costs $1.400m offset by casual staff and overtime cover.

Elective Service Centre

The service is $473k favourable YTD. ESC has under delivered on elective WIES at 97% and elective discharges at 107%. The favourable position is due to lower package of care costs.

Provider Support Services

Provider Support is $4.205m unfavourable YTD. The Corporate and Support Services includes centrally budgeted savings which are the major contributor to the unfavourable variance. The overall result for Hospital Operations is $783k unfavourable YTD. This is primarily due to the increasing cost of pharmaceuticals and patient meal costs.

Human Resources

Glossary

Method of calculation of graphs:

1. Overtime Rate: The sum of Overtime Hours worked over the period divided by Worked Hours over the period.
2. Sick Leave Rate (days): The sum of Sick Leave Hours over the period divided by Total Hours over the period.
3. Annual Leave balance 0-24 days: Count of Staff with less than 25 equivalent eight hour days accumulated leave entitlement.
4. Annual Leave balance 25-49 days: Count of Staff with between 25 and 50 equivalent eight hour days accumulated leave entitlement.
5. Annual Leave balance 50-74 days: Count of Staff with between 50 and 75 equivalent eight hour days accumulated leave entitlement.
6. Annual Leave balance 75+ days: Count of Staff with over 75 equivalent eight hour days accumulated leave entitlement.
7. Voluntary Turnover average rolling average: Count of ALL staff resignations in the last 12 months. This data excludes RMOs, casuals, and involuntary reasons for leaving such as redundancy, dismissal and medical grounds.

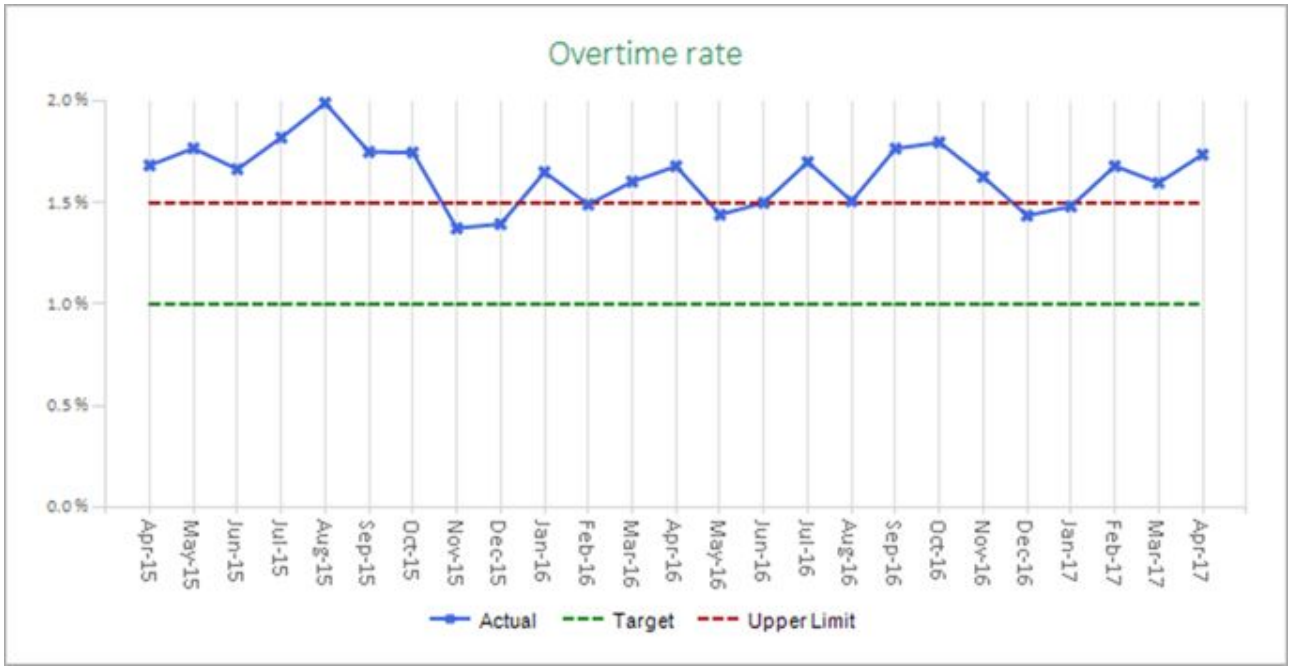
Sick Leave

Results for this reporting period are very similar to those for the previous quarter with a continued pattern of reduction in sick leave absence levels. This trend is highlighted by all services reporting sick leave within the target. This is a credit to the commitment and focus of these services who have traditionally reported a pattern of sick leave levels well in excess of the organisations target.

A range of initiatives and tools are being utilised across services to address issues that arise. For example Medical Specialities and Health of Older Persons recent 'deep dive' exercise in selected wards supported by the Human Resource reporting tool and leave management processes. Initiatives such as these combined with broader health, safety and wellbeing strategies (for example Wellness Expo, Flu Vaccination Programme) can now be seen to be having an impact. Continued focus is expected as we move into winter.

Overtime

There is little movement in the overtime rates since the last reporting period, with rates continuing to be maintained just above the organisational target of 1.5%. SMHA continues to report the highest overtime usage. The highest use is in Forensic inpatient units and Adult inpatient units. The forensic inpatient units continue to experience high acuity, including six patients needing 1:1 care, with inpatient units carrying some vacancies. Overtime is continuing to be monitored with both Adult and all Forensic inpatient units tracking reasons on a spreadsheet with the management accountants. This is discussed at regular meetings with the service manager to identify trends and opportunities. In Hospital Services, overtime is approved at a general manager level. Active recruitment continues in all areas to fill vacancies.



Annual Leave

Annual leave balances are similar to last period with annual leave over Easter and Anzac expected to impact into May results. Average annual leave per person continues at 22 days per person, one day less than this time last year.

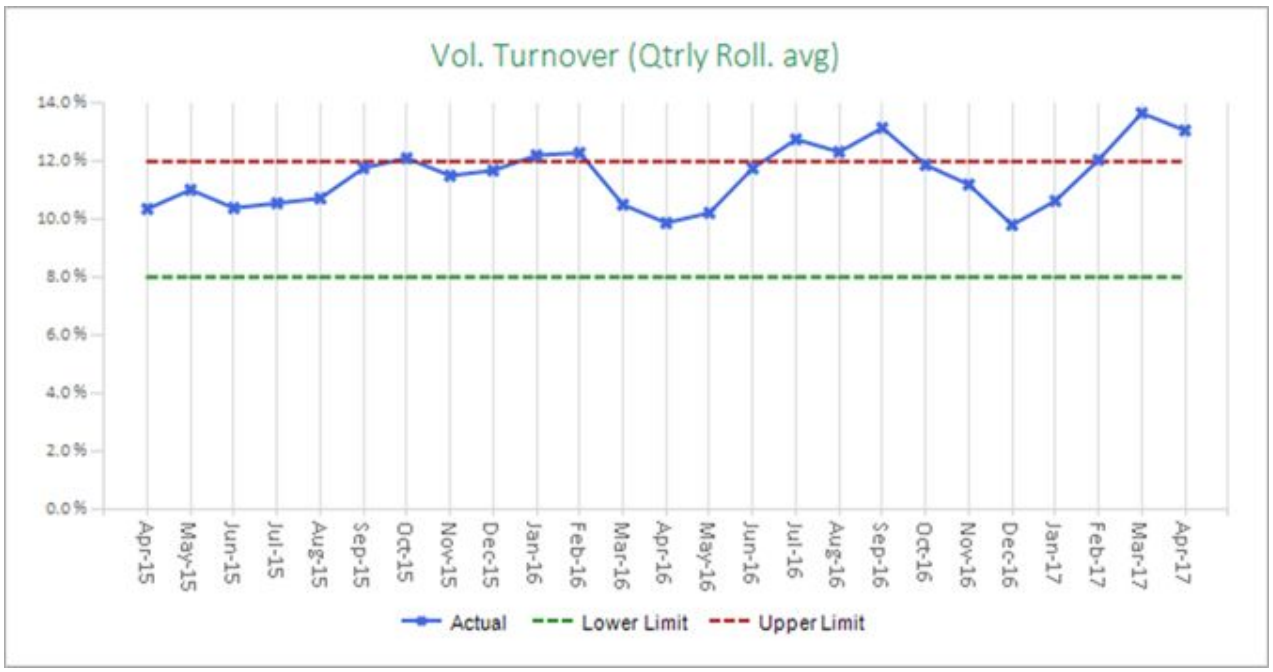
Annual Leave Management (headcount)

Divisions	Leave Bal 0-25 days	Leave Bal 25-50 days	Leave Bal 50-75 days	Leave Bal 75 days +
Surgical and Ambulatory	781	322	76	26
Elective Surgery Centre	85	21	1	-
Child Women & Family	914	165	19	10
Mental Health Services	952	281	32	3
Hospital Operations	365	153	13	1
Facilities and Development	39	13	-	-
Corporate	315	96	18	4
Acute and Emergency Medical Division	927	294	84	27
Director Hospital Services	241	44	5	1
Sub Specialty Med and HOPS	768	178	45	4
Waitemata DHB Governance and Funding	73	27	2	2
Total	5,460	1,594	295	78

Turnover

The annual rolling average continues to report close to the upper tolerance level of 12%. Acute and Emergency Medicine is continuing to report the highest negative variance at 15% with S&AS also reporting above the upper tolerance level at 13%. Analysis to date indicates both areas have been impacted by increases in staff resigning to leave the district, with Theatres also feeling the effects of a combination of staff promotions and retirements.

While these factors are external or difficult to reverse (promotions and retirements) trends indicate a need to consider refocus on more detailed exit information on why staff are leaving the district (work underway) and pro-active planning with our mature and experienced workforces. An example of the latter that is already underway is the project within SMHA looking at retention with a strong focus on intentions of our more experienced workforces.



Divisional Reports

Acute and Emergency Medicine Division

Service Overview

This Division is responsible for the provision of General, Acute and Emergency Medical services. The division includes the departments of General Medicine, Assessment and Diagnostic Unit (ADU), Assessment, Diagnostic and Cardiology Unit (ADCU), Emergency Medicine, Cardiology, Medical wards and Hyperbaric Medicine.

The service is managed by Dr Gerard de Jong (Division Head Acute and Emergency Medicine) and Alex Boersma (General Manager). Head of Division Nursing is Shirley Ross. The Clinical Directors are Dr Hamish Hart for General Medicine, Dr Willem Landman for Emergency Care, Dr Tony Scott for Cardiology, Dr Laura Chapman for ADU and ADCU and Dr Chris Sames for Hyperbaric Medicine.

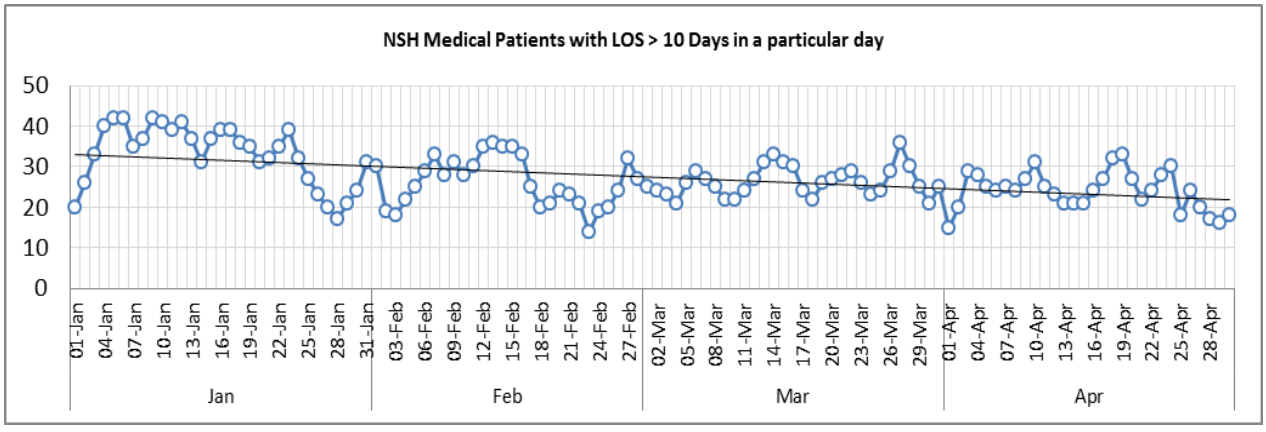
Highlight of the Month

Reduction in the number of 'stranded' patients in the Medical Wards

At North Shore Hospital we have been focussing on reducing the length of stay in the medical wards in order to reduce overall bed occupancy to facilitate the timely flow of acute patients to the wards. In February 2017, we introduced an Inpatient Discharge Co-ordinator role across the medical wards on a trial basis.

The aim of this role is to focus on the stranded patients, with a length of stay of >7 days. In tandem the Clinical Nurse Director and Charge Nurse Managers of the medical cards formalised a board round process to actively review the patients who were in the ward with a length of stay of between 0-7 days. This daily review was aimed at ensuring each patient had an estimated date of discharge, understanding and working through the barriers to discharge.

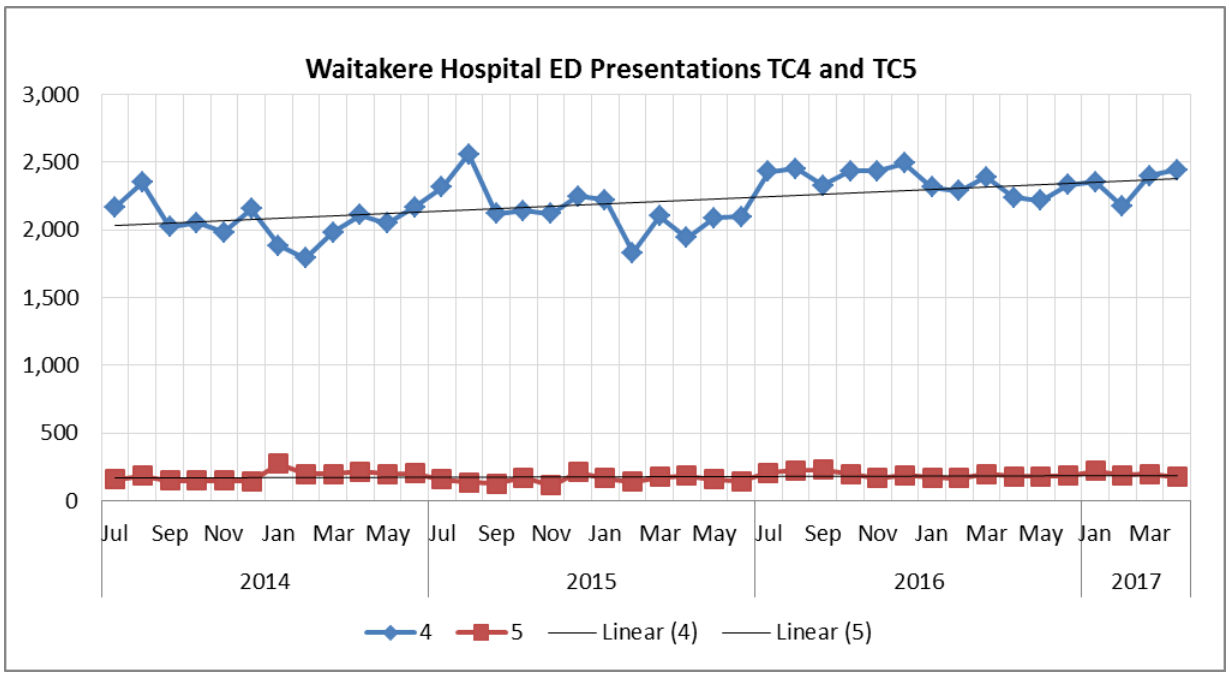
The impact of this strategy on the number of patients with a length of stay of over ten days is demonstrated in the graph below. The number of patients over ten days has reduced from 40 patients per day in January 2017 to an average of 24 per day in April 2017. The positive impact on the stranded patients (>10 day length of stay) will over time have a positive impact on the acute average length of stay and the overall occupancy of the medical wards and will facilitate the smooth flow of acute medical inpatients to the wards.



As of the 15 May we will be introducing the board rounding process at Waitakere Hospital.

Key Issues

Waitakere ED



Graph 1 – Waitakere ED presentations TC4 and TC%

Waitakere ED presentations continue to rise and over the last twelve months. Waitakere ED attendances have increased by 6.3%. Although there has been an increase in all triage categories, the number of triage category four and five patients remains a high proportion of presentations. A key priority for May is the implantation of the Optimise ED programme at Waitakere with an initial focus on the front of house triage and consults area. A full 16 week programme has been proposed and includes:

An assessment of the Current state

- Interviews and engagement
- Utilisation analysis
- Model of care
- Scheduling and Rostering
- Patient flow analysis
- Staffing model (calculating current required FTE)
- Governance

Progressing to a future state design

- Review key findings of current state
- Conduct design workshops
- Agree improvement themes
- Prioritise improvement opportunities
- Complete initial scope and action planning for priority improvements
- Leadership team development opportunities

Scorecard Variance Report

Best Care Variance Report

Average complaint response time currently 19 days against a target of < 14 days

There has been a decrease from last month (22 days) – the average days to resolve/close complaints across the Acute and Emergency Medicine Division was 19 days (compared with 11 days for Waitemata DHB overall). Individual service closure times for April are as follows: ADU (eight days); Emergency Departments (25 days); Cardiology (one day); General Medicine (19 days); Medical Wards (eight days).

The Division resolved and closed 16 complaints that were received prior to April 2017 which resulted in resolution times for these complaints being >14 days. The resolution/closure time of these complaints ranged between 22 to 65 days and we plan that the improvement continues.

Turnover rate – 15% against a target of 8-12%

The rolling 12 month turnover rate for the Acute and Emergency Medicine Division was 14.8% at April 2017. This is against a target of 10%; to March 2017 voluntary turnover (12 month rolling average) figure has gradually increased over the whole period showing a slight decline between March to April 2017. The voluntary turnover rate (quarterly rolling average) shows a spike in June 2016 and a dip in November 2016 with a gradual increase from 16.4% to 16.7% from March to April 2017 due to staff moving out of Auckland and pursuing other career opportunities. The plan is to encourage completion of exit interviews and to review exit interview data to continue to support improved staff retention.

RunDate: 26-May-2017

Definition: The number of staff voluntary leavers in the period divided by the average employ over the period. Excludes staff on rotational, fixed term or casual contracts and involuntary reasons for leaving such as 'illness', 'end of contract', 'redundancies' and 'retirement'.

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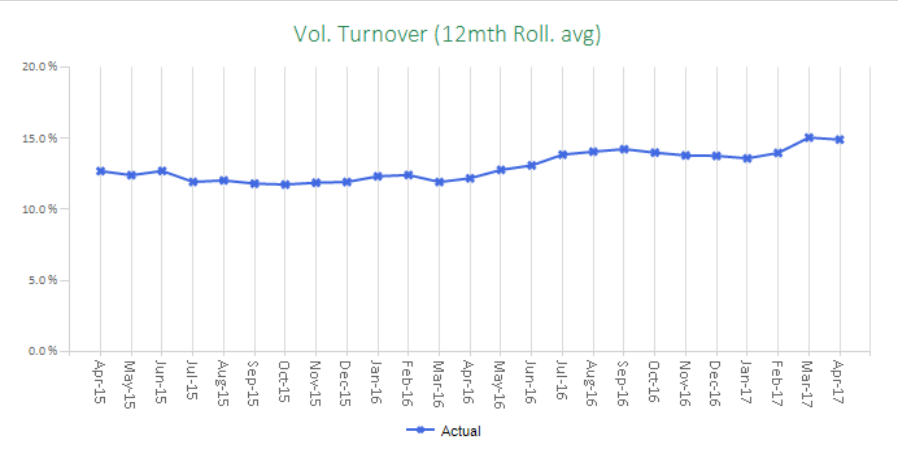
Interpretation: One-off high rates are of little concern but a continuing high rate suggests the organisation may be having difficulty in retaining staff. A high rate means a higher burden on recruitment, induction and training costs. A persistently low rate may suggest that the organisation may be missing out on the benefits of new ideas and perspectives that new employees bring, and may be accumulating recruitment and stability problems for the future.



	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Acute and Emergency Medical Divison	12.79%	13.1%	13.86%	14.07%	14.25%	14.0%	13.8%	13.77%	13.6%	13.98%	15.07%	14.92%
Acute Medical Admin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	23.09%	42.83%
Acute Medicine	16.0%	16.09%	16.76%	16.8%	17.41%	18.06%	18.24%	15.45%	16.1%	15.66%	16.1%	15.42%
Cardiology & Hyperbaric	10.79%	10.04%	10.71%	10.0%	11.28%	9.87%	9.09%	10.26%	11.42%	10.81%	12.0%	11.34%
Emergency	11.88%	11.63%	11.98%	12.56%	12.52%	11.25%	11.22%	12.59%	12.01%	13.8%	15.0%	15.84%
Medical wards	12.88%	14.06%	15.2%	15.54%	15.4%	15.98%	15.72%	15.3%	14.7%	14.7%	15.69%	15.01%
	12.79%	**13.1%**	**13.86%**	**14.07%**	**14.25%**	**14.0%**	**13.8%**	**13.77%**	**13.6%**	**13.98%**	**15.07%**	**14.92%**

RunDate: 26-May-2017

Definition: The number of staff voluntary leavers in the period divided by the average employ over the period. Excludes staff on rotational, fixed term or casual contracts and involuntary reasons for leaving such as 'illness', 'end of contract', 'redundancies' and 'retirement'.

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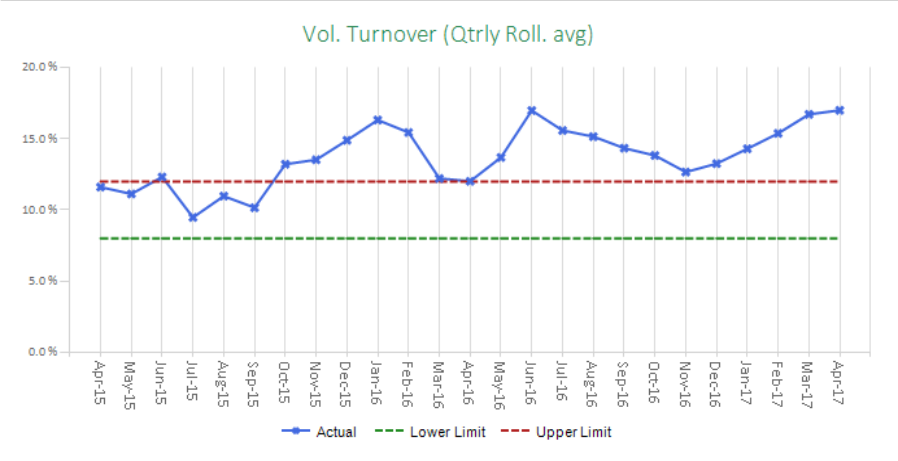
Interpretation: One-off high rates are of little concern but a continuing high rate suggests the organisation may be having difficulty in retaining staff. A high rate means a higher burden on recruitment, induction and training costs. A persistently low rate may suggest that the organisation may be missing out on the benefits of new ideas and perspectives that new employees bring, and may be accumulating recruitment and stability problems for the future.



	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Acute and Emergency Medical Divison	13.69%	16.99%	15.58%	15.15%	14.34%	13.83%	12.66%	13.25%	14.3%	15.38%	16.72%	17.0%
Acute Medical Admin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	92.38%	171.31%
Acute Medicine	18.29%	18.39%	13.87%	16.22%	18.57%	20.97%	18.82%	16.63%	9.54%	7.23%	9.54%	16.6%
Cardiology & Hyperbaric	13.48%	13.39%	5.36%	2.67%	10.62%	10.53%	10.39%	10.26%	17.76%	17.8%	15.16%	12.6%
Emergency	9.51%	13.12%	13.17%	13.16%	13.12%	11.85%	11.81%	12.88%	16.41%	21.14%	21.18%	22.29%
Medical wards	15.1%	20.54%	21.46%	20.43%	14.96%	13.82%	11.9%	13.42%	13.44%	13.44%	15.9%	13.34%
	13.68%	**16.98%**	**15.57%**	**15.14%**	**14.33%**	**13.82%**	**12.66%**	**13.25%**	**14.29%**	**15.37%**	**16.71%**	**16.99%**

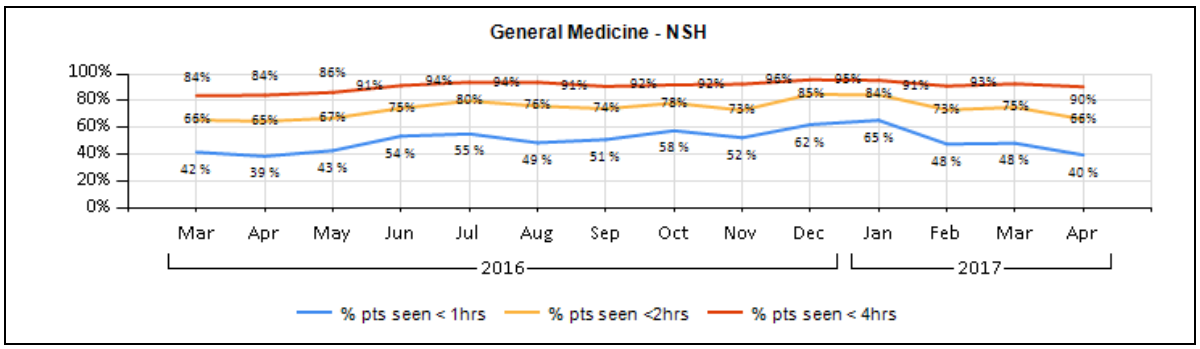
Service Delivery Variance Report

ADU - percentage seen from triage within 120 minutes – 64% against a target of 85%

The percentage of patients seen in ADU from triage within 120 minutes was 64% against a target of 85%. This area has continued to be challenging. The waiting times to be seen in ADU have been impacted by specialty teams not being available to see patients in a timely manner due to other commitments – this will be addressed through the governance meetings. Changes to the ambulatory model, particularly around diagnostic, with patients having their test prior to being seen has impacted on the seen by times. There has been a focus on the as soon as possible patients and the waiting time for these patients has improved.

We are currently developing an evening roster for SMOs for over the winter months and a number of work streams in the patient flow project supported by the Francis Group which are projected to improve this Key Performance Indicator.

a) The ambulatory Acute Care model in the ADU
b) Early assessment of the Frail and Elderly



Acute Specialties Report plus ADU

Chest pain clinic wait time under six weeks – 53% against a target of 80%

While 53% of chest pain P2 patients seen within six weeks against a target of 80% are still some way off the target of 80% it represents a significant improvement in performance against this target. This is the result of the implementation of patient focused booking and the establishment of a dedicated SMO led chest pain clinic, with a plan to provide Exercise Tolerance Test support to the clinic. The cardiology team are working on a proposed model of care for outpatients and the issue of colocation of outpatient clinics and Exercise Tolerance Test /ECHO.

Outpatient Trans Thoracic ECHO under 12 weeks – 53% against a target of 95%

While 53% of outpatient trans thoracic ECHO within 12 weeks against a target of 95% is still some way off the target there has been a gradual improvement in performance against this target. We are in the process of auditing the current ECHO waiting list, to understand the referral patterns with a view to developing a clear plan to address the current back log. With the recruitment of and addition SMO, with an interest in ECHO and Heart failure we have the potential to further improve against this Key Performance Indicator.

Value for Money Variance Report

Elective WEIS volumes – 905 against a target of 994

Elective WEIS volumes were lower than target 905 actual against a contracted volume of 994 (89) this was offset by an over performance in Acute WEIS volumes with an actual of 27,868 against a contracted target of 26,692 (1,176).

Scorecard – Acute and Emergency Medicine Division

Waitemata DHB Monthly Performance Scorecard

Acute and Emergency Medicine
April 2017
2016/17

Health Targets

		Actual	Target		Trend	
a.	Shorter Waits in ED	98%	95%	●		▲

Best Care

		Actual	Target		Trend	
Patient Experience						
	Complaint Average Response Time	19 days	<14 days	●		▼
	Net Promoter Score FFT	66	65	●		▼
Improving Outcomes						
	PCI w/in 120 minutes (STEMI patients)	86%	80%	●		▲
	Better help for smokers to quit - hospitalised	99%	95%	●		▼
Quality & Safety						
	Older patients assessed for falling risk	100%	90%	●		--
	Rate of falls with major harm	0	<2	●		--
c.	Good hand hygiene practice	83%	80%	●		▲
	Pressure injuries grade 3&4	0	0	●		--
HR/Staff Experience						
	Sick leave rate	3.1%	<3.8%	●		--
	Turnover rate	15%	8-12%	●		--

Service Delivery

	Waiting Times	Actual	Target		Trend	
	ADU - % seen from triage w/in 120 mins	64%	85%	●		▼
	Elective coronary angiography w/in 90 days	100%	95%	●		--
	Angiography for ACS w/in 72 hours	80%	70%	●		▲
d.	Chest pain clinic wait time under 6 weeks	*53%*	*80%*	●		▲
d.	O/P Transthoracic Echo wait time under 12 weeks	*53%*	*95%*	●		▲
	Patient Flow					
	Elective Discharge Volumes (Cardiology)	95%	100%	●		▼
	Outpatient DNA rate	9%	<10%	●		▼
b.	Average Length of Stay - Acutes	2.27 days	<2.39 days	●		▼
	Patients with EDS on discharge	85%	85%	●		--

Value for Money

	Financial Result (YTD)	Actual	Target		Trend	
	Revenue	3,344 k	2,572 k	●		▼
	Expense	111,355 k	107,175 k	●		▲
	Net Surplus/Deficit	-108,011 k	-104,603 k	●		▼
	Capital Expenditure (% Annual budget)	202%				
	Contracts (YTD)					
	Elective WIES Volumes	905	994	●		▼
	Acute WIES Volumes	27,868	26,692	●		▼

How to read

Performance indicators:

- ● Achieved/ On track
- ● Substantially Achieved but off target
- ● Not Achieved but progress made
- ● Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Data for Medicine overall
b. 2015/16 new MoH Average length of stay definition, new 2016/17 MOH based targets.
c. Dec data, Apr n/a
d. One month in arrears - March data

A question?

Contact:
Victora Child - Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz
Planning, Funding and Health Outcomes, Waitemata DHB

Strategic Initiatives Variance Report

Deliverable/Action	
Cardiac Services	
1. First Specialist Assessment (outpatients) chest pain clinics fully established to meet the MoH requirements from **July 2016**	✗
2. Establish Cardiac Rehab programme based on regionally agreed best practice principles **by October 2016** (a regionally agreed standardised data collection – using Enigma – will be used to measure referral, participation and completion rates)	✓
3. Complete the model of care change to cardiac follow-up appointments by increasing nurse-led clinics for all cardiologists **by October 2016**	✗
4. Identify cohort of Māori patients with DNA history who have co-morbidities and implement plan to reduce DNA rate in this cohort **by June 2017**	✓
Shorter Stays in Emergency Departments	
5. Analyse ED attendance data to build activity profile with options to reduce avoidable attendances – report to inform quality improvement service redesign developments to be compiled **by December 2016**	✓
6. Develop and implement specific pathways (such as Renal Colic, Sepsis, Back pain) **in 2016**	✓
7. Implement the Accelerated Chest Pain Pathway by December 2016, review and audit **by June 2017**	✓
8. Improve timely access to diagnostics and validation (particularly CT scan) working collaboratively with Radiology improvement initiatives **by December 2016**	✗
9. Implement the Quality Framework, including Morbidity and Mortality, Clinical Audits, Audit schedule, data collection, metrics, and monthly quality report **by December 2016**	✓
10. Implementation of the ED Quality Framework **by June 2017**, including systems in place to enable monitoring of all the mandatory and non-mandatory measures	✓

Areas off track for month and remedial plans
1. First Specialist Assessment (outpatients) chest pain clinics fully established to meet MOH requirements from July 2016. Further on-going positive gains as a result of the Patient Focused Booking process change. The median wait time for P2 chest pain patients is 53% against a target of 80% within 42 days.
1. Complete the model of care change to cardiac follow-up appointments by increasing nurse-led clinics for all cardiologists by October 2016. Three nurse led clinics have been set up for post discharge follow up utilising the Nurse Practitioner. Ongoing FTE is limited as the Clinical Nurse Specialist group is also supporting cardiac rehab and heart failure clinics.
8. Improve timely access to diagnostics and validation (particularly CT scan) working collaboratively with radiology improvement initiatives by December 2016. ED is linked into radiology improvement initiatives and dashboard for access times is currently under development with Information Technology.

Financial Results - Acute and Emergency Medicine

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Acute and Emergency Medical Divison							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	290	225	65	2,871	2,255	616	2,706
Other Income	37	32	6	473	318	156	381
Total Revenue	327	257	70	3,344	2,572	772	3,087
EXPENDITURE							
Personnel							
Medical	3,369	3,319	(49)	36,882	35,434	(1,448)	42,124
Nursing	5,285	4,947	(339)	51,133	49,643	(1,489)	61,252
Allied Health	192	201	9	2,023	2,097	75	2,475
Support	0	8	8	0	83	83	98
Management / Administration	491	426	(65)	4,757	4,448	(308)	5,269
	9,337	8,901	(436)	94,794	91,706	(3,088)	111,220
Other Expenditure							
Outsourced Services	79	68	(11)	1,783	714	(1,068)	850
Clinical Supplies	1,155	1,168	13	11,354	11,257	(97)	13,656
Infrastructure & Non-Clinical Supplies	299	358	59	3,424	3,497	74	4,197
	1,534	1,594	60	16,561	15,469	(1,092)	18,703
Total Expenditure	10,871	10,495	(376)	111,355	107,175	(4,180)	129,923
Cost Net of Other Revenue	**(10,544)**	**(10,238)**	**(306)**	**(108,011)**	**(104,603)**	**(3,408)**	**(126,836)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for Acute and Emergency Medicine is $306k unfavourable for April and $3,408k unfavourable for the YTD.

Revenue ($70k favourable for April, $772k favourable YTD)

Total acute and elective WIES volumes for the month of April are 1% below contract and 3% below prior year actual, on a YTD basis the volumes are 4% above contract and 1% above prior year actual. The most significant WIES measure is General Medicine – Acute which is 2% above contract for the month and 9% above contract YTD. The favourable result for April is due to the recognition of Service Level Agreement revenue for the ED. The YTD favourable position is due to the reimbursement for medical costs to cover the RMO strikes, additional training revenue and supplementary funding initiatives.

Expenditure ($376k unfavourable for April, $4,180k unfavourable YTD)

The unfavourable result for April is due to increase acute demand with patient admissions to medical wards 16% higher than prior year and ED attendances 8% higher than prior year. On a YTD basis patient admissions to medical wards are 11% above prior year and ED attendances are 7% higher than prior year and 4% above contract.

Personnel ($3,088k unfavourable YTD)

Medical ($1,448k unfavourable YTD)

On a YTD basis the service has been required to fund over-allocations and run category changes with RMOs. This has negatively impacted the financial position by $972k. The unfavourable position with SMOs is as a result of costs to cover the RMO strikes amounting to $520k.

Nursing ($1,489k unfavourable YTD)

On a YTD basis nursing costs in the medical wards are $716k unfavourable as a result of increased patient admissions and acute demand pressures. Increased ED attendances have generated an unfavourable variance of $608k YTD.

Allied Health Support ($75k favourable YTD)

Vacancies with Cardiology Technicians and Medical Radiation Technologists staff are generating the favourable variance.

Support and Management/Administration ($225k unfavourable YTD)

The unfavourable variance is due to adverse positions with penal costs, sick leave, overtime and annual leave creep.

Other Expenditure ($1,092k unfavourable YTD)

Outsourced Services ($1,068k unfavourable YTD)

The YTD unfavourable variance is predominantly as a result of patient watch costs performed by Health Care Assistants from July to October. This is augmented by unfavourable external bureau costs used to support unplanned leave within nursing.

Clinical Supplies ($97k unfavourable YTD)

The favourable result for April is due to lower volumes of Implantable Cardiac Devices used in the Cardiology service. The YTD unfavourable result reflects an increased use of patient appliances of $100k particularly in bariatric beds, increased use of interpreters costing $50k and increased volumes in ED costing $60k. The Cardiology service is favourable by $51k driven by lower Implantable Cardiac Device volumes.

Infrastructure & Non-Clinical Supplies ($74k favourable YTD)

The transfer of bariatric bed rental costs into Clinical Supplies has left the Infrastructure category favourable.

Getting back on track initiatives

This month, Acute and Emergency implemented a new initiative to increase utilisation of the Primary Option Acute Care service as a means to reduce the average length of stay in medical beds. At North Shore Hospital we have implemented an inpatient discharge coordinator on a temporary basis. This role is having a positive impact on stranded patients with a length of stay greater than 10 days. Active bed management is underway to flex beds closed and redirect nursing staff where appropriate to other areas of the hospital as short term cover for sick and annual leave. Patient watch costs have been favourable to budget since November. Continued focus is being applied to ensure this position is maintained over the balance of the year. Planning is underway to expand the watch pilot into ADU and ED, it is anticipated this will take effect early in the new financial year. Opportunistic savings are envisaged with the placement of the Medical Tutor Specialists not expected until the new financial year.

Specialty Medicine and Health of Older People Division

Service Overview

This Division is responsible for the provision of medical sub-specialty and health of older people services. This includes respiratory, renal, endocrinology, stroke, dermatology, haematology, diabetes, rheumatology, infectious diseases, medical oncology, neurology, gastroenterology, smoke-free, fracture liaison services and Older Adults and Home Health, which in turn includes palliative care, geriatric medicine, district nursing, community Allied Health, needs assessment and service coordination, Mental Health Services for Older Adults, and AT&R wards. The division also includes the Medicine patient service centre. Allied Health provides clinical support (inpatient, outpatient and community) across the Acute and Emergency Medicine Division, Specialty Medicine and Health of Older People Division and Surgical and Ambulatory Service and reports to the General Manager Specialty Medicine and Health of Older People.

The service is managed by Dr John Scott (Head of Specialty Medicine and Health of Older People) and Debbie Eastwood (General Manager) with Shirley Ross Head of Department Nursing. The Clinical Directors are Dr John Scott for Older Adults and Home Health, Dr Rob Butler for Psychiatry for the Older Adult, Dr Stephen Burmeister for Gastroenterology, Dr Simon Young for Diabetes /Endocrinology, Dr Janak De Zoysa for Renal, Dr Megan Cornere for Respiratory, Dr Ross Henderson for Haematology, Dr Blair Wood for Dermatology and Dr Michael Corkill for Rheumatology.

Highlight of the Month

Rereketanga video - Dianna McGregor, Toru Project

One of our previous highlights was the TORU Project for which Dianna MacGregor Maori Geriatric Nurse Specialist won her three Waitemata DHB Excellence awards for her oral presentation *Rereketanga* in 2015. We have attached the video of this presentation:
http://www.awhinahealthcampus.co.nz/Knowledge-Centre/Health-Excellence-Awards/Oral-presentation-videos/VideosManager/type/View/id/1751

To briefly recap on the project - The Toru Project has seen students from West Auckland's Kelston Girls' College, spend a day a week with the six Kuia and Kaumatua who are resident at Seadrome Residential Home and Hospital in Massey. Talking to the manager of the facility, Dianna discovered there were no Maori staff employed by the facility and the manager was concerned the Maori residents' cultural needs were not being met, in relation to their healthcare requirements. As part of her role, Dianna visited these Kuia and Kaumatua regularly and could see the residents enjoyed engaging with young people. She approached Kelston Girls School Principal, Waitemata DHBs planning and funding team, the Operations Manager of the Gerontology Nursing Service and Waitemata DHB Maori Health services, to support the cultural needs of the residents - to give back to the Kuia and Kaumatua.

Following a period of planning with all stakeholders, Maori students from Kelston Girls College now visit the Maori residents, and earn National Certificate of Educational Achievement credits for spending time with them, supporting them culturally. The programme is designed to engage Maori elders in their healthcare, and give young people an opportunity to engage with the residents and to learn about the needs of older Maori.

Knitting a way through delirium

Delirium, also known as acute confusion, can strike anyone but generally affects older adults. A full recovery is possible with the right treatment and inpatient gerontology nurse specialists put in a lot of work to educate staff involved in the assessment, treatment and management of patients. However, with delirium comes a tendency to become restless, agitated and to fidget and it is not uncommon for people to pull at lines, tubes or dressings. One strategy already in use overseas but not so well known in New Zealand is providing patients with "comfort" or "fiddle mitts". The mitts provide an effective non-pharmacological way to stop patients becoming agitated by providing visual, tactile and sensory stimulation for patients. Our inpatient gerontology nurse specialists have worked with community groups to progress this innovative idea and we now have a group in both the west and north knitting and decorating fiddle mitts for our patients. The West Auckland group was established under the

umbrella of Emerge Aotearoa – an organisation providing a wide range of national community based mental health, addiction, disability support and social housing services. The members meet in Henderson every Thursday and produce the mitts using donated wool. The north group is a Takapuna based craft group Busy Fingers which donates knitted clothing, blankets and toys to a variety of charitable organisations. The members of this group decided to make the hand knitted mitts as part of the charitable things they do for the community. The gerontology nurse specialist welcome any and all donations from the community of wool or knitting bits and pieces for the mitts and has a knitting pattern it can give to people and/or groups interested in making mitts.

Gerontology Nurse Specialists and the Takapuna based craft group

Key Issues

Sick Leave – reporting back

A 'Deep Dive' into sick leave was recently undertaken across three of our AT&R wards. These areas where identified for the deep dive as they had some of the highest sick leave rates in our service for the previous 12 months.

Background

The Human Resources team for the service along with the Unit Managers met with each of the Charge Nurse Managers whose wards were in the top three in regards to sick leave rates to conduct a 'stocktake' meeting. In this meeting we discussed and agreed on how the Manager should best progress with each of their staff with high sick leave usage i.e. an invite to formal sick leave review meeting, to have an informal discussion, or to continue to monitor. From the three wards, it was decided that 17 staff would be invited to a formal sick leave review meeting with Human Resources providing support, the manager would have an informal conversation with seven staff, and the rest would continue to be monitored. The majority of these formal review meetings have since been conducted.

Lessons Learnt

- Without a frame of reference, frontline managers may not recognise the point where their staff's situation needs to be reviewed as they cannot readily compare staff in their area with the rest of the Waitemata DHB; Human Resources are able to provide guidance on this.
- The new Human Resources reports are an invaluable tool for identifying significant or upcoming high sick leave usage as well as any concerning leave patterns that may exist.

- The results of the sick leave meetings have been generally positive and well received – both from the employees themselves and Managers. Employees have commented they feel well supported by their Manager and Waitemata DHB; they've appreciated the opportunity for dialogue.
- The sick leaves meetings help focus the discussion on the impacts on colleagues and the service, it provides a forum to discuss leave management in general and it produces a written record of what was agreed.
- The majority of the sick leave meetings allowed the establishing of practical arrangements help to reduce future sick leave/team disruption.
- There were a few individuals whose sick leave usage ought to have been addressed sooner. The Manager was either unaware of the level of impact or was hesitant to initiate a formal process. Human Resources are able to provide impartial advice and support the Manager through the process.

Doing things differently

There is a need for more regular review and ongoing tracking of trends – Managers should be regularly monitoring the sick leave of all their staff, intervening before sick leave usage becomes significant. Managers who haven't been regularly reviewing sick leave should instigate a similar sick leave stocktake, Human Resources provide support in this initial stocktake so that any processes are consistently applied throughout the service.

Results

The areas involved in the deep dive are noted in the table below under Older Adults and Home Health. The deep dive and subsequent meetings with staff started in January and continued into February. Whilst there are monthly fluctuations in the sick leave percentage across the year for this service, there is a definite downward trend over the last five months.

	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Sub Specialty Med and HOPS	3.6 %	3.7 %	3.4 %	3.7 %	3.7 %	3.0 %	3.9 %	3.0 %	2.3 %	2.6 %	3.2 %	2.7 %
Allied Health	4.3 %	5.3 %	3.8 %	5.1 %	5.3 %	2.9 %	3.9 %	2.6 %	2.3 %	3.3 %	3.8 %	3.6 %
Diabetes Endo Renal	3.5 %	3.2 %	4.2 %	3.8 %	3.1 %	3.0 %	4.0 %	2.9 %	2.3 %	1.9 %	2.9 %	2.2 %
Gastroenterology	0.0 %	0.5 %	0.3 %	0.5 %	2.2 %	1.6 %	0.7 %	1.1 %	1.3 %	0.5 %	0.4 %	0.7 %
Haemo Res Dern Rheu	2.7 %	2.3 %	3.0 %	3.1 %	1.6 %	1.1 %	1.7 %	1.4 %	1.0 %	1.4 %	2.1 %	1.1 %
Older Adults & Home Health	3.6 %	3.4 %	3.1 %	3.1 %	3.7 %	3.5 %	4.4 %	3.7 %	2.5 %	2.7 %	3.4 %	2.8 %
Sub Specialty Admin	1.8 %	2.2 %	2.2 %	4.4 %	0.9 %	0.6 %	2.0 %	1.3 %	0.0 %	3.2 %	0.5 %	2.1 %
	3.6 %	**3.7 %**	**3.4 %**	**3.7 %**	**3.7 %**	**3.0 %**	**3.9 %**	**3.0 %**	**2.3 %**	**2.6 %**	**3.2 %**	**2.7 %**

Definition: Sick leave hours in the month divided by total hours in the month. Excludes ACC leave. This is a nationally defined measure of the proportion of productive hours lost. The target is set at 3% (circa eight days) with an 'upper limit' set at 10 days, phasing is based on prior years to show how we are tracking compared with this time last year.

Scorecard Variance Report

Best Care Variance Report

Acute Stroke to Rehabilitation w/in 7 days 67% against a target of 80%

This is a challenging target for the stroke service in its current configuration in terms of the existing model of care and ward structure. We have spent a considerable amount of time supported by the Institute to develop a new service delivery model that meets the needs of both under and over 65 year old stroke patients. The proposed service delivery model and its associated patient outcomes are strongly evidenced based and would support us to reach this target. We are currently working closely with the Acute and Emergency Service to agree an acute medical model inclusive of senior and junior medical staff. We will then work on combining the current acute and rehabilitations nursing and allied health models. This work is required to inform any operational cost impacts that will need to be included in the stroke business case. Work is also progressing on the feasibility study to look at our options to develop one of our existing wards into an integrated stroke unit.

Service Delivery Variance Report

Average Length of Stay AT&R – 21 days against a target of <19 days

As part of the wider focus across all the medicine and rehabilitation wards the Head of Division and Operations Manager are alerted each week to all rehabilitation patients whose stay is in excess of 25 days. Part of this process is then to support the team to address any identified barriers to timely discharge. Estimated discharge dates and anticipated discharges are being reviewed regularly for accuracy so as to assist in forecasting bed utilisation. We are currently reviewing the number of patients with pressure injuries, identified either on admission to AT&R or during the AT&R admission and their impact on the Average Length of Stay as anecdotally we seem to have experienced an increase.

Scorecard – Specialty Medicine and Health of Older People Services

Waitemata DHB Monthly Performance Scorecard

Specialty Medicine and Health of Older People

April 2017

2016/17

Best Care

Patient Experience	Actual	Target	Trend
Complaint Average Response Time	7 days	<14 days	▼
Net Promoter Score FFT	68	65	▼
Improving Outcomes			
a. Patients admitted to stroke unit	*88%*	*80%*	▲
a. Acute Stroke to rehab w/in 7 days	*67%*	*80%*	▲
InterRAI assessments	92%	95%	--
Better help for smokers to quit - hospitalised	96%	95%	--
Quality & Safety			
Older patients assessed for falling risk	98%	90%	▼
Rate of falls with major harm	0.07	<2	▼
b. Good hand hygiene practice	87%	80%	▼
Pressure injuries grade 3&4	0	0	--
HR/Staff Experience			
Sick leave rate	3.2%	3.8%	▲
Turnover rate	12%	8-12%	--

Service Delivery

Waiting Times	Actual	Target	Trend
Urgent diagnostic colonoscopy w/in 14 days	98%	85%	▼
Diagnostic colonoscopy w/in 42 days	83%	70%	▼
Surveillance colonoscopy w/in 84 days	92%	70%	▲
Patient Flow			
Outpatient DNA rate	9%	<10%	--
Average Length of Stay - AT&R	21 days	<19 days	▲
Patients with EDS on discharge	81%	85%	▼

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue	7,830 k	7,391 k	▲
Expense	80,962 k	80,334 k	▲
Net Surplus/Deficit	-73,131 k	-72,943 k	▼
Capital Expenditure (% Annual budget)	168%		
Contracts (YTD)			
Elective WIES Volumes	360	265	▼
Acute WIES Volumes	1,769	1,641	▼

How to read

Performance indicators:

- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Mar 2017 - dependent on coding
b. Dec 2016 data - Apr n/a
n/a yet

A question?

Contact:
Victora Child - Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz
Planning, Funding and Health Outcomes, Waitemata DHB

Strategic Initiatives Variance Report

Deliverable/Action	
Better help for smokers to quit	
1. Maintain the 'Ask, Brief Advice and Support to Quit' approach by providing training, resources and support to the Smoke free Lead in each inpatient hospital service – **ongoing**	✓
2. Set a hospital target for the percentage of smokers that make a supported quit attempt (prescribed NRT and/or accept a referral to a Stop Smoking Service) **by October 2016**	✓
Stroke Services	
3. Complete work initiated in 2015/16 to establish Waitemata DHB Stroke services plan and implement service improvement in two key areas of the stroke pathway **by June 2017**	✓
4. Work regionally to implement regional hyper acute stroke pathway as agreed in 2015/16 and implement local improvements to enable the successful implementation of the regional clot retrieval service **by June 2017**	✓
Cancer Services	
5. Audit two tumour specialties for appropriate application of the high suspicion cancer flags (to increase identification of these patients) **by December 2016**	✓
6. Identify the percentage of high suspicion patients who fit the criteria of high suspicion cancer who access their treatment in the private sector **by June 2017**	✓
7. Identify the ethnicity-specific high suspicion cancer conversion rate **by June 2017**	✓
8. Continue to contribute to the prevention and early detection of cancer through programmes including healthy lifestyles (in particular obesity, alcohol and tobacco) and screening – **ongoing**	✓
9. Participate in the transition to the national bowel screening programme **during 2016/17**	✓
Improved Access to Diagnostics	
10. Introduce a nursing role to support the selection and allocation of clinically appropriate elective patients to endoscopists	✓
11. Continue to recruit to the endoscopy fellow roles	✓
12. Develop the nurse endoscopist role	✖
13. Using the Global Rating Scale as part of the National Endoscopy Quality Improvement Programme (NEQIP) **– ongoing**	✓
14. Ensure appropriate use of the National Referral Criteria for Direct Access Outpatient Colonoscopy – **ongoing**	✓

Areas off track for month and remedial plans
12. Nurse Endoscopist – we have completed a business case which will now go forward through the usual approval channels, however the national papers required to be completed as part of the training programme. Unlikely to be run this year due to a shortfall in applications.

Financial Results – Specialty Medicine and Health of Older People

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Sub Specialty Med and HOPS							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	733	629	105	7,004	6,534	469	7,890
Other Income	70	86	(16)	827	857	(30)	1,029
Total Revenue	803	714	88	7,830	7,391	439	8,918
EXPENDITURE							
Personnel							
Medical	1,560	1,563	3	17,124	16,346	(778)	19,593
Nursing	2,213	2,176	(37)	21,875	21,776	(99)	26,857
Allied Health	1,742	1,776	34	17,003	17,550	547	20,840
Support	0	(1)	(1)	0	(13)	(13)	(15)
Management / Administration	451	457	6	4,737	4,601	(136)	5,445
	5,966	5,971	5	60,739	60,261	(479)	72,721
Other Expenditure							
Outsourced Services	269	288	19	2,944	2,782	(162)	3,379
Clinical Supplies	1,384	1,387	3	14,541	14,410	(131)	17,434
Infrastructure & Non-Clinical Supplies	255	288	33	2,738	2,881	143	3,460
	1,908	1,963	55	20,223	20,074	(149)	24,274
Total Expenditure	7,874	7,934	60	80,962	80,334	(628)	96,995
Cost Net of Other Revenue	**(7,071)**	**(7,220)**	**148**	**(73,131)**	**(72,943)**	**(189)**	**(88,077)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for Specialty Medicine and Health of Older People is $148k favourable for April and $189k unfavourable YTD.

Revenue ($88k favourable for April, $439k favourable YTD)

The favourable result for April is due to $51k of Service Level Agreement revenue for the Hepatitis C business case which was not in the budget. The YTD favourable position is due to the reimbursement for medical costs to cover the RMO strikes $554k, Service Level Agreement revenue of $182k, additional training revenue of $123k offset by a transfer of $447k to Provider Management for Haematology Pharmaceutical Cancer Treatment expense variance.

Expenditure ($60k favourable for April, $628k unfavourable YTD)

The favourable result for April is due to vacancies in the Allied Health service and an accumulation of small gains with uniforms, repairs and maintenance and rents in Infrastructure and Non-Clinical supplies. The YTD unfavourable position is due to additional duties performed to cover the RMO strikes of $554k and increased usage of clinical supplies, particularly with Biologics.

Personnel ($479k unfavourable YTD)

Medical ($778k unfavourable YTD)

The unfavourable YTD position is as a result of costs to cover the RMO strikes $554k and additional duties performed to cover community SMOs in Mental Health of Older Adults amounting to $274k.

Nursing ($99k unfavourable YTD)
The unfavourable YTD position is as a result of unbudgeted orientation costs totalling $108k.

Allied Health Support ($547k favourable YTD)
The favourable YTD position is as a result of the service operating with 16.7 FTE vacancies. The main categories affected are case managers, occupational therapists and dietitians.

Support and Management/Administration ($149k unfavourable YTD)
The unfavourable YTD position is as a result of the additional resource to support the gastroenterology department and the management trainee program.

Other Expenditure ($149k unfavourable YTD)
Outsourced Services ($162k unfavourable YTD)
The unfavourable YTD position is due to $80k of unmet savings targets and external nursing bureau costs to backfill unplanned leave, being predominantly sick leave. The AT&R service has been impacted by staff on long term ACC leave which has committed available nursing resource and in turn placed greater demand on the outsourced service. The Kingsley Mortimer Unit has needed to use psych trained external bureau to perform watches.

Clinical Supplies ($131k unfavourable YTD)
The unfavourable YTD position is due to the increased usage of Biologics in Rheumatology and Respiratory of $244k, additional respite care provided in the Mental Health Service of Older Adults $115k, interpreter costs of $63k, Outpatient Intravenous Antibiotic pumps at $59k offset by a favourable variance of $447k in Haematology Pharmaceutical Cancer Treatment costs.

Infrastructure & Non-Clinical Supplies ($143k favourable YTD)
The favourable position is due to savings in building rentals, uniform and laundry costs.

Getting back on track initiatives
The service is looking to maintain the positive April momentum with proximal improvements in expense control and revenue enhancements. Active focus of annual leave consumption and the management of staff leave balances has resulted in a reduction the leave liability YTD. In depth analysis of sick leave behavioural patterns with a view to mitigating sick leave abuse and promoting staff to share the responsibility of looking after their sick children with their partners is gaining traction. The mobility aid contract with Invacare expires at the end of May. Our Allied Health team will be represented in renewal process discussions with Health Alliance with a view to assisting in negotiating improved conditions and a favourable financial outcome.

Child, Women and Family Services

Service Overview

This Division is responsible for the provision of maternity, obstetrics, gynaecology and paediatric medicine services for our community, for the regional Out of Home Children's Respite Service, the Auckland Regional Dental Service (ARDS), and the national Child Rehabilitation Service. Services are provided within our hospitals, including births, outpatient clinics and gynaecology surgery, and within our community, e.g. community midwifery, mobile/transportable dental clinics and the Wilson Centre.

The service is managed by Dr Meia Schmidt-Uili (Division Head) and Stephanie Doe (General Manager). Head of Division Nursing is Marianne Cameron, Head of Division Midwifery is Emma Farmer and Head of Division Allied Health is Susan Peters. The Clinical Directors are Dr Sathananthan Kanagaratnam for ARDS, Dr Christopher Peterson (Acting) for Child Health, Dr Thomas Wimbrow (Acting) for Gynaecology and Dr Helen Allen (Acting) for Obstetrics.

Highlight of the Month

Better, Best, Brilliant - Recognition of our Midwives and Nurses

This month CWF has celebrated the contribution that both nurses and midwives make to the health and wellbeing of our community.

International Midwives day was held on the 5 May. It is an opportunity to recognise the role of midwives in the health and wellbeing of women and families both locally and internationally. The theme of this year's celebration was *"Midwives, Mothers and Families: Partners for Life!"* Celebration events were held at both hospitals, and midwives collected donations of toiletry items for women who are victims of family violence and these were donated to "Shine".

Lorraine Glover (Nurse Consultant Immunisations, Child Health) received the leadership award for International Nurses Day.

This award recognised the significant contribution that Lorraine has made as the Waitemata DHB organisational lead for the implementation of the new MoH 2017 National Standards for Vaccine Storage and Transportation. It also recognised that many advisory and supporting roles that Lorraine takes across metropolitan Auckland.

Key Issues

Children Resident in Respite Services at the Wilson Centre

The Respite Service, based at the Wilson Centre, provides out of home respite care for children and young people with a variety of disabilities and medically fragile children across the Auckland metropolitan area. Access to the service is managed by Taikura Trust (Needs Assessment Service). Children receive an allocated number of respite days based on their needs. Mostly children are allocated a maximum of 60 days per annum.

At present, there are four children who are predominantly resident in the service, as their families cannot currently provide the level of care they require. The service is working closely with the MoH and Taikura Trust to support the transition of these children to residential care providers. This process has been challenging due to the lack of availability of community placements that are appropriate for children and young people. The service is also working with the MoH to develop processes that proactively identify the children who may require more intensive support than the Respite Service can provide.

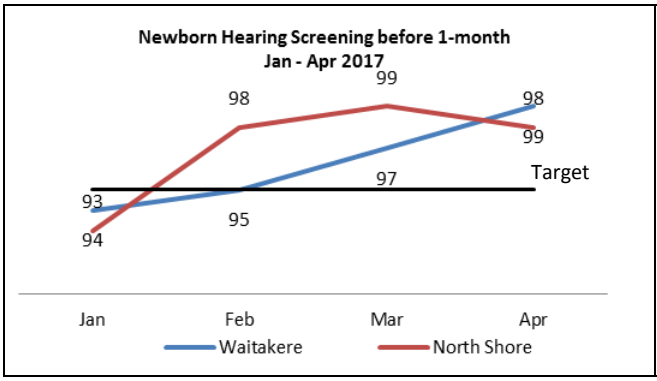
Newborn Hearing Screening

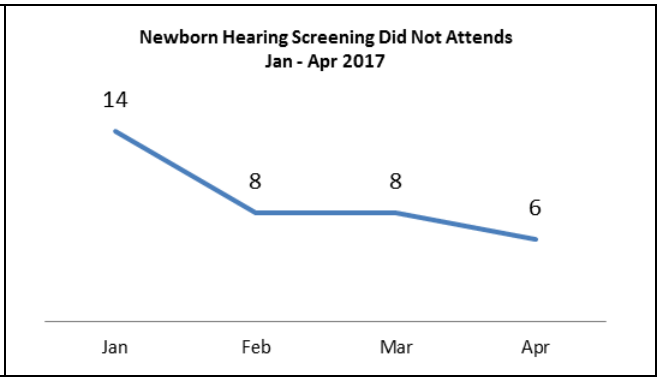
The Waitemata DHB Newborn Hearing Screening programme has recently received the results of the audit undertaken by the MoHs National Screening Unit. The results showed that the service was non-compliant with seven out of the 35 criteria audited. These were largely in relation to governance and particularly in relation to audiology services sub-contracted to Auckland DHB.

The service has already implemented a review and commenced the required corrective actions. A subsequent meeting with the National Screening Unit has confirmed that the service has made excellent progress with addressing the areas of deficit and initial feedback received indicates that five out of seven areas of non-compliance have now been met. It is anticipated that the remaining areas of non-compliance will be resolved by the end of June 2017.

Data on the screening programme shows that uptake is extremely high and is exceeding the MoH target. In Quarter three there were 1,673 babies born, and 1,655 (97%) babies had completed hearing screens. Of the babies screened 19 (1%) had a failed screen requiring audiology follow up. Of these 19 babies, four had confirmed hearing loss and four babies did not attend follow-up appointments.

The service continues to work on improving screening times within 1-month of age and clinic attendance.





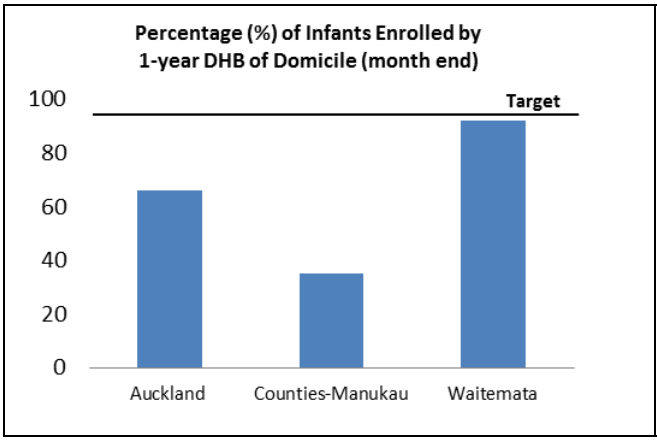
Scorecard Variance Report

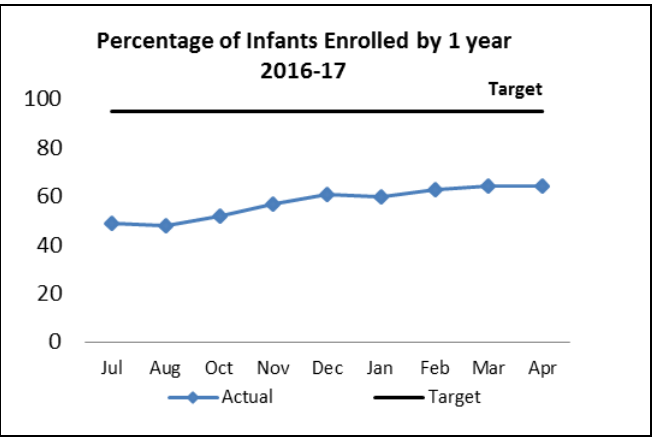
Best Care Variance Report

Oral health - % infants enrolled by one year – 64% versus a target of 95%

The percentage of infants enrolled in ARDS by one year of age has remained static this month. The implementation of the multi-enrolment process is continuing, but there have been delays due to challenges with structuring birth list data into the required format for uploading. These issues are being worked through by the service with support from the Health Information Group.

Work is also continuing on upgrading the electronic record (Titanium) to automate enrolment at birth. The upgrade has now been approved and a meeting has been scheduled with the vendor to develop and agree an implementation plan.

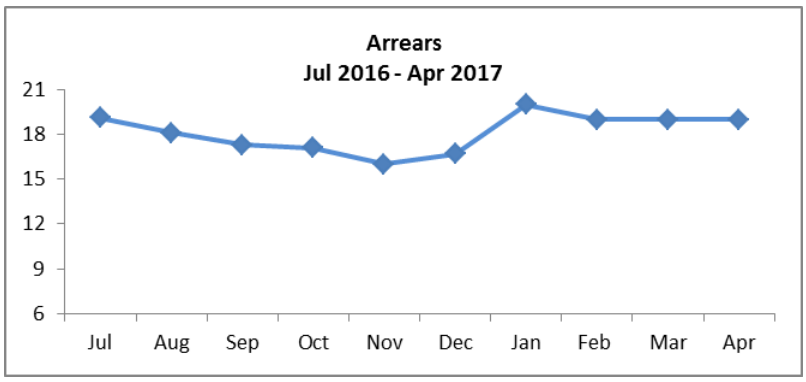




Oral health - exam arrears 0-12 years *– 19% versus a target of <6%*

There has been change in arrears this month. The service has developed multiple strategies in place to reduce arrears, including:

1. Improving productivity
2. Ensuring children are being seen within the correct timeframes (according to risk and clinical need).
3. Actively recruit to all vacancies. At present, there are seven vacant dental therapist positions across the service.
4. Improving access through provision of Saturday and out of hours clinics in high need communities



Service Delivery Variance Report

Gateway referrals waiting over six weeks – 33 versus a target of 0

There has been an increase in the number of children waiting beyond six weeks for a Gateway Assessment this month. However, improvement has been seen in May (the number waiting has reduced to 24 at the time this report is being collated). The increase has been due to a higher number of non-attendances in April and availability due to the school holidays. Extra clinics are being held to further reduce the number of children waiting and the Gateway co-ordinator is working collaboratively with Oranga Tamariki to support attendance at clinics.

Average Length of Stay Special care baby unit – 8.20 days versus a target of <7.02 days

The trend of admissions of early preterm neonates (31-32 weeks gestation) continued over April. The length of stay for these babies was at least four weeks. In addition, there were fewer term babies admitted to the units for short episodes of care, which has increased the overall average length of stay.

Theatre Utilisation – 80% versus a target of 85%

Theatre utilisation is below target this month, as the service has had several complex patients that required significant theatre time, who were medically fragile and needed to be cancelled on the day of surgery.

Scorecard – Child, Women and Family Services

Waitemata DHB Monthly Performance Scorecard

Child Women and Family Services and Elective Surgical Centre

April 2017

2016/17

Health Targets

	Actual	Target	Trend
Shorter Waits in ED	98%	95%	▲

Best Care

	Actual	Target	Trend
Patient Experience			
Complaint Average Response Time	8 days	<14 days	▲
Net Promoter Score FFT	79	65	▲
Improving Outcomes			
Exclusive breastfeeding on discharge	78%	75%	▲
Women smokefree at delivery	94%	95%	--
Better help for smokers to quit - hospitalised	96%	95%	▲
d. Oral health - % infants enrolled by 1 year	64%	95%	▼
d. Oral health - exam arrears 0-12 yr	19%	<6%	▼
Quality and Safety			
c. Good hand hygiene practice	89%	80%	--
HR/Staff Experience			
Sick leave rate	3.6%	<3.8%	▲
Turnover rate	12%	8-12%	--

Service Delivery

	Actual	Target	Trend
Elective Volumes			
Provider Arm - Overall	106%	100%	▲
CWF Services	109%	100%	--
Waiting Times			
Gateway referrals waiting over 6 weeks	33	0	▼
Patient Flow			
Outpatient DNA rate	8%	<10%	▲
a. Average Length of Stay - Maternity	2.3 days	<2.5 days	▲
b. Average Length of Stay - Paediatrics	1.35 days	<1.56 days	▼
a. Average Length of Stay - SCBU	8.20 days	<7.02 days	▼
Theatre utilisation Gynaecology	80%	85%	▼
Patients with EDS on discharge	92%	85%	--

Value for Money

	Actual	Target	Trend
Financial Result (YTD)			
Revenue	11,419 k	10,924 k	▲
Expense	74,257 k	73,203 k	▼
Net Surplus/Deficit	-62,838 k	-62,279 k	▼
Capital Expenditure (% Annual budget)	32%		
Contracts (YTD)			
Gynaecology Elective WIES (excl ESC)	1,436	885	▲
Gynaecology Acute WIES	1,083	1,074	▲
Maternity WIES	6,637	5,795	▲
Paediatrics WIES	1,397	1,385	▲
Neonatal WIES	1,686	1,646	▲

How to read

Performance indicators:

- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. 2014/2015 original internal definition for 'Average length of stay'.
b. 2015/16 new MoH Average length of stay definition, 2016/17 MOH based target.
c. Dec data, Apr n/a
d. Oral health data - Total WDHB, ADHB and CMDHB, DHB of service not domicile

A question?

Contact:

Victora Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**

Planning, Funding and Health Outcomes, Waitemata DHB

Strategic Initiatives Variance Report

Deliverable/Action	
Reducing the number of assaults on children	
1. Implement the neglect of care medical guidelines **by June 2017**	✓
2. Develop the training on guidelines ready for implementation **by June 2017**	✓
3. Develop and implement an acute paediatric (inclusive of Emergency) care and protection pathway **by June 2017**	✓
4. Implement a monthly internal audit process to monitor implementation of screening for family violence across Mental Health, Addiction, Child, Maternity and Emergency services from **October 2016**, and report audit results to Family Violence Steering Group at least quarterly	✓
5. Maintain Waitemata DHB's Child Protection Policy and CYF liaison social worker role – **ongoing**	✓
Cancer Services	
6. Identify the percentage of high suspicion patients who fit the criteria of high suspicion cancer who access their treatment in the private sector **by June 2017**	✓
7. Identify the ethnicity-specific high suspicion cancer conversion rate **by June 2017**	✓

Areas off track for month and remedial plans
All areas on track

Financial Results - Child, Women and Family Services

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Child Women & Family							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	1,078	1,060	18	10,772	10,600	173	12,720
Other Income	133	31	102	646	325	322	400
Total Revenue	1,211	1,091	120	11,419	10,924	494	13,119
EXPENDITURE							
Personnel							
Medical	1,386	1,323	(62)	14,716	14,142	(575)	16,988
Nursing	2,428	2,216	(213)	23,310	22,696	(614)	28,312
Allied Health	1,829	1,914	85	20,310	21,370	1,060	25,602
Support	18	21	3	188	199	11	239
Management/Administration	319	370	50	3,389	3,457	69	4,213
	5,980	5,843	(137)	61,913	61,864	(49)	75,353
Other Expenditure							
Outsourced Services	170	176	6	2,028	1,798	(230)	2,144
Clinical Supplies	502	445	(58)	4,976	4,462	(514)	5,358
Infrastructure & Non-Clinical Supplies	472	505	33	5,339	5,078	(261)	6,101
	1,144	1,125	(19)	12,343	11,339	(1,004)	13,604
Total Expenditure	7,125	6,969	(156)	74,257	73,203	(1,053)	88,956
Cost Net of Other Revenue	**(5,914)**	**(5,878)**	**(36)**	**(62,838)**	**(62,279)**	**(559)**	**(75,837)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for CWF is $36k unfavourable for April and $559k unfavourable for the YTD.

Revenue ($120k favourable for April, $494k favourable YTD)

The favourable result for April was due to a combination of new service level agreement funding for the expansion of the Human Papilloma Virus vaccination programme back dated to January and MoH funding for Child Rehabilitation parent accommodation partially offset by reduced Colposcopy funded activity. CWF funding continues to track favourably YTD driven primarily by unbudgeted new service level agreements or unexpected one off funding streams via the MoH, Child, Youth and Family Services, University of Auckland, Auckland DHB and Northern Regional Alliance. Reduced Colposcopy activity to budget continues to adversely impact the overall funding position to date.

Expenditure ($156k unfavourable for April, $1,053k unfavourable YTD)

The unfavourable result for April was predominately associated with higher than planned stat days in lieu costs for Nursing and to a lesser extent Medical staffing.

Personnel ($49k unfavourable YTD)

Medical ($575k unfavourable YTD)

Medical overspending has been driven by high allowance costs, course and conference fees, cover for RMO strikes, over allocation of House Officers and Registrar run category changes.

Nursing ($614k unfavourable YTD)
Nursing cost over spends are predominately as a result of challenges in filling maternity ward rosters due in part to midwife availability. This has resulted in increased overtime and allowances YTD. Midwife recruitment has improved significantly over the past quarter with overtime costs decreasing by 79% due to a successful overseas recruitment campaign. It has been essential to maintain fully rostered shifts with Acute Maternity case weight discharges tracking at 116% of target YTD. Vacancies across public health nursing between July 2016 and December 2016 provided some cost mitigation but with the recent commencement of the Human Papillomavirus vaccination programme staffing is back to budgeted levels.

Allied Health ($1,060k favourable YTD)
Allied Health vacancies across ARDS remain the primarily reason for the under spending within this staffing group. The service is actively recruiting to vacant positions resulting from retirements or natural attrition. The service has two key initiatives to combat the current 11.9% turnover rate with changes in the way it advertises it's clinical roles, now targeting specific clinic positions where vacant positions exist rather than previously advertising a general area e.g., North/West, Central or South location. Another initiative is to inform clinic staff when vacancies become available so that staff can use their personal community links as an advertising mechanism.

Management/Administration ($69k favourable YTD)
The Management/Administration underspend is related to several vacancies across the service.

Other Expenditure ($1,004k unfavourable YTD)
Outsourced Services ($230k unfavourable YTD)
Unmet embedded savings efficiencies are a sizable feature of this unfavourable result. Use of external bureau nursing services to resource gaps in nursing rosters as well as outsourcing postnatal care to Birth care Auckland and Urodynamic studies activity have meant that achieving budgeted savings has become considerably more challenging. A reduction in community radiology charging $103k is providing some cost mitigation to date.

Clinical Supplies ($514k unfavourable YTD)
Unmet embedded costs efficiencies remain the dominant factor in this Clinical Supplies over spend. Increased repairs and maintenance costs associated with ARDS clinical equipment $54k is having an adverse impact on achieving savings. An internal review of spend by supplier is being undertaken to firstly understand ARDS maintenance requirements and then formulate mitigation strategies to combat spending.

Infrastructure & Non-Clinical Supplies ($261k unfavourable YTD)
Infrastructure and non-clinical supplies over spends result from the service not being able to fully meet the targeted $584k of cost efficiencies YTD. Reduced transportation costs $137k and facilities charges $122k are the most notable areas of savings.

Getting back on track initiatives
In addition to the $927k of reported CWF savings in the consolidated savings initiative schedule the following are streams of work that are being targeted as areas of further financial gain. The service is undertaking a process of reviewing the models of care for Colposcopy and Urodynamic studies activities with the potential of moving to a more nurse specialist run models than the current medical models. Effective annual leave management remains a focus for the group. The $80k YTD favourable position across all CWF staffing groups is reflective of this focus the service has on staff taking leave albeit without compromising clinical activity. Progress continues in rolling out the Kanban stock management system along with new scanning facilities across CWF. This will enable the service to streamline the ordering process by reducing ordering time and lessening the chances of order error. The service continues to engage with healthAlliance in reviewing ARDS cleaning, logistics and maintenance contracts. This is part of a wider review of the ARDS operating model to ensure that the service is utilising its resources efficiently.

Specialist Mental Health and Addiction Services

Service Overview

This service is responsible for the provision of specialist community and inpatient mental health services to Waitemata residents. This includes child, youth and family mental health services, community alcohol, drug and other addiction services across the Auckland metro region, Maori and Pacifica mental health services and regional forensic services that deliver services to the five prisons across the northern region as well as eight in-patient villa's and a regional medium secure Intellectual Disability unit including an intellectual disability offenders liaison services. The group is led by the Dr Susanna Galea-Singer (Director, Speciality Mental Health and Addiction Services), Dr Jeremy Skipworth (Clinical Director Forensic Services) and Pam Lightbown (General Manager).

Highlight of the Month

Cognitive Remediation Therapy Programme

The Issue: Cognitive impairment in attention and memory underlie social and functional deficits in people diagnosed with schizophrenia. These deficits impact negatively on a person's physical health, employment and social participation. Cognitive remediation is an evidence based treatment which can improve the cognitive functioning of people diagnosed with schizophrenia. This treatment has traditionally not been offered within New Zealand Mental Health Services.

What we did: We ran a 24 week cognitive remediation pilot programme consisting of participants engaging in computer exercises, a social skills group programme and coaching. Nine service users across three community sites participated in the programme. All participants were unemployed. Pre/post testing of cognition and function were completed.

Outcomes: Improvements were shown in attention and memory. Functional gains were achieved primarily in employment and participation in activities of daily living. Feedback from service users, their family and key workers indicated positive gains in social interaction, independence and utilization of mental health services in a productive way.

Future: These results will inform future bid processes. To date Waitemata DHB has supported two clinicians to receive training through Kings College, London. Those clinicians are providing training in Cognitive Remediation Therapy this year for a further twenty clinicians. Waitemata DHB is the first DHB in New Zealand to offer this intervention to their service users with schizophrenia.

Key Issues

Substance Addiction (Compulsory Assessment and Treatment) (SACAT)

The SACAT Act will replace the Alcoholism and Drug Addiction Act 1966 (the ADA Act). The SACAT Bill was developed to protect the health and safety of people with severe substance dependence that have experienced, or are at risk of, serious harm and who do not have the capacity to participate in treatment. The Act "*provides for compulsory treatment of persons with severe substance dependence for the purpose of protecting them from harm and restoring their capacity to make their own decisions about their future substance use*".

The Northern region spent several months developing a Northern Region Model of Care designed to safely and effectively meet the requirements of the legislation for this vulnerable group of people. The Model of Care will require significant funding and focused activity to implement. At present the mental health team are concerned that advice is still awaited from the Ministry of Health regarding the appropriate resourcing of the Model of Care required for the enachtment of SACAT. This issue may need to be escalated in the near future. It is unethical to detain people for compulsory treatment in the absence of safe and effective of the condition for which they have been detained.

Intellectual Disability Service
The ten in-patient Intellectual Disability medium secure care and rehabilitation beds is currently running at 11 occupied beds. Nationally, all Regional Intellectual Disability Secure Services have raised a letter to the Ministry of Health regarding the need to increase capacity in this area.

Scorecard Variance Report

Best Care Variance Report
Complaint Average Response Time – 18 days against a target of <14 days
The response times for complaints has not been met as one complaint required a response letter to be written by the legal team which has now been completed and one complaint has required the service to wait for a staff member to return from annual leave to provide comment for the response. This complaint has now been closed.

Seclusion use Forensic episodes: 44 against a target of <14
This is due to two individuals who could not be safely managed in a high care environment without utilisation of seclusion. There is currently high acuity in the Forensic Service and the increase in seclusion reflects acuity related to the management of the individuals.

Service Delivery Variance Report
Wait Time for Child and Youth < three weeks – 67% against a target of 80%
Compliance continues with a slow upward trend (from 64% to 67% this month). Service continues to implement strategies for improvement.

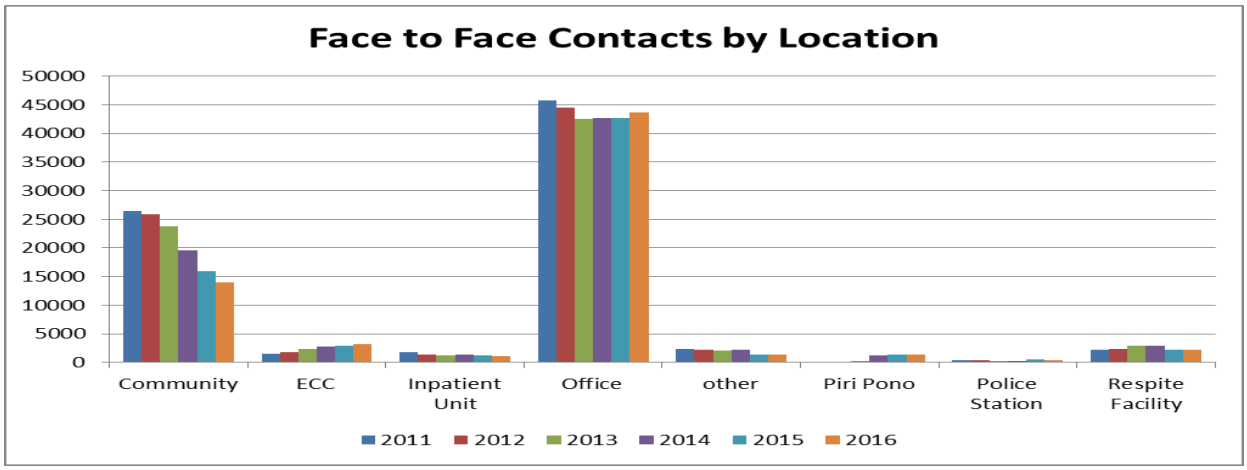
Treatment Days for child and youth:
The total number of community treatment days will fluctuate from month to month based on a number of factors including:

- Treatment plan and identified need
- increased number of new referrals
- staff vacancy
- staff sick

Bed occupancy **– Community Alcohol, Drug and Addictions Service** ***Detox - 86% against a target of 90%***
The slight reduction in bed occupancy during April down to 86% (against target of 90%) is the result of the three public holidays during the month and the delay in admission dates available to fill vacant beds. No remedial action required as this is not expected to recur.

Adult Post Discharge Community Care – 77% against a target of 90%
Post discharge community care is sitting at 77% and below the target of 90%. There has been national discussion regarding the target and key importance of follow up occurring with people who have been discharged from an inpatient unit within seven days. If a person is discharged to another geographical location, or directly to their General Practitioner, this follow up is not included and it can appear as though the person was not seen. However, community teams are reviewing individuals who appear not to have had follow up to ensure that those who are currently under their care are being seen within the timeframe.

Family Whanau Contacts – 61% against a target of 70%
There has been a trending down of family/whanau contacts over the past few years. There are a number of factors contributing to this which include reporting practices, managing demand, capacity and changes in where services are being delivered. A review of clinical contacts over the past five years has identified that more people are being seen in the Waitemata DHB community building and ED with less people being seen in their homes.



Scorecard – Mental Health Services

Waitemata DHB Monthly Performance Scorecard

Mental Health Services
April 2017
2016/17

Health Targets

	Actual	Target	Trend
Shorter Waits in ED	93%	80%	▲

Best Care

Patient Experience	Actual	Target	Trend
Complaint Average Response Time	18 days	<14 days	--
Improving Outcomes			
Better help for smokers to quit	98%	95%	--
Seclusion use Forensics - Episodes	44	<14	▼
Seclusion use Adult - Episodes	2	<5	▲
Adult Inpatient Units AWOL (clients)	0	1	--
Forensic Units AWOL (clients)	0	1	--
a. MH Access Rates 0-19 years (Total)	*3.34%*	*3.10%*	▼
a. MH Access Rates 0-19 years (Maori)	*4.52%*	*4.40%*	▲
a. MH Access Rates 20-64 years (Total)	*3.34%*	*3.40%*	▲
a. MH Access Rates 20-64 years (Maori)	*7.68%*	*7.60%*	▲
HR/Staff Experience			
Sick leave rate	3.5%	<3.8%	▲
Turnover rate	8%	8-12%	--

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue	11,861 k	11,610 k	▼
Expense	104,957 k	106,090 k	▼
Net Surplus/Deficit	-93,096 k	-94,480 k	▼
Capital Expenditure (% Annual budget)	33%		

Service Delivery

Waiting Times (latest available)	Actual	Target	Trend
a. Youth (0-19) < 3 weeks	*67%*	*80%*	▲
a. Adult (20-64) < 3 weeks	*85%*	*80%*	▼
a. CADS (0-19) < 3 weeks	*89%*	*80%*	--
a. CADS (20-64) < 3 weeks	*89%*	*80%*	--
a. Forensic (20-64) < 3 weeks	*90%*	*80%*	▼
Prison inpatient waiting list	0%	0%	--
Patient Flow			
Average Length of Stay - Adult Acute	19 days	15-21 days	--
Average Length of Stay - CADS Detox	7 days	6-8 days	--
Bed Occupancy - Adult Acute	92%	85%	▼
Bed Occupancy - CADS Detox	86%	90%	▼
Bed Occupancy - Forensics Acute&Rehab	101%	95%	▲
Bed Occupancy - ID	91%	70%	▲
Community Care			
Treatment days per service user - adult	3.1 days	3-5 days	--
Treatment days per service user - child	1.5 days	2-4 days	▼
Treatment days per service user - youth	1.7 days	2-4 days	▼
Treatment days per service user - CADS	2.1 days	2-4 days	--
Treatment days per service user - forensics	2.0 days	2-4 days	--
Preadmission community care - adult	75%	75%	▼
Post discharge community care - adult	77%	90%	▼
Community service user related time - adult	49%	35-45%	▲
Contact time with client participation - adult	81%	80-90%	--
Whanau contacts per service user - adults	61%	70%	▼
Whanau contacts per service user - child	100%	80%	--
Whanau contacts per service user - youth	100%	80%	--

How to read

Performance indicators:
- Achieved/ On track
- Substantially Achieved but off target
- Not Achieved but progress made
- Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Reported 3 months in arrears (Jan data).

A question?

Contact:
Victora Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitemata DHB

Strategic Initiatives Variance Report

Deliverable/Action	
Child and Adolescent Mental Health and Youth Alcohol and Drug Services	
1. Ensure early communication and initial transitional engagement and planning for youth aged 12–19 years discharged from Child, Adolescent Mental Health Service and Altered High into primary care using MOH/Werry Centre guidelines **– ongoing** **Transition plans for Child, Adolescent Mental Health Service continue with an upward trend (compliance last reported at 79.5%)** **All new staff to Child, Adolescent Mental Health Service are required to complete orientation/ training on transition planning and administration tasks required to confirm that transition plans are in place prior to discharge.**	✓
Reducing Unintended Teenage Pregnancy	
2. Develop regional clinical standards, protocols and clinical pathways for primary and secondary care and implement **from November 2016**	✓
Rising to the Challenge/Mental Health and Addition Services	
3. Providers will be reliably and consistently collecting social outcome indicators **by June 2017**	✓
4. Run focus groups with non-Māori clinical staff to better understand perceived differences in assessment and treatment of Māori under CTOs (Section 29), identify gaps in current service delivery to Māori and recommend steps for improvement **by June 2017**	✓
5. Ensure routine metabolic screening for secondary service users, with priority focus on Māori and Pacific (who have the highest physical health comorbidities) **by June 2017**	✓
6. Implement the priority actions identified from Everyone's Business: a mental health and employment strategy for the Auckland and Waitemata DHB regions **by June 2017**	✓
7. Support Parents Healthy Children (COPMIA) – all services to develop action plans, and establish routine data collection and service champions **by June 2017**	✓

Areas off track for month and remedial plans
All areas on track ***Note:*** 4. Karl Snowden is in discussion with Dr Galea and Dr Ang others in the SMHA senior leadership about getting their support to deliver these activities across the DHB. • Audit clinical-cultural care pathway for Māori in both DHBs mainstream services under CTO • Evaluate cultural competency of clinical staff working with Māori and the CTOs (Section 29) • Run focus groups with non- Māori clinical staff to better understand perceived differences in assessment and treatment of Māori under CTOs (Section 29)

Financial Results – Special Metal Health & Addictions Services

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Special Mental Health & Addiction Services							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	905	916	(11)	9,779	9,161	618	10,993
Other Income	256	264	(8)	2,082	2,449	(367)	3,060
Total Revenue	1,161	1,180	(19)	11,861	11,610	251	14,053
EXPENDITURE							
Personnel							
Medical	2,042	2,081	39	21,798	22,442	644	26,563
Nursing	4,591	4,437	(154)	44,662	45,374	712	56,204
Allied Health	2,274	2,273	(2)	24,687	24,349	(338)	28,935
Support	62	58	(5)	654	642	(12)	761
Management / Administration	411	455	44	4,611	5,006	395	5,951
	9,381	9,303	(78)	96,412	97,813	1,401	118,413
Other Expenditure							
Outsourced Services	175	104	(71)	1,747	1,267	(480)	1,475
Clinical Supplies	172	116	(56)	1,031	1,216	185	1,611
Infrastructure & Non-Clinical Supplies	529	520	(9)	5,767	5,795	27	6,898
	876	740	(136)	8,545	8,278	(267)	9,984
Total Expenditure	10,257	10,043	(214)	104,957	106,090	1,133	128,397
Cost Net of Other Revenue	**(9,095)**	**(8,863)**	**(233)**	**(93,096)**	**(94,480)**	**1,384**	**(114,344)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for SMHA is $233k unfavourable for April and $1,384k favourable for the YTD.

Revenue ($251k favourable YTD)

There is an unfavourable variance due to the service level agreement requiring Mental Health overspend before funding for new and extended Child and Youth services in Rodney will be received ($1,051k). This was partially offset by other items such as Te Pou funding, the ID new contract price, court reporting $441k, the Pregnancy and Parenting Service Support Contract, strike cost offset at $295k, offset in medical below and reimbursement from the funder for Auckland University of Technology fees, offset in outsourced below.

Expenditure ($1,133k favourable YTD)

Personnel ($1,401k favourable YTD)

Medical ($644k favourable YTD)

This is mainly due to vacancies $899k, average seven FTE YTD. Annual leave is also favourable with more taken than accrued at $329k, but partially offset by covering the RMO strike at $271k unfavourable and court report SMO not budgeted $232k unfavourable.

Nursing ($712k favourable YTD)

There is a large vacancy impact of $4,085k average 70 FTE YTD, which is being offset by covering with casuals $1,778k and overtime for nursing $1,215k. Nursing allowances is $272k unfavourable and annual leave taken is less than accrued by $132k.

Allied Health Support ($338k unfavourable YTD)
There is cost incurred for casual cover at $471k YTD, partially substituting prior Allied Health vacancies and Allied health staff are also covering nurse vacancies and management/administration vacancies. We allow recruitment above cap in Allied health to ensure all Allied health clinical positions remain in place.

Support and Management/Administration ($383k favourable YTD)
The favourable result is mainly due to vacancies of $420k and is partly offset above by employment of Allied health staff as part of the quality team $277k.

Other Expenditure ($267k unfavourable YTD)
Outsourced Services ($480k unfavourable YTD)
The unfavourable outsourced result is mainly to cover vacant medical posts.

Clinical Supplies ($185k favourable YTD)
The favourable result is mainly due to the flexifund and individual contracts for patients' healthcare and wellbeing in community homes, with spend picking up in recent months. Pharmaceuticals are overspent by $85k YTD.

Infrastructure & Non-Clinical Supplies ($27k favourable YTD)
The favourable result mainly due to lower rent and transport costs. These favourable variances are helping to meet budget, where the total is partially offset by, savings targets YTD of ($608k).

Surgical and Ambulatory Services/Elective Surgery Centre

Service Overview

The Surgical and Ambulatory Services provides elective and acute surgery to our community encompassing surgical specialties such as general surgery, orthopaedics, otorhinolaryngology and urology, and includes outpatient, audiology, clinics, operating theatres and pre and post-operative wards. ICU and radiology services are with this service. Theservice is managed by Mr Michael Rodgers (Chief of Surgery) and Gill Cossey (Acting General Manager). The Head of Division Nursing is Kate Gilmour.

The Elective Surgery Centre provides elective surgical services to our community, managed by Mr Michael Rodgers and Gillian Cossey. It provides general surgery, orthopaedic surgery, gynaecology, ORL and urology. The Clinical Director of the service is Mr Bill Farrington and the Operations Manager role is yet to be filled.

Highlight of the Month

Patient Experience week

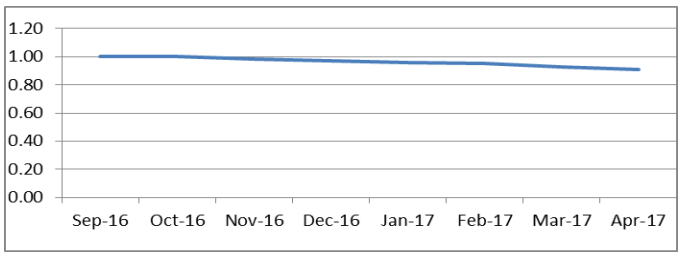
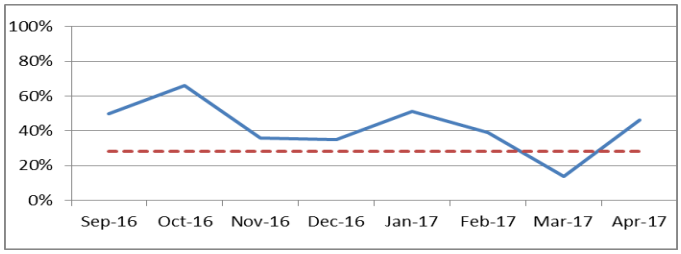
As part of Patient experience week in April, Mike Rodgers (Chief of Surgery) and Gill Cossey (Acting General Manager) visited several wards, theatres, Post-operative Acute Care Unit, ICU, Outpatients and Radiology at North Shore Hospital, and ESC Gill also visited Waitakere Hospital. The feedback from both patients and staff across all sites was extremely positive:

"Everything excellent, care excellent, staff fantastic, food great"
"Staff welcoming, smiling"
"Amazing reception"
"Timely professional service"

Key Issues

Outcome Clinical Excellence Metrics

The following are a selection of S&AS Excellence Metrics, which are designed to provide clinicians with robust and relevant data around patient outcome and clinical performance. The availability of the data varies depending on the metrics, lag times with data availability, and when and how data is extracted.

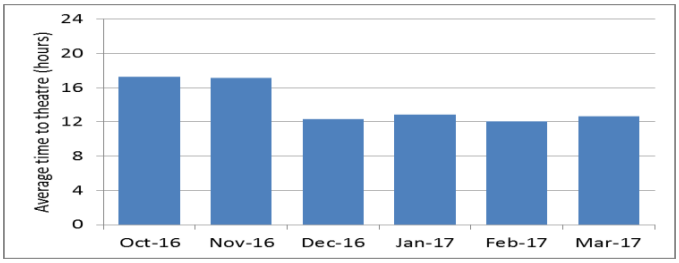
ICU	
Central line associated Bacteraemia (CLABs) *Presented as CLAB rate / 1000 line days. Goal is zero CLABs. Last CLAB was August 2016, investigation showed central line bundle was followed appropriately*	
Delayed discharge to the ward (>6 hours) *Goal is for < 28% of patients to have a delay < six hours. Annual average of about 40%* *Goal is based on Australasian standards.*	

General Surgery

Acute Abscess Drainage – Average time to theatre from booking

Electronic booking form now provides more accurate time stamps for time to theatre from booking for acute cases.

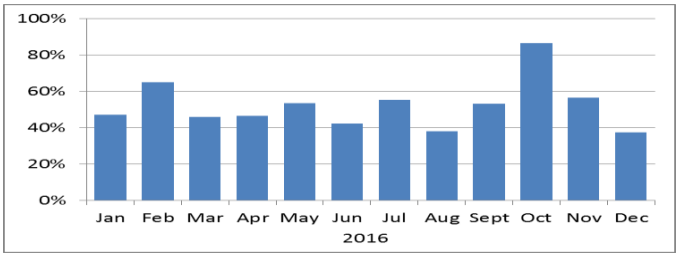
Acute abscess is perceived as a group where improved Length of Stay can be achieved.



Urgent Acute General Surgical cases meeting clinical priority time to theatre (<4 hours) from booking, 2016

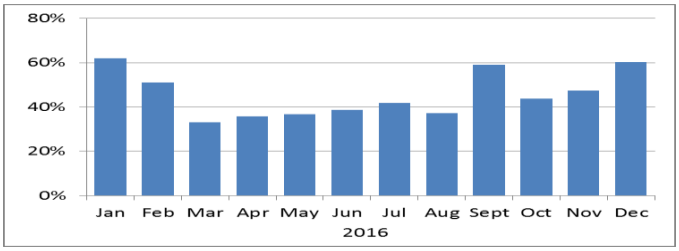
About half of acute cases prioritised as 'urgent' get to theatre within pre-specified clinical priority time.

This data has only recently become available.



Acute General Surgical cases meeting clinical priority time to theatre (8 – 12 hours) from booking, 2016

About 1/3 – ½ of acute cases prioritised as needing to get to theatre within 8-12 hours met this target.

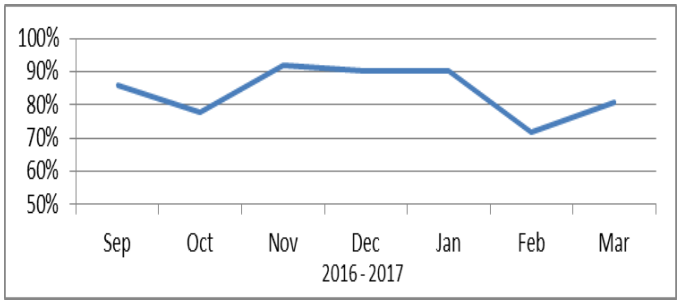


Orthopaedics

#NOF time to theatre

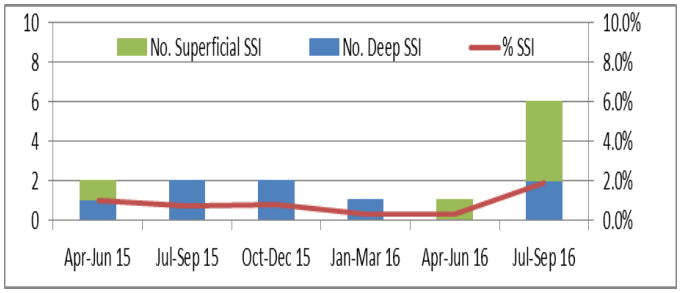
Target initially 95% but changed to 85% in July 2016.

In February 2017, several Orthopaedic theatres were closed due to theatre staffing shortage. Process around theatre closures has now changed.



Surgical site infections (SSI) post hip and knee arthroplasties

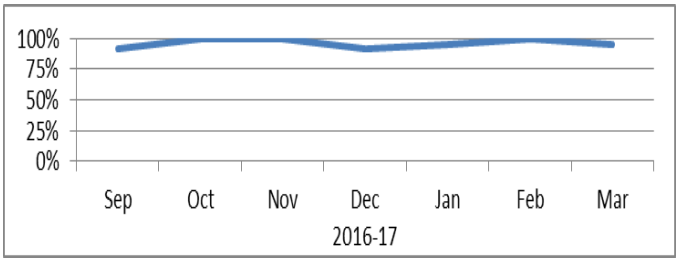
Lag time in data as it comes via HQSC SSI nationwide project. Increase in superficial SSI in last quarter due to improved case finding.



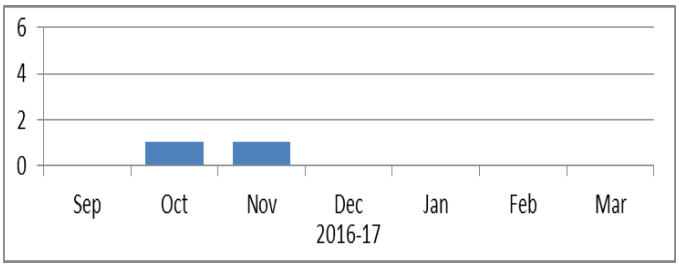
Urology

Percentage of patients seen at Haematuria clinic within 30 days

Currently meeting target to see patients within 30 days

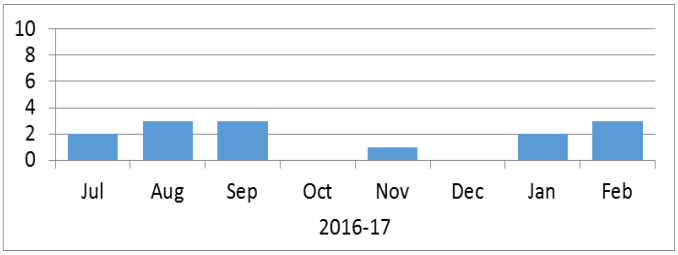


Urinary Tract Infection post prostate biopsy
Data collected by Urology Department post biopsy. Indicated as an important outcome measure by the surgeons



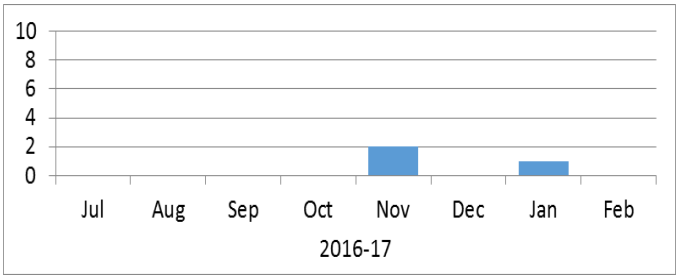
ORL

Acute readmissions
Post-op Waitemata DHB tonsillectomy cases readmitted to other DHB ORL services within 30 days



Acute readmission
Post-op Waitemata DHB septoplasty cases readmitted to other DHB ORL services within 30 days

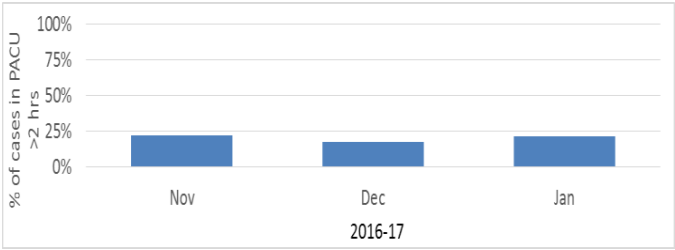
Recently we established a system involving a quarterly manual extract of data to capture readmissions of post-op ORL patients to any other DHBs. Patient readmission data is then reviewed at Waitemata DHB.



Anaesthetics

Length of stay in North Shore Hospital Post-operative Acute Care Unit 1 of > 2 hours

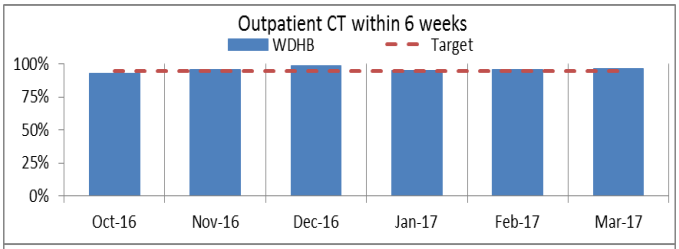
New process under development to capture accurate time stamps for Length of Stay in Post-operative Acute Care Unit *with a more clinically relevant metric.*



Radiology

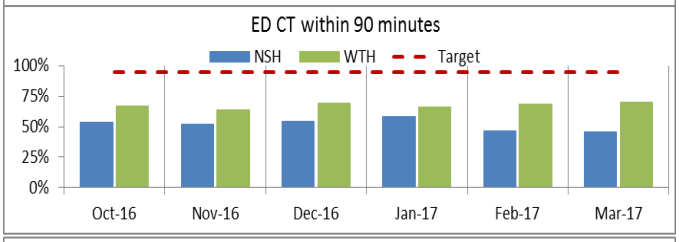
Outpatient CT within six weeks

MoH target



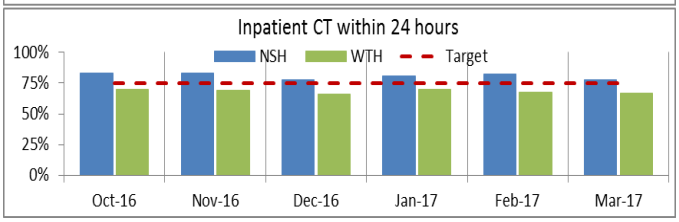
CT in ED within 90 minutes

The % of ED patients (North Shore Hospital and Waitemata DHB) scanned within 90 minutes, target= 95%



Inpatient CT within 24 hours

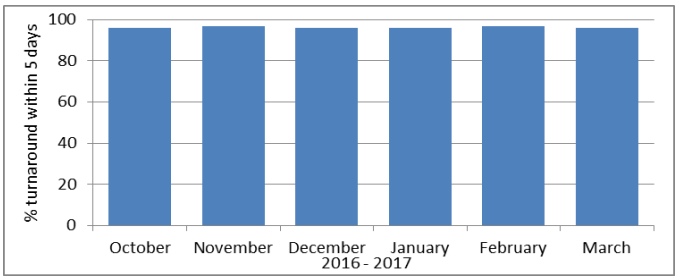
The % of inpatients scanned within 24 hours of the order being created, target = 75%.



Surgical Pathology

Cytology and Histology Report turn-around within five days

Includes pre-analytical, reading and reporting phases, target = 95%



Scorecard Variance Report

Best Care Variance Report

HR/Staff Experience – Turnover rate 13% against target of 8-12%
The rate has increased in recent weeks due to a number of resignations from North Shore Hospital theatre nurses, some for retirement reasons and others for transfer out of Auckland. Twelve new theatre nurses have been appointed and are orientating to the theatre team.

Service Delivery

Patient Flow – Average Length of Stay – Acutes 4.0 days against target of <3.58 days
There was an influx of acutes in Orthopaedics. In the latter part of April, there were 27 fracture neck of femur acute patients admitted over nine days. This is approximately three times more than usual. An audit was done to see if there was any link to the Masters Games, but only one of the 27 was an overseas resident. There was also a large number of high acuity, general surgery complex patients that went to theatre over the same period of time.

Patient Flow – Theatre Utilisation Waitakere 65% against target of 85%
Waitakere Utilisation at 65% is steady state compared to 63% in the last report. There is limited improvement envisaged until we implement the 2017/18 theatre schedule and increase theatre sessions. The most significant strategy for improving utilisation will be increased orthopaedic surgery at Waitakere Hospital with commencement of junior medical team cover and overnight stay for elective patients.

Scorecard - Surgical and Ambulatory and Elective Surgery Centre

Waitemata DHB Monthly Performance Scorecard

Surgical and Ambulatory Service / Elective Surgical Centre
April 2017
2016/17

Health Targets

	Actual	Target		Trend	
Shorter Waits in ED	96%	95%	●		▼

Best Care

		Actual	Target		Trend	
Patient Experience						
	Complaint Average Response Time	12 days	<14 days	●		▲
d.	Complaint Average Response Time - ESC	*7 days*	*<14 days*	●		
	Net Promoter Score FFT - SAS	67	65	●		▲
Improving Outcomes						
a.	#NOF patients to theatre w/in 48 hours	*81%*	*85%*	●		▲
	Better help for smokers to quit - hospitalised	99%	95%	●		--
Quality & Safety						
	Older patients assessed for falling risk	98%	90%	●		▼
	Occasions insertion bundle used	100%	95%	●		--
c.	Good hand hygiene practice	*85%*	*80%*	●		▼
	ICU - rate of CLAB per 1000 line days	0.91	<1	●		▲
HR/Staff Experience						
	Sick leave rate	3.0%	<3.8%	●		--
	Sick leave rate - ESC	3.4%	<3.8%	●		--
	Turnover rate	13%	8-12%	●		▼
	Turnover rate - ESC	10%	8-12%	●		--

Service Delivery

		Actual	Target		Trend	
Elective Volumes						
	Provider Arm - Overall	106%	100%	●		▲
	Surgical and Ambulatory Services	110%	100%	●		▲
	Elective Surgical Centre - ESC (YTD)	99%	100%	●		▲
	Elective Surgical Centre - ESC (month)	114%	100%	●		▲
Waiting Times						
	% of CT scans done within 6 weeks	97%	95%	●		▲
	% of MRI scans done within 6 weeks	94%	85%	●		▲
	% of US scans done within 6 weeks	91%	75%	●		▼
Patient Flow						
	Outpatient DNA rate (SAS & ESC)	9%	<10%	●		▼
b.	Average Length of Stay - Acutes	4.0 days	<3.58 days	●		▼
b.	Average Length of Stay - Electives	1.7 days	<2.2 days	●		▼
b.	Average Length of Stay - Electives - ESC	1.06 days	<1.07 days	●		▲
	Theatre utilisation - NSH	87%	85%	●		▼
	Theatre utilisation - WTH	65%	85%	●		▲
	Theatre utilisation - ESC	82%	85%	●		▲
	Patients with EDS on discharge	86%	85%	●		--

Value for Money

		Actual	Target		Trend	
Financial Result (YTD)						
	Revenue	7,743 k	6,885 k	●		▲
	Expense	158,608 k	153,775 k	●		▼
	Net Surplus/Deficit	-150,865 k	-146,889 k	●		▼
	Capital Expenditure (% Annual budget)	87%				
Contracts (YTD)						
	Elective WIES Volumes - SAS	6,567	6,542	●		▲
	Elective WIES Volumes - ESC	5,322	5,429	●		▲
	Acute WIES Volumes - SAS	12,449	12,118	●		▲

How to read

Performance indicators:

- ● Achieved/ On track
- ● Substantially Achieved but off target
- ● Not Achieved but progress made
- ● Not Achieved/ Off track

Trend indicators:

- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. Reported 1 month in arrears - Mar 2017 data
b. 2015/16 new MoH Average length of stay definition, 2016/17 MOH based targets.
c. Apr not available - Dec data
d. Oct data - no complaints to respond to since

A question?

Contact:
Victora Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitemata DHB

Strategic Initiatives Variance Report

Deliverable/Action	
1. Develop an adult overweight health pathway, including information resources and a bariatric pathway **by June 2017**	✓
2. Continue involvement in joint Waitemata and Auckland DHB bariatric surgery project to further develop equitable access to bariatric surgery and improve success rates for all Waitemata DHB population with increased Māori and Pacific volumes - **ongoing**	✓
Cancer Services	
3. Audit two tumour specialties for appropriate application of the high suspicion cancer flags (to increase identification of these patients) **by December 2016**	✓
4. Identify the percentage of high suspicion patients who fit the criteria of high suspicion cancer who access their treatment in the private sector **by June 2017**	✓
5. Identify the ethnicity-specific high suspicion cancer conversion rate **by June 2017**	✓
6. Localise and implement the prostate pathway in primary care **by June 2017** (consistent with the Ministry of Health's Prostate Cancer Management and Referral Guidelines)	✓
7. Continue to contribute to the prevention and early detection of cancer through programmes including healthy lifestyles (in particular obesity, alcohol and tobacco) and screening – **ongoing**	✓
8. Participate in the transition to the national bowel screening programme **during 2016/17**	✓
Improved Access to Elective Surgery/Major Trauma	
9. Recruiting additional specialist workforce, specifically an additional spinal surgeon **by October 2016**	✓
10. Continue surgical clinical excellence programme, including ERAS, falls, surgical checklist in theatres, reduced length of stay (LOS) – **ongoing**	✓
11. Continue to submit data to the National Trauma Registry – **ongoing**	✓
Improved Access to Diagnostics	
12. Implement business scheduling rules for management of procedural rooms to optimise room utilisation	✓
Quality and Safety	
13. Implement the HQSC's quality account guidance, promote key messages and the theme of Patient Safety Week 2016 in the 2016/17 quality account and publish online **by December 2017**	✓
14. Implement briefing and debriefing for each theatre list in all operating theatres **by June 2017**	✓
15. Implement local improvement methodology and front-line ownership for all surgical site infection programmes (hip and knee operations) **by June 2017**	✓
16. Continue to: implement the falls prevention programme including falls champions on each ward, falls risk reporting at each handover, falls education and training days, and standardisation of falls reporting and investigations – **ongoing**	✓
17. Consistently use evidence-based structured risk assessment of pressure injury to support clinical judgement and implement effective prevention – ongoing	✓
Elective Surgery Centre	
18. Continue to embed the learnings over 2015/16 from the elective productivity and Shorter Journey projects into our business as usual e.g. patient-focused bookings.	✓
19. Ensure triage consistency and equity of access by using national CPAC tools in all specialties - ongoing	✓

Areas off track for month and remedial plans
All areas on track **Note:** 9. New spinal surgeon has commenced. 14. Briefings are being done and proving worthwhile, debriefings are underway and will be given more emphasis.

Financial Results - Surgical and Ambulatory and Elective Surgical Center Combined

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
SAS and ESC							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	848	621	227	6,995	6,211	783	7,454
Other Income	(13)	67	(80)	748	674	74	809
Total Revenue	835	689	146	7,743	6,885	858	8,262
EXPENDITURE							
Personnel							
Medical	4,846	5,116	269	51,455	50,941	(515)	60,416
Nursing	3,672	3,656	(16)	36,124	36,272	148	44,928
Allied Health	1,165	1,138	(26)	11,950	11,552	(398)	13,722
Support	189	204	15	1,968	2,036	68	2,400
Management / Administration	586	576	(10)	6,237	6,041	(196)	7,146
	10,457	10,689	232	107,735	106,842	(893)	128,612
Other Expenditure							
Outsourced Services	1,272	625	(647)	10,059	7,389	(2,670)	8,998
Clinical Supplies	3,557	3,129	(428)	36,249	34,863	(1,386)	42,626
Infrastructure & Non-Clinical Supplies	483	463	(19)	4,565	4,680	116	5,623
	5,312	4,218	(1,095)	50,873	46,933	(3,941)	57,247
Total Expenditure	15,769	14,907	(862)	158,608	153,775	(4,833)	185,860
Cost Net of Other Revenue	**(14,935)**	**(14,219)**	**(716)**	**(150,865)**	**(146,889)**	**(3,976)**	**(177,597)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for S&AS and ESC is $716k unfavourable for April and $3,976k unfavourable YTD. The unfavourable result is primarily driven by; lower than planned ACC revenues, RMO over allocations and run category increases, increased service maintenance and repair costs and unmet savings obligations.

Revenue ($146k favourable for April, $858k favourable YTD)

The favourable result for April was due to unbudgeted funding for outsourced ultrasound volumes $89k and IDF $54k. The favourable result YTD is due to unbudgeted revenue to cover unbudgeted costs for outsourced ultra sound scans $434k, outsourced orthopaedics volumes $334k, Clinical Training Agency and research funding $299k. Offset by ACC revenue $570k, tracking unfavourably as the services focus remains on the catch-up of elective targets. The service has engaged with the ACC team to consider options including the option to back fill sessions where possible with ACC cases.

Expenditure ($862k unfavourable for April, $4,833k unfavourable YTD)

The unfavourable result for April was due to outsourced volumes: Ultrasound scans $507k offset by unbudgeted revenue, CT scans $202k, MRI scans $168k, ORL $110k and Orthopaedic volumes $704k. Clinical supply costs are tracking higher this month $428k in line with a 2% catch up on the health target associated WIES this month.

Personnel ($893k unfavourable YTD)

Medical ($515k unfavourable YTD)

RMO costs continue to track unfavourably due to FTE over allocations and a house officer run category price increase to category A in General Surgery and Orthopaedics $1,275k, including one off leave revaluations. Offset by an underspend in senior medical costs due to skill mix, vacancies and extended leave.

Nursing ($148k favourable YTD)
The favourable result in nursing is offset by outsourced agency costs of $375k. Tight cost controls are in place with all recruitment and overtime requests being reviewed by the Head of Nursing and General Manager. Of note the reliance on external agency staff has reduced in the last quarter and all staff Key Performance Indicators; rolling 12 month sick leave rates, overtime rates and annual leave balances, continue to track favourably across the surgical wards.

Allied Health Support ($398k unfavourable YTD)
The unfavourable position is due to unbudgeted research positions $84k, Multi Employment Collective Agreement settlement costs, ongoing entitlements circa $150k, overtime costs circa $100k attributed to additional sessions, and as a result of ongoing vacancies and high sick leave rates. Cover models and shifts have been re-examined to minimise the reliance on overtime pending appointments.

Support and Management/Administration ($128k unfavourable YTD)
The unfavourable position YTD is due to front of house reception costs in Outpatients $123k realised in the first six months this year. Savings assumptions based on churn have been met by key management vacancies YTD.

Other Expenditure ($3,941k unfavourable YTD)
Outsourced Services ($2,670k unfavourable YTD)
The unfavourable position is due to medical costs $629k and agency nursing $375k offsetting savings in staff vacancies, and outsourced procedures: Ultrasound scans offset by unbudgeted revenue $507k, CT scans $202k, MRI $168k, ORL $110k and Orthopaedic volumes partially offset by unbudgeted revenue $704k.

Clinical Supplies ($1,386k unfavourable YTD)
The unfavourable position is due to one-off repairs and maintenance costs and the Waitakere CT service contract $305k, laparoscopic costs $270k, customised packs $181k, spinal costs $151k and unmet savings. The increased costs are attributed to increased spinal volumes, bowel and complex gynaecology cases. A review has been completed to ensure the appropriate utilisation of supplies.

Infrastructure & Non-Clinical Supplies ($116k favourable YTD)
The favourable position is attributed to savings due to under delivery.

Note in response to the financial position tracking unfavourably YTD the service is executing a recovery plan. Refer below to Getting back on track initiatives.

Production Activity

Health Target Activity

The service has under-delivered on elective WIES at 97% up from 95% last month and continues to meet elective discharges at 107%. The service has delivered 11,617 discharges year to date compared with a budget of 10,858 discharges.

Health Target Activity*	WDHB					
	Discharges			WIES		
01/07/16 to 30/04/17	Actual	Budget	%	Actual	Budget	%
Ear, Nose and Throat	1347	1487	91%	959	983	98%
General Surgery	3079	2967	104%	3941	3838	103%
Gynaecology	1619	1483	109%	1409	1315	107%
Orthopaedics	2373	2552	93%	5065	5611	90%
Skin Lesion Removal	2354	1493	158%	0	0	
Urology	845	876	96%	973	998	97%
Total	11617	10858	107%	12346	12745	97%

Performance Report

The service has over-delivered on acutes $1,852k, primarily in orthopaedics and general surgery.
The service has over-delivered on First Specialist Assessment $812k, spread evenly across all services including $229k in fracture clinics.
The service has over-delivered on Follow ups $1,496k, including $220k in fracture clinics.
The service has under-delivered on 'other' contract lines including under-delivery in ORL $617k offset by over-delivery of skins $211k.

Performance Report

Filters Applied:None

	April 2017 YTD								
	Surgical and Ambulatory Services			Elective Surgical Services			Combined		
	Actual $	Contract $	(Under) / Over Delivery	Actual $	Contract $	(Under) / Over Delivery	Actual $	Contract $	(Under) / Over Delivery
Acute									
Anaesthesia (DRGs) - Acute	16,258	11,194	5,064				16,258	11,194	5,064
Ear, Nose and Throat (DRGs) - Acute	42,784	114,462	-71,679				42,784	114,462	-71,679
General Surgery (DRGs) - Acute	29,240,824	28,752,910	487,914	130,882	0	130,882	29,371,706	28,752,910	618,796
Gynaecology (DRGs) - Acute	5,225,712	5,180,168	45,544	0	0	0	5,225,712	5,180,168	45,544
Orthopaedics (DRGs) - Acute	30,702,589	29,438,221	1,264,368	52,978	0	52,978	30,755,567	29,438,221	1,317,346
Urology (DRGs) - Acute	75,564	149,732	-74,168	11,476	0	11,476	87,041	149,732	-62,691
Acute Total	65,303,731	63,646,687	1,657,043	195,337	0	195,337	65,499,068	63,646,687	1,852,380
Elective									
Anaesthesia (DRGs) - Elective	0	4,056	-4,056				0	4,056	-4,056
Ear, Nose and Throat (DRGs) - Elective	4,452,813	4,541,667	-88,854	383,549	282,953	100,595	4,836,362	4,824,620	11,741
General Surgery (DRGs) - Elective	12,659,450	11,794,467	864,983	6,182,822	6,200,658	-17,835	18,842,272	17,995,125	847,147
Gynaecology (DRGs) - Elective	4,332,630	4,268,550	64,080	2,075,964	1,708,457	367,507	6,408,594	5,977,008	431,587
Orthopaedics (DRGs) - Elective	11,950,588	13,618,567	-1,667,979	10,211,311	10,916,757	-705,446	22,161,899	24,535,324	-2,373,425
Urology (DRGs) - Elective	2,622,920	2,539,378	83,542	1,688,174	1,847,092	-158,918	4,311,094	4,386,470	-75,376
Elective Total	36,018,400	36,766,685	-748,284	20,541,821	20,955,917	-414,097	56,560,221	57,722,602	-1,162,381
FSA	4,192,603	3,480,069	712,533	636,737	537,044	99,693	4,829,339	4,017,113	812,226
FUP	6,384,682	5,025,294	1,359,388	811,801	675,092	136,709	7,196,483	5,700,386	1,496,097
Other	4,453,003	4,830,150	-377,147	90,488	59,936	30,552	4,543,490	4,890,085	-346,595
Grand Total	116,352,419	113,748,885	2,603,533	22,276,183	22,227,988	48,194	138,628,601	135,976,874	2,651,728

Getting back on track initiatives
The combined Surgical Services forecast is $5.6 to $6.5m unfavourable by 30 June 2017.

Key assumptions in the forecast include:

- The forecast is based on the extrapolation of the YTD financial result, adjusted for any timing issues and one-off costs such as stock, prior year adjustments, repairs and leave revaluations.
- The additional orthopaedic elective volumes will be met by additional funding of $1.5m.
- There is no adjustment for any potential transfer of revenue for over-delivery of gynaecology volumes.

The service has prepared and is currently executing a recovery plan. The service management team are closely monitoring surgical health targets on a weekly basis with the Director of Hospital Services. Tight cost controls are in place in all key areas of expenditure:

- Delegations have been escalated to General Manager Level.
- External bureau and all overtime requests are now approved by the General Manager.
- Service to design a Radiology service production plan for all modalities to ensure optimum efficiency and productivity.

The Provider teams including surgical services also have fortnightly finance review meetings (since November) with the General Manager and Deputy Chief Financial Officer. The focus is on the identification of financial risks and early implementation of appropriate cost mitigations for any areas of overspend. The Human Resources reporting series highlights any over-reliance on external agency and overtime hours, sick leave patterns and the success or otherwise of active leave management plans for all staff. Each division reports through to the Director Hospital Services monthly.

Cover models have been reviewed for all wards and theatres and coupled with the new Bureau Booking system are enabling far better control of planned versus actual rostered hours on the floor and acuity cover. Annual leave plans are being maximised during school holidays. Shift patterns are being re-examined to ensure minimal reliance on overtime, and a number of options have been identified.

Every avenue of cost mitigation is being considered. However, the extent of the savings obligations will clearly require more substantive solutions. ESC is working with S&AS to implement the elective surgical plan for FY18 where all three theatre locations will be fully utilised. The unbudgeted over-delivery of clinics is being considered. Monitoring of patients ensures timely discharge and inpatient beds are being closed as appropriate to contain costs.

Surgical and Ambulatory – S&AS

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Surgical and Ambulatory							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	825	621	204	6,865	6,211	653	7,454
Other Income	(44)	67	(111)	532	674	(142)	809
Total Revenue	781	689	93	7,397	6,885	512	8,262
EXPENDITURE							
Personnel							
Medical	4,846	5,113	267	51,454	50,921	(533)	60,393
Nursing	3,167	3,156	(11)	31,131	31,236	104	38,711
Allied Health	1,165	1,138	(26)	11,947	11,552	(395)	13,722
Support	185	200	15	1,933	2,002	69	2,360
Management / Administration	567	541	(27)	5,979	5,680	(299)	6,717
	9,930	10,149	219	102,444	101,390	(1,053)	121,904
Other Expenditure							
Outsourced Services	503	(80)	(584)	1,817	(945)	(2,762)	(1,153)
Clinical Supplies	2,824	2,462	(361)	28,492	27,232	(1,260)	33,328
Infrastructure & Non-Clinical Supplies	371	376	5	3,683	3,798	116	4,564
	3,698	2,758	(940)	33,992	30,085	(3,907)	36,739
Total Expenditure	13,628	12,906	(721)	136,435	131,475	(4,960)	158,642
Cost Net of Other Revenue	**(12,847)**	**(12,218)**	**(629)**	**(129,038)**	**(124,590)**	**(4,449)**	**(150,380)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for S&AS is $629k unfavourable for April and $4,449k unfavourable for the YTD. The unfavourable result is primarily driven by; lower than planned ACC revenues, outsourced radiology and orthopaedic volumes, RMO over allocations and run category increases, increased service maintenance and repair costs and unmet savings obligations.

Production Activity

The service has under-delivered on elective WIES at 97% up from 95% last month and continues to meet elective discharges at 112% due to skin lesions. The service has delivered 7,451 discharges YTD compared with a budget of 6,658 discharges.

	S&AS					
Health Target Activity*	Discharges			WIES		
01/07/16 to 30/04/17	*Actual*	*Budget*	*%*	*Actual*	*Budget*	*%*
Ear, Nose and Throat	1227	1390	88%	860	910	94%
General Surgery	1486	1343	111%	2361	2232	106%
Gynaecology	1041	990	105%	882	872	101%
Orthopaedics	961	1072	90%	2451	2783	88%
Skin Lesion Removal	2302	1446	159%	0	0	
Urology	434	419	104%	544	519	105%
Total	**7451**	6658	**112%**	**7099**	7316	**97%**

Elective Surgery Centre - ESC

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Elective Surgery Centre							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	23	0	23	130	(0)	130	(0)
Other Income	31	0	31	216	0	216	0
Total Revenue	54	0	54	346	(0)	346	(0)
EXPENDITURE							
Personnel							
Medical	0	2	2	2	20	19	23
Nursing	505	500	(5)	4,993	5,036	44	6,217
Allied Health	0	0	(0)	4	0	(4)	0
Support	4	3	(0)	35	34	(1)	40
Management / Administration	18	35	17	258	362	103	429
	527	541	13	5,291	5,452	160	6,708
Other Expenditure							
Outsourced Services	769	705	(64)	8,243	8,335	92	10,151
Clinical Supplies	734	667	(67)	7,757	7,631	(126)	9,299
Infrastructure & Non-Clinical Supplies	112	87	(24)	882	882	0	1,060
	1,614	1,460	(155)	16,882	16,848	(34)	20,509
Total Expenditure	2,142	2,001	(141)	22,173	22,299	127	27,217
Cost Net of Other Revenue	**(2,088)**	**(2,001)**	**(87)**	**(21,827)**	**(22,299)**	**473**	**(27,217)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for ESC is $87k unfavourable for April and $473k favourable for the YTD. The favourable position is due to lower package of care costs in line with under delivery of health target volumes. The unfavourable position in clinical supplies is due to laparoscopic supply costs $89k, interpreters $17k and one-off repairs and maintenance costs $31k.

Production Activity

The service has under-delivered on elective WIES at 97% and elective discharges at 99% including skin lesions. The service has delivered 4,166 discharges year to date compared with a budget of 4,199 discharges.

	ESC					
Health Target Activity*	Discharges			WIES		
01/07/16 to 30/04/17	*Actual*	*Budget*	*%*	*Actual*	*Budget*	*%*
Ear, Nose and Throat	120	97	124%	99	73	135%
General Surgery	1593	1624	98%	1579	1607	98%
Gynaecology	578	494	117%	526	443	119%
Orthopaedics	1412	1480	95%	2613	2828	92%
Skin Lesion Removal	52	47	110%	0	0	
Urology	411	457	90%	429	479	90%
Total	**4166**	4199	99%	**5247**	5429	97%

Comment on major financial variances

The overall result for ESC is $87k unfavourable for April and $473k favourable for the YTD. The favourable position is due to lower package of care costs in line with under delivery of health target volumes. The unfavourable position in clinical supplies is due to laparoscopic supply costs $89k, interpreters $17k and one-off repairs and maintenance costs $31k.

Production Activity

The service has under-delivered on elective WIES at 97% and elective discharges at 99% including skin lesions. The service has delivered 4,166 discharges year to date compared with a budget of 4,199 discharges.

	ESC					
Health Target Activity*	**Discharges**			**WIES**		
01/07/16 to 30/04/17	***Actual***	*Budget*	*%*	***Actual***	*Budget*	*%*
Ear, Nose and Throat	120	97	124%	99	73	135%
General Surgery	1593	1624	98%	1579	1607	98%
Gynaecology	578	494	117%	526	443	119%
Orthopaedics	1412	1480	95%	2613	2828	92%
Skin Lesion Removal	52	47	110%	0	0	
Urology	411	457	90%	429	479	90%
Total	**4166**	4199	**99%**	**5247**	5429	**97%**

Provider Support Services

Service Overview

Corporate Services include offices of the Chief Executive Officer/Chief Financial Officer/Chief Medical Officer/Director of Nursing/Director of Allied Health, Corporate Finance, Operational Finance, Information Systems and Management, Facilities and Development, Quality, Human Resources and Awhina and Māori Services. It also includes outsourced healthAlliance services, New Zealand Health Partnerships, Other affiliation costs and financing costs. Robert Paine has overall financial responsibility for the Corporate Group.

Hospital Operations

The Group Manager of Hospital Operations is Leith Hart. Hospital Operations includes Pharmacy, Laboratories, Nutrition and Food Services, Traffic and Fleet, Security, Clinical Engineering, Clinical Support Services, Contact Centre Collaboration.

Scorecard – Provider Support Services

Waitemata DHB Monthly Performance Scorecard

Provider Support Services
April 2017
2016/17

Best Care

HR/Staff Experience	Actual	Target	Trend
Sick leave rate	2.9%	<3.8%	--
Turnover rate	12%	8-12%	--

Value for Money

Financial Result (YTD)	Actual	Target	Trend
Revenue	675,097 k	669,231 k	▼
Expense	124,223 k	117,272 k	▲
Net Surplus/Deficit	550,873 k	551,959 k	▲
Capital Expenditure (% Annual budget)	71%		
% catalogue item purchases	92%	75%	▲

Service Delivery

Productivity	Actual	Target	Trend
Clinical Typing			
Clinical letters turnaround time - P1 (urgent)	1.6 days	<1.5 days	▲
Clinical letters turnaround time - P2	4.4 days	<5 days	▼
Clinical Coding			
% coding complete by 21st next month	99%	95%	--
[a.] % coding complete YTD	98%	95%	▲

Major Capital Programmes	Time	Budget	Quality
WTH Emergency Department redevelopment (Apr 2016)	●	●	●
Mason clinic - 15 Bed medium secure unit (May 2017)	●	●	●
NSH Building 5 Refurbishment (Mar 2017)	●	●	●
Clinical and Learning Skills Centre (Apr 2017)	●	●	●
Elective Capacity and Inpatient beds (TBC)	●	●	●

How to read

Performance indicators:
- ● Achieved/ On track
- ● Substantially Achieved but off target
- ● Not Achieved but progress made
- ● Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in *grey bold italics* are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-month period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. A small data range may result in small variations appearing to be large.

a. data at 15/05/2017

A question?

Contact:
Victora Child - **Reporting Analyst, Planning & Health Intelligence Team: victoria.child@waitematadhb.govt.nz**
Planning, Funding and Health Outcomes, Waitemata DHB

Strategic Initiatives Variance Report

Specific deliverables/actions to deliver improved performance will consider:	
1. Participate in activity relating to all phases of National Patient Flow (NPF), including identification of, and engagement with, local, regional and sector-wide quality improvement opportunities – **ongoing**	✓
2. Inventory management for clinical and non-clinical supplies	✓
3. Infrastructure costs/contracts and energy efficiency reviews and savings – **ongoing**	✓
Hospital Operations - Specific deliverables/actions to deliver improved performance will consider:	
4. Continue to implement electronic prescribing and administration and eMR, complete implementation **by June 2017**	✓

Areas off track for month and remedial plans
All areas on track

Hospital Operations

Highlight of the Month

The laboratory service has started a pilot for Éclair orders this is a project for electronic ordering of laboratory tests. Laboratory staff worked closely with the project team and clinicians to ensure that the electronic version of the request form is clinically suitable. The pilot has started in older adult wards at both North Shore Hospital and Waitakere Hospital sites. Feedback has been positive regarding the on-line form which has resulted in a seamless transition. Once initial issues identified during the pilot have been resolved it is planned to be extending the ordering system out further.

Key Issues

Clinical Support recruitment challenges

Clinical support service has issues with staff turnover in both cleaning and orderly positions. A number of staff are taking up other roles within the organisation, have accepted job offers outside of the DHB or are moving outside of Auckland. The Clinical Support service is currently working with the recruitment service on targeting a new advertisement campaign for staff recruitment.

Health Information Group

Highlight of the Month

SaferSleep

The anaesthesia safety system system SaferSleep was successfully upgraded on 9 May. It has brought enhanced safety features to within the operating room and beyond with more active in line decision support. It has also laid a foundation for optimised pre-operative patient flow with pre-operative assessment and acute pain management modules now possible. The upgrade is complex due to the system being on a shared instance with Auckland DHB. The collaboration between DHBs, healthAlliance and the vendor to get this over the line was exemplary.

Key Issues

WannaCry Cyber-Attack Threat

healthAlliance and Northern Region DHB teams has been actively checking for vulnerabilities in our environment to the current cyber threat. The patch to this threat has been applied to multiple endpoints such as servers, PCs and clinical equipment. Practically all of the healthAlliance managed environment has been patched and the DHBs are identifying and patching non- healthAlliance managed assets such as medical equipment.

LEAPFROG Phase 2

The iPM upgrade has been delayed until September 2017. A delivery from this project is web services which are dependencies for Kiosk and the PatientList. The API Gateway is another dependency and we are working with the project team on prioritisation of resource so the PatientList can use the API Gateway as early as possible.

The development in Pyxis to provide the patient label for the Closed Loop Medications has been coded and tested by the vendor. The release dates have been confirmed for Apr-Jun 2018. This would mean that we would have it implemented by September 2018 at the earliest. A letter has been sent to Pyxis asking to consider pulling back their release dates.

Facilities and Development

Highlight of the Month

The official openings of both the Waitakere Emergency Department and Kahui Manaki took place in April 2017. Whenua Pupuke is due to open on 9 June 2017.

- Waitakere Emergency Department was officially opened by the Minister of Health, Hon Jonathan Coleman on 12 May 2017
- Kahui Manaki was officially opened by the Minister of Health, Hon Jonathan Coleman on 19 April 2017
- Whenua Pupuke is due to open on the 9 June 2017 by the Minister of Health, Hon Jonathan Coleman.

Key Issues

- The ability to meet bed availability and service requirements. Priority Projects have been identified that need fast track delivery. Criticality and project endorsement/initiation is being agreed with the Executive Leadership Team.
- Finalising CWF and SMHA accommodation and progressing lease arrangements.
- Finding alternative accommodation for YES building due to lease termination.

Financial Results - Provider Support

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Provider Support							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	63,045	65,154	(2,109)	661,752	651,746	10,005	782,125
Other Income	2,353	2,811	(458)	25,677	27,948	(2,271)	33,584
Total Revenue	65,398	67,966	(2,567)	687,429	679,694	7,734	815,708
EXPENDITURE							
Personnel							
Medical	1,465	1,714	249	1,846	5,739	3,893	9,696
Nursing	2,119	2,379	260	15,606	16,810	1,204	13,271
Allied Health	1,772	1,816	43	13,792	13,277	(515)	17,366
Support	1,321	1,328	7	12,102	12,448	346	15,065
Management / Administration	3,048	3,238	190	28,443	29,467	1,024	36,365
	9,725	10,474	749	71,788	77,740	5,952	91,761
Other Expenditure							
Outsourced Services	3,506	3,527	20	37,465	35,455	(2,009)	42,507
Clinical Supplies	2,601	2,359	(241)	28,067	25,251	(2,816)	30,251
Infrastructure & Non-Clinical Supplies	3,695	5,190	1,495	71,359	58,295	(13,065)	68,497
	9,802	11,076	1,274	136,891	119,001	(17,890)	141,256
Total Expenditure	19,527	21,551	2,023	208,680	196,741	(11,939)	233,017
Cost Net of Other Revenue	**45,871**	**46,415**	**(544)**	**478,749**	**482,954**	**(4,205)**	**582,691**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for Provider Support is $544k unfavourable for April and $4,205k unfavourable for the YTD.

Getting back on track initiatives

Provider Support has a number of savings initiatives that are focused on areas of improvement including cost effectiveness, cost containment, productivity, process improvements and service reconfigurations. In addition Corporate Services is undertaking a number of savings projects relating to procurement and supply chain and treasury management.

Hospital Operations

STATEMENT OF FINANCIAL PERFORMANCE						Reporting Date	Apr-17
Hospital Operations							
($000's)	MONTH			YEAR TO DATE			FULL YEAR
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
REVENUE							
* Government and Crown Agency	31	0	31	1,359	0	1,359	0
Other Income	377	349	28	3,442	3,493	(51)	4,192
Total Revenue	408	349	59	4,802	3,493	1,308	4,192
EXPENDITURE							
Personnel							
Medical	55	58	3	629	592	(37)	703
Nursing	44	44	(1)	429	424	(5)	526
Allied Health	1,291	1,330	39	13,121	13,176	56	15,612
Support	1,120	1,123	4	11,125	11,701	575	13,836
Management / Administration	101	133	32	1,245	1,405	160	1,665
	2,611	2,688	77	26,550	27,298	748	32,343
Other Expenditure							
Outsourced Services	156	129	(26)	1,919	1,292	(627)	1,551
Clinical Supplies	2,281	2,237	(45)	24,200	22,727	(1,473)	27,502
Infrastructure & Non-Clinical Supplies	1,083	1,030	(54)	11,007	10,268	(739)	12,378
	3,520	3,396	(125)	37,126	34,287	(2,839)	41,430
Total Expenditure	6,131	6,083	(48)	63,676	61,585	(2,091)	73,773
Cost Net of Other Revenue	**(5,723)**	**(5,734)**	**11**	**(58,874)**	**(58,091)**	**(783)**	**(69,581)**

* Government and Crown Agency : Includes MoH direct revenue, ACC and CTA revenue. Excludes PBFF revenue.

Comment on major financial variances

The overall result for Hospital Operations is $11k favourable for April and $783k unfavourable for the YTD.

Revenue ($59k favourable for April, $1,308k favourable YTD)

The favourable result for April was primarily due to additional income for the Outpatient Pharmacies in line with the additional costs and activity going through each pharmacy. For the YTD additional revenue of $1,359k has been received from Funder to off-set unbudgeted costs incurred in the service relating to Outpatient Pharmacy and community based blood products and tests. Hospital Medicines rebate received from Pharmac relating to 2015/16 is $252k favourable as the amount received was greater than advised in July 2016 for Waitemata DHB to accrue. Laboratory income for tests done for other DHBs and trials is also favourable for the YTD.

Expenditure ($48k unfavourable for April, $2,091k unfavourable YTD)

The unfavourable result for April is due to activity related non-pay costs at $91k unfavourable being partly off-set by payroll costs which are $55k favourable with vacancies and skill mix price variances.

Personnel ($748k favourable YTD)

Net of outsourced personnel costs the result is $277k favourable YTD. This is primarily due to recruitment difficulties in Clinical Support cleaners where approximately 20% of shifts are covered by lower cost casual workforce.

Other Expenditure ($2,839k unfavourable YTD)

Outsourced Services ($627k unfavourable YTD)

Personnel related outsourced costs are $145k unfavourable YTD which net off with personnel costs above. Costs for community based blood products and tests which are covered by additional revenue from Funder are $207k unfavourable YTD. Activity related lab tests done by other Providers are $273k unfavourable YTD representing a 7% increase on 2015.

Clinical Supplies ($1,473k unfavourable YTD)

Pharmaceutical costs for the Outpatient Pharmacies which are covered by additional revenue received are $1,056k unfavourable YTD. Activity related inpatient pharmaceutical costs are $559k unfavourable YTD which is 9% higher than 2016. This is due to the compound growth in Infliximab used to treat autoimmune diseases and Ferinject used for iron infusions. Clinical pharmacists work closely with the medical teams to ensure appropriate drugs are prescribed and are in accordance of any prescribing restrictions placed on them. The additional pharmaceutical costs incurred will be partially off-set by additional rebates receivable as revenue in future periods.

Infrastructure & Non-Clinical Supplies ($739k unfavourable YTD)

Outsourced security costs are $326k unfavourable YTD which is off-set by budget in Personnel costs. Patient Meal costs are also $445k unfavourable YTD due to a 1% increase in price for indexation per the terms of the contract, plus a further 5.5% uplift in price due to lower than anticipated number of DHBs participating in the national Food Services Agreement.

Getting back on track initiatives

There is $1.6m of getting back on track saving initiatives included in the Hospital Operations budget for 2016/17. The savings have been achieved YTD in the areas targeted as the overall unfavourable variance for Hospital Operations can be attributable to the price increase on patient meals and volume related inpatient pharmaceuticals. The savings initiatives targeted include a reduction in use of red cells ($200k). This is done by working with the Transfusion Committee who developed the protocol to follow and monitors that all transfusion activity is appropriate. Other getting back on track initiatives include involvement in regional purchasing processes to negotiate savings in new supply contracts for consumables in laboratory ($110k) and cleaning ($20k); vacancy factor personnel related savings ($510k) as well as looking to maximise revenue opportunities from the outpatient pharmacies ($40k), lab tests done for third parties ($100k) and anticipated rebate from Pharmac ($400k).

4.1 Clinical Leaders Report

Recommendation:

That the report be received.

Prepared by: Dr Andrew Brant (Chief Medical Officer), Dr Jocelyn Peach (Director of Nursing and Midwifery; Emergency Systems Planner) and Tamzin Brott (Director of Allied Health)

Medical Staff

Associate Chief Medical Officer

I have pleasure in announcing Dr Jonathan Christiansen as the new associate Chief Medical Officer. This is a new role which will focus on leading post graduate medical learning and education, medical workforce planning and clinical advisor over facilities. The associate role will deputise and represent the Chief Medical Officer. Jonathan is well known in the organisation as a practising cardiologist and having recently been the Head of Division for the Medical and Health Services for Older People directorate for five years. He chairs the Waitemata DHB education committee and is currently the President of the New Zealand Committee of the Royal Australasian College of Physicians.

Opening of Whenua Pupuke

As part of the opening week of the Whenua Pupuke, the first Association of Salaried Medical Specialists - Waitemata DHB executive Senior Medical Officer Forum for 2017 is being held on Tuesday 13 June. All Senior Medical Officers in Waitemata DHB are invited to the event. The forum will cover updates on Waitemata DHB from the Chief Executive Officer as well as an update from ASMS, followed by progress on a number of innovative initiatives including progress on eASK, the laboratory and outpatient referrals, mobile applications for clinical care, and Qlik view which provides insights into clinical care.

Sir Harry Burns will be giving a lecture as part of the first Association of Salaried Medical Specialists - Waitemata DHB executive on the Biology of Wellness. Sir Harry is the Professor of Global Public Health at the University of Strathclyde, Glasgow. He has previously been the Chief Medical Officer of Scotland from 2005 until 2014.

A primary care connections forum will be held on the evening of 13 June as part of the opening of Whenua Pupuke. All general practitioners and primary care nurses in the Waitemata DHB catchment are invited to the forum, and is a co-sponsored event with Procare and Comprehensive Health. Sir Harry Burns will be speaking about patient centred health care delivery. The evening will also cover updates on the Community Services Plan, Safety and Practice, Better Diabetes Care, Our Health in Mind and clinical pathways and e-referrals.

Nursing and Midwifery and Emergency Planning Systems

During May, we celebrated the contribution of Midwives on International Midwives day [May 5] "*Midwives, Mothers and Families: Partners for Life*!" and Nurses on International Nurses Day [May 12] "*A voice to lead achieving the sustainable health goals*". A number of nurses were formally acknowledged for their contribution to the health of our community and reflection of the DHB values. The DHB is fortunate to have strong nurse and midwife professionals committed to provide the best care for our communities.

Awards

Leadership	Lorraine Glover	Child Health
Everyone Matters	Glenda Dagger	District Nursing
Compassion	Frances Schiierlinck	Surgery
Connected	Ripeka Berg	Mental Health
Better Best Brilliant	Jeanette Bell	Institute {PWCCS Prog]

Special Mention

Leadership	Janet Parker	Nurse Practitioner
Everyone Matters	Helen Kinchley	CNS Melanoma
Compassion	Julia Thompson	CNS Cancer Care
Connected	Bev Hopper	CNS OPIVA
Better Best Brilliant	Keiko Oda	RN Anawhata Ward
	Janine Strickland	Primary Care
Contribution	Trenna Wilkinson	Wainamu Wd
	Lynnette Long	Huia Wd
Long Service to WDHB	Donna Riddell	Anawhata Wd
	Judy Vette	ED NSH

This month, Waitemata DHB was proud to host the national Nurse Entry to Practice [NETP] coordinators conference. Jacqui Finch is the current national leader for the nurse educators leading these programmes in each DHB. The Waitemata DHB team worked hard to plan an interesting programme and facilitate a forum for great networking and learning. There were 50 people registered and feedback from the programme was excellent.

I am pleased to announce the appointment of two new roles to support our work in quality and professional leadership, primarily to support the Patient and Whanau Centered Care Standards programme.

- The new Associate Director of Nursing is Lucy Adams. Lucy is a New Zealand registered nurse who has worked in Australia since 2014 and is currently acting Director of Clinical Governance in the Patient Safety Unit in Cairns. She previously worked as Nursing Director Continuous Improvement and Innovation Unit in North West Hospital Services in Queensland. She will join Waitemata DHB on 10 July.

- The Clinical Nurse Specialist for the Patient and Whanau Centered Care Standards is Meg Smith. Meg is a New Zealand registered nurse who has worked in New Zealand as a Charge Nurse Manager in Australia and United Kingdom. She has worked in Project Management roles in health since 2014. She will join us in the last week of June.

Workforce Development

New Graduate Nurse Employment

Recruitment is underway for the September 2017 new graduate nurse intake. There has been a high interest by Maori and Pacific nursing students who will sit state examination in July.

Health Care Assistant (HCA) learning opportunities

Lynley Davidson (Nurse Educator) has been published in the May 2017 Nursing Review, acknowledging the impact a training framework for Waitemata DHB's healthcare assistants has made on both HCAs and patient care.

The unregulated HCA workforce provides a vital contribution to the frontline delivery of health care. While nationally there have been calls to standardise HCA education, employers still have a responsibility to ensure they are valued, have sufficient knowledge and skills to provide the highest standard of care and are supported to grow and develop. There is also an expectation that the workforce reflects the population.

Waitemata DHB employs over 500 HCAs. Over half are employed into adult medical/surgical and rehab patient care areas, a third in mental health and the rest in the community, internal bureau and child and family (including midwifery). Those involved in direct patient care delivery, work within different models of care but always under the direction and delegation of a registered nurse or midwife.

Five years ago, Waitemata DHB had no formal structure or programme to educate and develop HCAs. Through a process of needs analysis and collaboration with charge nurses/midwives, managers, the nursing development service and Māori/Pacific Island workforce development and recruitment, a robust framework is now in place. This framework includes orientation, regular annual study days, a clear and easy path to follow merit recognition programme (as per NZNO MECA), job descriptions and appraisals that encourage development, the opportunity to complete [1] a Level 3 national qualification and [2] a 'New to HCA' programme that targets Māori and Pacific peoples.

A formal evaluation of the certificate programme clearly indicates an improvement in patient care delivery and a sense of personal achievement for the participants. The programme now offered yearly is integrated and modulised – a collaborative development between Waitemata and Waikato DHBs and Careerforce. Yearly evaluation from the HCA participants continues to provide rich narrative about the difference the course is making to their care delivery and consequently to the patients' experience.

- *"It's given me confidence in myself – I feel that I can advocate for my patients now."*
- *"Thanks so much for this opportunity – it's changed my life."*

- *"I used to limit my contact with prisoners. I learnt that we can't discriminate and everyone should be treated with respect and dignity. Next time a prisoner came – I welcomed him and made sure he felt respected. The guard said later he had never seen the prisoner so calm*".
- "*Both the New to HCA course and the Level 3 qualification (completed in 2016) have made such a difference to me. Knowing someone was prepared to support me and encourage me to develop means I can see my worth and what I can contribute*"
- For 41-year-old Keileen, the New to HCA course and subsequent employment are a stepping stone to tertiary study as she is planning to begin a degree programme in nursing.

Nurse Practitioners

Waitemata DHB employs 10 Nurse Practitioners and one Nurse Practitioner intern preparing to submit to Nursing Council of New Zealand. We are very proud of these nurses and their contribution to service planning and leadership in care delivery. They are highly regarded by the interdisciplinary team for their vision, expert skills and comprehensive perspective; they have good engagement with primary care and aged residential care.

Christine Austin	0.87	*Nurse Practitioner - Adult ED NSH*
Helen Bowen	1	*Nurse Practitioner - Gerontology*
Michal Boyd	0.1	*Nurse Practitioner - Gerontology*
Jane Key	1	*Nurse Practitioner - Childrens ED*
Georgina McPherson	0.8	*Nurse Practitioner - Womens Health*
Sue Osborne	0.7	*Nurse Practitioner - Urology*
Janet Parker	1	*Nurse Practitioner - Gerontology*
Carol Pilcher	1	*Nurse Practitioner - Gerontology*
Joanna Wickham	1	*Nurse Practitioner - Cardiology*
To be announced	1	*Nurse Practitioner - Mental Health for Older People*
Nicky Anderson	0.75	*Nurse Practitioner Intern ED WTH*

The DHB supports and encourages the development of Nurse Practitioners working in Primary Health Care through post graduate funding and professional support. Jean McQueen (Primary Care Nursing Director) provides support for these nurses as they achieve recognition in primary health care which can be challenging.

Jane Parker (Gerontology Nurse Practitioner) has led the DHB-wide Residential Aged Care Integration Programme that supports integrated care for older people living in aged care facilities and clinical advice and education for Residential Aged Care staff. The programme employs a team of Gerontology Nurse Specialists and Wound Care Nurse Specialists working across the 67 facilities in the district.

In May 2017, Janet and the team launched further resources to support the Residential Aged Care providers and General Practitioners in care of elderly in our community.

These publications add to the other publications that have been developed by this group and are used nationally and internationally.

- RN Care Guides for Residential Aged Care
- Caregiver Guides for Residential Aged Care
- The Medicines Care Guides for Residential Aged Care
- Delirium (acute confusion) - booklet also available in Korean, traditional Chinese and simple Chinese.

Some of the 146 Clinical Nurse Specialists and 41 Specialty Nurses have aspirations to become Nurse Practitioners once their post graduate qualification is completed and positions become available.

Carolyn Cordes (Clinical Nurse Specialist in Child Health) is completing the Designated Nurse Prescribing requirements of Nursing Council of New Zealand and can then prescribe in her specialty field of Paediatric Allergy Management.

Emergency Systems Planning

Work continues to develop the capacity of Aged Residential Care agencies to respond in emergency situations across all three metro DHBs. With input from the three metro DHB Planning & Funding contract portfolio leads, managers of the 174 facilities were asked to identify whether

- The facilities responding had completed a risk assessment [90%].
- 90% of the ARC facilities report that they have an emergency plan. Their plans are reported to be updated two yearly [98%].
- 25% of facilitators responding have on-site generators.

Further work is planned to develop this sector's capability.

Allied Health, Scientific and Technical Professions

"With Compassion", "Better, Best Brilliant", "Everyone Matters" and "Connected"

Emergency Housing changes – Impact on our vulnerable population

Housing issues across Auckland continue to impact Waitemata DHB and the health of our people including our older and vulnerable population.

Auckland Council will cease to manage the Housing for Older People service from 1 July 2017 and are no longer accepting applications for older peoples housing. Older people who are homeless and in need of urgent accommodation on our wards do not currently have a pathway to be able to access this service until Haumaru Housing is launched across Auckland on 1 July 2017. Initial contact with this service will be through the Ministry of Social Development (Work and Income).

Inpatient and community health social workers are deeply concerned about the impact of the availability of housing on their patient's health and well-being, with minimal pathways to assist during the change over period. The health of our vulnerable people in the community is being impacted as they live in damp or sub-standard housing, are without homes living in cars, living rough or double up with relatives or friends as they can not afford to live independently. Their access to health care in these situations is limited. Waitlists for emergency housing are long with little hope of moving into a house in a timely way even when health is deteriorating. Doubling up with relatives and friends, when it is not by choice, brings its own issues and our social workers are seeing increased allegations of abuse and mistreatment of vulnerable people - children, adults and older adults.

To understand more about the lived experience of our vulnerable people and the shortage of emergency housing, we have asked social workers across Waitemata DHB to forward narratives and patient stories in order to summarise the impact the housing crisis is having on our patients. We are collecting information over the months of May and June and will be in a position to report in more depth in July.

Friends and Family Test – Allied Health

		How likely are you to recommend our ward to friends and family?	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Were we welcoming and friendly?
April 17	Allied Health	88	97	95	93	83	96
March 17	Allied Health	84	72	88	81	81	89
Feb 17	Allied Health	74	59	72	84	66	91
Jan 17	Allied Health	75	75	78	92	83	91
Dec 16	Allied Health	82	69	79	83	75	94
Nov 16	Allied Health	83	63	80	83	81	100
Oct 16	Allied Health	70	70	70	87	81	94
Sept 16	Allied Health	83	73	87	89	79	95
Aug 16	Allied Health	77	69	83	86	76	93
July 16	Allied Health	82	73	86	86	82	98

"Better, Best Brilliant", "Everyone Matters" and "Connected"

Rotary Youth Leadership Awards (RYLA)

The Rotary Youth Leadership Awards (RYLA) is an annual week-long camp designed to help develop young leaders (20 to 28 years old) hosted and sponsored by Rotary clubs in the district. RYLA is an experiential live-in programme designed to help young people develop their team work and communication skills and fulfil their potential as leaders. Waitemata DHB sponsors up and coming leaders to attend the camp as part of our focus on growing our own leaders. This year we received ten applications (eight allied health, scientific and technical and two nursing) selecting the following five for the available places:

- Rebecca (Bex) Watkin, dietician
- Kellin Pungatara, physiotherapist
- Nikki Renall, dietician
- Ashley Kim, audiologist
- Albert Delorino, medical laboratory scientist- microbiology (funded via the laboratory education budget)

All five have been accepted by Rotary, and they are now officially RYLA Awardees for the RYLA 2017 program (the *Award* is the opportunity to attend the course).

"Better, Best Brilliant"

Translating ultrasound imaging of swallowing to clinical dysphagia diagnosis

We have been successful in obtaining a Health Research Council of New Zealand (HRC) grant in collaboration with Canterbury University to investigate the use of portable ultrasound imaging in detection and diagnosis of swallowing difficulty across healthcare and home settings.

The research is twofold:

1. Assess the use of portable ultrasound as a diagnostic method. Portable ultrasound crosses geographical boundaries, enabling assessment in rural areas of New Zealand or in patient homes/communities where other instrumentation is not available. By intentionally evaluating instrumentation that is portable and inexpensive, we aim to demonstrate that the technology can be feasibly deployed and adapted for use in allied health services as a cost-effective and sustainable solution to improve health benefit in underserved populations.

2. To improve clinical decision making and patient outcomes through appropriate and validated application of medical technology. By establishing validity and reliability of ultrasound in clinical care, the availability of instrumental swallowing assessment can be substantially increased with the following excepted outcomes:

    i. improvement in patient outcomes by reducing the incidence of aspiration pneumonia and increasing nutritional intake
    ii. improvement in patient quality of life through more efficient return to a comfortable oral diet
    iii. decrease in health care costs associated with morbidities associated with undiagnosed and poorly managed swallowing impairment; and
    iv. decrease in the dependence on hospital-based diagnostic services by servicing patients in their home environment.

Two Waitemata DHB speech language therapists will be directly involved in this research:

- Becca Hammond (Professional and Clinical leader for speech and language therapy) is the lead investigator within the DHB and as such will utilise this opportunity to complete her Masters of Speech Language Pathology. Becca will oversee clinical involvement in data collection and integration of the research into clinical service delivery. She will facilitate training in research methods and distribute workloads to allow time for data collection and extraction, play a key role in executing data collection, extraction and analysis in the clinical environment.

- Becca Owen (Senior Speech Language Therapist) will assist in executing data collection, extraction and analysis in the clinical environment.

Mobile Devices in the Community Project Published

As reported in the Chief Executive Officer's Report to the board earlier in May 2017, our research regarding clinician and patient experiences of mobile devices (based on the 2015 community mobility pilot) was published in the Patient Experience Journal in April 2017.

The article outlines the project implementing the use of mobile technology (iPads) in our community allied health teams with 11 clinicians utilising iPads over a 19 week period while visiting patients in their homes. Among other advantages the iPads enabled the clinician's access to clinical records at the point of care for documentation purposes, information about equipment and support systems, calendars for booking follow-up appointments and therapy applications. The findings outline benefits to both patients and staff with improvements in workflow, efficiency and the ability to address patients' needs and queries while sitting with them, while 101 patients told us the use of iPads enhanced therapeutic instruction and education and enabled good flow of information.

The work undertaken by Kelly Bohot (Project Lead), Becca Hammond (Professional and Clinical Leader Speech Language Therapy), and Teresa Stanbrook (Professional and Clinical Leader Dietetics) in this pilot informed a wider role out of iPads to 122 community clinicians across seven adult and paediatric teams which is now embedded in daily clinical practice as business as usual.

Details of the article are:

> Bohot, Kelly L.; Hammond, Rebecca C.; and Stanbrook, Teresa A. (2017) "An organisational study into the impact of mobile devices on clinician and patient experience in Auckland, New Zealand," Patient Experience Journal: Vol. 4: Iss. 1, Article 9. Available at: http://pxjournal.org/journal/vol4/iss1/9

4.2 Human Resources Report

Recommendation:

That the report be received.

Prepared by: Fiona McCarthy (Director Human Resources)

Purpose of report

This report outlines key people and organisational development activities across Waitemata DHB and reports on progress with workforce plan actions.

1. Strategic Alignment

Community, whanau and patient centred model of care	The report outlines recruitment, workforce or organisational development programmes and actions that can impact internal and external models for care.
Service integration and/or consolidation	The report outlines work undertaken collaboratively across the organisation.
Intelligence and insight	The recruitment and ethnicity dashboards give information and insight into the impact of our recruiting processes.
Evidence informed decision making and practice	Where possible, all improvement or new programmes of work will use evidence based frameworks to develop and/or evidence to enhance existing work. All programmes are evaluated to understand the value and return on investment.
Outward focus and flexible, service orientation	Improvements sought in relation to policy, process or programmes will be co-designed with service users.
Operational and financial sustainability	Robust recruitment, workforce and organisational development frameworks, strategies and actions support sustainable business practises.

2. Recruitment

2.1 Recruitment Dashboard March and April 2017.

	April 17	**March 17**
Total number of hires	157 (headcount)	209 (headcount)
Average time to hire	66.54 (days)	58.58 (days)
Current number of vacancies by speciality we are recruiting to (FTE)	Medical – 25 Nursing – 134.22 Allied Health – 94.04 Support – 44.51 Management/Administration – 47.92 345.69 (vacancy rate of 4.8% of total FTE) (as at 1 May 17)	Medical – 21 Nursing – 140.38 Allied Health – 99.07 Support – 30.23 Management/Administration – 59.10 349.78 (vacancy rate of 4.8% of total FTE) (as at 31 Mar 17)

In readiness for winter we have seen an increase in recruiting clinical support staff, mainly cleaners and orderlies. The results of pre winter recruitment can be seen in reduced vacancies in Nursing, Midwifery and Allied Health. Current hard to fill roles are Sonographers, Anaesthetic Technicians, Physiotherapists, Midwives, Breast screeners, Cardiologists, and Clinical Nurse Specialist (Maori).

2.2 Time to Hire

The average time to hire (YTD) continues to decrease (Table 1).

Most Senior Medical Officer roles tend to take longer to recruit; table 3 shows the average time to hire for Senior Medical Officers which was 194.33 days in April. Driving the Senior Medical Officers time to recruit was a Psychiatrist who took 321 days to hire, a Mental Health Fellow that took 146 days and an Arthroplasty Surgeon that took 116 days.

If we exclude Senior Medical Officers, the average time to hire is 63.44 days (Table 2).

NB Time to Hire - Calculated from the time a Recruitment Requisition is approved to the time an offer is verbally accepted by a candidate.

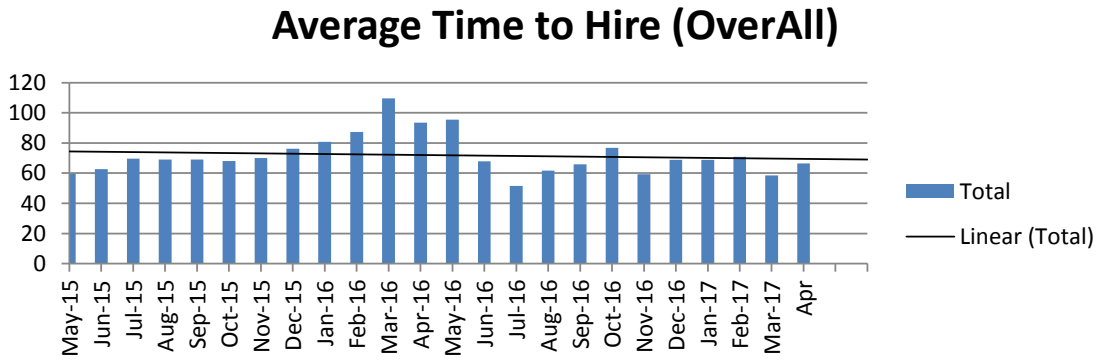


Table 1: Overall Average time to hire May 2015 to April 2017

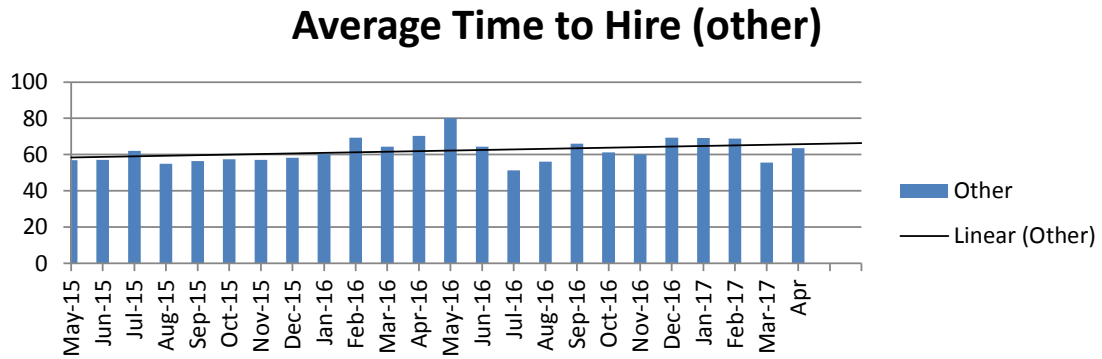


Table 2: Average time to hire for all other roles (excluding Senior Medical Officers) May 2017 to April 2017

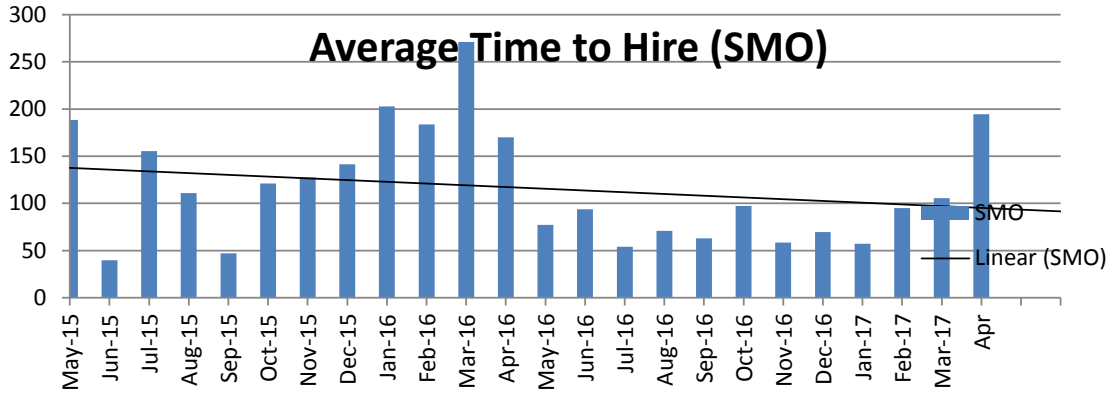


Table 3: Average time to hire for Senior Medical Officers May 2017 to April 2017

2.3 Top sources of Applications

Rank/Source		April 17	Comments
2.	Waitemata DHB careers and career section	32%	Strongest source of candidates
1.	A Friend	17%	Increase by 2% from last month
5.	www.kiwihealthjobs	8%	Slight increase in applicants using KHJ
3.	Waitemata DHB Intranet	7%	Increase by 1% from last month
4.	www.Seek.co.nz	5%	Decrease since last month

Table 4: Top 5 Sources of Hire for April 2017

The above source dashboard is taken from Taleo E Recruitment system. Applicants enter where they heard about the position when they apply for a job.

2.4 Recruitment Scorecard

The DHB has recently completed a performance scorecard for recruitment activity. This details different recruitment data month by month at service level. Some of the data that is available includes: number of hires, number of vacancies, time to hire, ethnicity by profession, recruitment source type, advertising spend and cost per hire.

The scorecard will soon be made available through an on line portal on StaffNet.

2.5 Ethnicity of new employees

Following are two tables detailing the ethnicities of current employees by profession (Table 5) and the ethnicities of staff recruited in the last three months, also by profession (Table 6).

Analysis of the data shows us that in the last three months the percentages of Maori, MELAA and European recruited were slightly higher than the percentage of the existing ethnicity profiles.

Row Labels	Asian FTE	Asian %	Pacific FTE	Pacific %	Maori FTE	Maori %	MELAA FTE	MELAA %	European FTE	European %	Other FTE	Other %	Total FTE	Total %
MEDICAL PERSONNEL	228.9	3.7%	17.6	0.3%	20.1	0.3%	25.6	0.4%	386.2	6.3%	99.0	1.6%	777.3	12.6%
NURSING PERSONNEL	915.3	14.8%	111.2	1.8%	83.5	1.4%	32.9	0.5%	1,293.9	21.0%	220.2	3.6%	2,656.9	43.1%
ALLIED HEALTH PERSONNEL	315.7	5.1%	84.1	1.4%	103.3	1.7%	24.9	0.4%	888.5	14.4%	120.7	2.0%	1,537.1	24.9%
SUPPORT PERSONNEL	107.5	1.7%	39.7	0.6%	19.2	0.3%	1.0	0.0%	103.5	1.7%	24.3	0.4%	295.2	4.8%
MGT/ADMIN PERSONNEL	114.8	1.9%	44.1	0.7%	45.2	0.7%	16.2	0.3%	604.3	9.8%	77.1	1.2%	901.7	14.6%
Grand Total	**1,682.09**	**27.3%**	**296.65**	**4.8%**	**271.18**	**4.4%**	**100.56**	**1.6%**	**3,276.40**	**53.1%**	**541.35**	**8.8%**	**6,168.23**	**100%**

Table 5 – Ethnicity of all staff for three months to 30 Apr 2017

MELAA is a group amalgamation of Middle Eastern, Latin American and African ethnicities

NB The ethnicity criteria used is level 1 which means that NZ ethnicity is classed as 'Other'.

Row Labels	Asian FTE	Asian %	Pacific FTE	Pacific %	Maori FTE	Maori %	MELAA FTE	MELAA %	European FTE	European %	Other FTE	Other %	Total FTE	Total %
MEDICAL PERSONNEL	18.0	27%	2.0	3%	4.0	6%	2.0	3%	28.8	44%	10.7	16%	65.5	100%
NURSING PERSONNEL	27.6	21%	6.1	5%	10.6	8%	-	0%	79.0	61%	6.6	5%	129.8	100%
ALLIED HEALTH PERSONNEL	14.6	26%	1.0	2%	2.1	4%	2.9	5%	32.1	58%	2.6	5%	55.3	100%
SUPPORT PERSONNEL	3.6	52%	0.6	9%	1.0	14%	0.8	11%	1.0	14%	-	0%	6.9	100%
MGT/ADMIN PERSONNEL	6.3	11%	2.0	4%	5.2	9%	1.8	3%	40.8	71%	1.0	2%	57.1	100%
Grand Total	**70.0**	**22%**	**11.7**	**4%**	**22.9**	**7%**	**7.5**	**2%**	**181.7**	**58%**	**20.9**	**7%**	**314.6**	**100%**

Table 6 – Ethnicity of staff recruited within the last three months

NB The ethnicity criteria used is level 1 which means that NZ ethnicity is classed as 'Other'.

MELAA is a group amalgamation of Middle Eastern, Latin American and African ethnicities

3. Organisation Development

3.1 Auckland and Waitemata DHB Maori Workforce Plan

3.1.1 Data collection, storage and reporting

Ethnicity data

The Māori workforce scorecard was presented to the Manawa Ora of the Auckland DHB and Waitemata DHB Boards. Waitemata DHB has achieved the 2016/17 annualised Maori employment target set by the Maori Alliance Leadership Team (MALT) of having Maori represent 4.0% of the total staff within the seven priority professions. These priority professions are:

1. Junior medical
2. Nursing
3. Midwifery
4. Dental therapists
5. Dieticians
6. Occupational therapists
7. Physiotherapists

The achievement of this target is aided by the strong representation of Maori in the dieticians workforce at 16%.

From 1 July 2017 to 2025, the DHB is aiming to achieve targets for the priority professions above, that equate with the Maori working population within our district. In the Waitemata district, Maori make up 9.2% of the working population. Action across multiple work streams is planned and underway, with progress to be reported via a dashboard each Board reporting period.

The DHB is also completing an audit of employee files where 141 current staff who identify as Maori were potentially recorded in our system as non-Maori due to process errors. It is expected that this audit will increase our current headcount of Maori staff from 314 to more than 400 and actions are underway to eliminate this data input error moving forward.

Recruitment data

The Metro-Auckland DHBs are reviewing recruitment data to enrich our understanding of Maori candidate experience and their applicant journey; including applicant behaviour (frequency of application, types of roles) and success rates at each stage of recruitment. These insights will enable us to better identify the high value intervention points as we work to improve the reliability of our attraction channels and our selection processes.

3.1.2 Recruitment activities

Pre-Employment: Pathways West

Waitemata DHB supports the Pathways West College at UNITEC through providing on-site experience days at Awhina Simulation Centre in Waitakere Hospital campus. Opportunities for Level 2 NCEA students on 25 June and Level 3 NCEA students on 2 July includes hands-on sessions presented by Waitemata DHB staff with a focus on clinical professions such as dental therapists, alcohol and drug clinicians, nursing, theatre staff and allied health.

The sessions are expected to expose a total of 60 students to the exciting careers on offer in the health sector.

Youth Employment Pledge

The pledge signing event for the three Metro-Auckland DHBs is planned to occur in July 2017. Activities to support the intention of the pledge include partnerships with Limited Service Volunteers (youth cadets) and Work and Income NZ where Maori and Pacific people are targeted for and supported to apply for entry-level roles. Retention and development strategies are also planned to be part of the programme design in this work stream.

A focus on Maori nursing workforce development continues, with the Health Care Assistant Development programme assisting Maori and Pacific people with no health experience to enter into the sector and the Nursing Entry to Practise recruitment of Maori new graduate nurses. The Maori Clinical Nurse Director Dianna McGregor commenced in April 2017 with a focus on Maori student nurse development and success, as well as systems improvement to reduce barriers and accelerate Maori nurse professional development.

3.2 Retention activities

Waitemata DHB is currently planning and implementing its future focused Leadership Development framework; informed by the State Services Commission Talent and Leadership framework and aligned with the Northern Regional Alliance programme of systemic leadership development. The development of leadership capabilities and the opportunity to develop those capabilities for our existing Maori team members remains a critical focus of this work.

3.3 Whenua Pupuke – clinical skills centre

Whenua Pupuke, the soon to be completed Waitemata Clinical Skills Centre will open on 9 June. The facility is located on the shore of Lake Pupuke on the North Shore Hospital campus and consists of a 248 seat auditorium, multiple shared learning spaces and a clinical skills teaching laboratory. The building has been aesthetically designed to sit comfortably against the backdrop of one of our local natural beauty spots. The interior has been deliberately designed to deliver a high quality space suitable for a variety of health, social and corporate functions. The technology in the building has been installed with functionality, connectivity and usability in mind.

Commissioning will take place throughout early June and the centre will have a four day official opening event in mid-June. Opening week will include official ceremonies, prestigious speakers and will showcase the DHB's breadth of innovation and community engagement.

The building project continues to be led by Dr John Cullen (Director, Elective Surgery Centre) and project managed by Nicolette Hansen (Project Manager Operations). The operational management of the Waitemata Clinical Skills Centre and the lower ground floor education precinct will be led by Naomi Heap (Manager, Clinical Education and Training Unit), and overseen as part of the wider Organisational Development strategy led by Stephen Anderton (Group Manager, Organisational Development).

3.3.1 Whenua Pupuke vision, strategy and guiding principles

"A nexus for learning and development"

The vision for the Whenua Pupuke is that of a centre for innovative learning and development, as well as a nexus for the DHB to engage with tertiary education partners, primary health care development and the community.

The national, regional and local strategic intentions that underpin the operation of the centre are:

- **National:** to ensure the NZ healthcare workforce is both sustainable and fit-for-purpose.
  - Aligned to Health Workforce New Zealand's mission and strategy.
- **Regional:** Building and aligning the capability of the workforce to deliver new models of care
  - Aligned to the Northern Regional Health Plan
- **Local:** Embedding our Waitemata DHB Purpose, Promise, Priorities and Values in a centre for learning and engagement.

How we operate the centre evolves from our values:

- **Everyone matters** in this place that is open and inclusive
- We are and become **Better, best, brilliant** in this place of learning and development
- We remain **Connected** in this place of inter-professional collaboration and community engagement
- We prepare and respond to the needs of our people with **compassion**

As well as meeting its core purpose to support the educational needs of Waitemata DHB, Whenua Pupuke offers the opportunity for innovative ways to connect with and support the health of our community. In addition, there is the opportunity to enhance the on-going financial viability of the centre through commercial revenue generating activities, such as third party venue hire and conferencing.

4. Knowledge and Research

4.1 Health Excellence Awards 2017

The Health Excellence Awards will be held on 14 June 2017 in the new Whenua Pupuke education facility during the opening week celebrations.

The evening will feature five oral finalists (listed below) and prize giving for all the award categories. Sir Harry Burns, Professor of Global Public health at the University of Strathclyde and a former Chief Medical Officer for Scotland will present a special CEO Lecture entitled "*Health inequalities: too much illness or not enough wellness? "*

Health Science Academies: An Approach to Grow Pacific Health Workforce - Malcolm Andrews

The Waitemata AAA Screening Pilot for Māori - Micol Salvetto

#O2TheFix: Swimming between the Flags - Nikola Ncube and Jessica Nand

Pacific Best Practice: Engagement for better health outcomes - Athena Tapu and Louise Taberner

The National Safe Use of Opioids Collaborative: what Waitemata DHB did - Jerome Ng

4.3 Quality Report – April 2017

Recommendation:

That the report be received.

Prepared by: Dr Penny Andrew (Clinical Lead, Quality)

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2. HQSC QSM Dashboard
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   - 4.2 Hand Hygiene (HH) Compliance
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   - 4.4 Central Line Associated Bacteraemias (CLAB)
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   - 4.6 Peri-Operative Harm
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   - 4.9 E-Medicine Reconciliation (eMR), ePrescribing and Administration (ePA)
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     - 6.2.5 Communicable Diseases/Cluster/Outbreak
7. Patient and Whanau Care Centred Care

Acronym	Definition	Acronym	Definition
ACH	Auckland City Hospital	I, P & C	Infection, Prevention and Control
AI^{2}DET	A – Acknowledge, I – Introduce, I – Identify, D – Duration, E – Explanation, T – Thank You	IVL	Intravenous luer
ADU	Assessment and Diagnostic Unit	KMU	Kingsley Mortimer Unit (Ward 12) Mental Health of Older Adults
BSI	Blood Stream Infection	MDT	Multi-Disciplinary Team
CAUTI	Catheter Associated Urinary Tract Infection	MOH	Ministry Of Health
CLAB	Central Line Associated Bacteraemia	NSH	North Shore Hospital
CGB	Clinical Governance Board	NRHP	Northern Region Health Plan
CVL	Central Venous Line	NICU	Neonatal Intensive Care Unit
DHB	District Health Board	OBD	Occupied bed days
ECC	Emergency Care Centre	PACU	Post Anaesthetic Care Unit
ED	Emergency Department	PICC	Peripherally Inserted Central Catheter
ELT	Executive Leadership Team	PROM	Patient Reported Outcome Measure
FDNH	First Do No Harm (Regional Collaborative Quality Improvement)	RE	Reportable Event
FY	Financial Year	SAC	Severity Assessment Code
GTT	Global Trigger Tool	SSE	Serious and Sentinel Event
HA	Hospital Acquired	SSI	Surgical Site Infection
HABSI	Hospital Acquired Blood Stream Infection	TBA	To Be Advised
HASI	Hoist, Assist, Supervise, Independent	TBD	To Be Determined
HDC	Health and Disability Commissioner	TDU	Transportable Dental Unit
HH	Hand Hygiene	UTI	Urinary Tract Infection
HQSC	Health Quality and Safety Commission	VTE	Venous thromboembolism
GP	General Practitioner	Waitemata DHB	Waitemata District Health Board
ICU	Intensive Care Unit	Waitakere Hospital	Waitakere Hospital
IDC	Indwelling Urinary Catheter		

1. Health Quality and Safety Markers

The Health Quality and Safety Commission commenced quarterly publication of the national Quality and Safety Markers (process markers) in December 2013 (reporting Quarter 3, June-September 2013 data).

The Quality and Safety Markers (QSMs) are used by the Health Quality and Safety Commission to evaluate the success of its national patient safety campaign, *Open for better care*, and determine whether the desired changes in practice and reductions in harm and cost have occurred. The markers focus on the four areas of harm covered by the campaign:

1. falls
2. healthcare associated infections (hand hygiene, central line associated bacteraemia and surgical site infection)
3. perioperative harm
4. medication safety

For each area of harm there are a set of process and outcome markers. The process markers show whether the desired changes in practice have occurred at a local level (eg giving older patients a falls risk assessment and developing a care plan for them). The outcome markers focus on harm and cost that can be avoided. Process markers at the DHB level show the actual level of performance, compared with a threshold for expected performance:

- 90% of older patients are given a falls risk assessment
- 90% of older patients at risk of falling have an appropriate individualised care plan
- 90% compliance with procedures for inserting central line catheters in ICU (insertion and maintenance bundle compliance)
- 80% compliance with good hand hygiene practice
- 100% primary hip and knee replacements antibiotic given 0-60 minutes before 'knife to skin' [1st incision]
- 95% primary hip and knee replacements right antibiotic in the right dose - Cefazolin 2g or more
- 100% primary hip and knee replacements appropriate skin antisepsis

The future timetable for Health Quality and Safety Marker reporting in 2017 is:

Period covered	Period covered SSI	Period covered Hand Hygiene	Publication date 2017
January – March 2017	October –December 2017	November 2016 – March 2017	30 June 2017
April – June 2017	January – March 2017	April – June 2017	30 September 2017
July – September 2017	April – June 2017	July – October 2017	15 December 2017

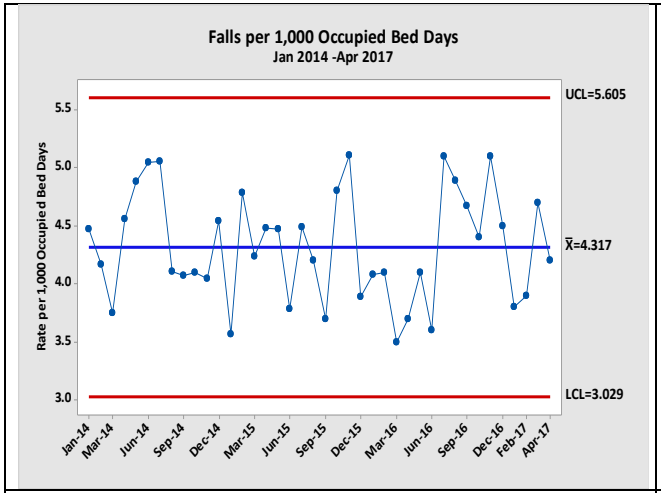
2. HQSC QSM Dashboard

Quality Safety Markers			Target	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Last Quarter Change
FALLS		% older patients assessed for falls risk	90%	97%	100%	99%	99%	97%	98%	99%	99%	98%	⇩
		% older patients assessed as significant risk of falling with an individualised care plan	90%	94%	97%	97%	95%	97%	98%	95%	96%	96%	⇔
Health Care Associated Infections	Hand Hygiene	% of compliant HH moments	80%	80%	84%	80%	81%	81%	83%	85%	86%	86%	⇔
	CLAB	% occasions insertion bundle used in ICU	90%	100%	92%	100%	100%	99%	99%	100%	100%	99%	⇩
		% occasions maintenance bundle used in ICU (not currently an HQSC Target)	90%	92%	90%	97%	93%	98%	92%	97%	97%	95%	⇩
	Surgical Site Infections	Surgical Site Infections rate per 100 procedures [target has not been set by HQSC. National Q3 2016 rate 1.2 infections per 100 ops)	HQSC has not defined a target	0.7	1.0	0.7	0.8	0.3	0.3	1.9	1.5	-	-
		100% primary hip and knee replacements antibiotic given 0-60 minutes before 'knife to skin' [1st incision]	100%	95%	94%	98%	96%	92%	92%	98%	*Waiting for HQSC data (QSM results delayed by one quarter)*		⇧
		95% primary hip and knee replacements right antibiotic in the right dose - Cefazolin 2g or more	95%	96%	94%	96%	95%	94%	94%	95%			⇧
		100% primary hip and knee replacements appropriate skin antisepsis	100%	99%	100%	100%	99%	100%	100%	-			⇔

Quality Safety Markers			Target	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Last Quarter Change
Peri-Operative Care	Surgical Safety	Uptake, percentage of audits where all components were reviewed	100%	Commenced from July 2016						93%	*Waiting for HQSC data (QSM results delayed by one quarter)*		*N/A*
		Engagement, percentage of audits with engagement scores of five or higher	95%							87%			*N/A*
		Observations, number of observational audits carried out for each part of the surgical checklist (Minimum of 50 observations per quarter)	≥ 50						Sign In	63			*N/A*
									Time Out	59			*N/A*
									Sign Out	58			*N/A*
Medication Safety	eMR	% patients with eMR completed within 24 hours on admission and discharge		✓	✓	✓	✓	✓	✓	✓	✓	✓	⇔

Meets or exceeds the target	Within 5% of the target	More than 5% away from target	Positive increase ⇧	No change ⇔	Positive Decrease ⇩	Negative Increase ⇧	Negative Decrease ⇩

3. DHB Quality Indicator Trends – April 2017

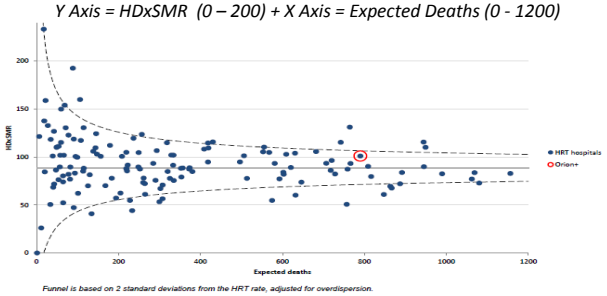


Fall – Definition

A fall is defined as "inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change of position to rest in furniture, wall or other objects". *(World Health Organisation, 2007: WHO global report on falls prevention in older age)* Outcome data is based on the rate of falls with major harm (SAC 1 and 2) or with harm (SAC 1-3) per 1,000 bed days

Funnel plot of HRT HDxSMRs compared to the combined **all HRT HDxSMR January – December 2016**: ● HRT ○ Orion+ (NSH +WTH) Orion + (NSH +WTH) = 101 (all HRT = 88; NZ HRT = 104)

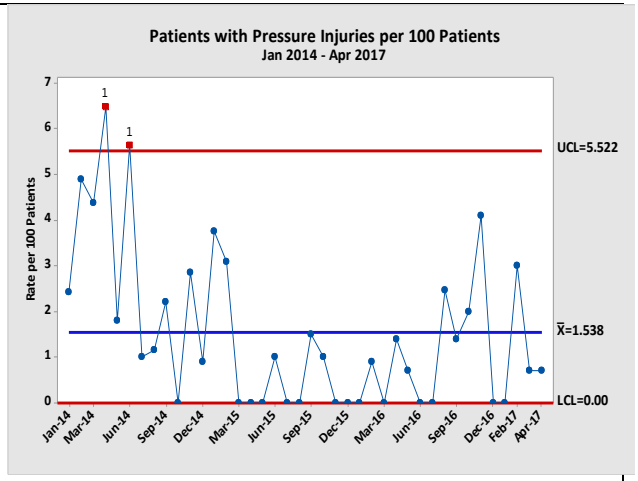
Y Axis = HDxSMR (0 – 200) + X Axis = Expected Deaths (0 - 1200)



Funnel based on 2 standard deviations from HRT rate, adjusted for over - dispersion

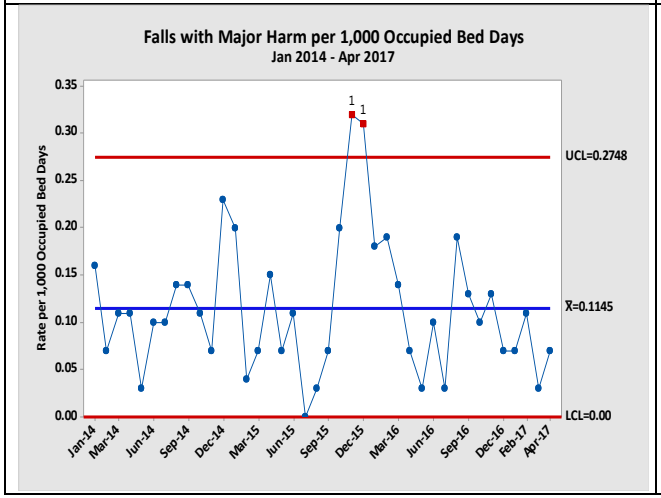
Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)

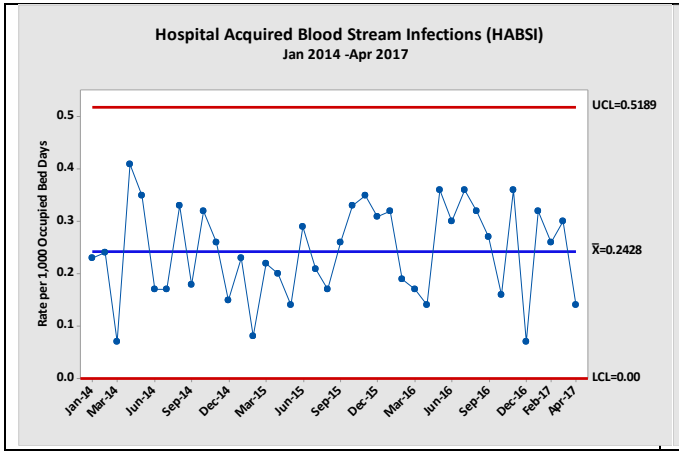
The HDxSMR is expressed as a ratio and seeks to compare actual deaths occurring in hospital (or in hospital and following hospital admission), with a predicted number of deaths based on the types of patients admitted to the hospital. The HDxSMR is a new HRT mortality methodology introduced in November 2016 (see Key Quality Indicator 'Mortality' below for further description of the new HRT mortality methodology)

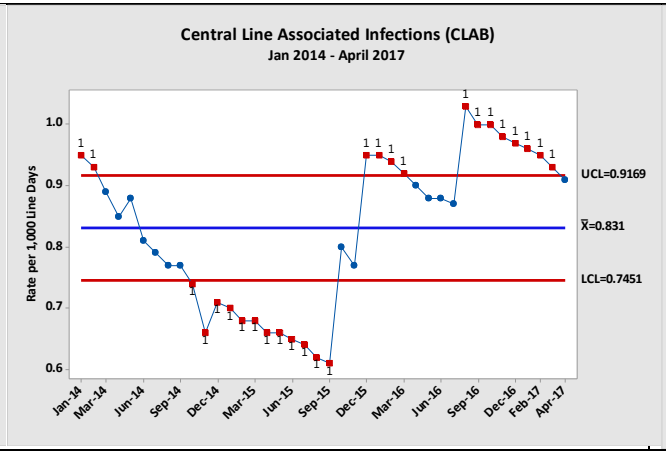


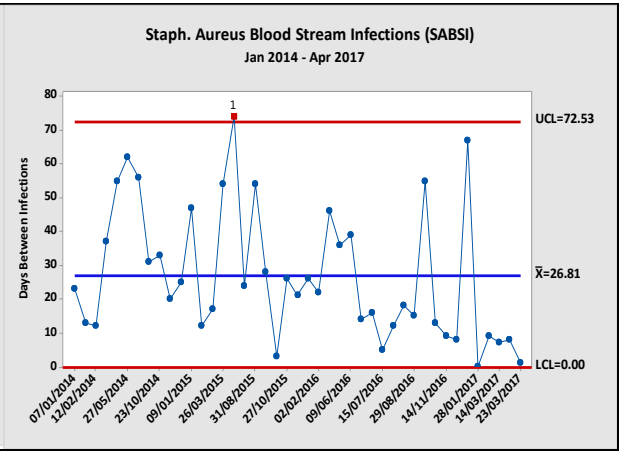
Pressure Injury – Definition

A pressure injury is "a localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction". (National Pressure Ulcer Advisory Panel, 2007). Outcome data is based on the rate of pressure injuries Grade 3 and 4 + ungradeables or total, per 100 patients









Hospital Acquired Blood Stream Infections (HABSI)

HABSI is defined as a bloodstream infection attributable to hospital where acute or rehabilitation care is provided, if the infection was not incubating on admission. Typically bacteraemia diagnosed after 48 hrs of admission, on readmission, related to a device, or within 30 days of a procedure (if no alternate source identified) is categorised as a HABSI. There is no recognised national benchmarking 'acceptable' rate or target for HABSI

Comment

Overall HABSI rate for 2016 was 0.25/1,000 bed days which remains stable

HABSI rate for:

- April 2017 0.14
- Q1 (Jan – Mar 2017) = 0.29

Source	April (n=4)
Post Procedure	3
Unknown	1

Central Line Associated Bacteraemia (CLAB)

Patients with a central venous line are at risk of a blood stream infection (CLAB). Patients with a CLAB experience more complications, increased length of stay, and increased mortality; and each case costs approx. $20,000 - 54,000. CLAB infections are largely preventable using a standardised procedure for insertion and maintaining lines (insertion and maintenance bundles of care)
North Shore Hospital's ICUs compliance with standard procedure and rates of CLAB are Health Quality and Safety Markers

Comment

Rate of CLAB/1,000 line days:- April 2017 was 0.91; the target for this is <1 per 1000 line days

ICU/HDU 143* "CLAB Free" days as at 30/04/2017
(restarted as of 01/01/2017*)

The National target is >90% compliance for insertion and maintenance bundles use.

Month	Insertion Bundle	Maintenance Bundle
April 2017	100%	98%

Ward maintenance compliance rates and CLAB free days for other areas are reported in the Quality Report

Staph Aureus Blood Stream Infections

The rate of S.aureus bacteraemia (SAB) infections attributed to healthcare is the national outcome measure for hand hygiene compliance. The SAB rate is based on HHNZ's definition to maintain consistency in DHB reporting.

This is a 'days between' control chart and, therefore, the clustering of data points below the mean (X̄) represents events occurring close in time or an increased relative frequency of events.

Comment

The length of time between infections is increasing which may reflect improved compliance with hand hygiene practices. There were nil S.aureus infections for April 2017.

Waitemata DHB's SAB rate (quarterly rate of 0.02-0.06 per 1,000 bed days) is consistently well below the national average (1.2-1.3 per 1,000 bed days) with an approximate average of one SAB per month.

4. Key Quality Indicators

4.1 Hospital Acquired Blood Stream Infections (HABSI)

<table>
<tr><th>Target</th><th>Measure</th><th>Previous Report Period</th><th>Current Report Period</th><th>Commentary</th></tr>
<tr><td>0</td><td>Total # of infections</td><td>9 (March)</td><td>4 (April)</td><td rowspan="2">HABSI is defined as a bloodstream infection attributable to hospital where acute or rehabilitation care is provided, if the infection was not incubating on admission. Typically bacteraemia diagnosed after 48 hours of admission, on readmission, related to a device, or within 30 days of procedure (if no alternate source identified) is categorised as a HABSI. There is no recognised national benchmarking 'acceptable' rate or target for HABSI

• Mean rates of HABSI / 1, 000 occupied bed days over the last six years are:
<table><tr><th></th><th>Rate</th><th>N=</th></tr><tr><td>2010</td><td>0.31</td><td>93</td></tr><tr><td>2011</td><td>0.18</td><td>53</td></tr><tr><td>2012</td><td>0.25</td><td>76</td></tr><tr><td>2013</td><td>0.27</td><td>80</td></tr><tr><td>2014</td><td>0.25</td><td>79</td></tr><tr><td>2015</td><td>0.24</td><td>79</td></tr><tr><td>2016</td><td>0.25</td><td>89</td></tr></table>
<table><tr><th>HABSI SOURCE</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th></tr><tr><td>Vascular device related</td><td>10 (5 CLAB, 5 IVL)</td><td>10 (6 CLAB, 4 IVL)</td><td>14 (6 CLAB, 8 IVL)</td><td>14 (3 CLAB, 11 IV)</td></tr><tr><td>CAUTI</td><td>15</td><td>13</td><td>12</td><td>5</td></tr><tr><td>Post procedure/ surgical</td><td>13</td><td>26</td><td>27</td><td>25</td></tr><tr><td>Other (mostly UTI)</td><td>27</td><td>26</td><td>15</td><td>31</td></tr><tr><td>Unknown</td><td>15</td><td>4</td><td>11</td><td>14</td></tr><tr><td>TOTAL</td><td>80</td><td>79</td><td>79</td><td>89</td></tr></table></td></tr>
<tr><td>0.00</td><td># of infections per 1,000 occupied bed days</td><td>0.30 (March)</td><td>0.14 (April)</td></tr>
</table>

<table>
<tr><th>Target</th><th>Measure</th><th>Previous Report Period</th><th>Current Report Period</th><th>Commentary</th></tr>
<tr><td></td><td></td><td></td><td></td><td>
HABSI Analysis
April 2017
<table>
<tr><th>Source</th><th>Total</th><th>Ward</th><th>Organism</th><th>Comments</th></tr>
<tr><td rowspan="3">Post Procedure</td><td rowspan="3">3</td><td>Maternity</td><td>Strep Pyogenes</td><td>Patient developed a HABSI five days after a ventouse assisted birth. She had an underlying history of Graves' (thyroid) disease and recurrent urinary tract infections. Key finding: the patient should have received prophylactic antibiotics prior to birth. This finding has been communicated to the specialist responsible for the patient's care.</td></tr>
<tr><td>Endoscopy</td><td>Morganella Morganii</td><td>The patient developed a HABSI two days after a procedure to insert a biliary stent. Key finding: the procedure was complex and that all appropriate infection control practices were followed.</td></tr>
<tr><td>Ward 15</td><td>Strep anginosus</td><td>A patient with decreased mobility developed a HABSI from a chronic pressure ulcer which had become infected. The wound subsequently required surgical debridement to remove necrotic tissue and debris to assist with the healing process.</td></tr>
<tr><td>Unknown</td><td>1</td><td>Wainamu</td><td>E feacalis</td><td>A patient with a history of osteomyelitis and chronic back pain developed a HABSI. The patient's overall condition was declining because of her known conditions which likely contributed to her infection. The source of the HABSI is unknown</td></tr>
</table>
</td></tr>
</table>

4.2 Hand Hygiene (HH) Compliance

Target	Measure	Previous Report Period	Current Report Period	Commentary
>80%	% rate of compliance with five Hand Hygiene Moments	86% (March)	86% (April)	Q1 January –March 2017 Overall HH Compliance (average) = 86% ***Highlights from the Hand Hygiene Compliance Report*** for April 2017 - highlights ***(****full report can be located in* ***Appendix 1)*** • Overall compliance for the month of April 2017 was 86%:

Target	Measure	Previous Report Period	Current Report Period	Commentary
				• Healthcare worker (HCW) groups performing below the 80% HH compliance are: – Medical practitioners – Other (orderlies + not categorised) • The cleaners and meal staff improved their compliance from 75% (March 2017) to 84% (April 2017) • Mason Clinic has now been included in the hand hygiene programme from March 2017; staff achieved 95% compliance in their first month
0	Total # of Hospital Acquired Staphylococcus aureus bacteraemia infections	3 (March)	0 (April)	*The rate of S.aureus bacteraemia (SAB) infections attributed to healthcare is the national outcome measure for improved hand hygiene compliance.* *The SAB rate is based on HHNZ's definition to maintain consistency in DHB reporting. Therefore, it includes patients with long-term vascular devices diagnosed with bacteraemia on admission or in the community leading to hospital admission. If a patient has device related SAB detected in community and is not hospitalised (unlikely), or if hospitalised in another DHB, then these infections are not captured in Waitemata DHB's data* • There has been no significant decrease in the healthcare associated Staphylococcus aureus bacteraemia (SAB) rate since the increase in HH compliance in 2014. Waitemata DHB's SAB rate (quarterly rate of 0.02-0.06 per 1000 bed days) is consistently well below the national average (1.2-1.3 per 1000 bed days) with approximately one SAB per month. • Q1 January – March 2017 SAB rate per 1,000 beds days was 0.06
0	# of Hospital Acquired Staphylococcus aureus bacteraemia infections per 1,000 OBD	0.10 (March)	0.00 (April)	

4.3 Surgical Site Infections

Target	Measure	Previous Report Period	Current Report Period	Commentary
TBA	-	1.5% (SSI rate Q4 October – December 2016)	-	HQSC SSI Orthopaedic Surgery Quarter 3 July –September 2016 report - *see previous HAC report* • HQSC reports a 1.9% SSI Rate for Q3 2016 with an accumulative SSI rate of 1.1% • Q1 2017 - the final SSI rate is not calculated until the 90 day surveillance of the quarter is over which in this case will be 30 June The future dates for SSI reporting by the HQSC are: ○ 30 June 2017 (surveillance period October – December 2016) ○ 30 September 2017 (surveillance period January – March 2017) ○ 16 December 2017 (surveillance period April – June 2017) • Future IPC planned initiatives include undertaking a quality improvement project to determine any additional

Target	Measure	Previous Report Period	Current Report Period	Commentary
				perioperative risk factors for SSIs (e.g. wound care, drains), an improved real time feedback process after a SSI event and expansion of surveillance procedures when the regional automated IPC surveillance system (iCNet) becomes available.

4.4 Central Line Associated Bacteraemias (CLAB)

<table>
<tr><th>Target</th><th>Measure</th><th>Previous Report Period</th><th>Current Report Period</th><th>Commentary</th></tr>
<tr><td><1</td><td># of CLAB infections per 1000 line days (ICU)</td><td>0.93 (March)</td><td>0.91 (April)</td><td rowspan="3">The ICU is currently 143 days CLAB Free as at 30 April 2017
• Central lines are inserted in the operating theatre and maintenance of the lines on the wards is followed up by theatre, ICU and the Infection Prevention and Control team staff supporting ward staff
CLAB free days across the DHB as of 30 April 2017 are:
<table><tr><th colspan="2">CLAB Free Days (as of 30/042017)</th></tr><tr><th>Service/Department</th><th>CLAB Free Days</th></tr><tr><td colspan="2">Surgical and Ambulatory</td></tr><tr><td>ICU/HDU</td><td>143</td></tr><tr><td>Ward 4</td><td>143</td></tr><tr><td>Ward 7</td><td>143</td></tr><tr><td>Ward 8</td><td>143</td></tr><tr><td>Ward 9</td><td>143</td></tr><tr><td colspan="2">Acute and Emergency Medicine</td></tr><tr><td>Ward 2</td><td>143</td></tr><tr><td>Ward 3</td><td>143</td></tr><tr><td>Ward 5</td><td>143</td></tr><tr><td>Ward 6</td><td>143</td></tr><tr><td>Ward 10</td><td>143</td></tr><tr><td>Ward 11</td><td>143</td></tr><tr><td>Anawhata Ward</td><td>143</td></tr><tr><td>Titirangi Ward</td><td>143</td></tr><tr><td>Wainamu Ward</td><td>143</td></tr><tr><td colspan="2">Specialist Medicine and Health of Older People</td></tr><tr><td>Ward 14</td><td>143</td></tr><tr><td>Ward 15</td><td>143</td></tr><tr><td>Muriwai Ward</td><td>143</td></tr></table></td></tr>
<tr><td>>98%</td><td>% bundle compliance at insertion (ICU)</td><td>100% (April)</td><td>100% (April)</td></tr>
<tr><td>>98%</td><td>% bundle compliance maintenance (ICU)</td><td>96% (March)</td><td>98% (April)</td></tr>
</table>

Target	Measure	Previous Report Period	Current Report Period	Commentary

Renal Tunnel Line CLAB Rate June 2016 – April 2017 (HCA and HABSI)

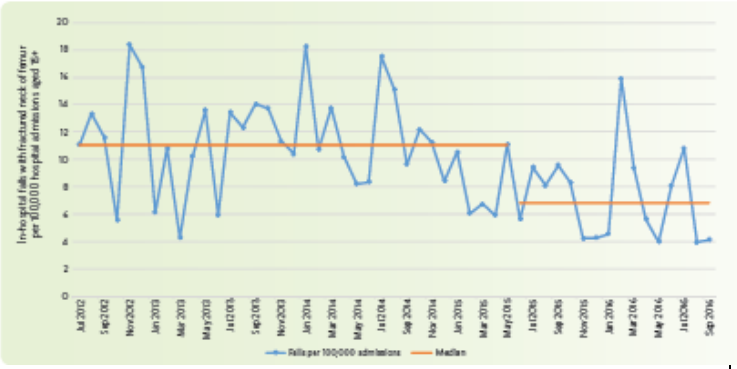
Month/Year	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017
Line days	1760	1814	1828	1731	1948	2001	2071	2155	1874	2121	TBA
Average/day	57.37	58.52	58.96	57.70	62.84	66.70	66.80	69.52	66.92	68.43	TBA
CLAB	2	2	0	1	0	1	0	0	0	0	TBA

4.5 Falls with Harm

Target	Measure	Previous Report Period	Current Report Period	Commentary
	Total # of falls	140 (March)	124 (April)	• The Falls Steering Group is reviewing the current falls strategy to look at how we can further reduce the incidence of falls and in particular falls with major harm. Waitemata DHB inpatient falls with harm in the two medical divisions have reduced significantly and are 50% down on the same period for last year (first quarter). There were 14 falls Jan-April 2016 and seven falls Jan-April 2017. Our reporting for falls with harm by patient bed days also shows a downward trend. The inpatient clinical areas were involved in a number of events to celebrate and create awareness around falls prevention in April. 3 April was April Falls Day and there were foyer displays at North Shore Hospital and Waitakere Hospital with a Quiz and prizes offered to the ward / clinical area with the most correct answers. ED won at North Shore Hospital and ADU at Waitakere Hospital. There was a very positive response to the local falls prevention displays which were judged on Friday 21 April and the winners announced at Frontline Focus Friday on 28 April. **Report from Health Quality and Safety Commission (HQSC): *Open4Results. Reducing Harm from Falls programme…five years on. April 2013 – April 2017* (copy attached)**
<5.0	# of falls per 1000 OBD	4.7 (March)	4.23 (April)	
	Total # of multi-fallers	13 (March)	12 (April)	
>90%	% patients 75 years and over (55 years and over Maori and Pacific) assessed for the risk of falling	95% (March)	99% (April)	
>90%	% patients 75 years and over (55 years and over Maori and Pacific) assessed as being at sufficient risk of falling have an individualised care plan in place	97% (March)	96% (April)	
	Total # of falls with major harm (SAC 1 and 2)	1 (March)	2 (April)	
	# of falls with major harm per 1,000 OBD	0.03 (March)	0.07 (April)	
<1	Total # of fractured neck of femurs (NOF) as a result of a fall while in hospital	1 (March)	0 (April)	

Target	Measure	Previous Report Period	Current Report Period	Commentary
				The HQSC has published a report on the national patient safety campaign and quality improvement programme focused on preventing falls and reducing harm from falls. The Commission's initiative is the first in the world to describe credible reductions on a national scale in in-hospital falls resulting in fractured neck of femur. A catalyst for starting the programme was a 50% increase each year in falls in public hospitals reported as serious adverse events between 2007/08 and 2010/11. The Commission engaged the New Zealand Institute of Economic Research to identify where falls occur, how age relates to the risk of falling and where costs lie, and this report informed the development of the programme and its priorities. The research showed that fracturing a hip while in hospital (a common injury after a fall for older patients) can extend a person's length of stay by over a month and the conservative estimated cost is $47,000. On average, an avoided broken hip gives an extra 1.6 years of healthy life. This adds up to an additional 140 years of healthy life, worth $25 million. (The calculation for the quality of life is $180,000 per year of life; the base calculation is 1.64 years of life gained for every broken hip avoided). In addition, there are significant impacts on a person's life: 27% of patients will die within a year; 10-20% will be admitted to residential care; and half will require support with daily living or mobilising. The original aim of the programme was to achieve, nationally, a 20% reduction in fall-related hip fractures in hospital settings over two years from 1 July 2013 to 30 June 2015 (recognising that international evidence showed a reduction of 10 to 30% was achievable). The target audience is older people at risk, defined as those aged 75+ (Māori/Pacific peoples aged 55+) in care settings (ie, hospital inpatients, people in aged residential care and those at home receiving care). **Outcomes** Since late 2015, the rate of falls in hospital that led to a broken hip (known as a fractured neck of femur (#NOF)) has been 30 to 40% lower on average than the rate before the programme started in 2013:

Target	Measure	Previous Report Period	Current Report Period	Commentary



- Between July 2013 and 31 December 2016, there were 85 few in-hospital falls resulting in a fractured hip. T
- This saved $4m in direct costs

We requested national and Waitemata DHB data from the Commission that the Commission used for its analysis. The data shows:

- Nationally (all DHBs) the rate of falls resulting in a fractured NOF has reduced from 13.28per 100,000 admissions in 2012 to 8.34 in 2016.
- Waitemata DHB has seen a significant reduction, too, from a rate of 20.72 in 2012 to 8.89

From HQSC – Waitemata DHB					
	2012	**2013**	**2014**	**2015**	**2016**
Total no. falls with #NOF	17	13	10	10	9
Total no. admissions (NMDS)	83036	84406	93325	95328	101268
Falls with #NOF per 100,000 admissions	20.72	15.40	10.72	10.49	8.89

Target	Measure	Previous Report Period	Current Report Period	Commentary

From HQSC – NZ Data

	2012	2013	2014	2015	2016
Total no. falls with #NOF	105	92	95	68	72
Total no. admissions (NMDS)	790573	805619	82643	843346	863428
Falls with #NOF per 100,000 admissions	13.28	11.42	11.50	8.06	8.34

Future
The Commission, the Ministry of Health and Accident Compensation have formed a partnership to adopt a 'whole of system' approach to falls and fracture management. The programme includes implementing fracture liaison services, early supported discharge from hospitals, in-home and community-based strength and balance classes, medication review, visual acuity checks, Hip Fracture Registry, and osteoporosis guidelines across primary, secondary and community care.

4.6 Peri-Operative Harm

Target	Measure	Previous Report Period	Current Report Period	Commentary
100%	Uptake, percentage of audits where all components were reviewed	93% (July-Sept 2016)	-	The HQSC has determined new Perioperative Quality and Safety Markers with a planned launch in 2017: – *All three parts (sign in, time out and sign out) of the surgical safety checklist are used in*

Target	Measure	Previous Report Period	Current Report Period	Commentary
95%	Engagement, percentage of audits with engagement scores of five or higher	87% (July-Sept 2016)	-	*100% of surgical procedures, with levels of team engagement with the checklist at 5 or above, as measured by the 7-point Likert scale, 95% of the time* – *Commitment to sustain achievement at or above the old QSM threshold of all three parts of the WHO surgical safety checklist (sign in, time out and sign out) being used in a minimum of 9% of operations* • A Theatre Reference Group is overseeing the coordination of three national quality surgical safety quality improvement programmes: Surgical Safety Checklist observational audit; Introduction of Briefing and Debriefing; and Multidisciplinary Operating Room Simulation (MORSim). The three programmes are sponsored by the Health Quality and Safety Commission and one (MORSim) co-sponsored by ACC. Waitemata DHB is a pilot site for the MORSim programme, which is an ambitious programme involving on-going all of theatre team safety simulation training . A MORSim project plan is in development.
≥ 50	Observations, number of observational audits carried out for each part of the surgical checklist (Minimum of 50 observations per quarter)	Sign in 63	-	
		Time Out 59	-	
		Sign Out 58 (July-Sept2016)	-	

4.7 Pressure Injuries

Target	Measure	Previous Report Period	Current Report Period	Commentary
↓ by 10%	# patients with pressure injuries per 100 patients	0.72 (March)	1.02 (April)	The **Pressure Injury Management Group** (PIMG) is reviewing the current strategy with a view to looking at how they can further reduce the incidence of pressure injuries in patients. Some of the new strategies will include (but are not limited to): • Current on-line pressure injury learning tool which will now become mandatory for all nursing staff to complete • Pressure injury study day for champions in June • Pressure Injury Group has created a How To Guide for Nursing staff on appropriately assessing risk • Pressure Injury Group are reviewing a Waterlow app that will assist with applying correct Care bundles • Leading an evaluation of pressure relieving mattresses and products to ensure we have most appropriate • Specific wards will be reviewed with a "deep dive" undertaken
	% patients risk assessed within specified time frame	71% (March)	78% (April)	
	% patients audited who received a score	89% (March)	99 % (April)	
	% patients with the correct care plans implemented	93% (March)	93 % (April)	
0	Grade 3 and 4 pressure injuries	0 (March)	0 (April)	

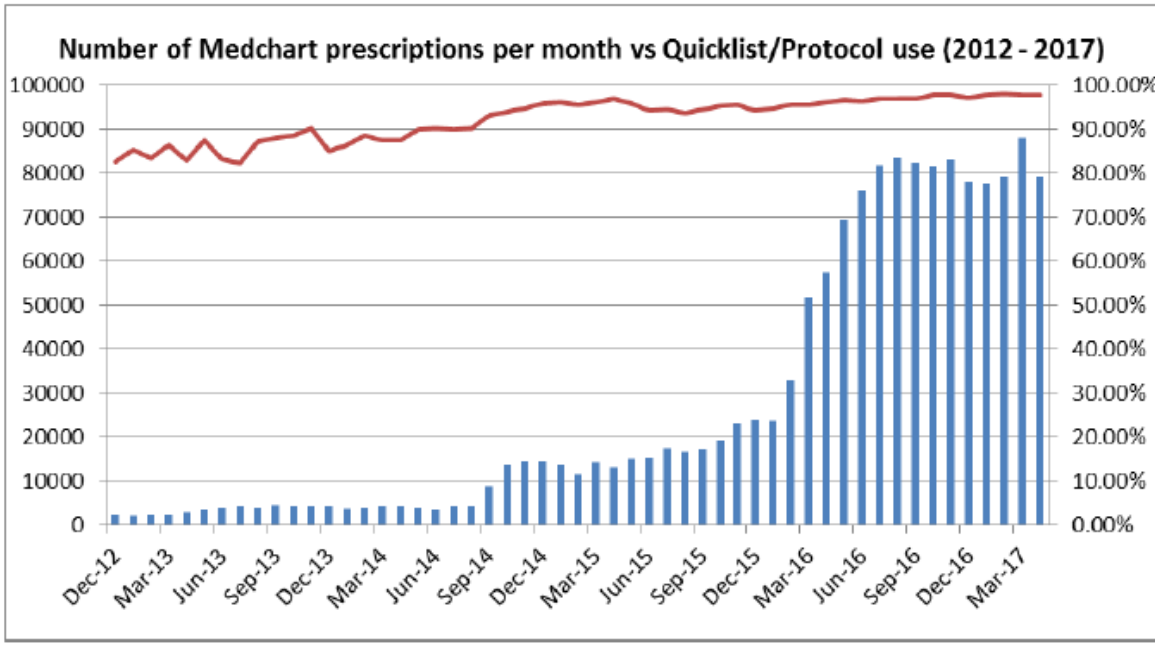
4.8 Specimen Errors

Target	Measure	Previous Report Period	Current Report Period	Commentary
<1%	Total #of specimen errors/month	673 (March)	731 (March)	• The FY 2015/16 specimen error defect rate is 1.7% which is consistent with the previous two financial years. The average for the first half of FY 2016/17 is 2.6% (*These are non-phlebotomy collects*)

FY2016/2017	Error rate
July 2016	2.6%
August	2.6%
September	2.3%
October	2.8%
November	2.5%
December	3.0%
January 2017	3.1%
February	2.6%
March	2.4%
April	2.9%

4.9 E-Medicine Reconciliation (eMR), ePrescribing and Administration (ePA)

Target	Measure	Previous Report Period	Current Report Period	Commentary
100%	% patients with eMR completed within 24 hours on admission and discharge	-	-	• There are now 826 beds live with eMR. Work has started to determine the hardware and resources required to roll ePA to the three major remaining areas that can be implemented safely: Detox, the remainder of ESC and maternity/birthing at both North Shore Hospital and Waitakere Hospital. The cardiovascular unit has expressed interest in using ePA and implementation is being considered (Southern DHB uses MedChart within their cathlab so implementation is feasible. • There are now 965 inpatient beds with ePA. As previously reported ePA has been withdrawn and the unit reverted to paper charts on 10 April. • There are 134 inpatient beds remaining without ePA: Community Alcohol and Drug Service, ESC consultant-led beds, Birthing and Maternity North Shore Hospital and Waitakere Hospital). A business case is required in order to rollout ePA to these beds. • The Cardiovascular Unit has expressed interest in using the ePA system. During the tower block rollout at North Shore Hospital, the unit wanted to see how things worked out in Cardiology but now the difficulties of running parallel paper and electronic systems have become apparent. This option is being further explored with the unit. • The ePA team have reviewed all as required (PRN) quicklists and protocols and have now added indications to the majority of these lists where sensible to do so. As a result the percent of PRN prescriptions with an indication has risen from 65% to 95%. This was a corrective action from the Health and Disability Sector Standards (HDSS) recertification audit recommendations. • We have maintained the high rates of use of pre-defined orders (quicklist and protocols): approximately 97.8% of prescriptions written in February-April were written using these pre-defined orders (see graph below). There was new peak for the number of new prescriptions generated in ePA in March (87,992), dropping in April to the previous range of ~80,000 new prescriptions.

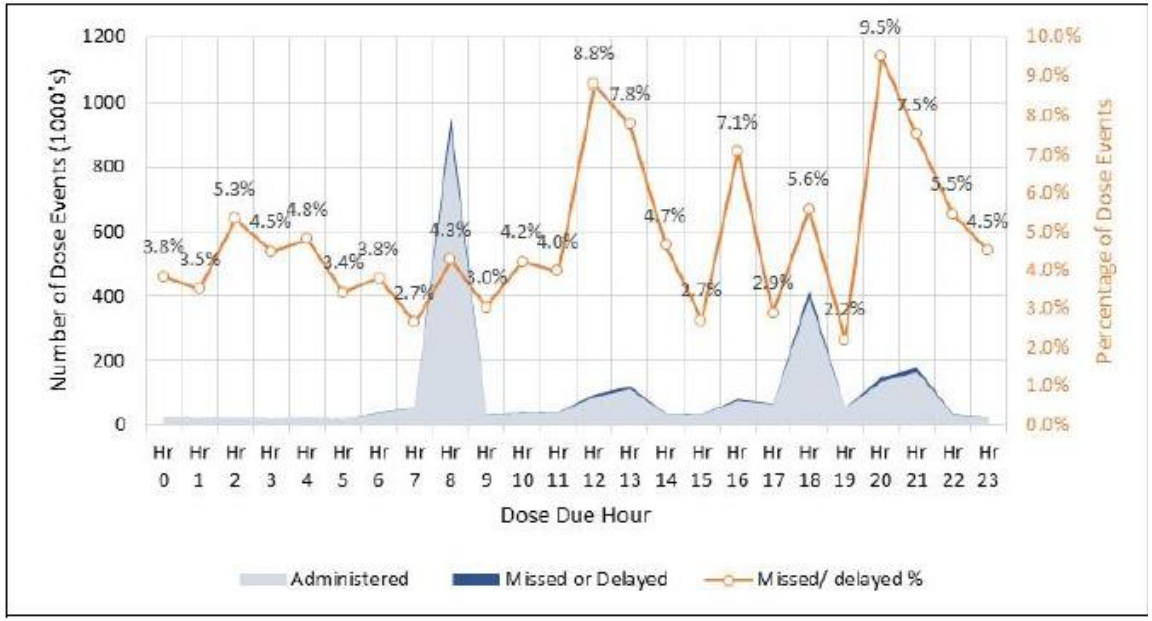
Target	Measure	Previous Report Period	Current Report Period	Commentary
				 • A trial is underway to test a display on the ward electronic whiteboard alerting nursing staff when a new medicine has been prescribed. The aim of this function is to make it easier for nursing staff to identify when something new has been prescribed and, therefore, reduce the time to first dose being administered. • The ePA lead and the i3 analytics team are working on a project to connect ePA MedChart data with the electronic data warehouse and to explore this data to inform our medication safety strategy and for publication. We have extracted 8 months of administration data (2.58m doses) and are working through a system to classify non-administered doses. The raw data is presented in the table below:

Target	Measure	Previous Report Period	Current Report Period	Commentary

Missed / Delayed doses between August 16 – March 17

Drug Class	Dose Status: Administered	Missed	Delayed	Total in study	Withheld	Not Taken	Missed/ Delayed %
Anticoagulant	150,187	2,764	720	153,671	6,722	216	2.3%
Anti-infective	226,411	6,646	1,744	234,801	4,156	198	3.6%
Insulin	23,299	1,389	179	24,867	2,035	22	6.3%
Opiate	188,042	1,952	311	190,305	2,861	656	1.2%
All Other	1,859,424	111,646	9,287	1,980,357	103,041	6,017	6.1%
Total events	2,447,363	124,397	12,241	2,584,001	118,815	7,109	5.3%

Missed / Delayed doses by hour of day for all medications (August 16 – March 17)



- The ePA team provides training and support to new house officers following each rotation. We need to develop a better solution to training new doctors on all electronic systems. The current approach of finding new RMOs on

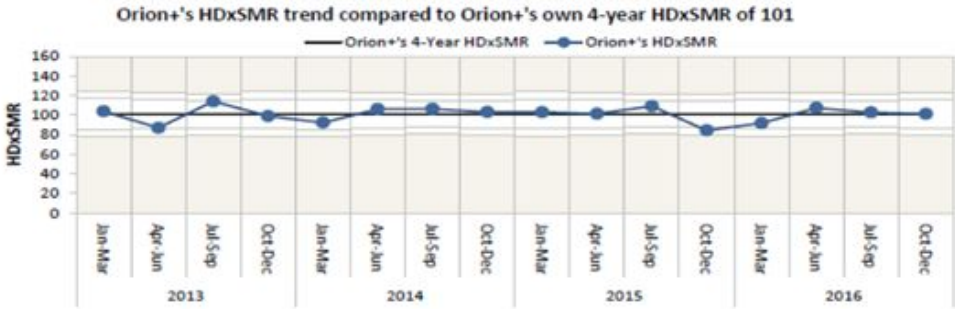
Target	Measure	Previous Report Period	Current Report Period	Commentary
				the job is not sustainable long-term. This issue is going to become more pressing as more systems become electronic and we need to find a way of including e-Prescribing training into orientations for all new prescribers not just PGY1 doctors. • There continues to be significant issues with iPad mini devices with frequent freezing preventing nurses from recording administrations. This has been escalated to healthAlliance's Chief Information Officer. • Despite the significant amount of work that has been put into improving the performance of Medchart, the performance is still disappointing. The ePA team is still fielding frequent (verified) complaints about the slowness of the system, and both Waitemata DHB and NeMP have been working with the system provider (CSC) to see what more can be done.

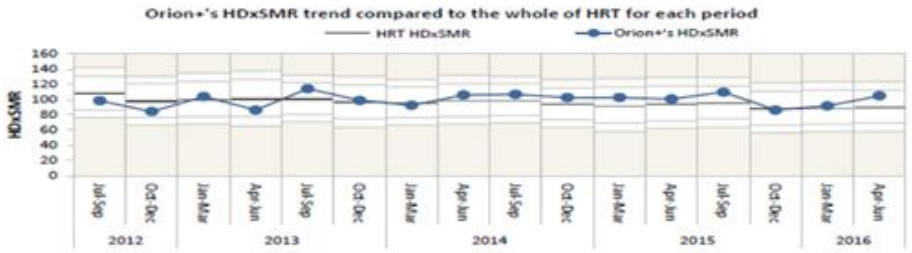
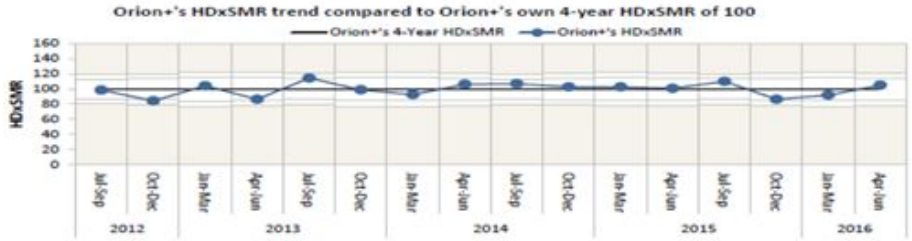
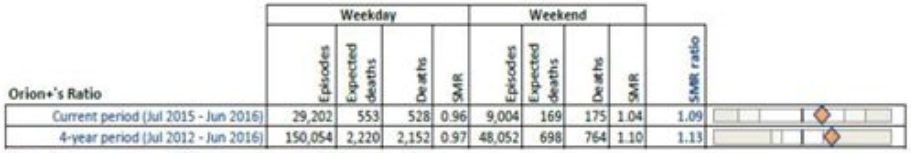
4.10 Complaint Responsiveness

Target	Measure	Previous Report Period	Current Report Period	Commentary
<15 days	Average time to respond to complaints in the reporting month	10 Days (March)	11 Days (April)	Services continue to work hard to meet the target <15 day average complaint response time and this is reflected in the average response times for April 2017.

4.11 Hospital Mortality

Key Quality Indicators	Target	Measure	Previous Report Period	Current Report Period	Commentary
Mortality (death rate)	<100	Hospital Standardised Mortality Ratio (HDxSMR)	99 [NSH + WTH FY 2015-2016]	-	• HDxSMR for 12 months January – December 2016 HSMR: - NSH (Orion) = 105 - WTH (Orion 2) = 92 - NSH + WTH (Orion 2) = 101 See Indicator Trend Report (funnel plots) in the Dashboard on page 4

Key Quality Indicators	Target	Measure	Previous Report Period	Current Report Period	Commentary
					 • The HDxSMR, the Hospital Diagnosis Standardised Mortality Ratio, is a new methodology used by Health Round Table (HRT) to calculate standardised mortality rates for HRT hospitals; The HDXSMR makes more use of coded diagnosis information, incorporating a new risk adjustment methodology based on diagnoses. The methodology looks a patient's whole diagnostic code (all coded diagnoses) and selects and assigns a summary score to a diagnosis of maximum risk (diagnosis of maximum risk score, MRS), and assigns a summary score to all other diagnoses noted as being present on admission (secondary diagnosis score, MRS). In addition, some deaths in palliative care that were previously excluded are now included (patients that are admitted acutely, transferred to palliative care and die). Patients who are admitted directly to palliative care are still excluded.

Key Quality Indicators	Target	Measure	Previous Report Period	Current Report Period	Commentary
					HDxSMR trend   [shaded bands correspond to 2 and 3 standard deviations from the target]  Weekday / Weekend Episodes, Expected deaths, Deaths, SMR, Episodes, Expected deaths, Deaths, SMR, SMR ratio Orion+'s Ratio Current period (Jul 2015 - Jun 2016): 29,202 553 528 0.96 9,004 169 175 1.04 1.09 4-year period (Jul 2012 - Jun 2016): 150,054 2,220 2,152 0.97 48,052 698 764 1.10 1.13 *The graphic compares your ratio (the diamond) to a ratio of 1 (the black line).* *For comparison, in the current period (Jul 2015 - Jun 2016) the ratio for the whole of HRT was 1.05 and the ratio for NZ was 1.12.*

5. Improvement Team Active Projects Report

Innovation and Improvement Project Team: Active Projects Report

May 2017

			'000		Overall Status		
Project Name	**Sponsor(s)**	**Project Manager**	**Budget**	**Forecast Variance**	**This Period**	**Last Period**	**Phase**
Orderly Services	Barbara Schwalger	Kelly Fraher	N/A	N/A			Make ideas happen
Misplaced Medications	Marilyn Crawley	Arti Chandra	N/A	N/A			Make ideas happen
ICNet Optimisation	Matthew Rogers	Arti Chandra and Claire McKenna	N/A	N/A			Understand the system
Survive Sepsis Improvement Collaborative	Dr Penny Andrew, Dr David Grayson, Dr Matt Rogers, Shirley Ross, Kate Gilmour	Claire McKenna and Kelly Bohot	N/A	N/A			Generate ideas and test
ED Sepsis project	Survive Sepsis Improvement Collaborative Sponsorship Group	Claire McKenna	N/A	N/A			Make ideas happen
Safety in Practice – Year 3	Stuart Jenkins (Auckland DHB/Waitemata DHB)	Kelly Fraher	N/A	N/A			Coach and Mentor
Acute assessment and admission documentation	Andrew Brant, Laura Chapman, Cecilia Rademeyer	Renee Kong	N/A	N/A			Generate ideas and test
Frailty at the front door	Shirley Ross	Renee Kong	N/A	N/A			Generate ideas and test
ADU Boards	Laura Chapman, Alex Boersma	Kelly Bohot					Understanding the system
Chronic Pelvic Pain Model of Care and Business Case	Fiona Connell	Sue French	N/A	N/A			Making Ideas Happen
Maggie's Cancer Care Centre	Jay O'Brien	Sue French	N/A	N/A			Making Ideas Happen
Healing Green Space	Jay O'Brien	Sue French	N/A	N/A			Generate ideas and test
Orthogeriatrician Model Of Care and Business Case	Bill Farrington and John Scott	Sue French					Making Ideas Happen
Gastroenterology Mortality and Morbidity Meeting	Zoë Raos	Sue French	N/A	N/A			Making Ideas Happen
PROMs / PERSy and HOPE	Jay O'Brien	Sue French	N/A	N/A			Understanding the system

May 2017

Project Name	Sponsor(s)	Project Manager	'000 Budget	Forecast Variance	Overall Status This Period	Last Period	Phase
Data Discovery Project (refer to Leapfrog project update)	Penny Andrew	Renee Kong	$1.2m	0%			Execute
Patient and Whanau Centred Care Standards and Ward Accreditation Programmes	Dale Bramley Cath Cronin	Jeanette Bell	NA	NA			Making Ideas happen
Patient Deterioration Programme	Andrew Brant Jos Peach	Jeanette Bell	NA	NA			Setting aims
ISBAR standardised communication tool	Jos Peach Mike Rodgers	Jeanette Bell	NA	NA			Making Ideas Happen

Closed since last report		
Hospital Cleanliness	Barbara Schwalger	Kelly Fraher
Non-melanoma Skin Service (data discovery component only)	Karen Hellesoe	Sue French
Reducing cross transmission of multidrug resistant bacteria at Waitemata DHB'	Kate Gilmour	Martin Michaells (mentored by Ken Kok)
Maternity Clinical Records	Emma Farmer	Arti Chandra

Improvement and Innovation Project Manager Support Requests

Project Name	Sponsor(s)	Description	Overall Status Scoping Assigned	Scoping Completed	Approved At CGB	Project Assigned	Status
MOC Gastroenterology Service	Debbie Eastwood, John Scott	Scope requirement of i³ involvement in this proposal	*Sue French*				
Leapfrog outpatient project	Dale Bramley, Penny Andrew	Scoping – refer to Leapfrog report	*Kelly Bohot*				

Orderly Services - Progress Summary

Sponsor: Barbara Schwalger

Improvement Specialist: Kelly Fraher

Phase: Generate ideas and test

Problem Statement:
The demand for orderly services continues to increase and as a result, the team is no longer able to meet work requirements, with only 57% of jobs at North Shore Hospital and 72% of jobs at Waitakere Hospital being completed within the targeted timeframe

Aim:
To improve the Orderly Service's performance of jobs being completed within the targeted timeframe from 57% at North Shore Hospital and 72% at Waitakere Hospital to 90% across both sites.

Status Update:

- *Other Routine workstreams:* 14/15 trial (combining shifts in the pool) successful in reducing task times. The daily average for total task time (job created to job completed) for 14/15 jobs has reduced from 38.2 mins (baseline before trial) to 30.2 mins. The daily average for total task time (job created to job completed) for pool jobs has reduced from 30.3 mins (baseline before trial) to 27 mins.
- *System workstream:* System requirements and consultation with key stakeholders completed. Options analysis and decision document in progress.
- *Systems/FTE modelling*: System modelling and experimentation report received to inform FTE requirements under different experiments, information incorporated in to business case from the service. Working with university to progress third deliverable, due end of month.

Project Risks:

- None

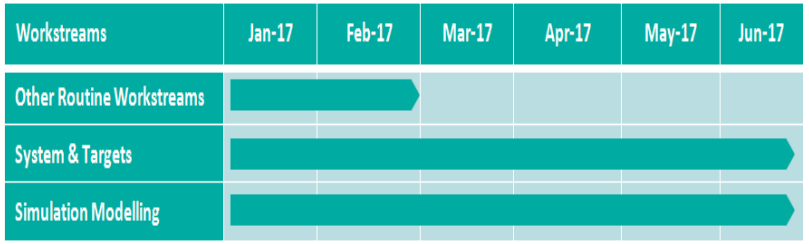
Project Issues:

- None

Next Steps:

- *System workstream*:
  - Complete options analysis and decision paper
- *Systems/FTE modelling*:
  - Progress work with university

Timeline



Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*On track*	*N/A*

Misplaced Medications - Progress Summary

Sponsor: Marilyn Crawley

Improvement Specialist: Arti Chandra

Phase: Make ideas happen

Problem Statement:
For a small number of medications dispensed from the central pharmacy there is no process to ensure their safe receipt and storage by the requesting clinical area. These medications are transported by orderlies or pharmacy technicians (outside normal delivery schedule), dispatched via Lamson tubes, or provided after hours by the Duty Nurse Managers. In addition, pharmacy staff receive a high volume of phone calls chasing the requested medication causing significant rework for both pharmacy and the requesting clinical staff.

Aim:
To increase the number of non-Pyxis medicines that follow a standardised delivery and receipt process to 95% by January 2017

Status Update:

- Results of post implementation audit fed back to charge nurses via emails and at Frontline Focus by Jos. North Shore Hospital and Waitakere Hospital had 75% compliance for documentation of receipt of orderly deliveries. Lamson delivery receipt documentation compliance for North Shore Hospital was 37%, bringing the overall compliance for North Shore Hospital to 47%.
- The overall aim of 95% was not achieved. However, documentation of delivery narrowed accountability gaps in the medication delivery process.
- Audit of documentation of receipt is currently being added to nursing audits and Qlik for reporting to Pharmacy and Medication Safety Group.

Project Risks:

- None

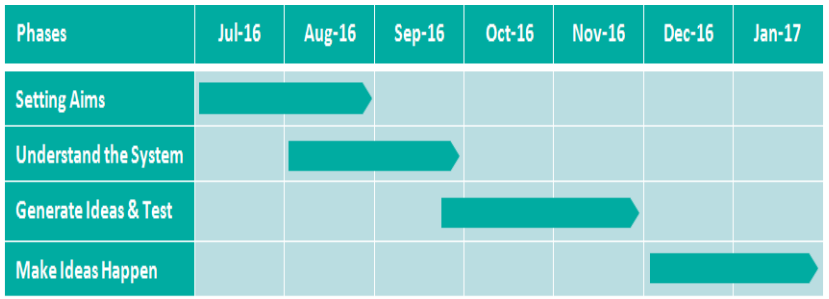
Project Issues:

- Nil

Next Steps:

- Compliance of Lamson delivery documentation is low. Pharmacy is reassessing expectations going forward.
- Complete addition of documentation of receipt to Nursing Audits. Aim for first audit to be in quarter starting July 17.
- Liaise with Mason clinic for roll out
- Project close 31 May 17

Timeline



Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*Extended until May 31st 2017*	*N/A*

ICNet Optimisation - Progress Summary

Sponsor: Matthew Rogers

Project Managers: Arti Chandra and Claire McKenna **Phase: Understand the system**

Problem Statement:
The technical implementation of ICNet is managed by healthAlliance. ICNet went live at Waitemata DHB on 28 March 2017. The Waitemata DHB ICNet system has been implemented out of the box and is yet to be configured in order to deliver the benefits highlighted in the business case.

The IP&C service has not transitioned into using ICNet as business as usual. The service is currently using the old, manual way of working, entering day to day surveillance data into excel sheets. End to end testing of ICNet is pending. Issue escalation and support has not been clearly identified to the end users.

Aim:
To operationalise the ICNet solution in the Waitemata DHB environment for the IP&C team by (time to be confirmed).

Status Update:

- 19 April kick off meeting with IP&C, microbiology, infectious diseases teams
- Process map completed for C.diff surveillance stream
- Videoconference with Canterbury DHB (May 2nd) to understand ICNet benefits in their environment
- Page upload time tracked post ICNet upgrade at Waitemata DHB. Delays remain significant

Project Risks:

- Technical implementation nearing completion. Product is not optimised for Waitemata DHB.

Project Issues:

- Trendcare and MedChart interfaces are inactive which is needed for complete transition of service and ICNet optimisation.
- Data confidence issues exist as end to end testing was not completed prior to go-live. System will be configured as part of optimisation, tied in with use case testing and validation.
- Vendors have advised to not proceed with Trendcare interface due to its limitations. Further discussions are planned to understand the impact of this.
- Slow speed of ICNet is preventing usability. Fixes have been tried by vendor and been unsuccessful. Further discussions are planned for this.

Next Steps:

- Meeting with vendors, healthAlliance and Waitemata DHB key stakeholders scheduled for Monday 15 May to discuss issues and way forward

Milestone	Status	Estimated Completion Date
Setting aims	Underway	TBC
Understand the system	Underway	TBC
Generate and make ideas happen	On track	TBC

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*TBC*	*TBC*

Survive Sepsis Improvement Collaborative - Progress Summary

Sponsor: Dr Penny Andrew, Dr David Grayson, Shirley Ross, Kate Gilmour and Dr Matt Rogers
Improvement Specialist: Claire McKenna
Project Manager: Kelly Bohot
Phase: Generate ideas and test

Problem Statement: Sepsis poses significant morbidity and mortality risks to our patients, and with every hour delay to treatment there is an 8% increase in mortality. Waitemata DHB does not reliably recognise and treat patients with sepsis in a timely manner.
Aim: To reduce the rate of inpatient sepsis mortality to less than 15% by 31 August 2017

Status Update:

Work stream 1: Best Practice Guidelines

- Feedback on adult guidelines currently under review
- Paediatric Suspected Sepsis guidelines underway
- Communication campaign 5-9 June

Work stream 2: Improvement Activities

- Groups 1-4 meeting regularly. All groups now developing and prioritising ideas
- E-Vitals sepsis screen due for testing.
- Recruit 11 x new RMOs to participate following rotation in June.

Work stream 3: Clinical education program

- Cascade delivery approach commenced. Aim for all ward areas to have received education by June.
- CeDDs site live. Kahoot quiz now accessible via CeDDs and project intranet site.

Work stream 4: Measurement and Evaluation

- Baseline data collection completed during Quality Day in February. Further analysis completed by Dr Hasan Bhally.
- Outcome model and costing framework under development
- Awaiting literature review to guide role of PROMs

Project Risks:

- Availability of staff members from medical and nursing teams to participate in Phase 2

Project Issues:

- Availability of i3 staff to mentor/support improvement groups. *Resolved.*

Next Steps:

Work stream 1: Best Practice Guidelines

- Complete development of Paediatrics Guideline
- Work with EAG to respond to feedback on adult inpatient guidelines and update accordingly.
- Plan for communication campaign 5-9 June.

Work stream 2: Improvement Activities

- Continue improvement activities for groups 1-4 – General Medicine and Surgery, ADU, ICU/HDU, Maternity, Paeds
- Plan midway events at Waitakere Hospital and North Shore Hospital (3.07.17 and 5.07.17) to share improvement activities across teams/groups.

Work stream 3: Education program

- Continue to support cascade education approach in clinical areas.
- Explore feasibility of using 'Starfish' movie as a tool to increase awareness of sepsis.

Work stream 4: Evaluation

- Finalise collaborative measurement and evaluation framework

Project Timeline

Activities		Status	Timeline
Phase 1	Develop adult suspected sepsis guidelines	Complete	Jul - Nov 16
	Complete baseline measurement	Complete	Jul - Nov 16
	Recruitment of improvement leads	Complete	Sep - Dec16
	Kick-off event for improvement leads	Complete	January 17
Phase 2	Groups 1-4: Setting Aims	Underway	Feb - Mar 17
	Groups 1-4: Understanding the system	On track	Apr - May 17
	Groups 1-4: Generate ideas and test	On track	Jun - Jul 17
	Groups 1-4: Make ideas happen	On track	Aug - Sept 17
Phase 1 and 2	Group 5-8: Develop guidelines and complete improvement activities	Underway	Dec 16 - Sept 17

ED Sepsis Project - Progress Summary

Sponsor: Survive Sepsis Improvement Collaborative Sponsorship Group

Improvement Specialist: Claire McKenna **Phase: Make Ideas Happen**

Problem Statement:
The median time to appropriate antibiotics administration for patients with sepsis is 234 minutes, almost three hours later than the standard critical timeline.

Aim:
100% of adult, non-pregnant patients that present to North Shore Hospital's and Waitakere Hospital's Emergency Departments with sepsis receive antibiotics within 60 minutes of presentation, by January 2017.

Status Update:

- Re-audit of 110 patients charts completed
- Presentation completed for Health Excellence Awards

Project Risks:

- None

Project Issues:

- Delay in timeline due to lack of clinical resources to complete audit

Next Steps:

- Complete re-audit analysis
- Integrate further activities into DHB sepsis collaborative
- Undertake project closure activities

Milestone	Status	Estimated Completion Date
Setting aims	Completed	April 2016
Understand the system	Completed	June 2016
Generate ideas and test	Completed	August 2016
Make ideas happen	In progress	September 2016
Learn and Spread	In progress	January 2017

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*Delayed*	*N/A*

Safety in Practice - Progress Summary

Sponsor: Stuart Jenkins

Improvement Specialist: Kelly Fraher

Phase: Coach and Mentor

Background:
Safety in Practice (SiP) is designed to enhance quality improvement capability of general practice teams within the Auckland region, by focusing on patient safety. In order to achieve this goal, a range of tools and resources (adapted from the Scottish Patient Safety Programme in Primary Care), alongside support from improvement and clinical experts are provided to general practice teams to foster a patient safety culture. This year nine Waitemata DHB General Practices have enrolled, (five new, four existing)

High Level Aim:
To reduce patient harm in primary care by developing more reliable practice systems and to promote a safety and improvement culture within general practices
Improvement Specialist will work with Primary Healthcare Organisation (PHO) staff within practices to provide quality improvement support and facilitation in areas of:

- Up-skilling teams in improvement methodology
- Identification of current systems, processes and behaviours
- Data analysis
- Re-design of practice systems and processes
- PDSA testing of small-scale change and familiarity with the Safety in Practice care bundle audit tools.
- Introduction of a primary care trigger tool and safety culture survey

Care bundles:

- Medicine Reconciliation
- Result Handling
- Warfarin Management
- Opioid Management
- Cervical Smear
- COPD

Status Update:

- Nearing completion of the year, second last audit completed
- Practices identifying bundles for next year
- Planning for Year 4 in progress at both regional and local levels

Project Risks:

- None

Project Issues:

- None

Next Steps:

- Continue planning for Year 4
- SiP Team to work on recruitment of practices for Year 4
- Year 3 closure and celebration 13 June

Milestone	Status	Estimated Completion Date
Setting practice specific aims	Completed	September 2016
Understand the system	Completed	December 2016
Generate ideas and test	In Progress	March 2016
Make ideas happen	On track	June 2016
Year 3 closure	On track	June 2017

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*On track*	*N/A*

Acute Assessment and Admission Documentation - Progress Summary

Sponsor: Andrew Brant, Project Leads: Laura Chapman, Cecilia Rademeyer
Improvement Specialist: Renee Kong **Phase: Generate ideas and test**

Problem Statement:
The order (or lack of order) of presentation of information in the acute assessment and admission documentation causes confusion and frustration for staff in the ADU and poses a risk to patient care

Aim:
To improve the staff satisfaction in the order of acute assessment and admission documentation by identifying and implementing a solution by December 2016

Status Update:
- Paper finalised for discussion at next CGB meeting as last CGB meeting was cancelled
- Continued maintenance of mini ring binders in ADU

Project Risks:
- None

Project Issues:
- Next steps pending decision at CGB

Next Steps:
- CGB meeting 1 June 2017

Milestone	Status	Estimated Completion Date
Setting aims	Completed	July 2016
Understand the system	Completed	August 2016
Generate ideas and test	In progress	May 2017
Make ideas happen	Pending	July 2017

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*Delayed*	*N/A*

Frailty at the Front Door - Progress Summary

Sponsor: Shirley Ross
Improvement Specialist: Renee Kong **Phase: Understand the system**

Problem Statement:
Waitemata DHB has an ageing population. Patients that are frail are more susceptible to healthcare associated infections, delirium and there are difficulties in maintaining good nutrition, hydration and skin care. As a result, frail older people usually have longer stays in hospital and are more likely to end up in age related residential care

Aim:
To improve the early identification of frailty and ensure that older people who are identified as frail have access to interdisciplinary frailty assessment and care planning within 24 hours of presentation to ADU by July 2017

Status Update:
- Frailty screening currently being rolled out as part of eVitals admission checklist
- First iteration of frailty care plan developed for roll out in ADU only
- First meeting with Francis Group International 19 May to align project work with Frail and Elderly workstream in the Acute Patient Flow project

Project Risks:
- None

Project Issues:
- None

Next Steps:
- Meeting with Frail and Elderly working group 19 May

Milestone	Status	Estimated Completion Date
Setting aims	Completed	November 2016
Understand the system	Completed	January 2017
Generate ideas and test	Pending	April 2017
Make ideas happen	Pending	July 2017

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*On track*	*N/A*

Chronic Pelvic Pain Model of Care

Sponsor: Dr Fiona Connell
Project Manager: Sue French
Phase: Setting aims

Problem Statement:

Currently there is no service for women experiencing chronic pelvic pain in Waitemata. Regionally and nationally CPP is managed by generalist gynaecologists. Internationally they are uniformly seen and treated by specialist physicians and services. Currently women are triaged to see Dr Connell due to her specialist interest in this aspect of women's health and as the only laparoscopic gynaecology surgeon in the DHB at this time is the only physician able to offer the advanced techniques recommended for diagnosis and treatment. This is only offered where scheduling allows. All other patients continue with the status quo

Aim:
Define a new Model of Care (MOC) for women with CPP that will achieve international practice standards; where understanding, compassion and education and comprehensive support for women to self-manage their condition is the 'norm'. It is proposed that this MOC will lead the country in transforming the lives of women, and their families, from a largely misunderstood and poorly treated disorder.

Status Update:

- Current patient pathway map captured
- MOC agreed
- MOC writing in progress
- Evaluation Framework agreed and written
- Data Discovery

Project Risks:

Competing priorities in CWFS (in particular MIDAS)

Project Issues:

- None

Next Steps:

- Complete write up of MOC
- Stakeholder meeting: profile 'current patient pathway map' and proposed pathway and holistic model
- Project lead attending International site of excellence May 2017 to observe intended pathways in practice and seek mentorship for project implementation
- Complete data discovery
- Write business case

Milestone	Status	Estimated Completion Date
Setting aims	Completed	December 2016
Understand the system	Completed	January 2017
Generate ideas and test	Completed	April 2017
Make ideas happen	On track	August 2017

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*On track*	*N/A*

ADU Boards

Sponsor: Laura Chapman, Alex Boersma

Project Manager: Kelly Bohot

Phase: Make ideas happen

Problem Statement:

Our ADU doctors and nurses are currently unable to track referrals or progress of consults in ADU, have oversight of which patients are receiving different 'streams' of care or visualise the amount of time a patient has been in the unit. The ability to visualise, track and communicate such information is important as it impacts how patients move through ADU and how different professions interact about patient care. We propose to design, build and implement a solution 'ADU Boards', which will allow ADU nurses and doctors to view and interact with information including patient location, alerts, nurse, doctor, time in ADU, stream, allied health referrals, pharmacy and ward consults.

We anticipate the following benefits:

Driver	Expected benefits
Patient flow	improved visibility of patient 'streams' improved interdisciplinary working better communication and care co-ordination
Data availability and flow	improved tracking of patient 'streams' improved tracking of ADU consults improved tracking of AH role on ADU
Communication	better communication and care co-ordination reduced need to telephone/page colleagues to follow up about patient consults and referrals

Status Update:

- Mock board completed
- Board under development
- Exploring opportunity for nurses to use Trendcare to enable collection of new data for boards

Project Risks:

- Unable to secure funding for interactive monitors.

Project Issues:

- Scope of Board content expands following stakeholder consultation

Next Steps:

- Review current board function
- Obtain quote for interactive board
- Continue to explore role of Trendcare for nursing data

Milestone	Status	Estimated Completion Date
Setting aims	Completed	March 2017
Understand the system	Completed	May 2017
Generate ideas and test	Completed	July 2017
Make ideas happen	On track	August 2017

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*On track*	*N/A*

Maggie's Cancer Support Centre

Sponsor: Jay O'Brien
Project Manager: Sue French **Phase: Chief Executive Request**

Problem Statement:

Presently emotional, psychological and psychosocial care for patients and whānau affected by cancer is either scattered across multiple different government and non-government agencies ,or do not currently exist in New Zealand. International evidence confirms long held beliefs that supporting patients and whānau to be in control of their cancer journey through acquisition of knowledge and support for their emotional and social needs will reduce the burden of the disease and its related treatments.

Maggie's UK is an evidenced based programme of support that nurtures people affected by cancer to 'live well' through cancer, to enhance their life through and beyond cancer and to not lose the joy of living in the fear of dying. This programme is offered in a purpose built centre of architectural significance and surrounding landscaped designed to create hope and resilience.

Aim:
To seek agreement from the Chief Executive Officer and Chairman of the Board to enter into a formal relationship with Maggie's UK to build the first Maggie's Centre in the Southern hemisphere on the Waitemata Site.

Status Update:

- Data and research complete
- Stakeholder commitment achieved
- Executive request document completed

Project Risks:

Competing priorities for the DHB to establish ambulatory cancer treatment centre

Project Issues:

- None

Next Steps:

- Present executive request to Executive Leadership Team 15 May 2017
- Commence feasibility study

Milestone	Status	Estimated Completion Date
Setting aims	Completed	January 2017
Understand the system	Completed	February 2017
Generate ideas and test	Completed	February 2017
Make ideas happen	On track	May 2017

Hospital in the Park – Healing Gardens

Sponsor: Jay O'Brien
Project Manager: Sue French
Phase: Generating ideas and testing

Problem Statement:

There is an absence of human centred design in the approach to healing and therapeutic green space inside the hospital site perimeters, this affects both current and intended in-door and outdoor spaces.

Aim:
Gain strategic overview planning and delivery of healing spaces to take a 'hospital in the park' concept to a reality

Status Update:

- Agreed by Andrew Brant in principle. Requested Executive information paper to Executive Leadership Team
- Research and literature search complete
- Executive request document writing in progress

Project Risks:

- Challenges to strategic overview of non-clinical outdoor space

Project Issues:

- None

Next Steps:

- Complete executive information paper
- Undertake feasibility study for long term plan
- Present executive request to Executive Leadership Team July 2017

Milestone	Status	Estimated Completion Date
Setting aims	Complete	April 2017
Understand the system	In progress	June 2017
Generate ideas and test	On track	June 2017
Make ideas happen	On track	August 2017

Orthogeriatrician

Sponsor: Bill Farrington, Matt Walker, John Scott
Project Manager: Sue French **Phase: Making ideas happen**

Problem Statement:

Absence of a geriatrician specialist knowledge in the management of fragility fractures (fractures in patients over 65 years of age), in particular fracture Neck of Femur from admission to discharge from orthopaedic care, is compromising short and long term health outcomes and patient and whānau experience of health care in Waitemata.

Aim:

Improve acute and long term health outcomes through reduction in morbidity and mortality associated with the complex health needs of patients over 65 who sustain a fracture. To improve the older adult experience of acute fracture management in Waitemata

Status Update:

- Research and literature search complete
- Data Discovery complete
- Stakeholder agreement for MOC achieved

Project Risks:

- None

Project Issues:

- None

Next Steps:

- Confirm funding model between Older Adult Health and Surgical and Ambulatory services
- Complete business case writing

Milestone	Status	Estimated Completion Date
Setting aims	Complete	January 2017
Understand the system	Complete	March 2017
Generate ideas and test	On track	May 2017
Make ideas happen	On track	June 2017

Gastroenterology Mortality and Morbidity Meeting

Sponsor: Zoë Raos
Project Manager: Sue French **Phase: Making ideas happen**

Problem Statement:

Learning from M&M outcomes for this service is currently achieved once a year at the General Medical M&M, only able to present one to two cases per year. Only small percentage of staff can or do attend. Presentation of cases is about significant impact events and learning and not about continuous improvement at a local level.

Existing service aware that the team culture is fragmented and divided and wish to address small steps to bring about a culture change that recognises everyone's value in the patient journey and outcome and service planning.

Aim:

Introduce an M&M model that meets international best practice recommendations and fits this service's needs. Provide a platform for increase team cohesion through shared learning and exposure to creating solutions to service issues, challenges and constraints

Status Update:

- Research and literature search complete
- Data Discovery complete
- Stakeholder agreement for MOC achieved
- Document tool kit completed and ratified by stakeholders
- Promotional material developed

Project Risks:

- Reduction in patient scheduling capacity on chosen day. Potential loss of 8-12 scheduling points at each site during this time. Potential risk for service to maintain KPI achievement

Project Issues:

- Establishing an agreeable date and time where North Shore Hospital and Waitakere Hospital can come together for one meeting with all staff for one hour
- Securing rooms with VC capacity on a reoccurring bases

Next Steps:

- Agreed day and time with operations manager and GM
- Commence pilot and test progress

Milestone	Status	Estimated Completion Date
Setting aims	Complete	January 2017
Understand the system	Complete	March 2017
Generate ideas and test	Complete	April 2017
Make ideas happen	On track	May 2017

PROMs/PERSy and HOPE

Sponsor: Jay O'Brien
Project Manager: Sue French
Phase: Understand the system

Problem Statement:

Data collection for patient reported and clinician assessed outcome measures and patient experience of service is currently fragmented and lacks transparency for clinical providers and service funder and planners. Learning from this clinical data requires extensive resource commitment from all service users and HIG, reducing efficiencies and capacity to make improvements in real time for patients and whānau. Health Outcomes Prediction Engineering (HOPE) tool will provide clinical staff with unique predication capacity to guide patient potential and expectation

Aim:
Triangulate patient reported outcomes, patient experience and clinical outcomes data to provide a meaningful and reliable dataset for clinical providers about an individual patients potential to achieve improved quality of life throughout their condition and treatment.

To create a synthesis between PROM's, PERSy and HOPE project aims and outcomes for greater efficiency and improvement opportunities for service providers and end user application.

Status Update:

- Discussion with ORION regarding presentation interface for primary and secondary health care providers in progress (DA)
- Two pilot services agreed, confirmed their agreement to test and evaluate
- Discussions on project ownership and outcome responsibilities, funding stream and reporting for HOPE outcomes in progress (Peter Sandiford and Sarah Mason)
- Discussion with PERSy developer about presentation interface in progress (DA and J O'B)

Project Risks:

- None

Project Issues:

- None

Next Steps:

- Confirm with PERSy developer on presentation interface
- Confirm with Orion presentation capacity for HOPE tool in new Concerto platform
- Presentation to I³ team on HOPE project

Milestone	Status	Estimated Completion Date
Setting aims	Completed	April 2017
Understand the system	On track	June 2017
Generate ideas and test	On track	August 2017
Make ideas happen	On track	TBC

Patient and Whānau Centred Care Standards and Ward Accreditation Programme Progress Summary

Sponsor: Dale Bramley Cath Cronin

Project Manager: Jeanette Bell **Phase: Make ideas happen**

Problem Statement:

In 2014, feedback from patients, staff, and hospital audits indicated variability in the delivery of fundamental aspects of patient care.

The PWCCS programme was implemented in 2015 to increase visibility of care and promote safe, consistent high quality care. A ward accreditation has been introduced to promote and recognise sustained excellence in the PWCCS programme and ward leadership

Aim:
To implement an evidence-based quality programme to promote excellence in the delivery of safe consistent high quality patient care.

Status Update:

PWCCS

- Completion of PWCCS Review 4: 50% participating wards attended routine post review panel meetings with a senior leadership team panel to discuss findings and improvement plans from the December 2016 review. Remaining wards will attend the next post review panel meetings.
- Review 5 scheduled for 19-30 June with 44 wards in general med/surgery, maternity, child health, and mental health participating.

Ward accreditation:

- ICU/HDU and LCC are the first two wards eligible for ward accreditation. They will submit an accreditation portfolio and participate in a panel ward visit and meeting in September 2017.
- Patient Safety Survey (Safety Attitude Questionnaire)systems to be developed further to enable use with accreditation pathway

Project Risks:

- Ward processes and systems required for wards to achieve ward accreditation difficult to achieve without home based ward teams

Project Issues:

- Ongoing issues with Mental Health benchmarks
- Delays in progressing programmes, programme infrastructure and expansion to new areas pending appointment of Associate Director of Nursing and Clinical Nurse Specialist

Next Steps:

- Prepare and carry out PWCCS Round 5 June
- Release PWCCS results 28 July
- Complete ward accreditation package for 'piloting' with first two wards
- Develop patient safety survey ready for use in September 2017

Timeline

Milestone	Status	Estimated Completion Date
PWCCS – Inpatient wards	Business as usual for inpatient wards	Ongoing
PWCCS - expansion to day stay, outpatients, community	Pending	November 2018
Implementation of ward accreditation – 1st wards accredited	Delayed (from June 2017)	September 2017

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*Delayed*	*N/A*

Patient Deterioration Programme

Progress Summary
Sponsor: Andrew Brant, Jos Peach
Project Manager: Jeanette Bell **Phase: Setting aims**

Problem Statement:

Demand for processes and systems to support safe, consistent, effective 24 hour care for the clinically deteriorating patient is not always adequate, presenting an on-going risk to patient safety. Local and national scoping has identified a number of improvement opportunities and initiatives to further develop and strengthen our management of the deteriorating patient.

Waitemata DHB has identified a local programme of work to consider and are also participating in the HQSC national and regional patient deterioration programme (July 2016 to June 2021).

Aim:

To introduce a patient deterioration programme to promote a structured and systematic approach towards improving the management of deteriorating patients at Waitemata DHB.

Status Update:

- 6 weekly steering group meetings
- Bimonthly Northern Regional Alliance meetings
- HQSC visit to Waitemata DHB Feb 2017
- Measurement meeting held to explore solutions for resuscitation and ICU Outreach team databases and patient deterioration programme dataset
- Waitemata DHB selected as HQSC regional lead for the development of a co-design patient and whanau escalation system commencing August 2017

Project Risks:

- Large scale of programme
- Clinician availability
- Potential for local and national priorities and timelines to differ

Project Issues:

- Delays progressing project due to insufficient project management resource

Next Steps:

- Further scoping local requirements
- HQSC work stream planning and resource allocation
- Patient and Whanau Escalation system co-design process with HQSC

Timeline

Waitemata DHB Patient Deterioration Programme timeline (3 years)

	2017		2018		2019		HQSC 2020		HQSC 2021
1. Recognition and Response: National vital signs and EWS chart									
24 hour Response Team (WDHB)									
Escalation pathway									
Structured handover (WDHB)									
Early Sepsis management (WDHB)									
Clinical governance (WDHB)									
2. Patient Whanau escalation									
3. Goals of treatment									
4. Measurement									

Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*Delayed*	*N/A*

ISBAR Structured Communication Tool

Progress Summary
Sponsor: Jos Peach, Mike Rodgers
Project Manager: Jeanette Bell **Phase: Making it happen**

Problem Statement:

Poor communication is a significant causative factor in incidents of patient harm. A structured handover process can promote staff confidence and effectiveness in clinical conversations about patients and patient care. The use of a standardised communication such as ISBAR is a strategy for improving patient safety and is recommended by the World Health Organisation, the Health Quality and Safety Commission as part of the safer surgery and patient deterioration programme and the New Zealand Resuscitation Council. Presently at Waitemata DHB, ISBAR is not used consistently for referral of patients.

Aim:

To reintroduce ISBAR as a standardised approach to communication for patient referral across Waitemata DHB inpatient settings

Status Update:

- Pre-implementation audit completed
- Organisational tools developed and distributed – lanyard prompts, stickers, phone pads, posters.
- Training package developed and trainer the trainer approach used to implement
- Rollout complete for medical and surgical services, child health pharmacists, physiotherapists
- Use in maternity (already have an ISBAR tool) and EOI from mental health being explored
- Being embedded into organisational training e.g. Acute care training course, linking to Sepsis Collaborative work
- ISBAR policy drafted

Project Risks:

- Potential lack of clinical engagement across disciplines making use of ISBAR difficult to imbed
- Sustaining use of ISBAR at completion of project

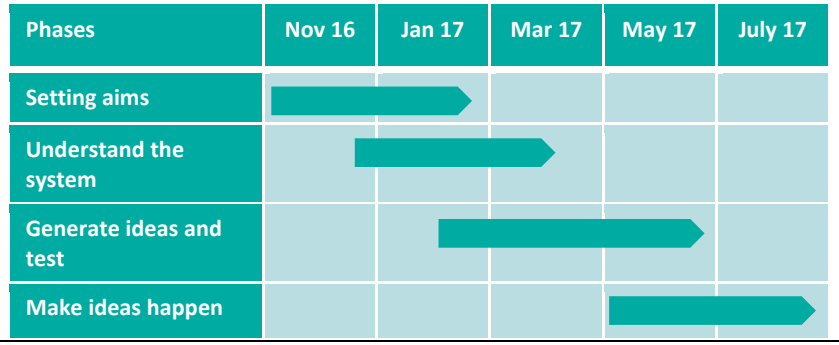
Project Issues:

- Plan to embed into smart-page not feasible at this stage

Next Steps:

- Continue to promote and support areas with frequent follow up
- Additional resources – local video, incorporation of ISBAR into local teaching
- Long term education plan
- Develop supporting policy
- Evaluation of ISBAR use and implementation
- Sustainability planning

Timeline



Budget	Spend to Date	Forecast to Complete	Variance
Capex $	N/A	N/A	$0
Opex $	N/A	N/A	$0

Scope	Timeline	Budget
On track	*Delayed*	*N/A*

6. Safe Care

6.1 Infection Prevention and Control (IP&C)

IP&C auditing for the period of Q1 January-March 2017 are as follows:

By Division and then per month

Infection, Prevention & Control Audit Results (QlikView) for Q1 (Jan – Mar) 2017										
Division	**Total ESBL (Def)**	**Total ESBL (Prob)**	**Total HABSI**	**Total C.diff (HO-HCA)**	**Ave MRO Screening Rate**	**Total National HH Moments**	**% National HH Moments Passed (Ave)**	**Total IPC Facilities Audits**	**% IPC Facilities Standards Met (Ave)**	**% Commodes Dirty (Ave)**
Waitemata DHB (Q1 2017)	**41**	**10**	**14**	**0**	**83%**			**59**	**97.6%**	**5.5%**
Acute & Emergency Medicine	16	8	5	0	85%			14	98.6%	5.8%
Child, Women & Family	1	0	0	0	80%			7	98.4%	0.0%
Elective Surgery Centre	0	0	0	0	-			2	100%	5.0%
Mental Health	0	0	0	0	-		-	13	97.8%	0.0%
Specialty Medicine & HOP	7	1	4	0	81%			8	96.1%	10.1%
Surgical & Ambulatory	17	1	5	0	80%			15	96.5%	0.8%
By Month	**Total ESBL (Def)**	**Total ESBL (Prob)**	**Total HABSI**	**Total C.diff (HO-HCA)**	**Ave MRO Screening Rate**	**Total National HH Moments**	**% National HH Moments Passed (Ave)**	**Total IPC Facilities Audits**	**% IPC Facilities Standards Met (Ave)**	**% Commodes Dirty (Ave)**
Waitemata DHB (Q1 2017)	**41**	**10**	**14**	**0**	**83%**	**13,720**	**86%**	**59**	**97.6%**	**5.5%**
January 2017	19	4	8	0	83%	4,152	85%	5	96.7%	2.5%
February 2017	22	6	6	0	82%	4,244	87%	5	98.9%	4.7%
March 2017	0	0	0	0	-	5,324	86%	49	97.6%	9.3%

RAG Rating Legend

% National HH Moments Passed	% IPC Facilities Standards Met	% of Dirty Commodes
≥ 80%	≥ 99%	≤ 1%
≥ 70%	≥ 90%	≤10%
< 70%	< 90%	>10%

6.2 Surveillance

6.2.1 Extended Spectrum Beta Lactamase (ESBL)

1) Hospital Acquired ESBL (HA-ESBL)

   A. Definite – Isolation of ESBL from clinical or screening specimen after 48 hours of admission in either a high risk patient (as per MRO report) and not previously colonised and with a negative ESBL admission screen or a low risk patient not meeting the criteria for admission screening

   B. Probable – Isolation of ESBL from clinical or screening specimen after 48 hours of admission in high risk patient not previously ESBL colonised and ESBL admission screen not done

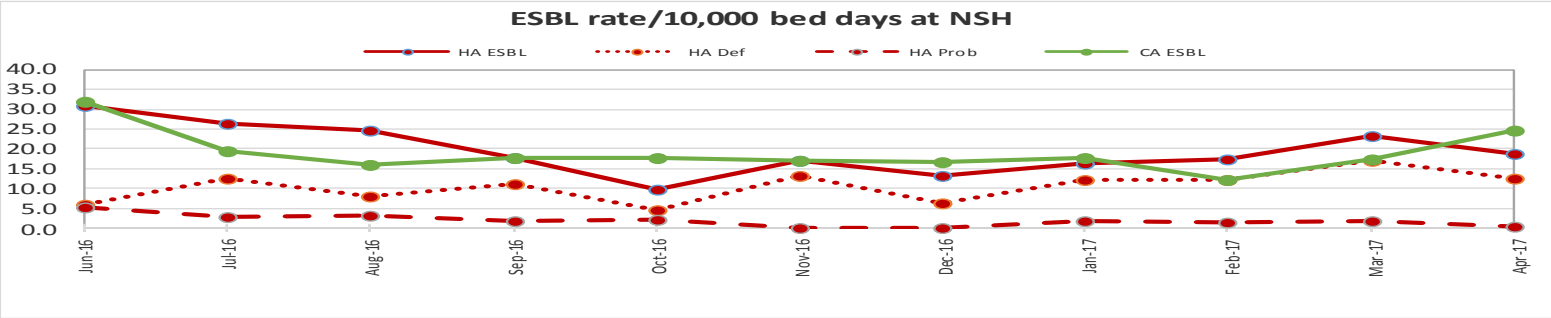
C. Possible: – Isolation of ESBL from clinical or screening specimen on admission in community patient not previously known to have ESBL, admitted to a Waitemata DHB acute care facility within the last 30 days *(NB: if previous admission ≥ one month ago then community acquired. If referral from a Rest Home or Private Hospital then other health care facility (HCF) acquired)*

D. Infection in known ESBL colonised – Isolation of ESBL from clinical specimen after 48 hours hospitalisation in previously known ESBL colonised or infected patient

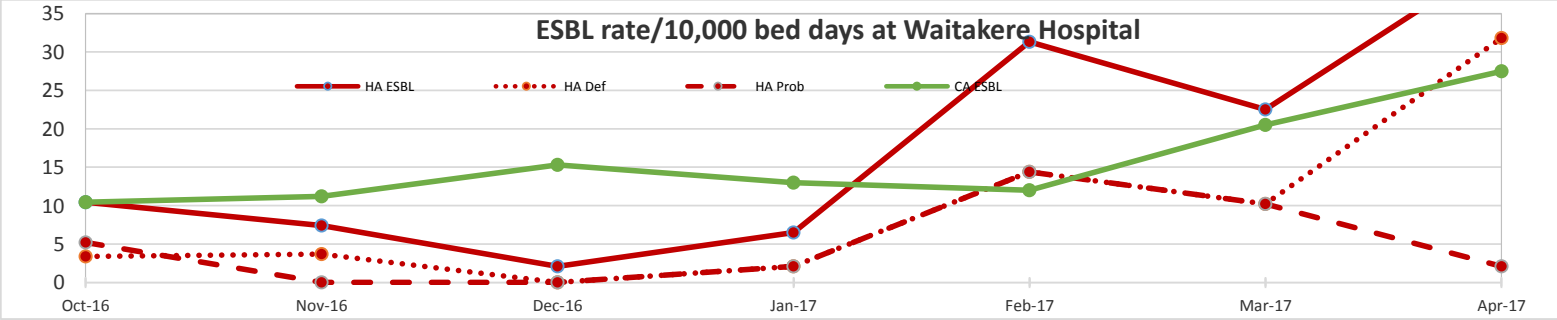
2) Community Acquired ESBL (CA-ESBL) - Isolation of ESBL from clinical or screening specimen within 48 hours of admission in a low risk patient with no exposure to an acute or long term care facility in the last 30 days. *(NB: such patients will not be routinely screened on admission)*

3) Other Healthcare Facility onset ESBL (Other HCF-ESBL) - Isolation of ESBL on admission screen or clinical isolate within 48 hours admission in patients not previously colonised, admitted to Waitemata DHB acute care from a rest home, private hospital or other acute care facilities

North Shore Hospital



Waitakere Hospital



April 2017	North Shore Hospital		Waitakere Hospital	
	Counts	Rates	Counts	Rates
HA*-ESBL	29	18.9	20	42.4
HA – Definite	19	12.4	15	31.8
HA –Probable	1	0.65	1	2.1
HA – infection	8	5.2	4	8.4
CA*-ESBL (incl.)	38	24.7	13	27.5

HA-Def. – Highest Attribution April 2017	
Ward	Count
2 (Medical)	2
4 (Surgical)	4
6 (Medical)	2
7 (Surgical)	2
10 (Medical)	2
15 (AT & R)	2
Anawhata (Medical)	2
Coronary Care Unit	2
Muriwai (AT & R)	10

Overview of ESBL April 2017

- Overall increase HA definite rate has been increasing over the last two months at Waitakere Hospital due to an outbreak on Muriwai Ward
- Overall North Shore Hospital's HA ESBL definite rate has decreased from 16.9 to 12.4 per 10,000 occupied bed days

6.2.2 Methicillin Resistant Staphlococcus aureus (MRSA)

	2014 (January-December) NSH/WTH	2015 (January-December) NSH/WTH	2016 (January-December) NSH/WTH	2016 (January-June) NSH/WTH	2016 (July – December NSH/WTH	2017 (January-March) NSH/WTH
Total MRSA isolates	179/122 (total 301)	160/111 (total 271)	181/223 (total 304)	98/73 (total 171)	83/50 (total 133)	55/41 (total 96)
Community MRSA (new isolate on admission)	87/86 (173)	105/80 (185)	121/93 (214)	65/57 (122)	56/36 (92)	34/34 (68)
Community MRSA (known on admission)	41/23 (64)	24/12 (36)	31/17 (48)	14/10 (24)	17/7 (24)	5/5 (10)
New New healthcare onset	4/7 (11)	22/6 (28)[+]	22/11 (33)	13/5 (18)	8/6 (14)	12/1 (13)
Health care onset (known on admission	37/6 (43)	13/9 (22)	8/4 (12)	6/1 (7)	1.2 (3)	4/1 (5)

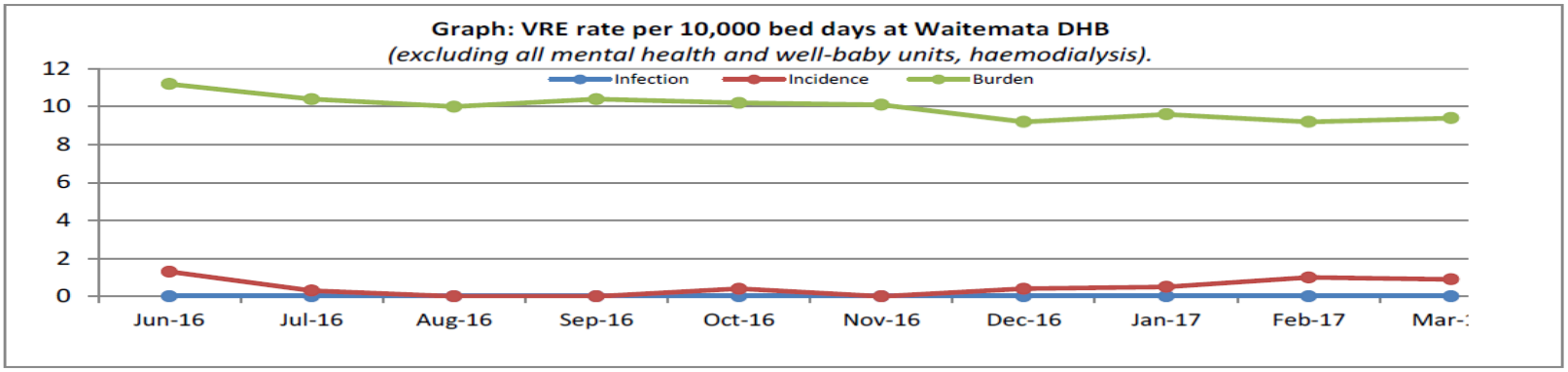
Overview of MRSA April 2017

- No update provided by Infection, Prevention and Control

6.2.3 Vancomycin Resistant Enterococcus (VRE)

Waitemata DHB surveillance definitions

- VRE burden – total number of new and previously known VRE colonised/infected patients seen at North Shore Hospital/Waitakere Hospital during the month
- VRE incidence – newly identified VRE colonised or infected patients during a particular month
  - *Definite hospital acquired:* if admission screen was negative and subsequent screening cultures >48 hours after admission confirm VRE
  - *Probable hospital acquired:* if admission screen not performed and subsequent screening cultures >48 hours after admission confirm VRE
  - *Other:* if VRE isolated on admission screen or within 48 hours of admission to North Shore Hospital/Waitakere Hospital
- VRE Infection: any infection diagnosed either on admission to, or during, hospital stay



Overview of VRE April 2017

- No update provided by Infection, Prevention and Control

6.2.4 C. difficile Infections (CDI)

Clostridium difficile infection (CDI) typically results from the use of antibiotics that affect the normal gut flora, promoting the growth of gut flora. Prevention, therefore, is dependent on appropriate antibiotic use. C.difficile has the potential to spread in healthcare facilities due to its persistence in the environment and contamination of healthcare workers' hands. There is no national data on the rate of CDI in NZ hospitals, but it is thought to be lower than European countries and the USA, with hyper virulent strains being very rare in NZ. The MOH is considering a hospital-based CDI surveillance strategy with an initial focus on standardisation of testing and definitions.

Waitemata DHB commenced quarterly surveillance of CDI in mid-2013 using standard definitions from the US (Society of Healthcare Epidemiology and Centre for Disease Control). The surveillance strategy has been updated to include real-time notification, feedback, and prevention strategies to reduce hospital-acquired CDI.

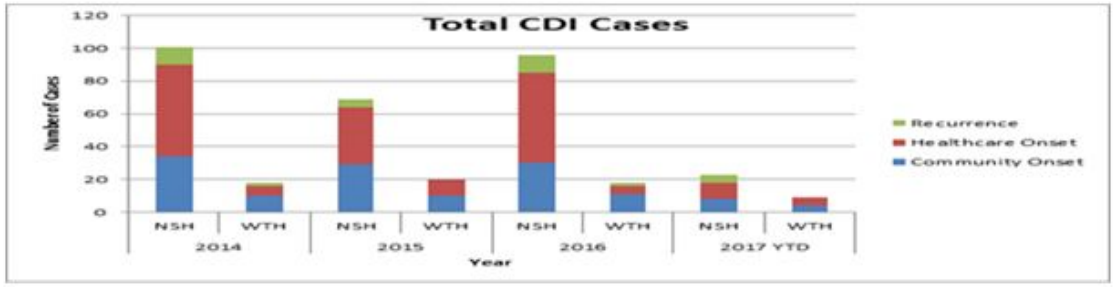
Waitemata DHB has an active feedback process for all cases of HO-HCFA (definitions below) where root cause analysis is undertaken by the ID physician/Microbiologist and AMS pharmacist at the time of diagnosis of CDI. A letter outlining the causes and corrective actions are sent to the responsible clinician if the case is considered avoidable.

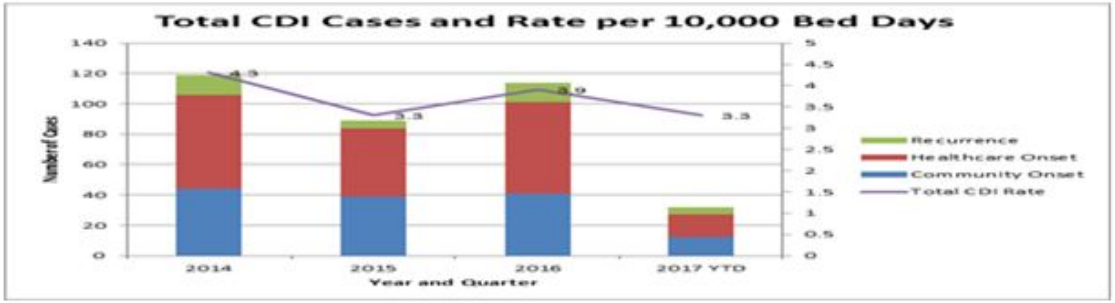
The CDI working group in conjunction with AMS/IPC will continue to focus on early recognition, improving diagnostic testing requests, isolation practice and antimicrobial stewardship as the key areas.

Waitemata DHB Definitions for CDI:

- HO-HCFA (hospital acquired healthcare facility related) – diagnosis of CDI after 48 hours of admission but during hospitalisation.
- CO-HCFA (community onset) – diagnosis of CDI made in the community but within four weeks of discharge from hospitalisation.
- CA (community acquired) – CDI in patient with no recent contact with an acute healthcare facility, or after 12 weeks after discharge.

– NB: Please note that CDI rates prior to February 2017 differ from what has been previously reported after correction by the antimicrobial stewardship (AMS) team in relation to classification recurrence and in denominator of bed days. AMS will now provide the corrected report on a monthly basis going forward.





Overview of CDI April 2017

- A total of 32 CDI cases were isolated between January and April 2017
- There was a large proportion of healthcare associated infections in April 2017 with 71% of these infections classified as hospital acquired healthcare facility associated (HO – HCFA).
- Of the five HO-HCFA cases and the two recurrent cases in April 86% (six) were reviewed and a root cause analysis was completed; four were deemed to have been potentially avoidable.

6.2.5 Communicable Diseases/Cluster/Outbreak

Type	Time period	Affected ward	Lost bed days	Staff /patient contacts	Outcome
VRE	04/04/2017	14	0	Six patients screened	No contacts identified
Mumps	02/04/2017	ED Waitakere Hospital	0	Four staff	Not isolated on admission
Chickenpox	April 2017	Wainamu	0	38 staff and 14 patients	Staff member worked during her infectious period
Chickenpox	21/04/2017	Rangatira	0	One child	No staff contact tracing required Child's caregivers informed of exposure
ESBP KP Outbreak	09/04/2017 to 27/04/2017	Muriwai Ward (A & B Wings)	-	10 patients	Started with ESBL KP cluster and proceeded to full outbreak with ward closure and infection, prevention and control measures implemented

7. Patient and Whanau Care Centred Care

Patient feedback

- National Inpatient Survey

The first national survey for 2017 was conducted in March. We received responses from 147 (37%) people. Coordination and Needs Domains were up 0.2 in comparison to overall 2016 scores. Communication and Partnership Domains were down 0.1 in comparison to overall 2016 scores. Various communication initiatives across the organisation and at local ward level are in progress to enhance communication with patients and their whānau.

Year and Quarter	Total Surveys	Communication	Partnership	Coordination	Needs
Jan - Mar 2017	**147**	**8.3**	**8.3**	**8.8**	**8.8**
Overall 2016		**8.4**	**8.4**	**8.6**	**8.6**
Oct - Dec 2016	153	8.4	8.4	8.7	8.7
Jul - Sep 2016	125	8.3	8.5	8.6	8.6
Apr - Jun 2016	134	8.5	8.5	8.6	8.6
Jan - Mar 2016	147	8.3	8.4	8.4	8.4

Comparison of Net Promoter Scores (NPS) for the National Patient Experience and Waitemata DHB Family and Friends Test are below, demonstrating significant differences between each measure however, sample sizes for each are also significantly different.

Year and Quarter	NPS National	NPS FFT	National Responses	FFT Responses
Overall	**60**	**70**	**457**	**13,810**
Apr-Jun 2016	50	68	42	3706
Jul-Sep 2016	66	72	121	3592
Oct-Dec 2016	59	73	150	3109
Jan-Mar 2017	58	69	144	3403

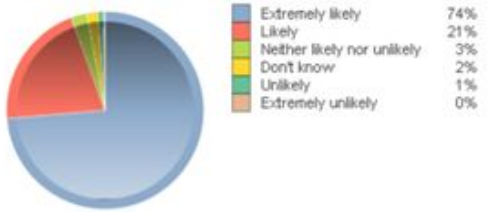
- Friends and Family Test

During April 2017, we received feedback from 1,110 people through the Friends and Family Test (FFT). The Net Promoter Score (NPS) for April was 70, above the DHB target of 65. Despite the roll out of new iPads for the Family and Friends Test, there have been some teething problems with data loading on the new IT platform, this has caused a slight dip in response rates. However, this is expected to improve with the May data. The 'wordle' below outlines the most common words used in the statements of those who provide a comment about why they would or wouldn't recommend their family or friends to Waitemata DHB, post their recent experience, (the larger the word the more often it was used).

How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Net Promoter Score: **70** Total Responses: **1,110**

% Promoter	% Neutral	% Detractor
74%	22%	4%



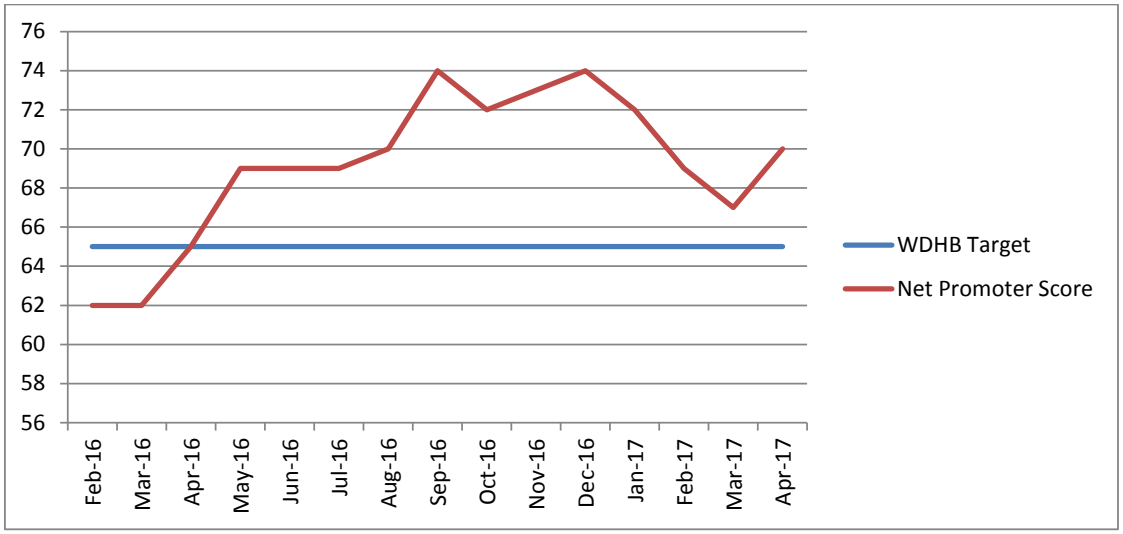
Net Promoter Score by Question, Patient Type and

Patient Type	Responses	How likely are you to recommend our ward to friends and family if they needed similar c...	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Were we welcoming and friendly?
ED	48	48	50	79	65	48	91
Inpatient	786	69	69	77	84	77	86
Maternity	114	75	72	80	84	76	86
Outpatient	170	71	81	80	81	81	87
-	0	-	-	-	-	-	100

Division	Responses	How likely are you to recommend our ward to friends and family if they needed similar c...	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Were we welcoming and friendly?
Acute & Emergency Medicine	496	66	68	76	81	73	86
Allied Health	76	88	97	95	93	93	96
Child Women & Family	183	79	77	83	86	80	88
Specialist Medicine & Health of Older People	83	72	64	76	80	75	84
Surgical & Ambulatory Services	280	64	63	74	82	76	85

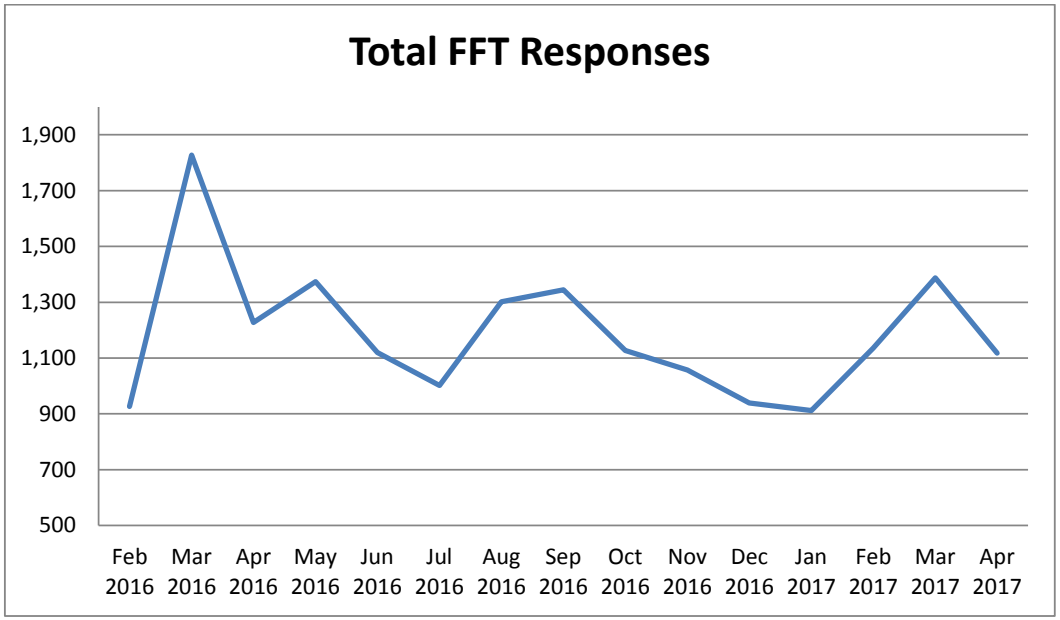
Net promoter scores across the organisation continue to meet target. Surgical and Ambulatory Services are just off target due to patients reporting delays with surgery and outpatient appointments. Despite challenges in timeliness in the Emergency Department, the welcoming and friendly score of 91 demonstrates that the staff are working effectively to provide a positive patient expereince.

Net Promoter Score over time



From April 2016 Waitemata DHB has met the overall Net Promoter Score target of 65. Highest net promoter score of 74 achieved in September and December 2016. April 2017 net promoter score of 70 a positive increase since a steady declining pattern in the first quarter of the year.

Total Responses to Family and Friends Test across Waitemata DHB



Family and Friend Test Comments

"The staff were helpful, friendly and caring also allowing me to do what I could do with the staff doing what I couldn't do". – ***Ward 4 North Shore Hospital***
"The staff are amazing and my care and comfort was too. Also found orderlies very friendly." ***–ADU North Shore Hospital***
"The midwives have been fantastic. The cleaning is regular and through. All the staff have been friendly and helpful." ***– Maternity WTK***
*"All staff were friendly, helpful and quick to answer call button. Much appreciated"***– Ward 6 North Shore Hospital***
"The physio team are warm and welcoming and efficient, they encourage and support me around exercise stations, after my full knee placement." ***– AH Outpatient Physio***
"Waitakere Hospital is one of the best hospitals - Nurses and HCAs are all so friendly and just awesome people even doctors are amazing." – ***Titirangi WTK***
"I have changed my lifestyle for better because of the encouragement and care I received." ***– AH Renal Dietitian***

Net Promoter Score by ward or service

Ward	Responses	How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Were we welcoming and friendly?
AH Community Adults North	3	100	100	67	100	100	67

Ward	Responses	How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Were we welcoming and friendly?
AH Community Adults Rodney	6	100	83	100	100	100	100
AH Community Adults West	7	71	100	86	86	86	86
AH Community Child Health North	3	100	100	67	100	100	100
AH Community Child Health West	6	100	100	83	100	100	100
AH Dietitian OP North	1	100	100	100	100	100	0
AH EDARS	14	79	100	100	71	71	100
AH Outpatients Physiotherapy WTH	23	91	96	100	100	100	100
AH Renal Dietitian Dialysis	5	60	100	100	100	100	100
AH Renal Dietitian Outpatients	8	100	100	100	100	100	100
NSH ADU	83	55	66	73	83	65	85
NSH ED	34	47	56	79	56	47	93
NSH Haematology Day Stay	9	78	33	44	67	67	78
NSH Hine Ora Ward	19	89	89	89	95	84	89
NSH ICU/HDU	17	100	88	88	100	94	94
NSH LCC	33	85	94	94	88	91	94
NSH Maternity Unit	74	74	69	84	86	80	86
NSH Outpatients Ambulatory Day Centre	14	64	71	64	79	71	92
NSH Outpatients Mains	14	14	14	43	43	43	67
NSH Outpatients ORL	2	100	100	100	100	100	100
NSH SCBU	13	92	85	92	92	100	92
NSH Short Stay Ward	27	67	52	70	89	67	85
NSH Ward 2	50	62	64	78	84	80	82
NSH Ward 3	28	93	82	75	86	86	93
NSH Ward 4	14	93	93	100	100	100	100
NSH Ward 5	7	86	71	100	100	100	100
NSH Ward 6	19	84	68	84	89	79	83
NSH Ward 7	65	25	42	48	55	43	62
NSH Ward 8	30	100	63	93	100	100	100
NSH Ward 9	53	70	72	83	92	92	94
NSH Ward 10	56	50	59	64	77	66	77
NSH Ward 11	26	62	65	62	77	69	73
NSH Ward 12 KMU	0						
NSH Ward 14	13	85	69	92	85	85	100
NSH Ward 15	15	100	33	87	100	100	100

Ward	Responses	How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	Did we see you promptly?	Did we listen and explain?	Did we show care and respect?	Did we meet your expectations?	Were we welcoming and friendly?
Wilson Centre	13	69	69	85	92	77	100
WTH ADCU	63	71	63	70	68	67	77
WTH Anawhata Ward	23	83	87	91	96	87	91
WTH ED	11	36	18	73	82	45	80
WTH ED Waiting Room	3	100	100	100	100	67	100
WTH Huia Ward	14	64	79	71	86	64	86
WTH Maternity Unit	40	78	78	73	80	70	87
WTH Muriwai Ward	4	75	75	75	75	50	100
WTH Outpatients Mains	26	77	88	85	88	88	92
WTH Rangatira Ward	8	63	75	75	75	75	88
WTH Renal Service	28	43	68	61	54	54	68
WTH SCBU	16	94	94	94	88	94	88
WTH Surgical Unit	17	94	76	100	100	100	94
WTH Titirangi Ward	35	60	77	80	94	80	97
WTH Wainamu Ward	25	80	76	84	92	88	96

The above table outlines the responses of each ward and results for each Family and Friend Test question. Delays with surgery, outpatient appointments and community allied health intervention impacting on specific ratings. Welcoming and Friendly is a key question that all wards and services score highly. **PLEASE NOTE:** Ward 7 had a total of six detractors (rated neither likely nor unlikely, unlikely, extremely unlikely), nil consistent themes in qualitative data.

- **Happy Or Not**

Were we welcoming and friendly?
85%
1,456 resp.
8%
137 resp.
2%
34 resp.
5%
77 resp.
Index: 91.0
Responses: 1,704
Comparison
Distribution
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
NSH Discharge Lounge
97%
97 - 76 resp.
NSH Orthopaedic Outpatients
7%
89%
95 - 202 resp.
Women's Outpatients ESC
11%
84%
92 - 179 resp.
NSH Outpatients Older Adults
4%
10%
85%
92 - 68 resp.
NSH ADU
6%
7%
85%
91 - 795 resp.
NSH Outpatients Main Reception 1
5%
10%
83%
90 - 384 resp.
NSH Outpatients ODC
0 - 0 resp.
0 25 50 75 100
Index
Risers
Folder Index Change
NSH ADU 91 2%
NSH Outpatients Main Reception 1 90 1%
NSH Orthopaedic Outpatients 95 1%
Fallers
Folder Index Change
Women's Outpatients ESC 92 -2%
NSH Outpatients Older Adults 92 -4%

Patient Experience Activity Highlights

Volunteers

- *Volunteer Recruitment Update*

New volunteers continue to be orientated to the Waitemata DHB after a recent recruitment drive to boost our green coat numbers. A Seek advertisement will be out in late May/early June to seek specifically skilled volunteers to support specific roles and tasks.

- *Waitemata DHB Volunteers short listed for National Volunteer Awards*

Two green coats (one from North Shore Hospital - Betty Murray and one from Waitakere Hospital - Lynn Butler) have been shortlisted for Ministry of Health National Volunteer Awards. These ladies were nominated by the Volunteer Programme with the endorsement of Dr Dale Bramley due to over 12 years of service and an average of over 20 hours a week of support to Waitemata DHB.

- *Volunteer Celebration – Clinical Skills Opening*

To celebrate National Volunteers week Waitemata DHB will be hosting an event during the opening of the new Clinical Skills Centre. Volunteers from both Waitakere and North Shore Hospital will be presented with length of service badges, a video looking back at the history of the volunteer programme will be launched and a guest speaker from Auckland Airport, Bella Onekawa (Volunteer Services Manager), will present an outline of their volunteer programme.

Pastoral Care

- *Recruitment –North Shore Hospital*

Uesifili Unasa has recently been recruited to a vacant full time Chaplain position at North Shore Hospital. Previous incumbent Hilary Leith may continue to locum in the future, however, is presently enjoying a three month overseas trip with her husband. Uesifili is an ordained minister of the Methodist Church of New Zealand and was a Maclaurin Chaplain to The University of Auckland. He serves as Chairperson of the Pacific Peoples Advisory Panel of the Auckland Council.

Patient Experience Team

- *Patient Experience Week*

Patient Experience week was successfully celebrated across Waitemata DHB from 24 April to 28 April. Promotion of Patient Experience initiatives and the staff value "with compassion" took centre stage across the organisation during this week. Highlights included the:

  - Executive Leader Team/Senior Management Team members visiting all wards and service to talk to staff about how patient feedback is being used in their wards and the outcomes.
  - Empathy zone at Waitakere and North Shore Hospitals – various stations were set up for staff and visitors to take a moment to experience medical equipment including hand splints, fake plaster casts, wheel chairs, vision distortion glasses, crutches, stethoscopes, hospital gowns, blindfolds, sling, obesity suit etc., and experience undertaking everyday tasks. This activity was also featured in the local newspapers and media: http://www.stuff.co.nz/national/health/92033294/experiencing-patients-struggles-all-part-of-hospital-empathy-zone-in-auckland
  - Meal tray mats were provided on three days of the patient experience week. The mats had puzzles, health facts, contact us / have a say (reinforce that it's safe to provide feedback, what we do with the feedback and changes we've made)

- *Listening Event – Ward 6*

In partnership with the Health Quality and Safety Commission the Patient Experience Team and Ward 6 are conducting a listening event with a researcher from Sapere Research Group Ltd. Staff and patients have been interviewed about discharge planning and ward staff communication, which is linked to the three lower scoring areas on the National Patient Experience Survey. Namely these are:

  - Did the hospital staff include your family/whānau or someone close to you in discussions about your care?
  - Do you feel you received enough information from the hospital on how to manage your condition after your discharge?

- Did a member of staff tell you about medication side effects to watch for when you went home?

A workshop with patients and staff is scheduled in late May, where the current themes from the interviews will be discussed, before progressing to a solution generation (co-design) process.

- *Sleep Programme*

Champion sleep ward identified as Ward 7 for piloting various interventions. A sound and light study have been conducted in conjunction with Auckland University and Massey University to gain base line measures of current sound levels and ward lighting levels to determine whether future interventions have had an impact.
Sleep programme staff have conducted overnight observations of environmental, staff and patient factors impacting on noise levels and patient sleep. Patients have also been interviewed to further understand the challenges of sleeping in a ward environment.

- *Patient Story Review complete*

Patient stories review is now complete and will be presented to Senior Management Team in early June. Patient stories are available on the internet and intranet (Patient Stories) for the public and staff to view. 27 out of 40 patient story participants were interviewed to discuss their experience of preparing a video. The interviews were 30 minutes long and patients were asked how they felt about the filming process, if the video accurately portrayed the messages they wanted to share with others, whether we should continue making the videos and if they have any suggestions to improve the process in the future. Eight staff were interviewed to understand how they are using the videos, how the videos supplement their teaching practice and whether they have noticed a difference or changes in staff interactions as a result of the videos and messages.

From January 2016 to February 2017 there were almost 2000 patient story page views on the Waitemata DHB website. Visitors spent an average of one minute 48 seconds on the page. The review will inform whether this programme of work will continue and how to enhance the organisational use of patient stories.

- *Allied Health Family and Friends Test*

Consultation has taken place with all Allied Health outpatient and community service team to assist with streamlining the process for conducting the administration of the Family and Friends Test. A final report has been sent to the teams for feedback and then a framework to support Allied Health staff with consistent administering processes and utilising the feedback to influence change.

- *'What Matters to You' Day – June 6th*

"What matters to you?" day started in Norway in 2014 with the aim of encouraging and supporting more meaningful conversations between people, families and carers who provide and receive health and social care services. This event will be celebrated regionally across all the Auckland DHBs.

At Waitemata DHB, we will be focusing on our outpatient and community services. Various staff will visit community and outpatient services. Chalk boards (in the shape of talking clouds) will be used that include a statement "When I need healthcare it matters to me that…" Patients, staff and visitors will be asked to finish the statement so that we can understand the priorities of our multiple stakeholders. Photos will be taken and a thematic analysis of the comments will be completed. The photos will be used in various communications to promote the findings of the day.

Patient and Whānau Engagement

- *Yellow Pages Consultation*

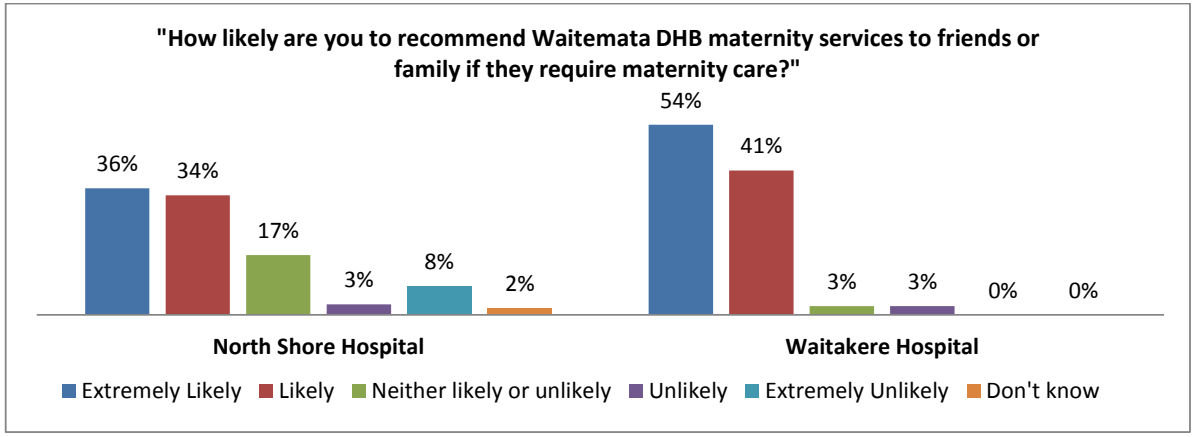
A recent consultation has taken place with key community stakeholder groups, (led by the Consumer Engagement Manager) to determine whether to continue printing Waitemata DHB contact details in the hard copy and on the internet site of the yellow pages. The consultation concluded that the current cost and the size of the yellow pages advertising should be reduced and consumers directed to a comprehensive listing of contact details on the Waitemata DHB website for further information. This recommendation will save a significant amount in costs and will align with other DHBs outside of the Auckland region.

- *Maternity Patient Experience Work Stream*

The Maternity Patient Experience work stream group has commenced work to respond to a maternity patient experience survey that was conducted in late 2016. Workshops and one on one interviews are to be planned within the next two months to explore the key themes of the survey. Issues raised by the respondents are in descending order of theme:

- Food – portion sizes, variety, cold food, availability after hours
- Lack of capacity for partners to stay overnight – particularly after a traumatic birth, or first child
- Communication - Not feeling listened to, inconsistent information between staff, feeling like things weren't explained
- Hospital noise impacting on ability to sleep
- Lack of signage, aesthetics at Waitakere Hospital, inability to open window for fresh air, room overcrowding with staff or other women's visitors
- Staff seemed critical of choice not to breast feed

The graph below outlines the responses of 103 mother's to the question "How likely are you to recommend Waitemata DHB maternity services to friends or family if they require maternity care?" With 95% of mother's at Waitakere Hospital and 70% at North Shore Hospital declaring that they were 'Extremely likely' or 'likely' to recommend Waitemata DHB to a friend or family for maternity care.



APPENDIX 1

Monthly Report for Hand Hygiene (April 2017)

Overview

This report is in two main sections: The organizational and the departmental hand hygiene (HH) results.

Highlights:

- The overall Waitemata DHB hand hygiene compliance for the month of April 2017 was 86% (figure 1.0).
- Healthcare worker (HCW) groups performing below the 80% HH compliance are: medical practitioners, other-orderlies and not categorized, cleaners and meal. Congratulations to the cleaners and Meal staff who improved from 75% (Mar 2017) to 84% in April 2017. (figure 1.2)
- Mason clinic have been included in our hand hygiene program from (March 2017). Well done on achieving 95% for the first month.

Hand Hygiene Update

- Audit validation for NSH and WTH officially started in April 2017. Wards at Waitakere and North shore will continue to swap gold auditors and validate each other's monthly hand hygiene audit data. The gold auditor are required to audit 30 HH moments. The actual ward then is required to audit 70 HH moments to reach a 100 HH moments for that month.
- Registrations are now open for next hand hygiene Gold Auditor training on Friday 16th June 2017 from 8:30am to 4:00pm at Awhina campus: conference room, ground floor of the Snelgar Building Waitakere Hospital.

The 2017 training information for new hand hygiene gold auditors:

Date	Time	Location	Registration
Fri 24th Mar 2017	8:30am-4:00pm	Awhina Campus: Conference Room, Ground floor –Snelgar Building Waitakere Hospital	Closed
Fri 16th Jun 2017	8:30am-4:00pm	Awhina Campus: Conference Room, Ground floor –Snelgar Building Waitakere Hospital	Open
Fri 15th Sep 2017	8:30am-4:00pm	Awhina Campus: Conference Room, Ground floor –Snelgar Building Waitakere Hospital	Open
Fri 15th Dec 2017	8:30am-4:00pm	Awhina Campus: Conference Room, Ground floor –Snelgar Building Waitakere Hospital	Open

There is a new department poster report that will allow each department to display monthly HH results departmentally and distribute to their staff. Please see instructions in appendix 1 on page 13.

Recommendations

- It is recommended that the inpatient units/wards as per figure 2.0 and 2.1 that were below the 80% compliance standard and the 100 HH audited moments target, to ensure that these areas work together with their HH Gold auditors to improve their results.
- There were units/wards as shown on figures 2.3 and 2.4, who did not achieve the recommended HH target (in red-below 80%) with HCW groups. It is recommended that each of the gold auditors from these areas investigate the issues and work together with the HH Coordinator to improve specific HCW compliance.

1. Monthly trend of the hand hygiene compliance for Waitemata DHB.

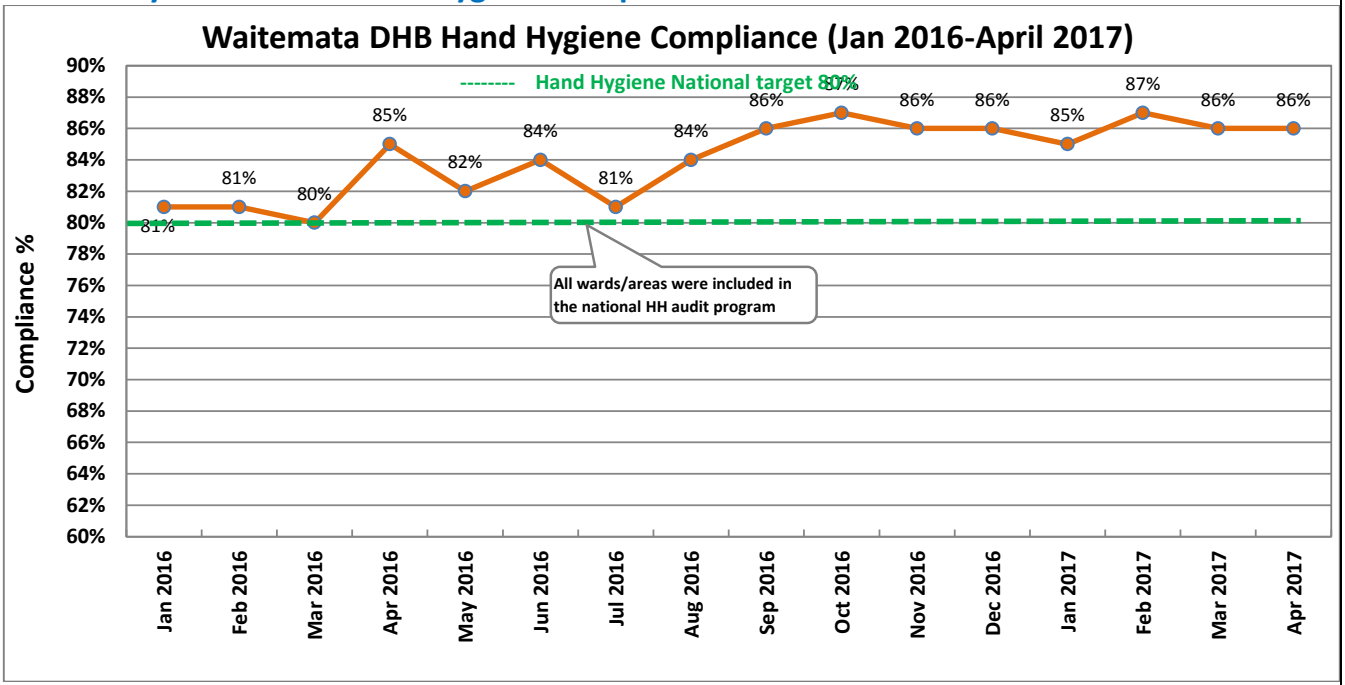
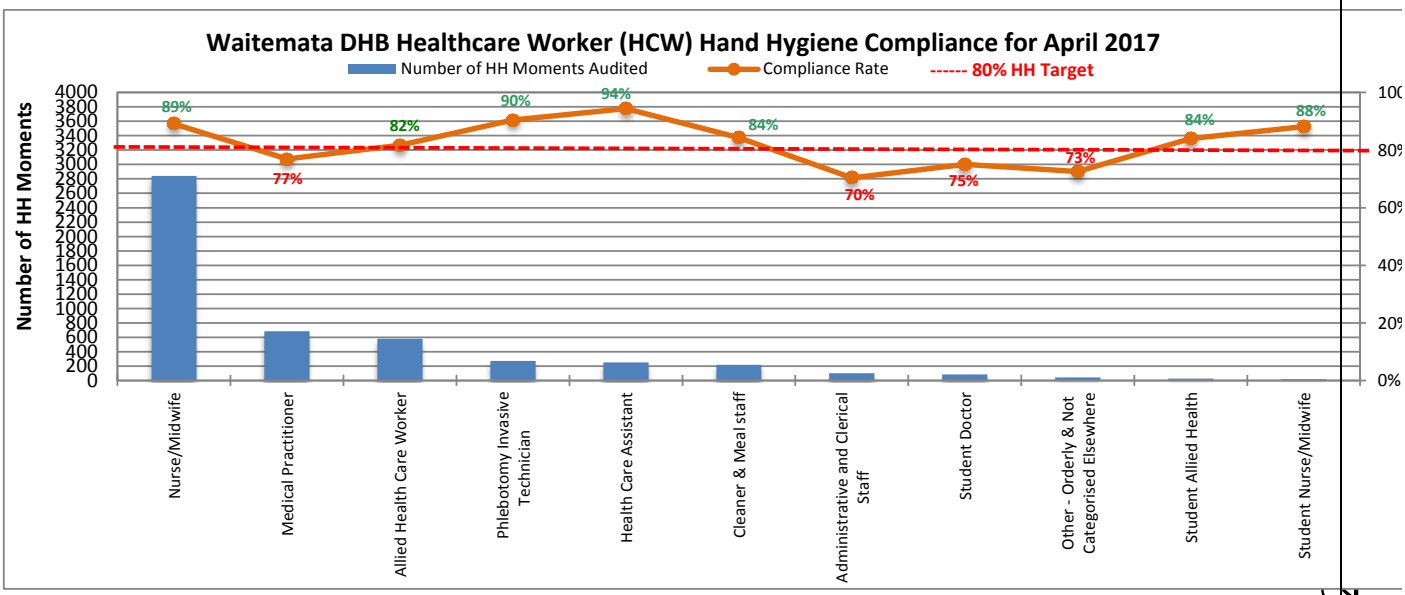


Figure 1

Figure 1.1 Overall gloves use compliance for April 2017.

When gloves are taken OFF, the proportion of Moments that were MISSED is: **5.7%**
When gloves are put ON, the proportion of Moments that were MISSED is: **17.8%**
Of all Moments where glove use is recorded, Healthcare Workers FAILED to perform hand hygiene **13.1%** of the time
When healthcare workers correctly performed hand hygiene, the proportion of Moments where alcohol based hand rub was used was **79%**
When healthcare workers correctly performed hand hygiene, the proportion of Moments where soap and water was used was **21%**

Figure 1.2 Overall healthcare worker hand hygiene compliance.



Comment:

Medical practitioners (72%-March 17), other-orderlies and not categorized (74%-Mar 17), cleaners and meal staff (75%-Mar 17) and student doctors (85%-Mar 17)

Figure 1.3 Organizational and the hospitals' hand hygiene compliance results.

Keys:

	Compliant ≥ 80%
	Non-compliant ≤ 79%

Overall organizational Hand Hygiene Compliance Rates for April 2017

Location	Correct Moments	Total Moments	Compliance Rate
Waitemata DHB	5307	6174	86%

Name	Correct Moments	Total Moments	Compliance Rate
1 - Before Touching A Patient	1,260	1,578	79.8%
2 - Before Procedure	493	588	83.8%
3 - After a Procedure or Body Fluid Exposure Risk	721	775	93.0%
4 - After Touching a Patient	1,357	1,490	91.1%
5 - After Touching A Patient's Surroundings	556	668	83.2%

Overall hospitals Hand Hygiene Compliance Rates for April 2017

Location	Correct Moments	Total Moments	Compliance Rate
North Shore Hospital	2,955	3,425	86.3%

Hand Hygiene Moments	Correct Moments	Total Moments	Compliance Rate
1 - Before Touching A Patient	810	1,033	78.4%
2 - Before Procedure	353	419	84.2%
3 - After a Procedure or Body Fluid Exposure Risk	519	541	95.9%
4 - After Touching a Patient	865	944	91.7%
5 - After Touching A Patient's Surroundings	408	488	83.6%

Location	Correct Moments	Total Moments	Compliance Rate
Waitakere Hospital	1,285	1,500	85.7%

Hand Hygiene Moments	Correct Moments	Total Moments	Compliance Rate
1 - Before Touching A Patient	419	505	83.0%
2 - Before Procedure	124	151	82.1%
3 - After a Procedure or Body Fluid Exposure Risk	183	213	85.9%
4 - After Touching a Patient	431	472	91.3%
5 - After Touching A Patient's Surroundings	128	159	80.5%

Location	Correct Moments	Total Moments	Compliance Rate
Elective Surgery Centre	147	174	84.5%

Hand Hygiene Moments	Correct Moments	Total Moments	Compliance Rate
1 - Before Touching A Patient	31	40	77.5%

2 - Before Procedure	16	18	88.9%
3 - After a Procedure or Body Fluid Exposure Risk	19	21	90.5%
4 - After Touching a Patient	61	74	82.4%
5 - After Touching A Patient's Surroundings	20	21	95.2%

2 Departmental hand hygiene compliance results for April 2017

Figure 2.0 **North Shore** hospital wards hand hygiene compliance results.

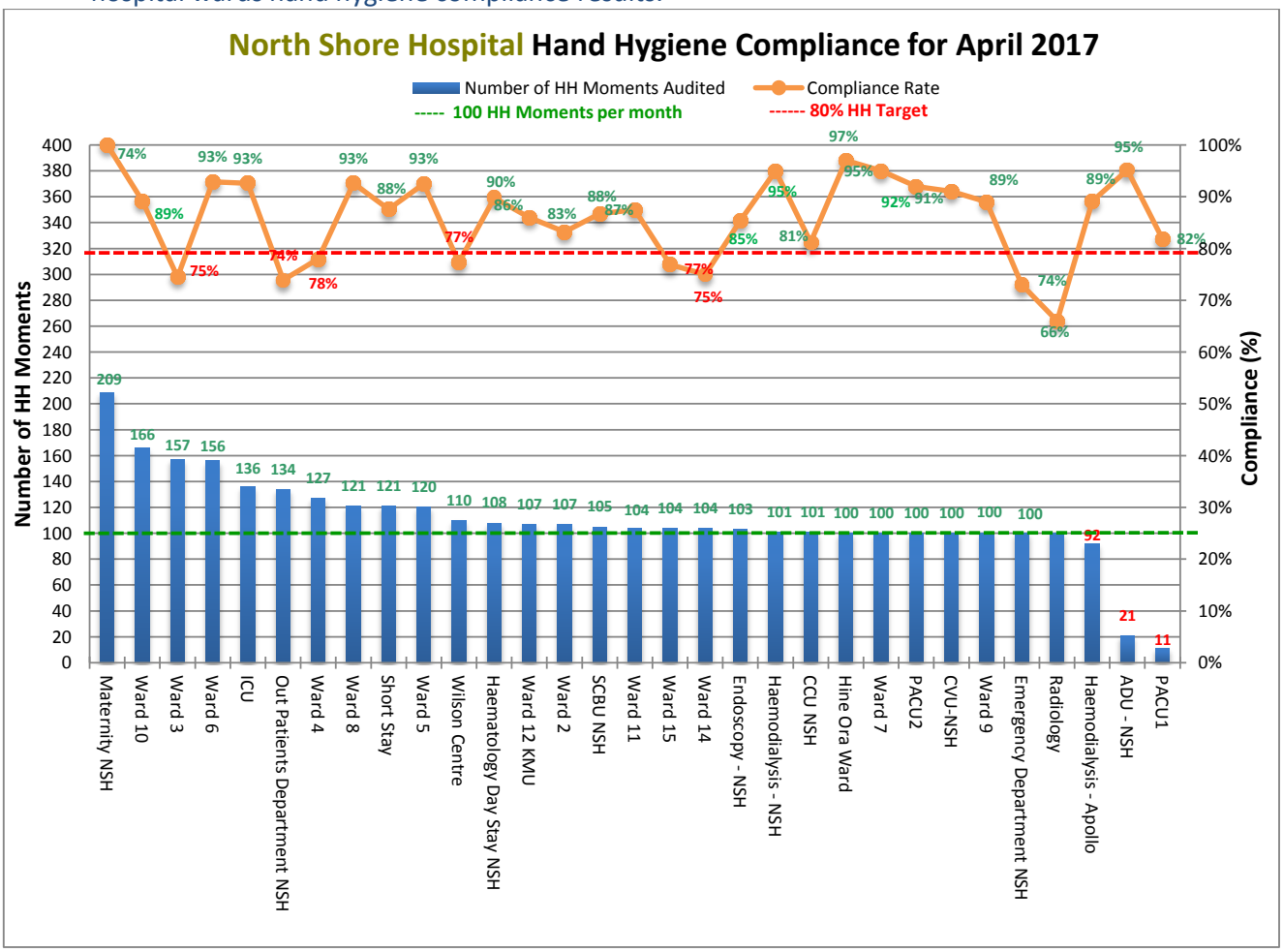


Figure 2.1 **Waitakere** hospital wards hand hygiene compliance results for April 2017: Outpatient areas: Hemodialysis (50 HH Moment per month), Mason Clinic (25 Moments each unit per month) and CADs (25 moments per month)

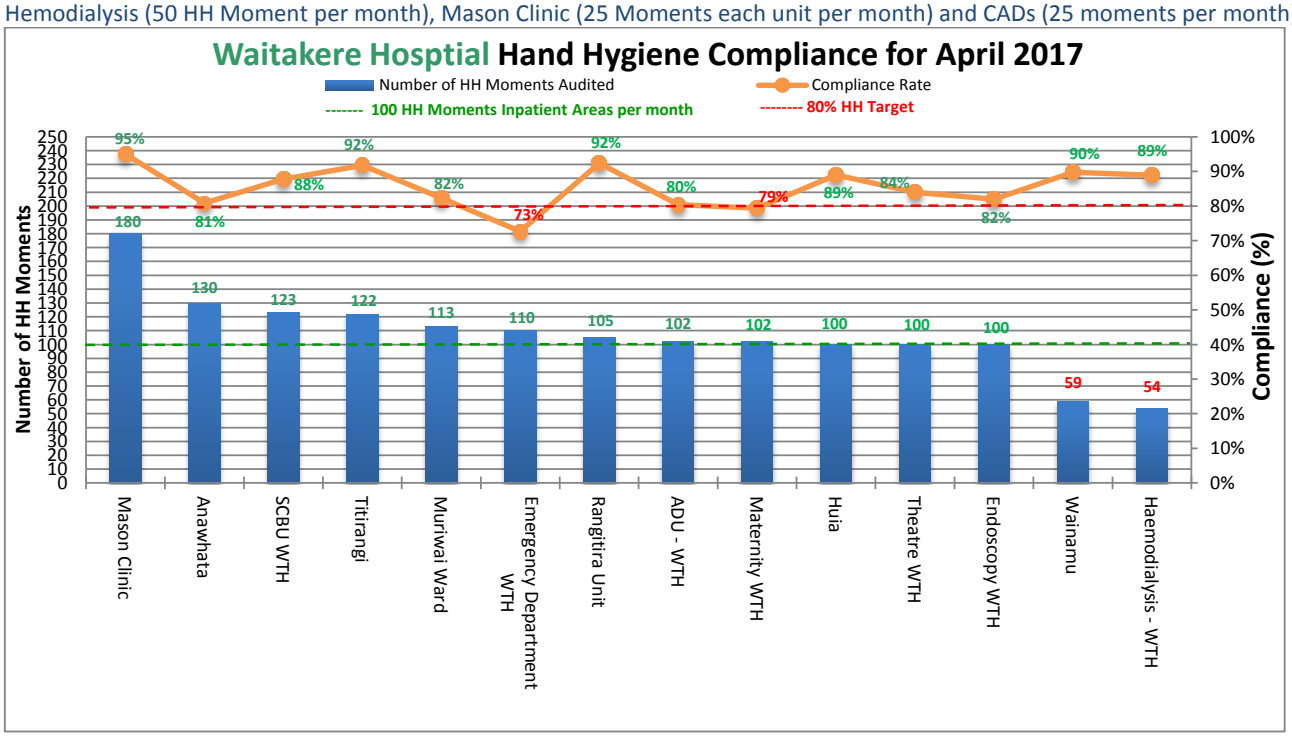


Figure 2.2 Elective surgery center's (ESC) hand hygiene compliance result.

Department Type	Total Moments	Compliance Rate
Cullen Ward	122	86.1%

Figure 2.3 Shows the **North Shore Hospital** wards' healthcare workers hand hygiene results.

Department	Health Care Worker Type	Compliance (%)	No. of HH Moments Audited
	Student Nurse/Midwife	100%	1
ADU/NSH	Medical Practitioner	50%	2
	Nurse/Midwife	100%	15
	Health Care Assistant	100%	3
CCU NSH	Nurse/Midwife	71.4%	42
	Medical Practitioner	90.9%	33
	Allied Health Care Worker	66.7%	3
	Health Care Assistant	100%	4
	Domestic	0%	1
	Phlebotomy Invasive Technician	100%	6
	Student Doctor	50%	2
	Student Nurse/Midwife	90%	10
CVU-NSH	Nurse/Midwife	94%	50
	Medical Practitioner	75.0%	16
	Allied Health Care Worker	87.5%	16
	Invasive Technician	100%	4
	Health Care Assistant	100%	14
Emergency Department	Nurse/Midwife	78.3%	69

NSH	Medical Practitioner	84.6%	13
	Health Care Assistant	45.5%	11
	Other – Not Categorised Elsewhere	40.0%	5
	Student Nurse/Midwife	50.0%	2
Endoscopy - NSH	Nurse/Midwife	87.0%	69
	Medical Practitioner	100%	23
	Health Care Assistant	50.0%	10
	Administrative and Clerical staff	0.0%	1
Haematology Day Stay NSH	Nurse/Midwife	94.8%	96
	Medical Practitioner	45.5%	11
	Other - Orderly & Not Categorised Elsewhere	100%	1
Haemodialysis - Apollo	Nurse/Midwife	92.9%	28
	Medical Practitioner	80%	5
	Administrative and Clerical Staff	100%	4
	Health Care Assistant	50%	8
	Phlebotomy Invasive Technician	93.6%	47
Haemodialysis - NSH	Nurse/Midwife	97.3%	75
	Medical Practitioner	50%	4
	Allied Health Care Worker	100%	1
	Phlebotomy Invasive Technician	88.9%	9
	Student Midwife	100%	2
	Health Care Assistant	100%	10
Hine Ora Ward	Nurse/Midwife	95.0%	20
	Medical Practitioner	100%	17
	Allied Health Care Worker	100%	10
	Phlebotomy Invasive Technician	93.3%	15
	Health Care Assistant	100%	14
	Domestic	100%	4
	Other - Orderly & Not Categorised Elsewhere	100%	6
	Student Nurse/Midwife	92.9%	14
ICU	Nurse/Midwife	93.4%	61
	Medical Practitioner	88.7%	53
	Allied Health Care Worker	100%	6
	Health Care Assistant	100%	6
	Student Nurse	100%	9
	Student Doctor	100%	1
Maternity NSH	Nurse/Midwife	100%	185
	Student Nurse/Midwife	100%	18
	Health Care Assistant	100%	6
Out Patients Department NSH	Nurse/Midwife	83.6%	55
	Medical Practitioner	61.5%	52
	Allied Health Care Worker	100%	2
	Health Care Assistant	69.2%	13
	Student Doctor	50%	4
	Other - Orderly & Not Categorised Elsewhere	100%	6
	Student Nurse/Midwife	100%	2

PACU1	Nurse/Midwife	77.8%	9
	Medical Practitioner	100%	2
PACU2	Nurse/Midwife	90.9%	88
	Medical Practitioner	100%	5
	Health Care Assistant	100%	7
Radiology	Nurse/Midwife	88.5%	26
	Medical Practitioner	55.6%	9
	Allied Health Care Worker	60.0%	40
	Domestic	0%	4
	Health Care Assistant	55.6%	9
	Other - Orderly & Not Categorised Elsewhere	71.4%	7
	Student Allied Health	80.0%	5
SCBU NSH	Nurse/Midwife	86.3%	73
	Medical Practitioner	90.0%	10
	Allied Health Care Worker	100%	4
	Student Doctor	100%	4
	Domestic	75.0%	8
	Student Nurse/Midwife	83.3%	6
Short Stay	Nurse/Midwife	91.4%	81
	Allied Health Worker	100%	2
	Medical Practitioner	33.3%	6
	Phlebotomy Invasive Technician	100%	8
	Health Care Assistant	91.7%	12
	Other - Orderly & Not Categorised Elsewhere	50%	6
	Student Nurse/Midwife	100%	6
Ward 10	Nurse/Midwife	90.6%	85
	Medical Practitioner	77.8%	18
	Allied Health Care Worker	100%	2
	Phlebotomy Invasive Technician	100%	8
	Student Doctor	100%	1
	Health Care Assistant	83.8%	37
	Student Nurse/Midwife	100%	15
Ward 11	Nurse/Midwife	88.1%	67
	Medical Practitioner	50.0%	4
	Phlebotomy Invasive Technician	100%	2
	Health Care Assistant	92.3%	26
	Student Nurse/Midwife	80.0%	5
Ward 12 KMU	Nurse/Midwife	91.4%	58
	Medical Practitioner	6.7%	6
	Allied Health Care Worker	80.0%	5
	Phlebotomy Invasive Technician	91.7%	12
	Health Care Assistant	73.3%	15
	Domestic	100%	3
	Student Doctor	75.0%	8
Ward 14	Nurse/Midwife	83.8%	37
	Medical Practitioner	77.3%	22

	Allied Health Care Worker	50.0%	6
	Phlebotomy Invasive Technician	85.7%	7
	Health Care Assistant	63.2%	19
	Domestic	100%	3
	Student Doctor	0%	2
	Other - Orderly & Not Categorised Elsewhere	60.0%	5
	Student Nurse/Midwife	100%	3
Ward 15	Nurse/Midwife	74.0%	50
	Medical Practitioner	100%	1
	Allied Health Care Worker	0%	1
	Phlebotomy Invasive Technician	80.0%	5
	Health Care Assistant	86.7%	30
	Other- Not Categorised Elsewhere	50.0%	4
	Domestic	57.1%	7
	Student Nurse/Midwife	100%	6
Ward 2	Nurse/Midwife	83.9%	56
	Medical Practitioner	84.6%	13
	Allied Health Care Worker	87.5%	8
	Phlebotomy Invasive Technician	75.0%	4
	Health Care Assistant	81.8%	11
	Domestic	100%	1
	Other - Orderly & Not Categorised Elsewhere	100%	1
	Student Doctor	0.%	1
	Student Allied Health	75.0%	4
	Student Nurse/Midwife	87.5%	8
Ward 3	Nurse/Midwife	77.2%	92
	Medical Practitioner	28.6%	7
	Allied Health Care Worker	83.3%	6
	Phlebotomy Invasive Technician	100%	4
	Health Care Assistant	68.4%	38
	Student Doctor	100%	2
	Student Nurse/Midwife	87.5%	8
Ward 4	Nurse/Midwife	81.2%	48
	Domestic	100%	1
	Medical Practitioner	62.9%	35
	Allied Health Care Worker	90.0%	10
	Phlebotomy Invasive Technician	100%	1
	Health Care Assistant	87.5%	16
	Student Nurse/Midwife	77.8%	9
	Other- Not Categorised Elsewhere	100%	2
	Student Allied Health	100%	3
	Student Doctor	50%	2
Ward 5	Nurse/Midwife	95.6%	45
	Medical Practitioner	80.0%	15
	Phlebotomy Invasive Technician	100%	4
	Allied Health Care Worker	100%	6

	Other- Not Categorised Elsewhere	0%	3
	Health Care Assistant	95.2%	21
	Student Allied Health	100%	2
	Student Nurse/Midwife	100%	24
Ward 6	Nurse/Midwife	94.6%	92
	Medical Practitioner	93.3%	15
	Allied Health Care Worker	100%	10
	Phlebotomy Invasive Technician	85.7%	7
	Health Care Assistant	88.9%	18
	Administrative and Clerical Staff	0%	2
	Other - Orderly & Not Categorised Elsewhere	100%	2
	Domestic	100%	8
	Student Allied Health	100%	1
	Student Nurse/Midwife	100%	1
Ward 7	Nurse/Midwife	100%	40
	Medical Practitioner	70.0%	10
	Phlebotomy Invasive Technician	100%	12
	Domestic	33.3%	3
	Other - Not Categorised Elsewhere	100%	3
	Allied Health Care Worker	100%	3
	Health Care Assistant	100%	14
	Student Nurse/Midwife	100%	15
Ward 8	Nurse/Midwife	91.3%	34
	Medical Practitioner	93.3%	15
	Allied Health Care Worker	100%	4
	Phlebotomy Invasive Technician	100%	18
	Health Care Assistant	94.7%	19
	Domestic	81.1%	11
	Administrative and Clerical Staff	100%	1
	Other - Orderly & Not Categorised Elsewhere	83.3%	6
	Student Doctor	0%	1
	Student Nurse/Midwife	100%	12
Ward 9	Nurse/Midwife	88.1%	59
	Medical Practitioner	100%	5
	Allied Health Care Worker	100%	4
	Student Nurse/Midwife	66.7%	6
	Student Allied Health	100%	1
	Phlebotomy Invasive Technician	100%	2
	Health Care Assistant	90%	22
	Other - Orderly & Not Categorised Elsewhere	100%	1
Wilson Centre	Nurse/Midwife	86.9%	61
	Allied Health Care Worker	66.7%	3
	Health Care Assistant	66.7%	45
	Other - Orderly & Not Categorised Elsewhere	0%	1

Figure 2.4 Shows the **Waitakere Hospital** wards' healthcare workers hand hygiene results.

Department	Health Care Worker Type	Compliance (%)	No. of HH Moments Audited
ADU - WTH	Nurse/Midwife	76.9%	39
	Medical Practitioner	88.9%	9
	Allied Health Care Worker	100%	6
	Domestic	84.6%	13
	Health Care Assistant	54.5%	11
	Phlebotomy Invasive Technician	100%	9
	Other - Orderly & Not Categorised Elsewhere	76.9%	13
	Student Nurse/Midwife	100%	2
Anawhata	Nurse/Midwife	76.2%	42
	Medical Practitioner	70.4%	27
	Allied Health Care Worker	88.2%	17
	Phlebotomy Invasive Technician	100%	12
	Health Care Assistant	100%	13
	Other - Not Categorised Elsewhere	37.5%	8
	Administrative and Clerical Staff	100%	1
	Student Nurse/Midwife	100%	10
Emergency Department WTH	Nurse/Midwife	72.2%	72
	Medical Practitioner	75.0%	16
	Allied Health Care Worker	100.0%	1
	Health Care Assistant	66.7%	6
	Domestic	50.0%	2
	Administrative and Clerical Staff	88.9%	9
	Other - Not Categorised Elsewhere	50.0%	4
Endoscopy WTH	Nurse/Midwife	86.4%	66
	Medical Practitioner	71.9%	32
	Other - Orderly & Not Categorised Elsewhere	100%	2
Haemodialysis - WTH	Nurse/Midwife	86.7%	30
	Phlebotomy Invasive Technician	90.0%	20
	Domestic	100%	4
Huia	Nurse/Midwife	92.3%	39
	Medical Practitioner	94.1%	17
	Allied Health Care Worker	75.0%	4
	Phlebotomy Invasive Technician	100%	10
	Health Care Assistant	94.1%	17
	Student Nurse/Midwife	50.0%	2
	Domestic	66.7%	9
	Other - Orderly & Not Categorised Elsewhere	50.0%	2
Kahikatea-Mason Clinic			
	Nurse/Midwife	88.0%	26
Kauri-Mason Clinic	Nurse/Midwife	100%	26

ToTara-Mason Clinic	Nurse/Midwife	100%	26
Pohutukawa-Mason Clinic	Nurse/Midwife	92.3	26
Rata-Mason Clinic	Nurse/Midwife	96.2%	26
Maternity WTH	Nurse/Midwife	92.3%	65
	Medical Practitioner	41.7%	12
	Administrative and Clerical Staff	100%	7
	Health Care Assistant	0%	2
	Domestic	50.0%	2
	Student Doctor	50.0%	2
	Student Nurse/Midwife	58.0%	12
Muriwai Ward	Nurse/Midwife	78.4%	37
	Medical Practitioner	86.4%	22
	Allied Health Care Worker	90.0%	11
	Phlebotomy Invasive Technician	100%	3
	Health Care Assistant	75.0%	16
	Other - Not Categorised Elsewhere	66.7%	3
	Student Doctor	100%	1
	Student Nurse/Midwife	85.0%	20
Rangatira Unit	Nurse/Midwife	98.4%	64
	Allied Health Care Worker	100%	5
	Other - Not Categorised Elsewhere	100%	2
	Medical Practitioner	81.0%	21
	Health Care Assistant	66.7%	3
	Student Nurse/Midwife	80.0%	10
SCBU WTH	Nurse/Midwife	87.0%	100
	Medical Practitioner	88.9%	9
	Student Doctor	100%	9
	Student Nurse/Midwife	80.0%	5
Tanekaha-Mason Clinic	Nurse/Midwife	100%	26
Tane Whakapiripiri-Mason Clinic	Nurse/Midwife	100%	26
Theatre WTH	Nurse/Midwife	90.1%	71
	Medical Practitioner	69.0%	29
Titirangi	Nurse/Midwife	93.9%	49
	Allied Health Care Worker	94.1%	17
	Phlebotomy Invasive Technician	100%	8
	Medical Practitioner	79.2%	24
	Health Care Assistant	100%	15
	Student Nurse/Midwife	85.7%	7
	Other - Not Categorised Elsewhere	100%	2
Wainamu	Nurse/Midwife	97.1%	34
	Medical Practitioner	57.1%	7
	Allied Health Care Worker	100%	2
	Phlebotomy Invasive Technician	60.0%	5
	Health Care Assistant	100%	7
	Other -Not Categorised Elsewhere	100%	2

	Student Nurse/Midwife	100%	2

Figure 2.5 Shows the **Elective Surgery Centre** healthcare workers hand hygiene results.

Department	Health Care Worker Type	Compliance (%)	No. of HH Moments Audited
Cullen Ward	Medical Practitioner	55.6%	9
	Allied Health Care Worker	50.0%	2
	Health Care Assistant	85.7%	2
	Other -Not Categorised Elsewhere	100%	1
	Nurse/Midwife	88.5%	61
	Phlebotomy Invasive Technician	100%	7
	Student Allied Health	100%	1
	Student Nurse/Midwife	90.0%	20

Appendix 1

Departmental Poster Report Instruction

1. Login Details

Website:
https://hhcapp.hha.org.au/en_AU/HHA/

WTH

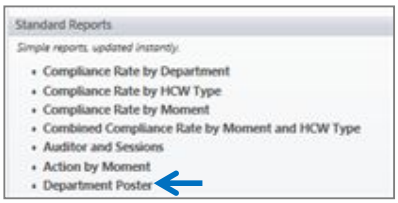
User: whwmdhb
Password: Magic16

NSH

User: nshwmdhb
Password: Magic16

2. Standard Reports

When in the report dashboard click on the 'Department Poster' (see blue arrow)



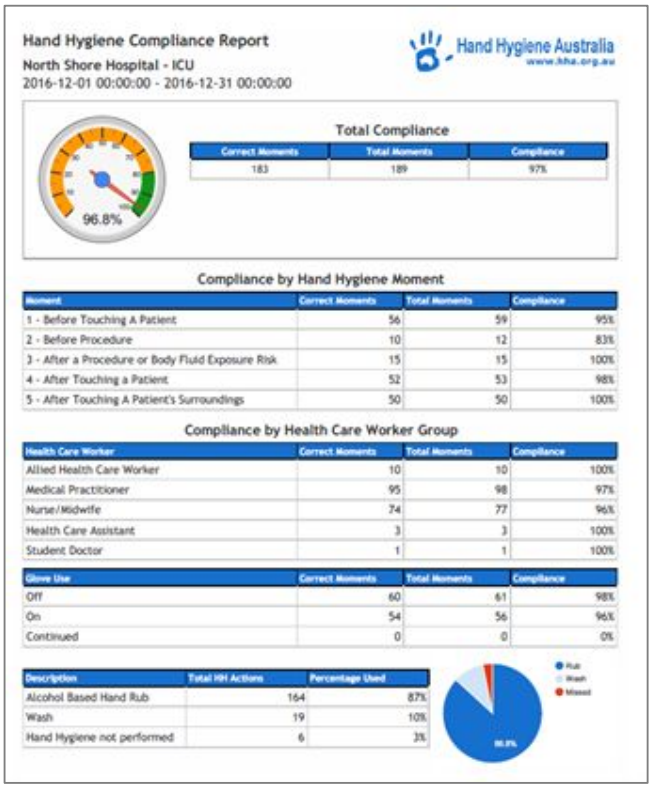
3. Department Poster Report

a. Enter start and end date for the interested month (i.e. previous month).
b. Choose your department from the department drop down list
c. Select 'All' under the National Audit Period from the drop-down list.
d. Change the existing default email to your email.
e. Click preview to view the report instantly or click 'Generate PDF and it will send a PDF copy of this report to your email.

4. Generated Report

See example of the Department Poster report.

This report can be displayed on the notice board(s) in your area and sent to all your staff.



Appendix 2

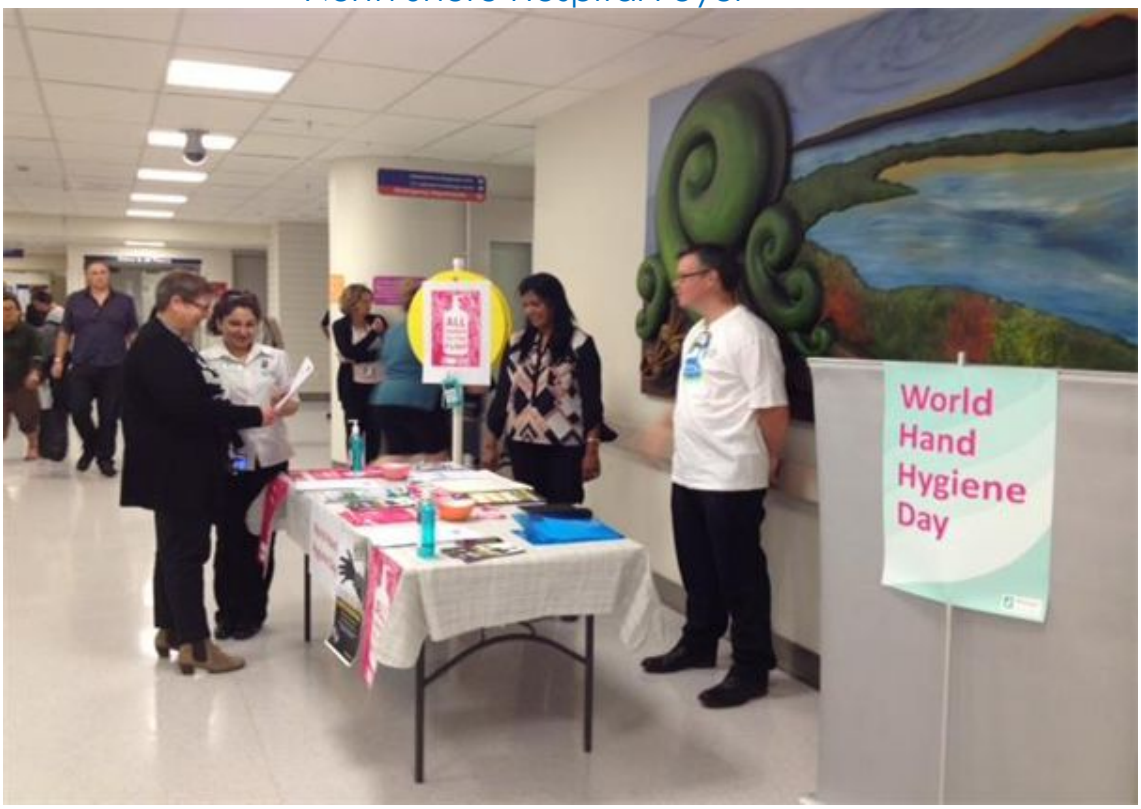
Mason Clinic

Gold Auditors at Mason Clinic being awarded with a certificate of excellence for achieving the highest hand hygiene compliance in Waitakere site.

Appendix 2

World Hand Hygiene Day

North Shore Hospital Foyer



The Infection control Team and Nurse Educators encouraged an amazing interactive learning environment This encouraged staff from different fields to complete 100 quiz questions. Staff was awarded with coffee vouchers and promotional items.

World
Hand
Hygiene
Day
SEE YOUR
HANDS
ALL
HANDS
TO THE
PUMP
PUMP

CLEAN HANDS
Waitemata

5.1 Winter Plan 2017

Recommendation:

That the Committee notes the content and intent of the winter plan.

Prepared by: Alex Boersma (General Manager Acute and Emergency Medicine), Debbie Eastwood (General Manager Specialty Medicine and Health of Older People), Gillian Cossey (General Manager Surgical and Ambulatory Services), Stephanie Doe (General Manager Child Women and Family), Alex Craig (Acting General Manager Mental Health Services) and Lev Zhuravsky (Clinical Nurse Director, Patient Care and Access)
Endorsed by: Cath Cronin (Director, Hospital Services) and Executive Leadership Group

1. Executive Summary

The Winter Plan prepares for period May to November 2017 which defines the period of time with increased presentations due to winter illness in medicine and other specialties. This is a time where we traditionally experience an increase in unplanned leave due to staff sick leave/family illnesses.

Our goal is to maintain timely access to care and treatment for acute and elective patients during this time.

2. Introduction/Background

The paper communicates the planning undertaken by each service to mitigate risk of queues and delayed access to care and treatment during the winter months.

Any funding must be applied for by each service and both benefit and measured outcomes agreed before the funding is allocated. The premise for this is that proactive consideration is given for each investment and we are not allocated 'more of the same' without understanding the impact and expected outcomes.

Approval will be submitted to the Director of Hospital Services and the Chief Financial Officer for consideration and then to Executive Leadership Team for approval. Submissions will be submitted by the responsible General Manager.

3. Risks/Issues

- There is insufficient staff available to provide increased care and service.
- The measure of flow, Short Stay Emergency Department target of 95% is not maintained despite the plans and mitigations.
- Approved funding is spent without the expected outcomes.

4. Measures

- Weekly Short Stay Emergency Department target at 96% with a minimum of 95%.
- Achieve surgical health target with no/minimal rescheduling of planned lists.
- Monthly report of allocation of funding and benefit to Provider Senior Management Team.
- Tracking medicine length of stay, interim care bed utilisation, Early Discharge and Rehabilitation Service and Outpatient Intravenous Antibiotics.

5. Conclusion

Our goal is to maintain timely access to care and treatment for acute and elective patients from May to November and maintain 96% Short Stay Emergency Department target with a minimum target of 95% over the winter months.

Waitemata District Health Board
Winter Plan 2017

Prepared by: Alex Boersma, General Manager Acute and Emergency Medicine
Debbie Eastwood, General Manager Specialty Medicine and Health of Older People
Gillian Cossey, General Manager Surgical and Ambulatory Services
Stephanie Doe, General Manager Child Women and Family
Alex Craig, Acting GM Mental Health Services
Lev Zhuravsky, Clinical Nurse Director, Patient Care and Access

Endorsed by: Cath Cronin, Director Hospital Services
Executive Leadership Team

Waitemata District Health Board
Best Care for Everyone

Winter Plan May – November 2017

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1. Introduction/Purpose

The purpose of this document is to communicate the planning that has been undertaken to manage the seasonal winter peak within North Shore and Waitakere Hospitals. This period is characterised by a higher volume of patients presenting and higher patient acuity. It is also characterised by higher staff illness and may also be affected by influenza and Norovirus within the community and hospitals.

The main focus of the winter plan this year is on Waitakere Hospital which has a higher projected growth rate than North Shore Hospital.

This is a live document and is subject to change as new initiatives are added. The financial bids in this paper are proposals only and would each be assessed on merit and patient service requirement at the time. Any additional funding required would be presented to Director Hospital Services and approved by ELT.

Winter Plan May – November 2017

2. Background

2.1 Principles:

- Maintaining timely patient access and care in the right setting is a priority for Waitemata DHB. One measure is sustaining the SSED 6 hour target.
- Meeting all health targets is a priority and expectation for Waitemata DHB. All targets measure systems and processes that enhance patient outcomes and experience.
- The Winter plan covers the time period from May to November inclusive
- All service clinical and management leads are accountable for agreed actions in the organisation's Escalation and Capacity Management Plan and will be expected to ensure these are actioned as required. It is the responsibility of all clinical and management staff to ensure their areas are responding as agreed within the plan
- Effective and timely communication will ensure the organisation works together when services are stretched. This means working to the agreed plan along, with ensuring up-to-date information is readily available regarding any capacity or clinical issues
- The Director Hospital Services will be the executive sponsor of patient flow and bed management working closely with the Provider General Managers who are accountable in partnership with the Medical Head of Division for performance and provision of timely quality care within their areas. All changes to service plans need to be communicated to Operations Manager, Waitemata Central or the Duty Nurse Manager out of hours
- Patient access, care and quality outcomes, safe staffing and healthy workplace will guide decision making regarding availability and utilisation of beds
- Rescheduling of planned elective surgery requires approval of Director Hospital Services or delegated authority

2.2 Assumptions:

- All approved and funded business cases will be implemented as per the agreed funding and the agreed time line
    - Development and implementation of centralised nursing rostering
    - Integration of staffing reports and development of interface between existing programmes through a dash board (Waitemata Central Business analyst).
    - Implement an out of hours and weekend time table for the ADU Gen Med teams.
    - Outpatient Intravenous Antibiotic Service (OPIVA)
    - Interim Care Scheme
    - Early Discharge and Rehabilitation Service (EDARS)
    - Acute Medicine Patient Flow Redesign

- Nursing and Allied Health study days and meetings over winter and the school holidays will be minimised in order to maintain optimal staffing in all clinical areas.
- All vacancies across all divisions (nursing, allied health, NASC) are recruited to by the end of May 2017, including additional FTE to cover ACC and Maternity leave cover, thereby reducing demand on bureau.

- That there will be an over-allocation of House officers and that this over allocation will be distributed across the services and will be utilised to minimise the need for locum cover, particularly out of hours and will help to facilitate early discharge.
- All available bed capacity will be utilised to alleviate winter pressure on the acute services (eg cardiology inpatient beds to accommodate general medicine patients and the utilisation of surgical capacity at ESC) and flexed closed when appropriate.
- All ward consults will be carried out in a timely manner, as staffing allows.
- Respiratory CNS support will be provided to patients in ADU and on the medical wards, both at North Shore Hospital and Waitakere Hospitals (within budget).
- To increase the utilisation of POAC and interim care across ED and the inpatient wards, to prevent admissions and to facilitate timely discharge focussing on patients waiting for aged related residential care placement, diagnostics, and those requiring on-going support in the community.
- Flexible cover arrangements for District Nursing service, allied health and MIT across sites in response to workload, utilising casual staff.
- That these assumptions apply to both North Shore Hospital and Waitakere Hospital.

2.3 Potential Risks & Mitigations:

- Staff not available, both permanent and casual to cover staff illness or unplanned leave
- Staff not available to open contingency beds at both North Shore & Waitakere Hospitals
- Bed management restrictions due to ESBL / MRSA and potential Influenza and Norovirus outbreaks
- Acute demand and increased acuity of patients impacting on planned elective services
- Demand not reflected accurately in forecast due to changes in practice or unforeseeable increases in demand either elective or acute

Mitigation strategies for the above risks;

- Recruitment of casual staff and fixed term winter contracts through the bureau to ensure a large pool of available staff
- Permanent staffing of Short Stay Ward
- Infection control planning and monitoring of both the local, national and international events
- Active recruitment of staff on fixed term contracts for medical wards to manage winter demand
- Interim care funding utilised for suitable medical and orthopaedic patients (non-weight bearing)
- Maximize patients suitable for OPIVA
- Timely access to acute theatres
- Clearly identified ward to manage influenza
- Effective utilisation of Hospice beds
- Timely access to AT&R beds across both sites (AT&R/Hospice Wait List Manager)
- Implementation of Early Discharge and Rehabilitation Service (EDARS)

3. Forecast Assumptions for 2017

Assumptions Listed on Appendix 1
Bed Capacity Plan North Shore Hospital May – November 2017

Cluster	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Medical						
Recommended Beds Required	**193**	**213**	**209**	**211**	**207**	**206**
Maximum Capacity	193	193	193	193	193	193
02N - Budgeted Beds	26	26	26	26	26	26
03N - Budgeted Beds	32	32	32	32	32	32
05N - Budgeted Beds	34	34	34	34	34	34
06N - Budgeted Beds	35	35	35	35	35	35
010N - Budgeted Beds	34	34	34	34	34	34
011N - Budgeted Beds	32	32	32	32	32	32
Total Budgeted Beds	193	193	193	193	193	193
Variance -Physical Beds vs Required Beds	0	-20	-16	-18	-14	-13
Variance - Budgeted Beds vs. Required Beds	0	-20	-16	-18	-14	-13

Cardiology						
Recommended Beds Required	**24**	**24**	**25**	**24**	**24**	**25**
Maximum Capacity	25	25	25	25	25	25
LCCN - Budgeted Beds	12	12	12	12	12	12
CCS - Budgeted Beds	6	6	6	6	6	6
CCU - Budgeted Beds	7	7	7	7	7	7
Total Budgeted Beds	25	25	25	25	25	25
Variance -Physical Beds vs Required Beds	1	1	0	1	1	0
Variance - Budgeted Beds vs. Required Beds	1	1	0	1	1	0

AT&R						
Recommended Beds Required	**61**	**62**	**65**	**64**	**63**	**62**
Maximum Capacity	68	68	68	68	68	68
14N - Budgeted Beds	34	34	34	34	34	34
15N - Budgeted Beds	34	34	34	34	34	34
Total Budgeted Beds	68	68	68	68	68	68
Variance -Physical Beds vs Required Beds	7	6	3	4	5	6
Variance - Budgeted Beds vs. Required Beds	7	6	3	4	5	6

Winter Plan May – November 2017

Cluster	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
General Inpatient 1 (Med, Cardiology, AT&R)						
Recommended Beds Required	**278**	**299**	**298**	**299**	**295**	**293**
Maximum Capacity	286	286	286	286	286	286
Total Budgeted Beds	286	286	286	286	286	286
Variance -Physical Beds vs Required Beds	8	-13	-12	-13	-9	-7
Variance - Budgeted Beds vs. Required Beds	8	-13	-12	-13	-9	-7
Surgical						
Recommended Beds Required	**94**	**87**	**88**	**81**	**88**	**92**
Maximum Capacity	77	77	77	77	77	77
O4N - Budgeted Beds	34	34	34	34	34	34
O8N - Budgeted Beds	32	32	32	32	32	32
SSW	0	0	0	0	0	0
ESC	11	11	11	11	11	11
Total Budgeted Beds	77	77	77	77	77	77
Variance -Physical Beds vs Required Beds	-17	-10	-11	-4	-11	-15
Variance - Budgeted Beds vs. Required Beds	-17	-10	-11	-4	-11	-15
Orthopaedics						
Recommended Beds Required	**81**	**74**	**74**	**71**	**73**	**76**
Maximum Capacity	68	68	68	68	68	68
O7N - Budgeted Beds	34	34	34	34	34	34
O9N - Budgeted Beds	34	34	34	34	34	34
Total Budgeted Beds	68	68	68	68	68	68
Variance -Physical Beds vs Required Beds	-13	-6	-6	-3	-5	-8
Variance - Budgeted Beds vs. Required Beds	-13	-6	-6	-3	-5	-8
Gynaecology						
Recommended Beds Required	**15**	**15**	**15**	**13**	**13**	**14**
Maximum Capacity	15	15	15	15	15	15
Gynae - Budgeted Beds	14	15	15	15	15	15
Total Budgeted Beds	14	15	15	15	15	15
Variance -Physical Beds vs Required Beds	0	0	0	2	2	1
Variance - Budgeted Beds vs. Required Beds	-1	0	0	2	2	1

Winter Plan May – November 2017

Cluster	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
General Inpatient 2 (Surgical, Orthopaedic & Gynae)						
Recommended Beds Required	**191**	**176**	**177**	**166**	**174**	**182**
Maximum Capacity	160	160	160	160	160	160
Total Budgeted Beds	159	160	160	160	160	160
Variance -Physical Beds vs Required Beds	-31	-16	-17	-6	-14	-22
Variance - Budgeted Beds vs. Required Beds	-32	-16	-17	-6	-14	-22
General Inpatient 3 (Med, Cardio, AT&R, Surg, Ortho, Gynae)						
Recommended Beds Required	**469**	**475**	**476**	**465**	**469**	**476**
Maximum Capacity	446	446	446	446	446	446
Total Budgeted Beds	445	446	446	446	446	446
Variance -Physical Beds vs Required Beds	-23	-29	-30	-19	-23	-30
Variance - Budgeted Beds vs. Required Beds	-24	-29	-30	-19	-23	-30
General Inpatient 4 (Med, Cardio, AT&R, Surg, Ortho, Gynae) offset by SSW						
Recommended Beds Required	**469**	**475**	**476**	**465**	**469**	**476**
Maximum Capacity	470	470	470	470	470	470
Short Stay Ward	24	24	24	24	24	24
Total Budgeted Beds	469	470	470	470	470	470
Variance -Physical Beds vs Required Beds	1	-5	-6	5	1	-6
Variance - Budgeted Beds vs. Required Beds	0	-5	-6	5	1	-6
Women's Health						
Recommended Beds Required	**40**	**47**	**49**	**46**	**45**	**45**
Maximum Capacity	36	36	36	36	36	36
NSH Maternity - Budgeted Post Natal Beds	36	36	36	36	36	36
Total Budgeted Beds	36	36	36	36	36	36
Variance -Physical Beds vs Required Beds	-4	-11	-13	-10	-9	-9
Variance - Budgeted Beds vs. Required Beds	-4	-11	-13	-10	-9	-9

The medical / Cardiology / ATR cluster for North Shore Hospital shows a small variance between budgeted beds and required beds. The positive project variance in June will be offset by the negative variance in these months in the Surgical and Orthopaedic cluster.

Women's Health at North Shore has high bed variances (budgeted vs required) over the winter months and this is balanced by a positive variance in Waitakere Hospital.

Winter Plan May – November 2017

Bed Capacity Plan Waitakere Hospital May – November 2017

Cluster	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Medical						
Recommended Beds Required	**97**	**100**	**105**	**110**	**105**	**105**
Maximum Capacity	105	105	105	105	105	105
Anawhata - Budgeted Beds	24	24	24	24	24	24
Titirangi - Budgeted Beds	24	24	24	24	24	24
Huia - Budgeted Beds	8	8	8	8	8	8
SSW/ADU	0	0	0	0	0	0
SSW (Medical Day Stay)	0	0	0	0	0	0
ADU	10	10	10	10	10	10
Wainamu - Budgeted Beds	27	27	27	27	27	27
Total Budgeted Beds	93	93	93	93	93	93
Variance -Physical Beds vs Required Beds	8	5	0	-5	0	0
Variance - Budgeted Beds vs. Required Beds	-4	-7	-12	-17	-12	-12
Cardiology						
Recommended Beds Required	**8**	**9**	**8**	**7**	**8**	**8**
Maximum Capacity	10	10	10	10	10	10
Huia Cardiology - Budgeted Beds	10	10	10	10	10	10
Total Budgeted Beds	10	10	10	10	10	10
Variance -Physical Beds vs Required Beds	2	1	2	3	2	2
Variance - Budgeted Beds vs. Required Beds	2	1	2	3	2	2
AT&R						
Recommended Beds Required	**40**	**41**	**41**	**41**	**38**	**40**
Maximum Capacity	40	40	40	40	40	40
Muriwai - Budgeted Beds	40	40	40	40	40	40
Total Budgeted Beds	40	40	40	40	40	40
Variance -Physical Beds vs Required Beds	0	-1	-1	-1	2	0
Variance - Budgeted Beds vs. Required Beds	0	-1	-1	-1	2	0
General Inpatient (Medical, Cardiology and AT&R)						
Recommended Beds Required	**145**	**150**	**154**	**158**	**152**	**153**
Maximum Capacity	155	155	155	155	155	155
Total Budgeted Beds	143	143	143	143	143	143
Variance -Physical Beds vs Required Beds	10	5	1	-3	3	2
Variance - Budgeted Beds vs. Required Beds	-2	-7	-11	-15	-9	-10

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Cluster	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
General Inpatient (Medical and AT&R) Offset by SSW/ADU and SSW Medical Day Stay						
Recommended Beds Required	**141**	**150**	**154**	**158**	**152**	**153**
Maximum Capacity	157	157	157	157	157	157
SSW/ADU and Medical Day Stay	12	12	12	12	12	12
Total Budgeted Beds	145	145	145	145	145	145
Variance -Physical Beds vs Required Beds	20	16	11	6	13	12
Variance - Budgeted Beds vs. Required Beds	8	4	-1	-6	1	0
Child Health						
Recommended Beds Required	**18**	**19**	**19**	**20**	**18**	**16**
Maximum Capacity	33	33	33	33	33	33
Rangitira - Budgeted Beds	25	33	33	33	33	33
Total Budgeted Beds	25	33	33	33	33	33
Variance -Physical Beds vs Required Beds	15	14	14	13	15	17
Variance - Budgeted Beds vs. Required Beds	7	14	14	13	15	17
Womens Health						
Recommended Beds Required	**26**	**30**	**31**	**29**	**30**	**28**
Maximum Capacity	26	26	26	26	26	26
Te Henga - Budgeted Beds	12	12	12	12	12	12
Piha - Budgeted Beds	14	14	14	14	14	14
Total Budgeted Beds	26	26	26	26	26	26
Variance -Physical Beds vs Required Beds	0	-4	-5	-3	-4	-2
Variance - Budgeted Beds vs. Required Beds	0	-4	-5	-3	-4	-2

4. North Shore Hospital

4.1 Adult Acute Inpatient Beds NSH

Contingency planning

- Cardiology can take overflow General Medicine patients depending on availability.
- SSW is planned to be open up to 25-27 beds as required and is not included in the forecasted bed plan.
- The doubling of side rooms and the opening of dayrooms for patients remains available as part of the escalation and capacity plan. This creates 6-8 extra bed spaces that are not included in the Beds Set calculations as they are not commissioned spaces. We acknowledge this is not optimal space and would be used after all other options have been explored.

4.2 Waitemata Central

All approved and funded business cases will be implemented as per the agreed funding and the agreed timeline:

- Development and implementation of centralised rostering
- Integration of staffing reports and development of interface between existing programmes through a dash board (Waitemata Central Business analyst).

4.3 Emergency Department

- Continue to work with Shore Care to divert low acuity patients who have presented to the emergency department to Shore Care via the development of an app and the ongoing implementation of the voucher system.

4.4 Nursing Development (generic nursing)

- Nursing and Allied Health study days and meetings over winter and the school holidays will be minimised in order to maintain optimal staffing in all clinical areas.
- All vacancies across all divisions (nursing, allied health, NASC) are recruited to by the end of May 2017, including additional FTE to cover ACC and Maternity leave cover, thereby reducing demand on bureau.

4.5 General Medicine & ADU - General Medicine

- To continue to work to reduce the ALOS in medicine and proactively discharge patients, identifying and overcoming barriers to discharge utilising POAC wherever possible.
- To timetable an SMO in the ADU from 5 – 8pm Monday to Friday (approved business case)

4.6 Cardiology

Strategy 1	**Provide opportunities to access ETT over the weekends where ETT will support decision making and patient discharge/treatment –dependent on demand.**			
Objective	To minimise barriers to patient discharge and to reduce unnecessary admissions.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	Nursing / technical		June to October	$6,720
Links/Impact on other services	ADU and medical wards			
Risk to Implementation	Efficiency and cost effectiveness reduce when the number of patients is < 2 (Cardiology staff to work with duty managers and ADU nursing and medical staff to group patients requiring ETT at the weekend).			

4.7 Laboratory

Strategy 1	**Increase in Phlebotomy FTE**			
Objective	Laboratory requests to be taken in a timely manner resulting in early diagnosis, treatment or discharge. Providing an extra phlebotomist to cover from 07:00-11:00 Mon to Frid and an extra hour on Sat and Sun, extending the weekend service to cope with the increase in test requests. The NSH site receives 4000 additional test requests per winter month and the phlebotomy team collects about 50% of requests.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	0.5	Patient Services	June - Sept	$12,000
Links/Impact on other services	All services that require laboratory results. The laboratory.			
Risk to Implementation	The ability to recruit and train early enough to ensure competency.			
Mitigation	Recruit staff that have previous experience and start the recruitment process early.			
Commentary	Phlebotomy resource allows for most laboratory requests between 07:00-16:30 Mon-Fri and 07:00-11:00 on a Sat and Sun to be taken by Phlebotomy staff, freeing up the clinicians. Allows for early diagnosis and appropriate treatment or early discharge freeing up bed space.			

4.8 Orderly

Strategy 1	**Radiology orderly**			
Objective	To improve the flow of patients from ED to Radiology.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	Orderly 0.8 FTE	Orderlies	June – September (09.00 to 16.30)	$15,200
Links/Impact on other services	To improve the flow of patients from ED/ADU to Radiology.			
Risk to Implementation	Longer wait times for patients to have imaging which slows down the diagnosis/ treatment for those patients.			
Mitigation	No budget for extra shifts.			
Commentary	This initiative was in place last year and was successful; it assisted with the flow of patients from ED to Radiology			

Strategy 2	**Night shift Orderly**			
Objective	To assist with the work flow undertaken by the Night Orderly team			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	Orderly 1.4	Orderlies	June - September	$27,200
Links/Impact on other services	To improve the flow of patients for the hospital as a whole			
Risk to Implementation	Longer wait times for patients and health care professionals in ED and Radiology along with the risk that orderlies may not be able to safely take breaks during this shift.			
Mitigation	No budget for extra shifts.			
Commentary	This initiative is to improve the flow of patients and assist with the night shift team which is only 3 staff for the entire NSH hospital including ED/ADU.			

5. Waitakere Hospital

We anticipate that Waitakere Hospital will experience a significant seasonal increase in demand. As with the NSH we are looking to reduce the ALOS, particularly in General Medicine and AT&R and we are looking to implement a POD system in the ED to streamline patient care. If we are successful in reducing the length of stay of patients in Waitakere Hospital we may be able to manage some of the increase in demand through the current bed base.

5.1 Adult Acute Inpatient Beds Waitakere

Contingency planning (not included in bed projection)

- Additional four beds in the SSW in ADU
- Overflow into the paediatric annex and medical day stay – SSW 8 beds (Sunday to Tuesday night)
- There are 5 spaces in the PACU area that have been utilised in bed crisis for overnight patients.
- Rangatira Ward - review occupancy with a view to admitting suitable younger patients 15 -17 or women to the ward. This will be done in consultation with the Child, Women and Family Division.

Details of forecasting - Appendix 1

5.2 Waitemata Central

- Development of the operations manager role to cover weekends and public holidays, providing improved decision making and improved operation co-ordination particularly at the weekends – this is currently in consultation.

5.3 Emergency Department and ADU

Strategy 1	**ED / ADU Flow Co-ordinator**			
Objective	To co-ordinate and facilitate discharge or transfer between ED and ADU and the inpatient wards. This position will support the SSED and will provide a nursing resource to meet increased demand during winter months.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	1.8 FTE to cover 6 days / week	Nursing	June to October	$60,833
Links/Impact on other services	There is a positive link across two departments ADU / ED and the wards. The role is an invaluable role in supporting the ACCN to ensure patients are transferred or discharged from ED within 6 hours. Effective in communicating across services.			
Risk to Implementation	Recruitment			

Strategy 2	**Urgent Care Doctor based in the Consult Area of ED**			
Objective	To provide support to the Waitakere ED by seeing the lower triage patient categories and minor injuries over the weekend and Monday using an urgent care model.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	MOSS Sat, Sun, cover – 10 hr daily	Medical	ASAP – building on pilot 2016	$58,000
Links/Impact on other services	Links patients to primary care and reduces impact on ED of lower acuity patients (who potentially should be seen in primary care).			
Risk to Implementation	Recruitment and the development of a robust model to link the position to primary care and the local A&M Service.			

5.4 General Medicine

Strategy 1	**To continue to develop the discharge co-ordinator role across ED/ADU and the inpatient wards. Facilitate the early discharge of patients utilising Nurse Facilitated Discharges (NFD) and Primary Options for Acute Care (POAC) wherever possible.**			
Objective	To reduce the ALOS in medicine and proactively discharge patients, identifying and overcoming barriers to discharge utilising POAC wherever possible.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	In addition to current roles	Nursing	June to October	$21,000
Links/Impact on other services	Links between ED / ADU / inpatient wards / NASC and POAC. Develop a clear process with training for relevant staff.			
Risk to Implementation	Change management.			

Strategy 2	**To implement a nursing resource pool at Waitakere hospital to support the opening of additional capacity as required. The staffing requirement will fluctuate according to demand we would like to recruit 5 FTE of resource nurses to manage the contingency (escalation plan) for Waitakere. These beds will be opened and closing as required via the duty manager.** **ADU – SSW – 4 beds (3.2 FTE)** **SSW – 8 beds (6.4 FTE) + HCA Staff**			
Objective	To increase capacity at Waitakere Hospital over winter (contingency plan) by opening additional capacity as required. With the bed changes at Waitakere Hospital there has been an increase in the funded beds (by three beds). We anticipate that we may need to use further additional capacity throughout the winter and advocate a resource pool of nurses to facilitate this.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	3FTE for 3 -4 months	Bed Capacity	1 June – 30 September 2017	$103,200 Risk pool
Links/Impact on other services	Ensures flow is maintained from ED to ADU and the wards. Provides a contingency to open additional bed capacity at short notice when required.			
Risk to Implementation	Recruitment.			

5.5 Allied Health

Strategy 1	**A dedicated FTE to work as a transitional discharge / rapid response team.**			
Objective	A dedicated team of clinicians who can provide rapid response in and post discharge from ED/ADU. AH team: existing 1.0 FTE PT, 2 FTE SW. FTE uplift for 4 months 1.0 FTE OT and 1.0 FTE TA.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	Allied Health Staffing	Allied Health Staffing	June – October 2017	$46,000
Links/Impact on other services	Anticipated improved patient flow within WTH. Whole of hospital approach to AH inputs leading to a more anticipatory and responsive service and increased flexibility to cover sick leave			
Risk to Implementation	• Recruitment • Change to daily therapy practice working cross wards •			
Mitigation	• Utilise current part time staff were possible. • Work with discharge co-ordinator and other to ensure the new model is communicated to wider MDT team.			

5.6 Pharmacy Services

Strategy 1	**Additional pharmacist resource in ADU NSH & WTH** 4 hours Monday to Saturday			
Objective	To ensure that all patients being admitted into NSH and WTH hospitals receive a Medicine Reconciliation within 24 hours of admission to reduce the risk of patients being harmed by inaccurate transmission of information about medicines.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	0.5 FTE	Pharmacist	June to Sept	$21,300
Links/Impact on other services	Significant numbers of patients will have their Medicine Reconciliation completed before they reach the wards, meaning that the day-time burden from increased patient numbers will be reduced. Provides support to doctors and nurses working in overload conditions in ADU.			
Risk to Implementation	Inability to recruit and train additional staff in period before the winter rush			
Mitigation	Commence recruitment early. Work with part time staff and pharmacists on maternity leave to maximise the input from currently employed staff who may have capacity to increase working hours.			

5.7 Cleaning

Strategy 1	**Additional Discharge and Level 1 Cleaner – Other wards other than ED and ADCU**			
Objective	To decrease waiting times for the discharge cleaner.			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	Cleaning Discharge and level 1 Cleaner 1 FTE	Cleaning	July and August only	$10,800
Links/Impact on other services	To improve the flow of patients to the wards from ED and ADCU – currently no PM cleaning in the wards and only one cleaner for the 200 beds with increased occupancy this is going to be a pinch point to improved flows from ED. There is currently a review of non-clinical cleaning at Waitakere Hospital aimed at moving resources from non-clinical to clinical. This request is for two months of cleaning only as it will take two months for the assessment, reallocation and consultation process.			
Risk to Implementation	Longer wait times for clean rooms and or patients being placed in spaces which have not been cleaned.			
Mitigation	No budget for extra shifts.			

5.8 Orderly

Strategy 1	**Increase resource in ED / ADCU / Radiology and decrease wait times. Ensure patients meet appointment times EG: radiology**			
Objective	To decrease patient wait times and delivery through radiology			
Planned Impact	**Resource required**	**Category**	**Timeframe**	**Cost $**
	Orderly for ED/ADCU 0.8 FTE	Orderlies	June - September	$13,600 Risk Pool
Links/Impact on other services	With increased occupancy in at WTH there is a need for better flow of patients from ED to Radiology and ADCU			
Risk to Implementation	There will be no resources to move patients in a timely manner along with the other support functions of the orderlies i.e. removal of waste, soiled linen, clinical records e			
Mitigation	No budget for extra shifts			
Commentary	This imitative is similar to the activity we established at NSH last winter were we had dedicated resources to focus on the radiology work flow which proved to be successful in assisting with reducing the wait times.			

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6. Additional Operational

Mental Health Services
All service continue with current service delivery, with NSH over night shifts covered with a nurse and on call psychiatrist, psych liaison and crisis team coverage during morning and afternoon shifts. Waitakere ED nursing cover during morning and afternoon shifts and on-call cover overnight. Adult services are exploring opportunities to increase responsiveness to the NSH ED, by increased mental health presence in the ED and opening flex beds in He Puna Waiora. Plans are yet to be confirmed.

Primary Care – plan for winter
Adult immunisation training for Aged Residential Care (ARRC) nurses and promotion of flu vaccinations for staff and clients at Home based support (HBS) and consideration of a vaccination scheme linked to Home Based Support Services (HBSS)

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Proposed Additional Costs

Hosp	#	Initiative	Resource required	Category	Timeframe	As yet unapproved Cost $	Approved at DHS level
NSH	4.5.1	ETT Access at the weekends	Nursing and technical	Technical	June to October	$6,720	
NSH	4.6.1	Increase in phlebotomy FTE	0.5 FTE	Patient services	May to September	$12,000	
NSH	4.7.1	Radiology Orderly	0.8 FTE	Orderlies	May to September	$15,200	
NSH	4.7.2	Night Shift Orderly	1.4 FTE	Orderlies	May to September	$27,200	
WTH	5.3.1	ED/ADU Co-ordinator	1.8	Nursing	May to October	$60,833	
WTH	5.3.2	Urgent Care Doctor	MOSS weekend & Monday cover. Paper to ELT to be considered by CEO and Funder as strategy to reduce admissions.	Medical	May to October	$58,000	
WTH	5.4.1	Inpatient ward discharge co-ordinator	0.6	Nursing	May to October	$21,000	
WTH	5.4.2	Resources nurses to facilitate additional capacity at WTH as per the escalation plan. (SSW beds adjacent to ADU and SSW medical day stay)	5 RN	Bed Capacity	June to September	$100,000 Risk pool	
WTH	5.5.1	Allied Health Rapid response team	Allied Health	Allied Health	June to October	$46,000	
WTH	5.6	Pharmacy support to facilitate discharges in ADU	2 FTE	Pharmacy	June to September	$21,300	
WTH	5.7.1	Discharge Cleaner	1 FTE	Cleaning	May to Sept	$10,800	

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Hosp	#	Initiative	Resource required	Category	Timeframe	As yet unapproved Cost $	Approved at DHS level
WTH	5.8.1	ED/ADU/Radiology Orderly	0.8 FTE	Orderlies	May to September	$13,600	

Summary:

The total funding requested is $392,653
NSH $61,120
WTH $331,533

The main focus of the initiatives this year are at Waitakere hospital where we anticipate the largest seasonal demand will occur.

7. Appendices

Appendix 1 – Bed Planning Assumptions 2017/18 Cap Plan

Principles:

- Align bed/demographic growth percentages/assumptions for 'acute' & some elective patients with yearly 'bed modelling'
- Review all patient turn from the previous year (LOS) performance and identify any improvement and/or known changes
- Adjust patient volumes for known changes in models of care
- Allocate growth for elective volumes based on current performance and adjust for known changes and/or an elective uplift in volumes for coming year

Planning Group	Site	Demographic growth % acute patients	% growth elective patients	Patient Turn (LOS)	Bed Days	Other changes
Medical (includes Stroke)	NSH	2.8%		4.7	13,612	
Renal	NSH					
Cardiology	NSH					
Surgical	NSH	2.8%	4%	3.5	28,376	
Gynaecology	NSH	2.8%	4%	1.9	3,709	
Orthopaedics	NSH	2.8%	4%	3.5	28,376	
Maternity	NSH	2.8%	5%	2.0	12,161	
SCBU/Child Health	NS H	2.8%		9.4	3,285	
AT&R	NSH	2.8%	2.8%	19.5	20,804	
Medical	WTH	2.8%	3%	3.6	30,424	
Cardiology	WTH	2.8%	3.8%	2.8	2.,060	
AT&R	WTH	2.8%	2.0%	19.5	11,853	
Maternity	WTH	2.8%	5%	1.5	7,587	
SCBU/Child Health	WTH					
Paediatrics/Rangatira	WTH	2.8%	2.0%	1.8	4,500	

Excludes Elective Surgical Centre data – TBC

Appendix 2 - Beds Required - How We Calculate

Deciding how many beds you required to meet patient demand is a critical part of the decision making process. Effectively the decisions you are making are about balancing affordability with risk.
The higher your beds are resourced against patient demand the more unutilised capacity there will be, the lower your beds are resourced against patient demand the higher your risk of breaching capacity or unmet demand.

The levels you plan you beds may not be the same across all planning groups or divisions e.g. the appetite to breach capacity in a critical care area is generally lower than a general inpatient area. Some of the considerations when agreeing planning levels include;

- What is our ability to control demand?
- What is our ability to escalated/de-escalate? (for example if you have a large pool of agency and can easily open additional beds, you may be happy with a lower threshold)
- What is our ability to decant staff?
- What is our appetite for risk? (E.g. longer stay in ED, cancelled elective surgery)
- How well do we understand our variability?

The methodology used to calculate the beds required at a division or planning group level is:
1. Adding a % buffer to the average daily forecast occupancy.
2. This accounts for daily variability in occupancy and forecast and provides beds required value at a daily level.
3. The daily beds required value analysed a monthly level, and the beds required for the planning group for the month is set at or = to an agreed level e.g. the fifth highest daily beds required.

Whilst we ideally want to be planning to place our patients within home wards as often as possible, if each planning group set their beds at the level required to meet highest expected occupancy for the month, at the hospital level you have an inflated number of beds resourced, as the peak day for each service is not going to fall on the same day of the month.

The levels of both buffer and how many days a planning group breaches capacity may differ depending on the planning group for

- A planning group such as maternity can't be easily overflowed into other areas, so the threshold to breach capacity is much lower. From a planning perspective this means you either require robust escalation processes to meet peak demand days or a higher % buffer to accommodate for variability.
- Planning groups that are classed as general inpatients e.g. medical or surgical can overflow into other services beds on peak days, however you want to understand how frequently you are planning for this to happen, and where there are insufficient beds to meet patient demand, how many beds you need to plan to open to ensure you have capacity at the hospital level. For these groups your threshold for breaching capacity is likely to be higher.

This method of planning beds required provides a high level number across the month. More refined bed planning based on understanding your serviced and hospital flow e.g. week day and weekend patterns can further reduce the risk of capacity breaches within the same number of resourced beds.

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The following example shows the medical planning group for April 2012.

- In this example the forecast buffer is set at 7% (the forecast bed required is the daily average occupancy plus 7%).
- The recommended beds required is set that no more than 5 days are = to or exceed capacity.
- In this example three day = 168 with two days breaching capacity at 172 and 173.
- In this example four of the five days fall on a Monday. If further analysis indicated this was a common pattern you can further reduce risk by planning additional beds to be open on Monday (and possible reduced Friday pm and Saturday when occupancy reduces).

Sun-01-Apr-12	147.1	3.3	150.4	161	168
Mon-02-Apr-12	153.5	3.3	156.8	168	168
Tue-03-Apr-12	149.1	3.5	152.6	163	168
Wed-04-Apr-12	144.3	3.2	147.5	158	168
Thu-05-Apr-12	141.3	2.9	144.2	154	168
Fri-06-Apr-12	137.1	2.5	139.7	149	168
Sat-07-Apr-12	140.4	1.8	142.3	152	168
Sun-08-Apr-12	153.3	1.6	154.9	166	168
Mon-09-Apr-12	159.4	1.7	161.1	172	168
Tue-10-Apr-12	154.1	1.9	156.1	167	168
Wed-11-Apr-12	148.0	1.9	149.9	160	168
Thu-12-Apr-12	144.8	1.9	146.6	157	168
Fri-13-Apr-12	140.2	1.8	142.0	152	168
Sat-14-Apr-12	143.0	1.4	144.4	154	168
Sun-15-Apr-12	155.2	1.4	156.6	168	168
Mon-16-Apr-12	160.3	1.6	161.8	173	168
Tue-17-Apr-12	154.0	1.8	155.8	167	168
Wed-18-Apr-12	147.1	1.8	148.8	159	168
Thu-19-Apr-12	143.6	1.7	145.3	155	168
Fri-20-Apr-12	139.0	1.4	140.4	150	168
Sat-21-Apr-12	140.9	1.0	141.9	152	168
Sun-22-Apr-12	152.0	1.1	153.1	164	168
Mon-23-Apr-12	155.8	1.3	157.0	168	168
Tue-24-Apr-12	149.0	1.7	150.7	161	168
Wed-25-Apr-12	141.7	1.9	143.7	154	168
Thu-26-Apr-12	138.3	2.2	140.5	150	168
Fri-27-Apr-12	133.8	2.5	136.3	146	168
Sat-28-Apr-12	135.3	2.2	137.5	147	168
Sun-29-Apr-12	146.1	2.4	148.5	159	168
Mon-30-Apr-12	150.1	2.9	153.0	164	168

Medicine				
Acute Forecast	Elective Forecast	Combined	Forecast Beds Required	Recommended Beds required

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Appendix 3 - Regional RMO Winter Plan

Recommendations:

1. This document will be integrated into DHB winter plans as appropriate.

2. The CMOs ensure Clinical Directors clearly outline the following expectations of the whole RMO team (including locums) at the start of the run:
    a. patient centred care
    b. team work / redistribution of load between busy and quiet teams
    c. that all trainees pick up an additional duties and cross cover equally
    d. shift swaps being organised in a manner which benefits the team as well as the individual;
    e. that leave applications are made early and before the RMO incurs expenses

3. Northern Regional Alliance (NRA) to recruit to identified RMO vacancies in the lead up to and during the winter months. Allocation and reallocation undertaken by the VTCs and NRA be done with a service focus in mind. At a registrar level this should not undermine long term training requirements, but at a House Officer level should favour the movement of House Officers from specialties which experience a less acute winter peak into areas of known high need:
    a. equalisation of House Officer vacancies regionally and across specialities
    b. equalisation of Registrar vacancies regionally
    c. allocation of House Officers and Registrars to relief (subject to training requirements)

4. Vacant duties to be managed proactively.
    a. Vacant duties to be identified as early as possible and advertised to all suitable RMOs, including locums.
    b. NRA to provide weekly updates to affected services of upcoming vacant duties, as per the agreed vacancy escalation process outlined in the Regional RMO Support Manual. This will ensure services have adequate time to plan and implement contingencies where required.
    c. Short Notice Relief to be reserved within relief capacity where possible to allow provision for short notice vacancies.

5. Continue to manage leave proactively.
    a. Those with high leave balances to be prioritised.
    b. No leave to be approved once the run has begun above the capacity of the relief pool to cover. This will result in leave requests being spread more evenly across the run and partial leave application approvals. Exceptional circumstances to be discussed with the DHB service concerned.
    c. Consistent management of sick leave in accordance with DHB policy with a particular focus on high users and those with leave patterns.
    d. Agreed leave management protocols documented in the RMO support manual are to be adhered to including proactive communication.

6. Chief Operating Officers to remind Service Managers, Duty Managers and Clinical Directors that breaches of the RMO rates is not acceptable

7. The MECA should be interpreted in as open a manner as possible to ensure flexible service delivery
    a. NB: this should not be read as encouraging deliberate breaches of the MECA.

8. RMO Locum pool to be maximised by
    a. Continuing the requirement for locums to work in all 3 DHBs in order to minimise 'cherry picking' of DHBs and services
    b. Requiring locums to orientate across all hospitals
    c. Continued improvement and training re information provided to afterhours team so that both rostered RMOs and locums can be appropriately requested to provide cover
    d. Recruiting locums to the pool to maximise numbers without detracting from permanent training positions
    e. Rotate locums through positions to ensure there is no incentive to resign and locum back into a run.
    f. Streamlining the process for registration of locums where possible to minimise delays and maximise availability of locums

9. Assertive performance management of RMOs who are on restricted hours to encourage earlier and faster return to full time duties.

10. Oversight of the situation to be monitored between NRA and DHB services at regular NRA and DHB Service meetings. A Regional meeting to be established to review the regional RMO situation if required.

11. DHB Clinical Directors, Service Managers and NRA to make decisions on a mutual basis and where RMOs ask for decisions to be renegotiated this is to be done in an inclusive manner to insure all parties remain in the loop.

Appendix 5 - Flu Immunisation Plan and Prevention of In-hospital Spread

The annual staff influenza vaccination programme commenced in March with three weeks of clinics and in-team vaccinations. Uptake has been moderate only. The second intensive round of clinics commenced on 1/05/2017 for two weeks. Thereafter staff can get flu vaccination in the Occupational Health Departments on the North Shore and the Waitakere sites. Patient flu vaccination has been offered to key groups as prescribed by the medical teams i.e. Renal, Older Adults, Respiratory patients. Other patients have been encouraged to see their GP, particularly pregnant women. Opportunistic vaccination occurs in the Emergency Department at Waitakere Hospital.

The contingency plan for the management of patients with influenza is being updated with input from Matt Rogers and the Infection Prevention and Control team. This will be completed by 12 May 2017.

Infection Prevention and Control bed management plan during increased activity of Influenza-Like Illness (ILI)

- Patient in ED / ADU meets the case definition for Influenza like illness (ILI)
- Patient with ILI should not stay in the waiting room for a prolonged period and should be encouraged to carry out respiratory / cough etiquette (including wearing a surgical mask if excessive coughing)
- Commence droplet precautions – staff to wear surgical mask for direct contact with patient
- Obtain nasopharyngeal swab for Respiratory PCR testing
- Prescribe anti-viral treatment if the case definition is met for treatment
- Triaged for inpatient admission. Patient to wear surgical mask on transfer
- Transfer to ILI dedicated wards i.e. North Shore Ward 3, Waitakere Anawhata Ward. Patient to wear surgical mask during transfer
- Patients presenting with ILI that are very unwell or requiring nebulisers should be in side room with droplet precautions
- ILI patients suspected and confirmed cases can be cohorted in multi bedded room. Bed privacy curtains pulled between bed heads to minimise droplet spread from coughing to adjacent patients
- Patient to wear surgical mask when mobilising to shower or toilet
- Ward 3 and Anawhata ward staff encouraged to participate in influenza vaccine
- IP&C service to provide education to ward staff on management of ILI patients.

Below is the link to Influenza and Influenza-like Illness (ILI) Prevention of In-hospital spread document:
Influenza-like Illness document link

Appendix 4 - Nursing Education

Education for nursing staff is influenced by the need to have **all nurses with the necessary knowledge and skills to deliver safe, competent patient care,** within the specialty areas of WDHB.

Requirements

- Reflect the workforce development strategy of the DHB, including leadership development
- Fulfil WDHB mandatory staff education program requirements
- Consider work flow and work load
- Demonstrate commitment to meeting MECA requirements
- Ensure NZNC competency requirements are met (20 hours per year)
- Ensure the provision of a workforce to meet safe nursing care

We have a very large nursing workforce and are challenged to deliver sufficient learning opportunities to meet the requirements.

We run minimal days in December and January, with low attendance in February as annual leave is still impacting.

We run minimal study days in school holidays.

6. Resolution to Exclude the Public

Recommendation:

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ 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 items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Confirmation of Public Excluded Minutes – Hospital Advisory Committee Meeting of 03/05/17	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Confirmation of Minutes** As per resolution(s) to exclude the public from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
2. Quality Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]
3. Human Resources Report	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i)) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	**Privacy** The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)] **Negotiations** The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]