Auckland District Health Board

Hospital Advisory Committee Meeting

Wednesday 4 August 2010

10.45am

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

Hei Oranga Tika Mo Te Iti Me Te Rahi
Healthy Communities, Quality Healthcare

Hospital Advisory Committee

For discussion with Board

HAC Meeting Date:	
Feedback By:	
DAP	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
2.	
KPIs	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
2.	
RISKS	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
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3.	
4.	

Hospital Advisory Committee
Action Points

MEETING DETAILS	
Date and Time	

Item	Detail	Responsibility	Action
xx			
xx			
xx			
xx			

1

ATTENDANCE AND APOLOGIES

2

CONFLICTS OF INTEREST

Conflicts of Interest Quick Reference Guide

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

An "interest" can include, but is not limited to:

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

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

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

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

IMPORTANT

If in doubt – declare.
Ensure the full nature of the interest is disclosed, not just the existence of the interest.

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

Date: 20/07/2010

ADHB BOARD
INTERESTS REGISTER

NAME OF BOARD MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Pat SNEDDEN (Chair)	1. Ngati Whatua o Orakei Maori Trust Board	Consultant	Hourly consulting rate	Member of Treaty Negotiation Team in respect of Claim 388 register with Waitangi Tribunal	3 September 2008
	2. Watercare Services Limited	Director	Fee	Wholesale supplier of water and waste water services to the Auckland region	
	3. Housing New Zealand	Chair	Fee	Has a joint multi-million Healthy Housing programme with Health Board	
	4. Tamaki Establishment Board	Chair	Fee via HNZC	Investigating a comprehensive cross agency intervention related to the Tamaki area including ADHB	
	5. Quality Improvement Committee	Chair	Fee	Oversees implementation of quality programmes in DHB nationwide	
	6. Chief Crown Negotiator Ngati Kahu Claim	Consultant	Fee	Crown Negotiator Ngati Kahu Treaty of Waitangi Claim	
	7. Chief Crown Negotiator Muriwhenua Forum	Consultant	Fee	Crown Negotiator Muriwhenua Treaty of Waitangi Claim	

Date: 20/07/2010

NAME OF BOARD MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Harry BURKHARDT (Deputy Chair)	1. Replas Ltd 2. Matta Products Ltd 3. Remat Ltd 4. Matt I Ltd 5. Matta LLC 6. New Zealand Maori Arts and Craft Institute 7. Auckland District Health Board 8. ADHB Charitable Trust 9. Ngati Kuri Trust Board 10. Packaging Council of New Zealand 11. Ngati Whatua o Orakei Health Clinic Ltd	Managing Director and shareholder Director and shareholder. Director and shareholder Shareholder/Director Trustee Chairman Deputy Chair, Chair Finance Committee Trustee Deputy Chairman and Treaty Negotiator Executive Member Chairman	Salary Honorarium	Plastics Manufacturing Company Plastics Manufacturing Company Plastics Manufacturing Holding Company Plastics Manufacturing Holding Company Plastics Distribution Company USA Government owned Maori Tourist operation	6 April 2010
Jo AGNEW	1. Senior Lecturer Nursing Auckland University 2. Casual Staff Nurse ADHB		Salary Salary		21 April 2010

Date: 20/07/2010

NAME OF BOARD MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Susan BUCKLAND	1. Writing, editing and public relations services 2. Medical Council of NZ 3. Occupational Therapy Board	Self-employed Professional Conduct Committee member Professional Conduct Committee member	Fees Hourly fee Hourly fee	Writer, editor and public relations services Lay member of PCC set up to hear complaints brought to Medical Council and to determine outcomes Lay member of PCC to assess complaints and determine outcomes	7 August 2009
Dr Chris CHAMBERS	1. Employee, Auckland District Health Board 2. Wife employed by Safekids 3. Associate, Epsom Anaesthetic Group 4. Member, ASMS 5. Shareholder, Ormiston Surgical 6. Surveyor Quality Healthcare NZ				7 July 2010

Date: 20/07/2010

Name of Board Member	Organisation	Role	Financial Interest	Nature of Interest	Date of Latest Disclosure
Rob COOPER	1. Ngati Hine Health Trust	Chief Executive	Salary	Management of a Health, Disabilities, Social & Education Services Trust	21 April 2010
	2. New Zealand Research Centre for Growth and Development	Board Member	Fee (to Ngati Hine Health Trust	Governs a leading health sciences research centre	
	3. James Henare Research Centre, University of Auckland	Advisory Board Member	Fee (to Ngati Hine Health Trust	Advises U o A on Maori research in Northland	
	4. Manaia PHO, Whangarei	Shareholder	Fee (to Ngati Hine Health Trust	Governs a Whangarei based PHO	
	5. Whanau Ora Task Force	Member	Fee (to Ngati Hine Health Trust	Assists in the development of Government's Whanau Ora policy	
	6. National Health Board	Member	Fee		
	7. Chair Whanau Ora Governance Group				
Dr Brian FERGUS	1. Honorary Research Associate, Myra Szazsy Research Centre, University of Auckland				29 June 2010
	2. Northern (AK) Regional Ethics Committee	Chair	Fee		
Dr Ian SCOTT	1. Shareholder Chair Auckland PHO	Chair	Meeting fee		27 January 2010
	2. Locum GP		Contract rate		
	3. Waiheke "Integrated Family Health Centre" Steering Group	Member			

Date: 20/07/2010

NAME OF BOARD MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Bob TIZARD	1. Nil				27 February 2008
Seiuli Dr Juliet WALKER	1. Locum General Practitioner, Mangere – PHO TaPasefika, Grey Lynn – PHO Procare 2. Member, National Breast Screening Advisory Committee 3. Facilitator, RNZCGP General Practice Education Programme Stage II 4. ADHB Employee: contracted roster Doctor for Pohutukawa 5. Panel Member, Medical Appeal Board, Work and Income	Self employed contractor Member Contractor Contractor	Contract hourly rate Fee Contracted monthly fee Hourly rate Fee	General practitioner services Consultant Pacific Advisor Educational Support and Training Forensic sexual assault examinations	5 May 2010
Ian WARD	1. Chair, Advisory Board, Healthvision Limited 2. Principal/Director C -4 Consulting Limited		Fee	Tender to National Shared Services	3 February 2010

Date: 20/07/2010

NAME OF MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Rev Alfred NGARO	1. **4pm Group Ltd** 2. Pacific Advisory Committee, PHAC CPHAC member 3. National Task Force for Family Violence MSD 4. Family and Community Services national advisory group 5. Auckland Safer Communities 6. Tamaki Achievement Pathways Schooling improvement 7. Tamaki College Board of Trustees 8. Tamaki Community Development Trust	Consultant Chair Member Task Force member Advisory Member Executive member Chair Elected Trustee Member	Salary Fee Fee Fee Voluntary Voluntary Fee Voluntary	Community Development Pacific Advisory for ADHB PHAC representative Representative from Family and Community Services national advisory group Development and implementation of a comprehensive social intervention logic for supporting families nationally Development of Auckland Safer City plans Chair management committee for cluster of 13 schools in management improvement initiative Disciplinary and property Committee NGO delivering social services within the Tamaki area	11 May 2009
Farida SULTANA	1. Nil				6 August 2008

Date: 20/07/2010

NAME OF MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Lynda WILLIAMS	1. Maternity Services Consumer Council 2. Auckland Women's Health Council 3. Member National Antenatal HIV Screening Implementation Advisory Group 4. Chair Postnatal Distress Support Network Trust Board 5. ADHB Primary Maternity Services Steering Committee	Employee Employee	Salary Salary		4 August 2008
Iain MARTIN	1. University of Auckland 2. Chair Peri-Operative Mortality Review Committee	Employee	Salary		5 May 2010
Anne KOLBE	1. Private Paediatric Surgical Practice 2. Employee Communio NZ 3. Head, Auckland Clinical School, School of Medicine, University of Auckland 4. Husband: Employee University of Auckland 5. Member Risk and Audit Committee Whanganui District Health Board 6. Pharmac Board Member				7 July 2010

Date: 20/07/2010

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CONFIRMATION OF MINUTES

- WEDNESDAY 7 JULY 2010

Hospital Advisory Committee
Minutes

MEETING DETAILS		
Time and Date		10:45am, Wednesday, 7 July 2010
Venue		A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton

1 ATTENDANCE AND APOLOGIES

The Chair declared the meeting open at 10:40am.

Committee Members

Dr Chris Chambers (Chair)
Susan Buckland
Rob Cooper
Dr Ian Scott
Rt Hon Bob Tizard
Associate Professor Anne Kolbe
Jo Agnew
Harry Burkhardt
Dr Brian Fergus
Pat Snedden
Ian Ward
Lynda Williams

Management in Attendance

Garry Smith - Chief Executive
Dr Denis Jury – Chief Planning & Funding Officer
Dr Margaret Wilsher – Chief Medical Officer
Dr Richard Aickin – Director Child Health
Greg Balla – Director Performance & Innovation
Ngaire Buchanan – General Manager, Operations
Taima Campbell – Executive Director Nursing
Margaret Dotchin - Nurse Director
Kay Hyman – General Manager Women's and Children's Services'
Janice Mueller – Director Allied Health
Vivienne Rawlings – General Manager Human Resources
Ian Bell - Board Administrator

Apologies

Apologies had been received from Juliet Walker, Iain Martin and Fionnagh Dougan.

Moved Chris Chambers; seconded Bob Tizard

That the apologies be sustained.

Carried

2 CONFLICTS OF INTEREST

There were no declarations of conflicts of interest for any item on the agenda. Pat Snedden had advised a temporary change to the interest register with him providing assistance to Maori PHO to choose a Chair, Chris Chambers advised that he was no longer on the Credentialing Committee for Ormston Private Hospital and Anne Kolbe advised that she had been appointed to the Board of Pharmac.

3	**CONFIRMATION OF MINUTES 2 JUNE 2010**
	The ongoing relationship with the University was an item for the Strategic Planning Day. Waitemata was a key relationship with the purchasing agreement and referrals an issue. A new reporting regime was being established and there would be a meeting with Waitemata Board to give visibility to the reporting. The Board Chair expressed an interest in also attending that meeting. One of the reasons some paediatric services were losing money was that more care was given to children that previously would not have survived and survival rates are longer. The Starship building was approximately half way through its life span and there was pressure on capacity with operating theatres proposed at Level 2. The building was difficult to modify. Specialist national services are provided, and in both adult and paediatric there is a trend to specialisation. Paediatrics was providing secondary care to ADHB's population and presently Waitemata and some to Counties Manukau and outpatient clinics are held at other DHBs. As their services develop there is potential to relieve pressure on Starship. A presentation had been made to the National Health Board on specialities. Specialist service need not necessarily be at Starship. Considerable time was spent on advising and reviewing cases for other DHBs that did not have WIES attached. <u>Moved Lynda Williams; seconded Susan Buckland</u> *That the minutes of the Hospital Advisory Committee meeting held on 2 June 2010 be confirmed as a true and correct record.* <u>Carried</u>
4	**ACTION POINTS 2 JUNE 2010**
	As noted previously the relationship with the University was on the programme for discussion at the Strategic Planning Day.
5.1	**Operational Summary Report and Financials**
	The results for the months were unfavourable by $1.75m giving the year to date unfavourable variance of $2.4m. The concentration for the new financial year was on cost and volume management. Revenue is received in a lump sum and if volumes are greater there is no new money to allocate therefore there was the need to manage volumes and costs within the lump sum. The Trust donation for the MRI had been received with the MRI scheduled to open on 30 July. FTEs had improved by 30 in the month and the cost per FTE was lower than budget and means that they are well placed going into 2010-2011. There is a planned increase of FTE with less outsourcing and the new Greenlane Surgical Unit. AED has a reduced length of stay as a result of the 6 Hour Project and two liaison officers had reviewed the appropriateness of attendance with a report awaited. Volumes had increased from February/March which was impacting on the improvement to six hours but the gains made had been maintained. Information is reviewed including case notes on referrals from rest homes which showed that half of the referrals could be handled in a different way. CED had sustained increases in volumes with an annual 7% increase. Christchurch's after hour's services had specialists placed in the services to reduce admissions. The impact of the after hours in Christchurch on CED had been very low. There is the premise that after hour's services would be expensive and encouragement was to go to GPs. Obstetrics was being paid for the first time based on WIES. Stroke services had been moved from General Medicine to now be with Neurology.
5.2	**Operational Indicators and Exception Reports**
	There were no exceptions.

6.1	**DAP Projects Report**
	At the end of June Cardiac surgery waiting list was 61 and production would exceed the 918 target. The service was well placed for 2010-2011 to do operations in house rather than outsourcing and this should be sustainable. The Committee congratulated the team on achieving a great result and sustainability. The work undertaken would now be extended to the cardiology referral process. On the Strategic Planning Day long term service planning and the Health Excellence programme would be discussed. Work was being done with services to map the patient journey and look at pressure points on that service to position it going forward with a plan for the future defined by that service. Eight services had been identified to go through the programme the initial being Orthopaedics and Radiology. There had been 42 nurse facilitated discharges in General Medicine being six per week. The Radiolotherapy option of going to Waikato did not have a large take-up as it is not an option for all patients and transport is a deterrent. The regional long term service planning had been overtaken by the Northern Regional Networks. The process was being led by Chris Morgan who had presented to the Senior Leadership Team. The DAP reporting process was working very well as a tool from a Management's point of view although there maybe some concern that with the consolidated reports not enough time is devoted to issues as the Board only sees the higher level. It was suggested that there were a number of key projects and these could be progressively presented to the Board. One area of reporting improvement was to look more at the post implementation benefits. Internal Audit is not involved in reviewing the system or projects but from a governance point of view perhaps they should review critical projects. The present reporting had helped to get visibility on what was going on as improvement was a continuous process. DAP reporting sat between the Board the Management and there was the establishment of the 6 Health Services Groups going forward and other components such as National Health Board, national and regional planning. The Committee asked for a page on where health plans sat with the 6 HSGs and where there were gaps. The National Health Board was employing clinical expertise to provide advice on the right directions to take. It was noted that the less full agenda had allowed the time for strategic discussion and arising issues and that reporting only focused on exceptions.
	NEXT MEETING
	The meeting closed at 12:22pm The next meeting is scheduled for 10:45am, Wednesday, 4 August 2010 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton
CONFIRMED **CHAIR: DATE:**	

4

ACTION POINTS

WEDNESDAY 7 JULY 2010

Hospital Advisory Committee
Action Points from the meeting on Wednesday 7 July 2010

Item	Detail	Designated	Action
Carried Forward	Discussion on where ADHB sat as a University teaching hospital suggested for Strategic Planning Day	Garry Smith	On programme Strategic Planning Day 18 August 2010
6.1	One pager on where Health Plans i.e. Child Health Plan sit with 6 HSG and where there are gaps including other components, Nation Health Board, national planning, regional planning	Denis Jury	To Board meeting

5

OPERATIONAL PERFORMANCE

5.1 Operational Summary Report and Financials

5.2 Operational Indicators Exception Report

5.1 Summary Report

Overall Performance for the Month

The Provider produced a result $6.3m adverse to budget for June 2010; with the Operational Division result $4.5m favourable to budget (see table below). The Provider produced a result $9.8m adverse to budget for the twelve months to June 2010; with the Operational Division result $2.1m favourable to budget

NOTE: financial results are as at Operational Functional Group 22nd July 2010.

Summary of Provider Results

$,000's	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
Operational	16,069	11,557	4,513F	139,271	137,185	2,086F
Complementary	279	109	170F	1,766	1,432	333F
Functional	(19,922)	(8,900)	11,022U	(148,079)	(135,831)	12,248U
Ancilliary	(19,643)	(8,791)	10,852U	(146,314)	(134,399)	11,915U
Provider Net Surplus/(Deficit)	(3,573)	2,765	6,339U	(7,043)	2,786	9,829U

Note: In the table above we have set out the summary results of various sections which make up the Provider. Under the Functional heading are included areas, such as Finance, HR and IS which support the operational areas. Under the complementary heading are included areas such as A+ Trust, Research and Retail businesses.

While the majority of variances at the total provider arm level are the same as at an operational level there are some key variances, such as the increase in the value of interest rate swap instruments and the higher cost of long service leave and gratuities which are included in the 'Provider' section of the Finance Committee report as a result of including the support areas.

5.1.1 OPERATIONAL DIVISION OPERATING STATEMENT

Provider	Month			Year to Date		
Operating Statement - June 2010	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Total Income						
Patient Care Revenue	92,292	85,298	6,994F	1,036,056	1,020,895	15,161F
Sales of Services & Products	1,396	1,814	418U	18,487	21,689	3,202U
Clinical Training & Education Income	1,588	1,551	37F	17,579	16,988	591F
Trust & Donation Income	3,173	806	2,367F	7,142	9,839	2,698U
Other Income	788	615	174F	6,727	5,967	760F
Profit on Disposal of Fixed Assets	-	-	0F	209	-	209F
Total Income	**99,237**	**90,084**	**9,153F**	**1,086,199**	**1,075,379**	**10,821F**
Operating Expenditure						
Employee Costs	54,597	53,696	902U	638,130	639,552	1,422F
Direct Treatment Costs	19,469	16,034	3,435U	206,779	194,132	12,647U
Indirect Treatment Costs	2,963	2,978	15F	34,863	35,746	884F
Property, Equipment & Transportation Costs	2,543	2,386	157U	27,641	28,651	1,010F
Administration Costs	899	754	145U	8,777	8,630	148U
Indirect Service Billing	788	808	20F	9,651	9,696	45F
Loss on Sale of Fixed Assets	(13)	2	15F	93	21	72U
Total Operating Expenditure	**81,247**	**76,658**	**4,589U**	**925,934**	**916,429**	**9,505U**
Operating Surplus / (Deficit)	**17,990**	**13,426**	**4,565F**	**160,265**	**158,950**	**1,316F**
Non-Operating Expenditure						
Depreciation	1,912	1,860	52U	20,875	21,655	780F
Finance Costs	9	9	0F	120	110	10U
Total :Non-Operating Expenditure	**1,921**	**1,869**	**52U**	**20,994**	**21,764**	**770F**
Total Surplus / (Deficit)	**16,069**	**11,557**	**4,513F**	**139,271**	**137,185**	**2,085F**

Key variances for June 2010 (> $250,000) were:-

1	Patient Care Revenue	$6.994m F $15.160m F YTD
2	Sales of Service Products	$(0.418)m U $3.202m U YTD
3	Trust & Donation Income	$2.366m F $(2.697)m U YTD
4	Employee Costs	$(0.901)m U $1.422m F YTD
5	Direct Treatment Costs	$(3.486)m U $(14.235)m U YTD

1 Patient Care Revenue

The principal variances were as follows:-

Portfolio	Variance	Comments
Adult Health	$1.3m F	1. Inpatient WIES estimated to be 187 behind budget ($0.8M U), 2. Non WIES revenue ahead of budget at $0.3M F, 3. Correction/catchup for prior periods revenue $1.8M F.
Wom, Child, Cardiac, Operating Rooms	$6.5m F	4. Two long stay patients in Child Health - both >355 days ~$1.3m 5. Addn'l income from Mental Health for Eating Disorders $1.13m

		6.	wait list catch up for Cardiac Services which generated a further $1.6m F.
		7.	MOH Subcontracts - Paed Med PCT drug revenue $848k re addn'l funding to cover drug expenditure
		8.	Paed Cardiac $861k F re funding for Berlin Heart.
Operations	$0.2m F	9.	Volumes for LabPlus non schedule contract over budgeted level.
Mental Health, Ambulatory, Ophthalmology, Cancer & Blood	$(1.0)m U	10.	Principal variance in Cancer & Blood Services - $(1.407)m U is a result of lower than budgeted PCT volume, which offsets overperformance in inpatient WIES and chemotherapy volumes.

The revenue shown in the Operational income and expenditure account is <u>all</u> revenue earned by services; the adjustment made to reverse out income for which no additional revenue is available (ADHB volumes, Counties volumes and other DHB non DRG services) is made in the 'Functional' group of services. For year to date June 2010 the adjustment totalled $14.8m.

2 Sales of Service & Products

The adverse variance of $(0.4m)U for June 2010 comprised:-

Haemophilia $(0.25)m U - reflecting lower demand for both synthetic and plasma derived blood products (drug costs are funded dollar for dollar)
Laboratories $(0.13)m U – growth rates for external sales of lab products have been lower than assumed in the budget for this year.

3 Trust & Donation Income

Trust and Donation Income $2.366m F for June 2010, $(2.697)m U YTD. The Starship Foundation funds in respect of the new MRI have now been received resulting in a favourable result for the month.

4 Emplo yee Costs

Operational arm employee costs were $(0.9)m U for June ($1.4m F YTD). As in previous months, staffing numbers exceeded budgeted numbers (Table 1), however the average cost of staff was *lower* than budgeted (Table 2).

FTE Table 1 – FTEs for Month

FTEs	**Budget FTE Month 2009/10**	**Actual FTE Month 2009/10**	**Variance**
Adult Health	1,715	1,722	**-7**
Women, Child, Cardiac, OR&A	2,342	2,461	**-119**
Operations	1,377	1,382	**-5**
Ment Hlth, Amb, Ophth, Cancer & Blood	1,243	1,262	**-19**
Others	-1	1	**-2**
TOTAL	**6,677**	**6,828**	**-151**

Last months variance was (161) FTE, an improvement in the adverse variance of 10 FTE.

FTE Table 2 – Cost per FTE

Operational Services - Staffing Variance			
Month 2009/10	**Budget**	**Actual**	**Variance %**
Employee Costs ($M)	53.7	54.6	-1.68%
FTE Numbers	6,677	6,828	-2.27%
Cost per FTE (Month)	8,042	7,996	0.58%
YTD 2009/10	**Budget**	**Actual**	**Variance %**
Employee Costs ($M)	640	638	0.22%
FTE Numbers	6,707	6,855	-2.20%
Cost per FTE (Year to Date)	95,356	93,094	2.37%

The adverse staffing variance was due to the unfavourable FTE variance of 151 FTE. This in turn reflects the efficiency savings for 2009/10 being expressed as FTE reductions. In practice, YTD savings have been largely achieved through lower average cost per FTE arising from initiatives including the annual leave programme and a reduction in *higher cost staffing* such as bureau, contractors and overtime.

Table 3 below extends the FTE variance to show the savings included in the original budget. Given the overall FTE variance is the savings not achieved, the balance between savings not achieved and the savings included in the budget is the savings actually achieved through the methods above.

FTE Table 3 – FTEs and Savings

	June 10 Budget	**June 10 Actual**	**Variance ***	**Savings Targets incl in Budget**	**Var to Underlying Bud i.e. FTE Savings Achieved**
Adult Health	1,715	1,736	(21)	99	78
Wom, Child, Card, ORA	2,342	2,455	(113)	107	(6)
Operations	1,376	1,393	(17)	63	46
MH, Amb, Ophth, Cancer & Blood	1,243	1,251	(8)	66	58
ACH Others	-1	1	(2)	2	0
Total	**6,675**	**6,836**	**(161)**	**337**	**176**

Table 4 below shows June FTEs compared to the July 2010 budget position.

FTE Table 4 – Current FTE Compared to 2010/11 Budget

	June 10 Month	Jul 10 Month	Var:- June Act
	Actual	Budget	versus Jul Budget
By Portfolio			
Adult Health	1,722	1,738	16
Wom, Child, Card, ORA (CWORAC)	2,461	2,496	35
Operations	1,382	1,429	47
MH, Amb, Ophth, Cancer & Blood	1,262	1,295	33
ACH Others	1	1	0
Total	**6,828**	**6,959**	**131**
By Category			
Medical	1,093	1,180	87
Nursing	3,206	3,182	-24
Technical	1,617	1,678	61
Hotel Services	201	203	2
Stores	1	1	0
Administration	710	724	14
Target Savings	0	-9	-9
Total	**6,828**	**6,959**	**131**

5 Direct Treatment Costs

The principal variances in direct treatment cpsts were in clinical supplies, 3rd party treatment costs, patient applicances and chemicals and media:-

	Variance	Variance
Cost	**Month $M**	**YTD $M**
Clinical Supplies	(1.3)	(9.1)
3rd Party Treatment Costs	(1.1)	(4.9)
Patient Appliances	(0.6)	1.8
Chemicals & Media	(0.3)	(1.6)
Drugs	(0.1)	2.7
Contracted Services - Clinical	(0.1)	(1.1)
Food	(0.0)	(0.3)
Direct Patient Payments	(0.0)	0.0
Interpreters	0.0	0.0
	(3.4)	**(12.5)**

Clinical Supplies –

Service(s)	Variance	Comment
Women's, Child, Cardiac, OR	$(0.8)m U	$806k UF - - reflecting stock adjustments at year end and share of savings targets.
Operations	$(0.2)m U	Primarily due to share of organisation wide savings ($98k U) not achieved & Radiology consumables ($113k U) due to volume of interventional cases & unbudgeted price increases.
MH, Amb, Ophth, Cancer & Blood	$(0.2)m U	Ambulatory - $(30)k U stock adjustment. Radiation Therapy - $(60)k U stock adjustment and $(100)k U target savings
Operational Total	**$(1.26)m U**	

3rd Party Treatment Costs – 97% of the variance was for cardiothoracic outsourcing.

Patient Appliances - $(0.3)m U – paediatric cardiac, costs associated with Berlin Heart (offset by funding); adult cardiac – ICDs for catheter lab $(0.2)m U; Others - $(0.1)m U.

Chemicals and Media – Laboratories $(0.3)m U test volumes higher than budget assumption.

Throughput – Acute Front Door

	Month	**Per Day**	**%**	**Last Month**	**Per Day**	**%**	**Last Year**	**Per Day**
	Jun-10	Att per Day	Comparison to Last Month	May-10	Att per Day	Comparison to Last Year	Jun-09	Att per Day
APU	1,584	53	-2.1%	1,618	52	1.6%	1,559	52
AED	4,249	142	-2.5%	4,360	141	10.2%	3,857	129
CED	2,691	90	-5.8%	2,857	92	-4.8%	2,828	94

AED.
Record daily rate. Increases in average and median LOS although still significantly lower than previous years.
APU.
A step up in the median LOS, a smaller increase in the average. Not unexpected with winter capacity issues but still significantly lower than previous years.
CED.
A drop in volumes, a corresponding drop in LOS measures.

Throughput Statistics

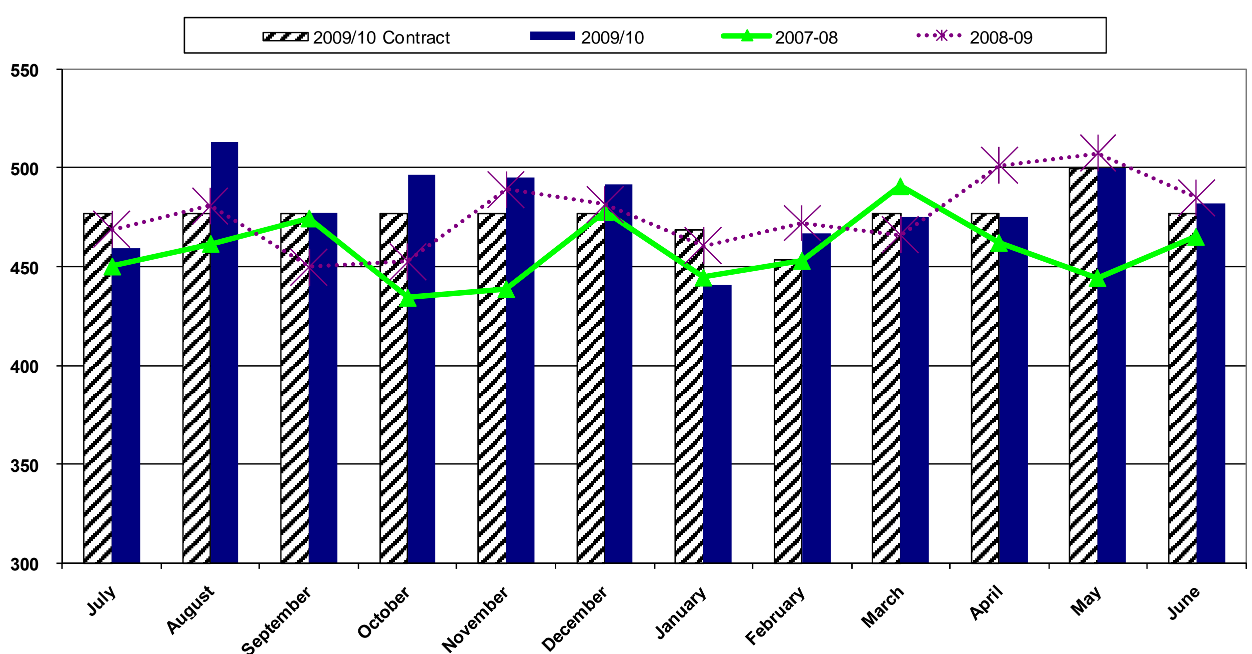
The chart below shows the production recorded to June 2010.

At the time the results were finalised, the coding was 51.3% complete (96.0% YTD) with the average WIES per discharge being 1.1% lower than last year for the same period. Discharges are up by 2.6% from last year.

Inpatient delivery to the most current Price Volume Schedule (Jun 2010) was 102.7% for the month (100.9% YTD).

WIES Production & Delivery per working day						
`	Month			YTD		
	Actual	Budget	Variance	Actual	Budget	Variance
WIES	10,128	10,013	115F	121,299	120,470	829F
WIES Delivery per day	482	477	5F	481	478	3F

WIES per Working Day (excluding stat day - 0910 working year = 252 days)



Volumes YTD

Inpatient volumes year to date June are shown below (reported numbers); the mix by DHB of domicile is clearly not 'optimal' from a financial perspective.

Electives

DHB	Contract	Actual	Variance	% of completion
ADHB	14,985	12,721	**-2,264**	85%
CMDHB	4,298	4,955	**657**	115%
WDHB	5,874	6,449	**575**	110%
Other	5,472	5,345	**-127**	98%
	30,629	**29,470**	**-1,159**	**96%**

Acutes

DHB	Contract	Actual	Variance	% of completion
ADHB	48,341	50,816	**2,475**	105%
CMDHB	12,388	12,107	**-281**	98%
WDHB	17,164	18,366	**1,202**	107%
Other	11,947	10,729	**-1,218**	90%
	89,840	**92,018**	**2,178**	**102%**

Acute & Elective Combined

DHB	Contract	Actual	Variance	% of completion
ADHB	63,326	63,537	**211**	100.3%
CMDHB	16,686	17,062	**376**	102.3%
WDHB	23,038	24,815	**1,777**	107.7%
Other	17,419	16,074	**-1,345**	92.3%
	120,469	**121,488**	**1,019**	**100.8%**

The table below shows the marked impact on our elective outputs arising from the additional cardiac surgery undertaken in 2009/10.

Elective Split by CTSU/Other

	Contract	Actual	Variance
Electives	30,629	29,470	(1,159)
Split by:-			
CTSU	3,945	5,024	+1,079
Other	26,684	24,446	(2,238)

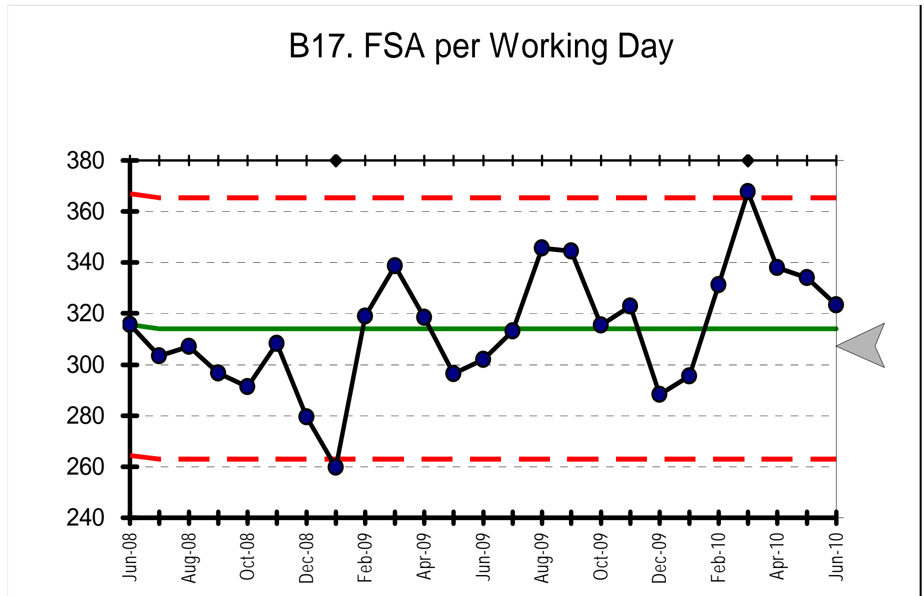
Outpatient Delivery

Below is a graph of outpatient activity in the same manner as for inpatient activity - output per working day. As well as being a useful indicator of productivity, outpatient activity is, in part, the 'feeder' activity for much of our elective 'production line'.

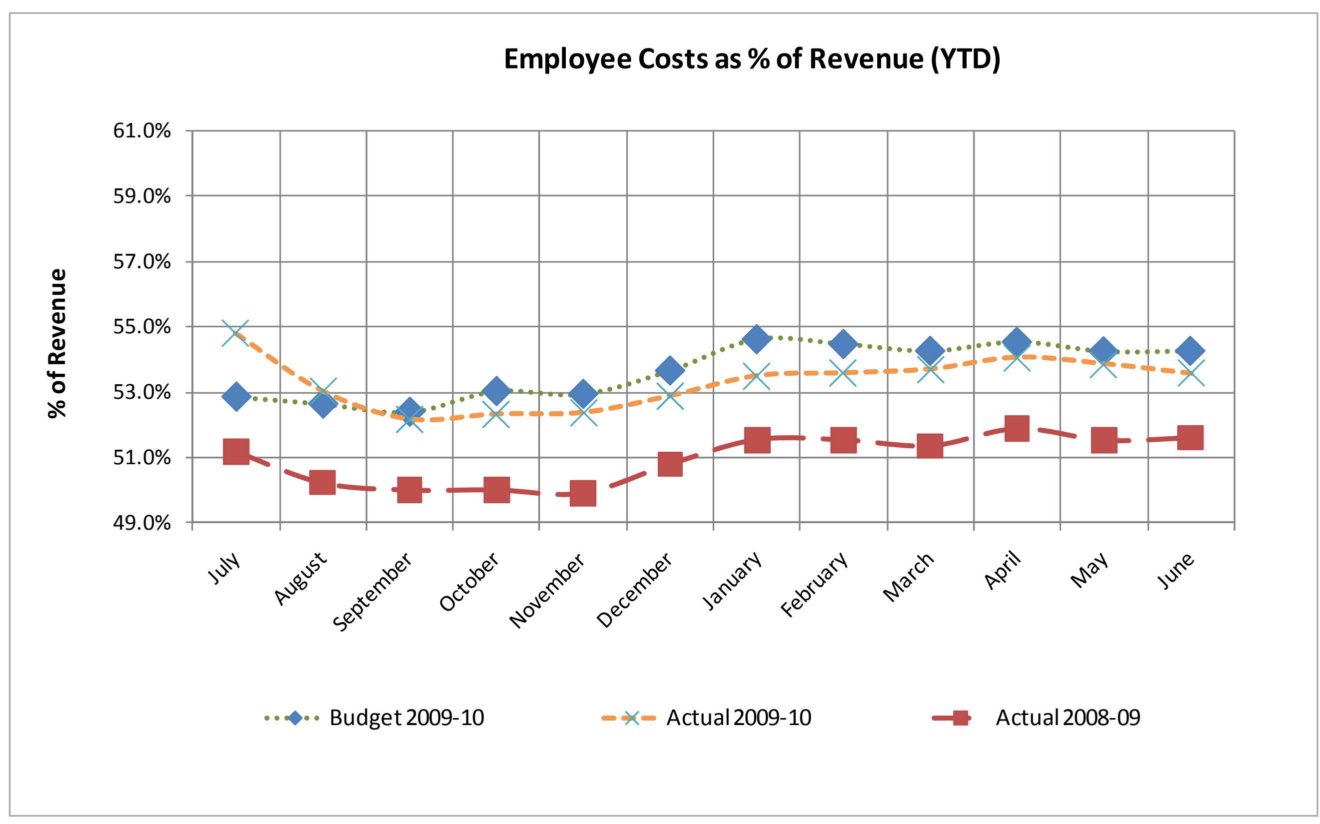
Of the FSAs year to date in 2009/10 (including virtual FSAs), 33% are in medical services (including neurology), approximately 45% are in surgical services or medical services having an elective contract (the largest being cardiology). Sexual Health is 16% of all FSAs (acute demand), the balance is obstetrics (6%).

For the 12 months to June 2010, FSAs were at 107% of contract. Excluding obstetrics (see last month for discussion) they are at 102.2% of contract.

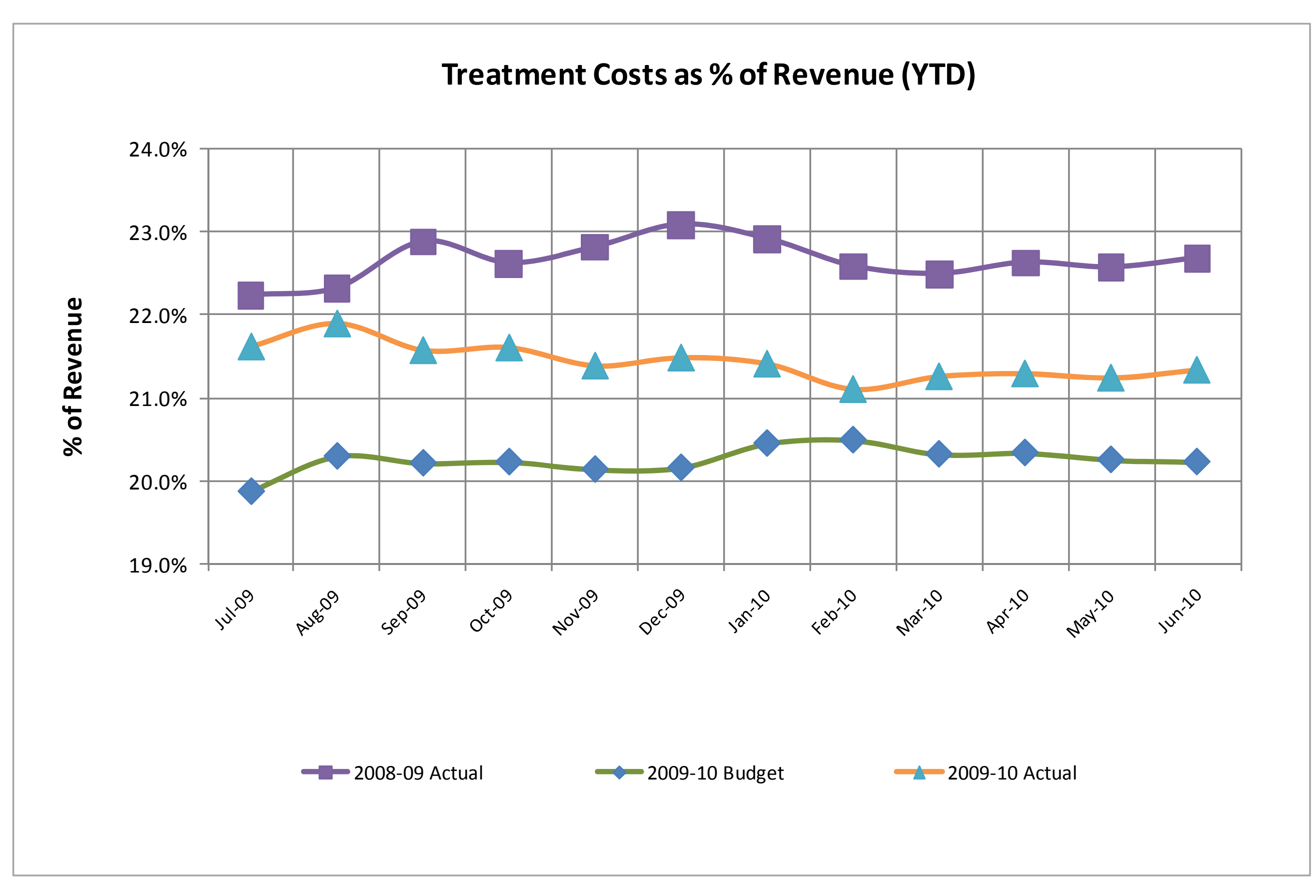
FSA= First Specialist Assessment
Green Line= Average
Arrow= Target



Cost Trend Charts



For the purposes of deriving this % calculation, revenue includes internal revenue.



For the purposes of deriving this % calculation, outsourcing costs have been excluded from direct treatment costs (and the corresponding revenue excluded from revenue).

While treatment costs as a % of revenue have been running at a level less than that of the previous financial year, some cost items eg clinical supplies ($9.1m U YTD) have been running significantly above budgeted levels.

The principal areas which differed from budget for June YTD are:-
In $,000's

Health Service Portfolio	YTD Surplus/(Deficit)			Var as % to Budgeted Revenue	Comments
	Act	Bud	Var		
CWORAC Management [a]	21,831	24,921	3,090U	-10.9%U	The variance is as a result of delayed installation of the Starship MRI Scanner. The balance will be received on completion of the installation.
Child Health [a]	44,337	38,455	5,882F	3.2F%	The favourable result comes predominantly from high levels of inpatient activity, particularly acute care. Revenue for long stay patients (2 patients = 720 days = $1.2M) and one High Cost Treatment Pool patient also contribute ($863K).
Cardiac Health [a]	18,971	21,897	2,926U	-2.7U%	In order to meet MOH throughput and wait list targets significant volumes of patients were outsourced driving a cost over-run in 3rd Party Treatment Costs.
Women's Health [a]	30,064	29,712	352F	0.5%F	This year was the first year of casemix funding for Maternity which has led some price volume schedule variances (both favourable and unfavourable). These have been adjusted for the 2010/11 year..
OR&A [a]	(101,067)	(100,005)	1,062U	-37.9%U	The unfavourable variance predominantly relates to Direct Treatment Costs as a result of increased operating room throughput. Elective cases +3% from 2008/09.
Transplant, Renal, Urology, ORL, Neuro	43,887	41,075	2,812F	2.2%F	The favourable variance is the result of favourable employee costs $2.0m (net of savings targets $2.0m), driven by medical and nursing FTE under budget due to the delayed opening of additional bed capacity and other efficiencies. As well as this, total revenue is $0.8m net favourable, being Neurology $2.0m favourable due to revenue transfer from General Medicine for stroke unit patients, offset by unfavourable revenue in ORL and Urology for under-delivery on elective volumes.
G Med, A+ Links, ID, NSAD, Orthopaedics	45,344	49,182	3,838U	2.6%U	The unfavourable variance is driven by lower revenue $(4.0)m, particularly in General Medicine due to revenue transfer to Neurology for strike unit patients $(2.1)m, and Orthopaedics due to under-delivery on elective volumes $(1.4)m.
Operations Management	178	5,095	4,917U	N/A	Target Savings $(4.5)m. This unfavourable variance is substantially offset by favourable variances in individual services within

					Operations.
Others	35,726	26,853	8,872F	N/A	A range of Provider Services with variances less than $1.0m
Total Operational	**139,271**	**137,185**	**2,085F**	0.17%F	

a - $9.3m of savings targets previously reported under CWORAC management have, for this final report, been allocated to the service group to which they apply.

Operational

Jun 2010

	YTD								
	Act 0910	% of Rev	Bud 0910	% of Rev	Act 0809	% of Rev	Var Budget	%Var to Bud	Var LY
Revenue									
MOH Base Funding	986,456		968,233		902,011		18,223 F	1.9%F	84,446 F
MoH Sub-contracts	18,166		18,736		20,409		570 U	3.0%U	2,243 U
Other Patient Care	31,433		33,925		34,772		2,492 U	7.3%U	3,338 U
	1,036,056		**1,020,895**		**957,191**		**15,161 F**	**1.5%F**	**78,865 F**
Services & Products	18,487		21,689		11,197		3,202 U	14.8%U	7,289 F
CTA	17,579		16,988		4,131		591 F	3.5%F	13,448 F
Trust & Donation Income	7,142		9,839		7,701		2,698 U	27.4%U	559 U
Other Income	6,936		5,967		6,614		969 F	16.2%F	322 F
	1,086,199		**1,075,379**		**986,834**		**10,821 F**	**1.0%F**	**99,365 F**
Expenditure									
Employee Costs									
Medical	215,984	19.9%	214,205	19.9%	200,072	20.3%	1,778 U	0.8%U	15,912 U
Nursing	232,042	21.4%	230,695	21.5%	222,107	22.5%	1,347 U	0.6%U	9,935 U
Technical	107,568	9.9%	110,318	10.3%	100,956	10.2%	2,750 F	2.5%F	6,612 U
Hotel Services	8,862	0.8%	8,619	0.8%	8,566	0.9%	243 U	2.8%U	297 U
Administration	40,959	3.8%	39,680	3.7%	41,715	4.2%	1,279 U	3.2%U	756 F
Other	32,715	3.0%	36,034	3.4%	30,471	3.1%	3,320 F	9.2%F	2,243 U
Total Employee Costs	638,130	58.7%	639,552	59.5%	603,887	61.2%	1,422 F	0.2%F	34,243 U
Direct Treatment Costs	206,779	19.0%	194,132	18.1%	200,915	20.4%	12,647 U	6.5%U	5,864 U
Indirect Treatment Costs	34,863	3.2%	35,746	3.3%	35,757	3.6%	884 F	2.5%F	894 F
Prop, Equip. & Transpt	27,641	2.5%	28,651	2.7%	27,320	2.8%	1,010 F	3.5%F	321 U
Administration Costs	8,777	0.8%	8,630	0.8%	8,968	0.9%	148 U	1.7%U	190 F
Indirect Service Billing	9,651	0.9%	9,696	0.9%	7,197	0.7%	45 F	0.5%F	2,454 U
Loss on Sale of Fixed Assets	93	0.0%	21	0.0%	125	0.0%	72 U	340.8%U	32 F
Total Operating Expenditure	**925,934**	**85.2%**	**916,429**	**85.2%**	**884,170**	**89.6%**	**9,505 U**	**1.0%U**	**41,765 U**
Operating Surplus/(Deficit)	**160,265**	**14.8%**	**158,950**	**14.8%**	**102,665**	**10.4%**	**1,316 F**	**0.8%U**	**57,601 F**
Depreciation	20,875	1.9%	21,655	2.0%	20,798	2.1%	780 F	3.6%F	77 U
Finance Costs	120	0.0%	110	0.0%	1,887	0.2%	10 U	9.4%U	1,767 F
Total Non Operating Costs	**20,994**	**1.9%**	**21,764**	**2.0%**	**22,685**	**2.3%**	**770 F**	**3.5%F**	**1,690 F**
Net Surplus / (Deficit)	**139,271**	**12.8%**	**137,185**	**12.8%**	**79,980**	**8.1%**	**2,085 F**	**1.5%F**	**59,291 F**

5.2 Operations Indicators Exception Report

ADHB HAC KPI List

†	MOH top 6
‡	IDP
Ω	SOI
Π	HBI
Φ	Mental Health KPI set

Indicator	Frequency		
Volume			
B3. Acute WIES Volume - Auckland	M		Ω
B4. Elective WIES Volume - Auckland	M		Ω
B5. Total WIES Volume - Auckland	M		Ω
B6. Non-DRG Revenue - Auckland	M		Ω
B7. Acute WIES Volume - IDF	M		Ω
B8. Elective WIES Volume -IDF	M		Ω
B9. Total WIES Volume _IDF	M		Ω
B10. Non-DRG Revenue - IDF	M		Ω
B11. Acute WIES Volume -All DHBs	M		Ω
B12. Elective WIES Volume -All DHBs	M		Ω
B13. Total WIES Volume - All DHBs	M		Ω
B14. Non-DRG Revenue - All DHBs	M		Ω
B30. Inpatient WIES Cumulative Variance to Contract - Acute/Elective by DHB	M		Ω
B31. Inpatient WIES Cumulative Variance to Contract - Total by DHB	M		Ω
B32. Inpatient WIES Cumulative Variance to Contract - Total all DHBs	M		Ω
B33. NON-DRG Revenue Cumulative Variance to Contract by DHB	M		Ω
B40 Mental Health Total Community Face-to-Face Appts.	M		
B41 Mental Health Total Access - Rate	M		
B42 Mental Health Community New Referrals	M		
Productivity			
B15. Acute WIES per Day	M		
B16. Elective WIES per Working Day	M		
B17. FSA per Working Day	M		
Length of Stay			
A22. Raw Average Length of Stay - WIES funded patients (days)	M		Ω
A61. Mental Health - Average Length of Stay (KPI Discharges) - Te Whetu Tawera	M		Φ
Elective Process and Waiting Times			
A03. Elective Day of Surgery Admission (DOSA) Rate	M		Π
B61. Raw Elective Surgical daycase rate	M		
B50. % of chemotherapy patients attending FSA within 6 weeks of referral	M		
B51. (POP-10) % of chemotherapy patients receiving treatment within 6 weeks of FSA	M		‡
B52. % of radiation oncology patients attending FSA within 6 weeks of referral	M		
B54. MOH-03 (from Dec 09). % of A, B & C category radiation oncology patients receiving treatment within 4 weeks of FSA	M		
B55. % of bone marrow patients attending FSA within 6 weeks of referral	M		
B56. % of patients who commence bone marrow transplant within 6 weeks of decision to treat.	M		
B57. % of haematology patients attending FSA within 6 weeks of referral	M		
B58. % of haematology patients receiving treatment within 6 weeks of FSA	M		
A65. (ESPI 8). Proportion of patients treated prioritised using nationally recognised processes or tools	M		
Acute Process			
A56. % of stroke patients cared for within the stroke unit	Q		Ω
B63. Mental Health percentage of people with relapse prevention plans	M		
Cost			
B34. Cost and revenue for WIES funded inpatient events -all services	6 monthly		
B35. Cost and revenue for WIES funded inpatient events -child	6 monthly		
B36. Cost and revenue for WIES funded inpatient events -adult	6 monthly		
B37. Cost per WIES for WIES funded inpatients - all	6 monthly		
Human Resources			
F.12 % of Total Employee Turnover (Monthly)	M		
F.21 Lost Time Injury Frequency Rate	M		

HAC Exception Report
June 2010

No Exception this month

6

IMPROVEMENT ACTIVITIES

6.1 DAP Projects Report

Goal 1: Lift the health of people living in Auckland city

High Level Strategy	Objective	Strategies to achieve objectives
Reduce inequities in health status		
Maori	Increase access to services	1. Reduce Maori DNA rates. 2. Increase enrolment of Maori in PHOs 3. Rangatiratanga - Maori Health Equity Framework
Pacific	Build healthy communities	1. Healthy Village Action Zone (HVAZ) evaluation 2. Implement and monitor revised KPIs for HVAZ Parish Community Nurses 3. Healthy Village Action Zone leadership and coordination
Improve outcomes in priority areas		
Children & young people	Achieve agreed Ministry of Health immunisation targets (focus Maori & Pacific)	1. Increase PHO/primary care involvement in managing immunisation 2. Practice level reporting 3. Practice nurse NIR training 4. Maori immunisation initiative
	Improve oral health outcomes for children	1. Auckland DHB wide oral health promotion 2. Implement new service model
Older People	Streamline access to older people's services	1. Create a single point of entry to services 2. Develop clinical triage according to need (direct referral to community support) 3. Establish new Home Based Support Services 4. Increase packages of care available 5. Restorative care process implemented
Mental Health	Increase effectiveness across primary, secondary & tertiary services	1. Eating Disorder Services 2. Reconfigure Maori Mental Health Services 3. Reconfigure current level 3 & 4 residential rehab services 4. Implement share care project (PROGRESS+) Primary /secondary integration
Palliative Care	Implement revised service model to align with client need	1. Unbundle current resources 2. Restructure programs to achieve effective use of general and specialist services 3. Increase the input of primary care teams in palliative care services
Prevent & manage long term conditions	Strengthen community participation and action	1. Work with Healthy Village Action Zones initiative to spread lessons 2. Plan the approach to maximise community engagement 3. Achieve target for cardiovascular risk screening
	Support whanau and self resilience	1. Increase efficiency, capacity and options of self-management approaches
	Proactive planned coordinated care	1. Run a GP clinical network for long term conditions that develops planned care 2. Increase retinal screening capacity 3. Develop care pathways for people with long term conditions
	Intensive support for people with high needs	1. Pilot case management 2. Increase the percentage of people utilising cardiac rehabilitation 3. Develop workforce for Kaupapa Maori cardiac rehabilitation

Goal 2: Performance Improvement (Better, Sooner, More Convenient)

High Level Strategy	Objective	Strategies to achieve Objective
Improve the effectiveness & efficiency of Healthcare System		
Primary healthcare	Implementation of PHO-DHB primary healthcare plan	1. Implement approach to providing efficient & effective coordinated care in the neighbourhood
	Improve access to after hours primary care	1. Develop after-hours services including palliative and residential care
Improve Primary Secondary system efficiency -decrease total system cost	Improve information availability across system	1. e-referrals, health event summaries and electronic outpatient letters 2. Increase access to diagnostic tests in primary care 3. Transfer some services to primary/community
	Improve access & efficiency of service delivery	
Improve hospital efficiency / throughput	Improve the performance of ED	1. Projects to improve performance against 6 hr benchmark (OPJ) 2. Increase the use of and capacity of primary options
	Improve the acute capacity management	1. OPJ Starship theatre project 2. Adult inpatient capacity step (beds and workforce)
	Improve Cardiac Surgery Throughput	1. OPJ Cardiac surgery project
Reduce waiting times for elective services	Increase elective services to National Intervention rates	1. Increase Greenlane capability to a full elective services centre (feasibility)
	Achieve Radiation Oncology intervention rates and reduce waiting times for both radiation & medical oncology	1. Improve service scheduling process & utilisation of day stay 2. Tumour specific model implementation 3. Optimising the patient journey projects
	Improve Outpatient Management for Surgical Patients while improving patient satisfaction	1. Patient centred scheduling and communication 2. Accurate waiting time information. Reduced Waiting time 3. Increased input from GP's
	Reduce unmet need for elective services	1. Establish a new elective services centre
Improve Leadership Capability	Clinical leadership model: implement, monitor and evaluate	1 Leadership development, mentoring and engagement process 2 Integrated governance reporting implemented 3. Define baldrige roll out plan and complete base line
	Improve senior leadership team performance	
Improve clinical quality & professional governance	Implement sector wide clinical networks	1. Develop GP network (collaborative) with primary care
	Improve safety and quality of care	1. Implement NQIP Medication Safety, Infection Prevention & Control, Mortality Review, Incident Management 2. Increase the number of GP practices with Cornerstone accreditation
Strengthen the health workforces	Improve clinical staff retention	1. Targeted recruitment ICU, Midwives, RMOs, OR staff 2. Define, train and implement new workforce roles 3. Review performance based incentive programs 4. Improve the ease of application and entry
	Healthy workplace	
	Develop response to Long Term Services Plan	
Information management	Improve resilience and availability of core IT systems	1. Implement the resilience improvement plan
	Regional Strategic Plan	1. Regional Strategic Plan development in alignment with NZ HIS 2009
Planning	Improve Capacity Management	1. Implement dynamic planning process (right beds, staff, facilities)
	Long Term Services Planning	1. National 2. Regional 3. Local

Goal 3: Live Within Our Means (Improve Value for Money)

High Level Strategy	Objective	Strategies to achieve Objective
Manage Revenue	Ensure revenue received for services provided	1. IDF annual agreements ensure we are paid for what we do. 2. Participate in National pricing process
Improve Productivity	Reduce Administration Cost	1. Improve HR payroll processing and leave management 2. Reduce back office cost (regional shared services) 3. Manage administration of M&A FTE cap
	Improve Clinical Effectiveness	1. Improve clinical resource utilisation 2. Reduce variation in Clinical Practice
	Health Service Process Improvement	1. Implement improvement programs to reduce waste, improve flow and enhance the patient experience.
	Achieve procurement savings	1. Leverage national/regional procurement initiatives 2. Refine procurement strategy 3. Deliver direct treatment cost savings 4. Deliver indirect treatment cost savings 5. Monitor and collect rebates within contracts for supplies and services
Manage Cash	Optimise stock holding	1. Revisit replenishment parameters 2. Improve supply chain systems and processes
	Sustainable Cash Management Plan	1. Asset Management Plan alignment with the Long Term Services Plan 2. Improve prioritisation process for new capital 3. Long term financial modelling process is implemented

Goal Level Summary Report (Hospital Advisory Committee)

DAP Projects

Total Projects: 15

DAP GOAL	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Finished	Post Implementation Benefits		
			Plan			Do/Check	Act	Cancelled	Green	Orange	Red	Green	Orange	Red	Fully deliver	Partially deliver	Not deliver		Green	Orange	Red
			Define	Measure	Analyse	Improve	Control														
1) Lifting the Health of the people in Auckland City	1	1	0	0	0	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0
2) Performance Improvement	14	14	1	0	2	6	1	1	10	4	0	14	0	0	10	4	0	3	2	1	0
3) Living within our Means	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals #	**15**	**15**	**1**	**0**	**2**	**7**	**1**	**1**	**11**	**4**	**0**	**15**	**0**	**0**	**11**	**4**	**0**	**3**	**2**	**1**	**0**
Totals %	**100%**	**100%**	**7%**	**0%**	**13%**	**47%**	**7%**	**7%**	**73%**	**27%**	**0%**	**100%**	**0%**	**0%**	**73%**	**27%**	**0%**	**20%**	**13%**	**7%**	**0%**

High Level Summary Report

Goal 1 Lift the Health of the people in Auckland City

DAP Projects

Total Projects: 1

DAP HLS	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Finished	Post Implementation Benefits		
			Plan			Do/Check	Act														
			Define	Measure	Analyse	Improve	Control	Cancelled	Green	Orange	Red	Green	Orange	Red	Fully deliver	Partially deliver	Not deliver		Green	Orange	Red
1.1 Reduce inequalities in health status	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 Improve outcomes in priority areas	1	1	0	0	0	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0
1.3 Prevent and manage long term conditions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals #	**1**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
Totals %	**100%**	**100%**	**0%**	**0%**	**0%**	**100%**	**0%**	**0%**	**100%**	**0%**	**0%**	**100%**	**0%**	**0%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Objectives

Objective	Objective Owner	Comment

Exceptions

Short Name	Coverage	Phase	On Time	On Budget	Expected Outcome	Sponsor Review	DAP project?
Progress Plus	ADHB	Improve				Primary/Secondary Integration. The three year Progress+ project ended on 30th June, with this work now entering the sustainable service phase. The University of Auckland is collecting outcome data in preparation for the final evaluation report: draft due September. Currently 100 ProCare GPs participating with the discharge pathways, with 187 clients enrolled. To date, ProCare have not confirmed their intent to continue participation in this. Work has begun to roll out the discharge pathways to Auckland PHO, Tamaki PHO and AuckPac. Providing increased assessments, including in primary care settings (using a "see and treat" approach) has commenced in two CMHCs, with noticeable reduction in referrals into CMHC at Cornwall House. Manaaki House are providing a weekly clinic in one GP surgery, with more anticipated as medical staffing improves in that CMHC. Work is progressing with CMHC Psychiatrists to enable GP access to phone advice on a daily basis.	yes

Legend: Red - , Orange - , Green -

High Level Summary Report

Goal 2 Performance improvement

DAP Projects

Total Projects: 14

DAP HLS	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Finished	Post Implementation Benefits		
			Plan Define	Plan Measure	Analyse	Do/Check Improve	Act Control	Cancelled	Green	Orange	Red	Green	Orange	Red	Fully deliver	Partially deliver	Not deliver		Green	Orange	Red
2.1 Improve the effectiveness & efficiency of the healthcare system- primary care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Improve the efficiency and effectiveness of the healthcare system– decrease total system cost- primary secondary interface	2	2	0	0	2	0	0	0	1	1	0	2	0	0	1	1	0	0	0	0	0
2.3 Improve the efficiency and effectiveness of the healthcare system - hospital efficiency /throughput	5	5	0	0	0	3	1	0	4	1	0	5	0	0	4	1	0	1	1	0	0
2.4 Improve the efficiency and effectiveness of the healthcare system – reduce waiting times for elective services	3	3	0	0	0	2	0	1	3	0	0	3	0	0	3	0	0	0	0	0	0
2.5 Improve leadership capability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Improve leadership performance in clinical quality& professional governance	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	1	1	0	0
2.7 Strengthen the health workforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Information management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Planning	3	3	1	0	0	1	0	0	1	2	0	3	0	0	2	1	0	1	0	1	0
Totals #	**14**	**14**	**1**	**0**	**2**	**6**	**1**	**1**	**10**	**4**	**0**	**14**	**0**	**0**	**10**	**4**	**0**	**3**	**2**	**1**	**0**
Totals %	**100%**	**100%**	**7%**	**0%**	**14%**	**43%**	**7%**	**7%**	**71%**	**29%**	**0%**	**100%**	**0%**	**0%**	**71%**	**29%**	**0%**	**21%**	**14%**	**7%**	**0%**

Objectives

Objective	Objective Owner	Comment
2.3.1 Improve the performance of ED	Margaret Dotchin (ADHB)	Close monitoring of performance is required as workload (acute and elective) increases. Green belt practitioners are picking up a number of projects which will assist rollout of improvement initiatives.
2.3.2 Improve acute capacity management	Ngaire Buchanan (ADHB)	Main emphasis on the acute patient flow project deliverables. Remains on track. Refer to the Adults and

		Children's acute patient flow projects
2.3.3 Improve cardiac surgery throughput	Kay Hyman (ADHB)	24/6/10 Project (Phase 1 completed with change being embeded in BAU. New Project (Phase 2) will commence in 2010/11.
2.4.1 Increase elective services to National intervention rates	Ngaire Buchanan (ADHB)	Elective services project to commence for the 2010_11 year in line with the Service Excellence programmes. Static plan in progress
2.4.2 Achieve Radiation Oncology intervention rates and reduce waiting times for both radiation and medical oncology	Fionnagh Dougan (ADHB)	June 2010 - We continue to achieve the 6 week target in this quarter through outsourcing.
2.4.3 Improve outpatient management for surgical patients while improving patient satisfaction	Ngaire Buchanan (ADHB)	Project on hold due to resource requirements for the Elective services work. However the outcome of ESU will be a base for future improvements. Nil to update.
2.9.1 Improve capacity management	Ngaire Buchanan (ADHB)	Revised capacity management approach for monthly review and reporting. Production Planner currently inputting data to enable reporting from July 2010. Nil to update
2.9.2 Long term services planning	Ngaire Buchanan (ADHB)	Under management with the LTSP manager

Exceptions

Short Name	Coverage	Phase	On Time	On Budget	Expected Outcome	Sponsor Review	DAP project?
Adult 6-hour project	ADHB	Improve	⚠	●	●	Initial baseline for adult patients admitted or discharged from ED within 6 hours was 62%. This has been progressively improving to 69% in Qtr 2, 74% in Qtr 3. This level has been maintained in the April - June Qtr, despite significant increases in ED patient attendances. A number of improvements continue to be implemented to improve the flow of patients out of AED to wards and data suggests that these are having an impact in the time taken to admit patients. Rollout out of rapid rounds continues. Forty two Nurse Faciltated discharges completed to end of June. Activity follows in AED completed to identify opportunity to create more patient care time. AED triage processes under review. Discussion paper to be completed on direct ward admittance from ED specialists. Daily reporting to be developed on patients in AED with LOS>6 hours which will facilitate daily discussion and actions to over come delays. Ten additional beds have been open (Mon-Fri 0700-1700) since 1 July to assist flow. Whilst this shift in performance has been maintained for the last seven months, we are still well below the goal of 95%.	yes
Starship 6 hour project	ADHB	Improve	●	●	●	Within the improve stage. Continued improvement has seen April @ 91% which is significant considering the previous quarter (at 89%) is in the traditionally quieter months.	yes
Auckland Region Cardiac Surgery Service Development	Regional	Finished	●	●	●	24/6/10 Project (Phase 1) completed with change being enbedded in BAU. New project (Phase 2 will commence in 2010/11	yes
GSC	Regional	Improve	●	●	●	Process development continuing with good service input. Challenges around service supply and service design are being worked through. Workforce development has identified short and medium term options for development and consultation as appropriate. Development of first 3 OR will be completed June. Building consent for SSD approved. Tenders for SSD being reviewed and will be awarded shortly.	yes
Radiation oncology waiting times	ADHB	Improve	●	●	●	100% of patients referred and eligible for treatment across A-C categories met the MOH 6 week wait time target in June. No patients waited > than 6 weeks for treatment due to capacity. A sustained surge in demand over the last 6 weeks and cessation of the evening shift from the end of May has resulted in available capacity becoming fully booked with little room for movement on the linacs. As a consequence the service is forecasting an increase in wait times however patients will remain with in the six week target achieved by a small additional capacity increase through the use of overtime and the continued use of outsourcing to ARO. Waikato Hospital will accept patients from mid July clinically supported by input from a visiting ADHB Radiation Oncologist. The service is forecasting 100% compliance	yes

	for Quarter 4. A service improvement plan has been developed with a focus on initiatives to improve waiting time performance to meet the 4 week MOH target from December 2010.

Legend: Red - ◆, Orange - △, Green - ●

High Level Summary Report

Goal 3 Live within our means

DAP Projects

Total Projects: 0

DAP HLS	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Finished	Post Implementation Benefits		
			Plan			Do/Check	Act														
			Define	Measure	Analyse	Improve	Control	Cancelled	Green	Orange	Red	Green	Orange	Red	Fully deliver	Partially deliver	Not deliver		Green	Orange	Red
3.1 Manage revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Improve productivity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Manage cash	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals #	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Totals %																					

Objectives

Objective	Objective Owner	Comment

Exceptions

There are no projects that have been marked as an exception

7

PAPERS

7.1 CARDIAC EXCELLENCE PROGRAMME

Cardiac Surgery Service Development Project

More, better, sooner, now and in the future

ADHB Hospital Advisory Committee Update – 4th August

Phase 1 Goal

- Provide more, better, timely care to our bypass patients
- To have the capacity to do 920 bypass procedures in 2010/11 to achieve MoH intervention targets for bypass surgery
- For changes to benefit staff
- For changes to be sustainable and support the future growth of the service

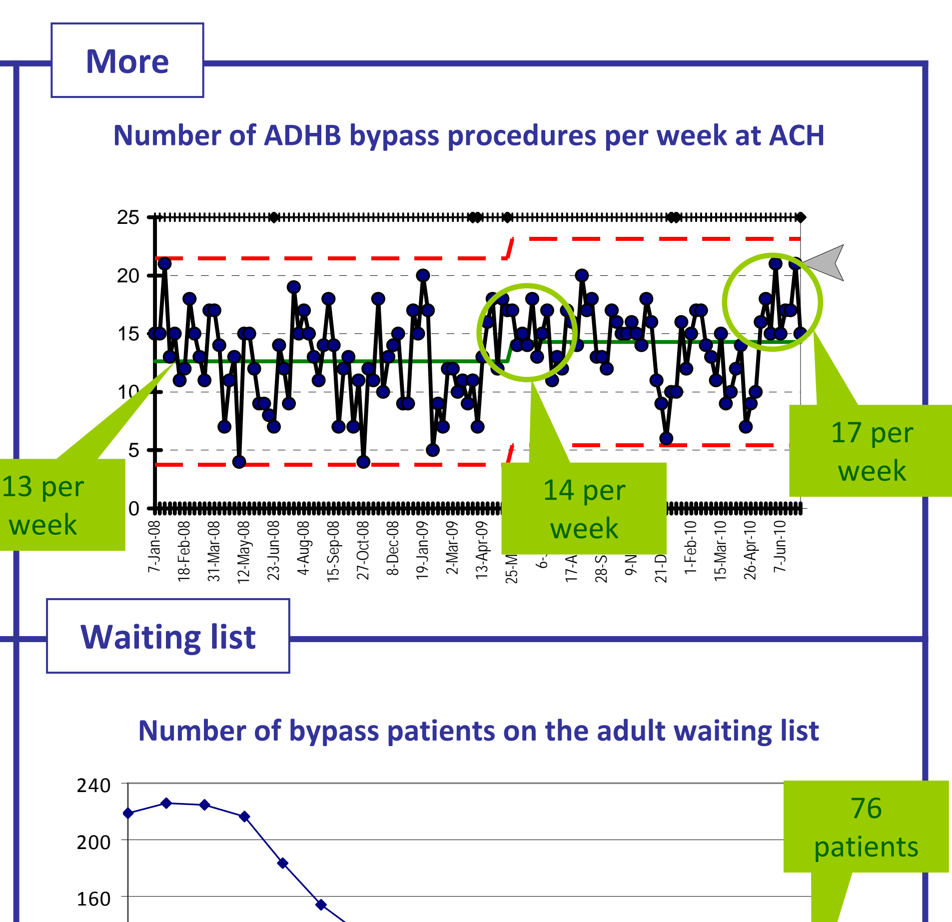
More, better, sooner now and in the future:

#	Project	Outcome	Project handover
1	Full kit referral	Reduce rework and increase patient availability for surgery	Complete
2	Pre-admit 'process'	Improve safety, quality and patient availability reduce cancellations	Complete
3	Monitoring and scheduling system	More visibility and predictability in scheduling and waiting times for Auckland Region Hospitals and patients	Complete
4	Patient load planning	Support bed co-coordination and capacity management to increase throughput	Jul 10 (supported)
5	Patient pathway management	Improve safety, quality and reduce average length of stay	On hold
6	Strategy (ACH operating model)	Develop flexibility, sustainability & surety of patient waiting times	Complete
7	Future Resource Capacity Evaluation	Plan and resource for the future demand theatre, post/pre –op capacity requirements	Complete
8	Service Wide Clinical Leadership Role	Effective and empowered clinical decision making in the interests of the service	Complete
9	Measurement and Reporting Framework	Credible and timely performance measures and data that supports decision making	Complete (phase 2 scoped)
10	Patient clinical outcome database & reporting	Reliable clinical outcome measures for auditing, reporting and research	Complete (phase 2 scoped)

How are we going against the goal?

Our goal

- Complete an average of 17.7 CABG and valve bypass per week through ACH in 2010/11
- Keep adult waiting list below 80
- Do all patients within the time commitments

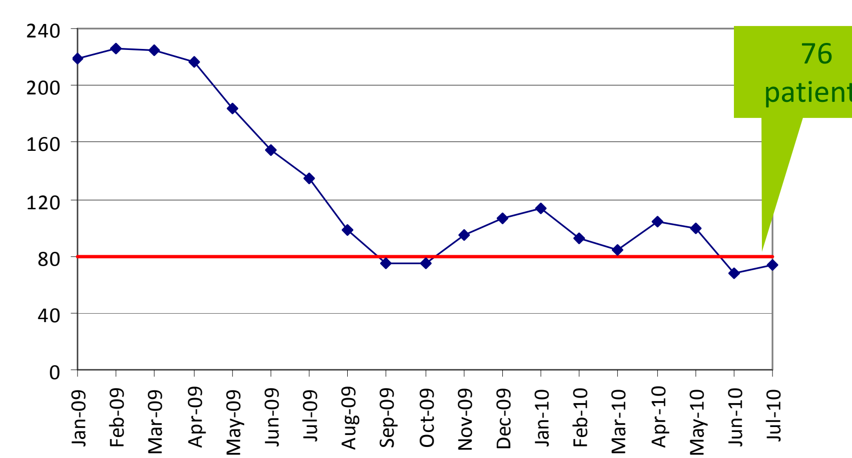


Volume

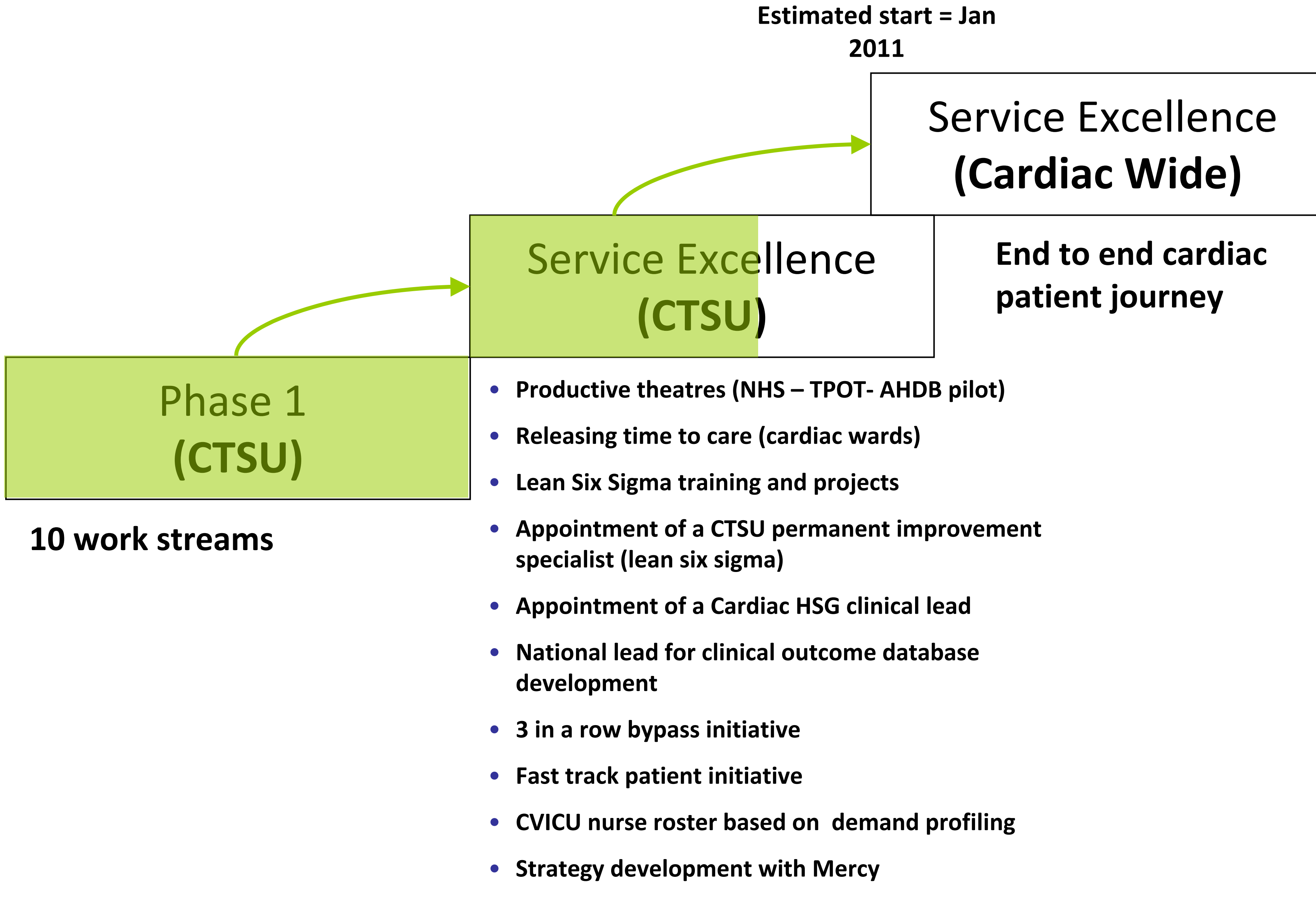
Cumulative volumes for 2009/10

2010/11 Required Av per week = 17.7

2010/11 YTD Actual Av per week = 18.7 (only includes 3 weeks)



Programme staging and next steps



8

FEEDBACK TO BOARD

8.1 Hospital Advisory Committee Feedback to Board

9

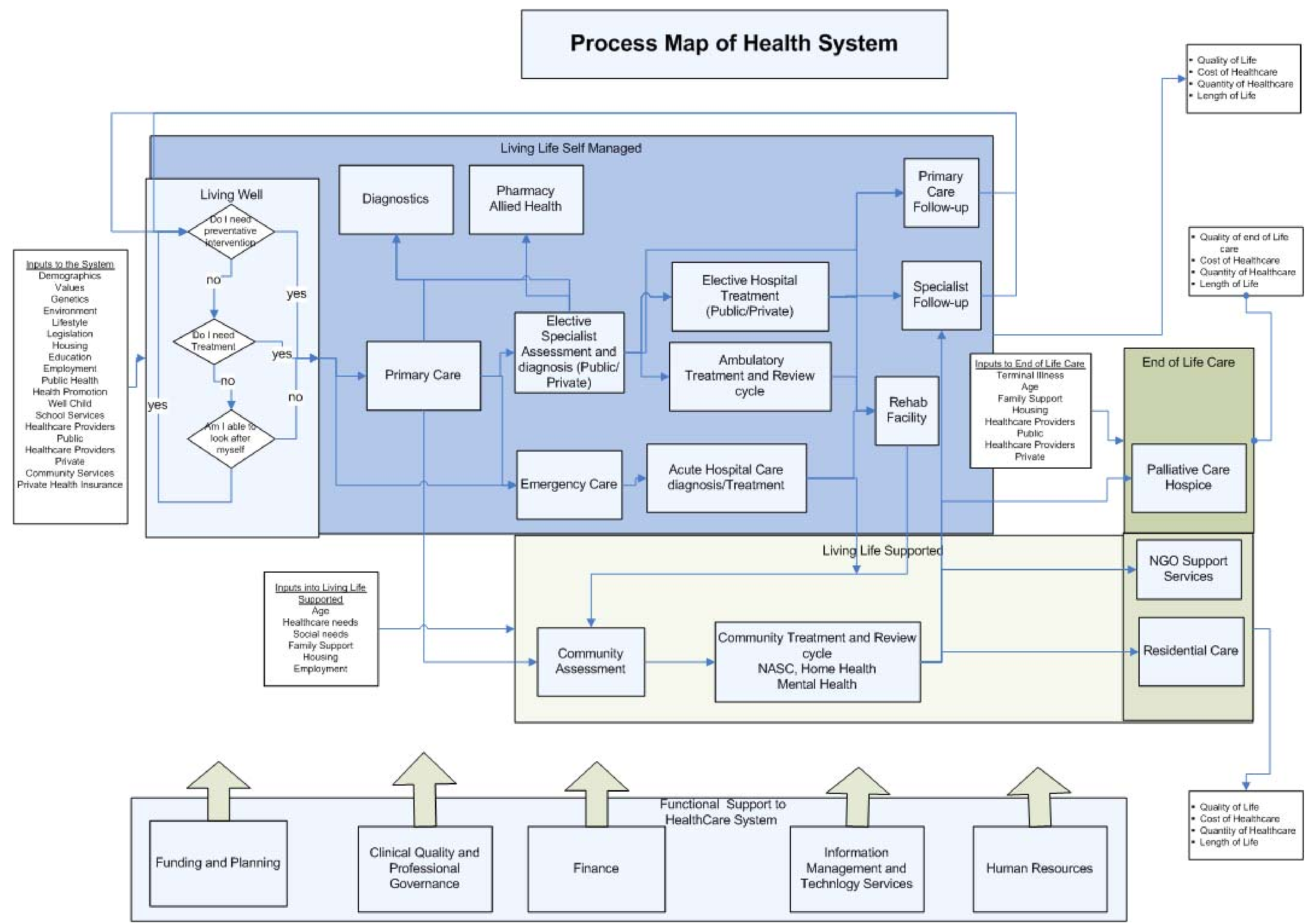
GENERAL BUSINESS

10

APPENDICES

10.1 Healthcare System Diagram

10.1 Healthcare System Diagram



Hospital Advisory Committee
Agenda

MEETING DETAILS	
Time and Date	10.45am – 12.15pm, Wednesday, 4 August 2010
Venue	A+ Trust Room, Level 5, Clinical Education Centre, Auckland City Hospital
Members	Dr Chris Chambers (Chair), Jo Agnew, Susan Buckland, Harry Burkhardt, Rob Cooper, Dr Brian Fergus, Dr Ian Scott, Pat Snedden, Rt Hon Bob Tizard, Seiuli Dr Juliet Walker, Ian Ward, Assoc Prof Anne Kolbe, Prof Iain Martin, Farida Sultana, Lynda Williams
Apologies	
In Attendance	Garry Smith, Dr Denis Jury, Dr Margaret Wilsher, Brent Wiseman, Dr Richard Aickin, Greg Balla, Taima Campbell, Margaret Dotchin, Fionnagh Dougan, Kay Hyman, Chris Morgan, Janice Mueller, Vivienne Rawlings, Ngaire Buchanan, Ian Bell.

COMMITTEE FUNCTIONS

To monitor the financial and operational performance of the hospitals and related services of the DHB, assess strategic issues relating to the provision of hospital services by or through the DHB and give the Board advice and recommendations on that monitoring and that assessment.

	Item	Page No
1	**Attendance and Apologies**	001
2	**Conflicts of Interest**	003
3	**Confirmation of Minutes 7 July 2010**	015
4	**Action Points 7 July 2010**	021
5	**Operational Performance** 5.1 Operational Summary Report and Financials 5.2 Operational Indicators Exception Report	025
6	**Improvement Activities** 6.1 DAP Projects Report	045
7	**Papers** 7.1 Cardiac Excellence Programme	055
8	**Feedback to Board**	061
9	**General Business**	063
10	**Appendices** 10.1 Healthcare System Diagram	065

NEXT MEETING	
Time and Date:	10.45am – 12.15pm, Wednesday 1 September 2010
Venue:	A+ Trust Room, Level 5, Clinical Education Centre, Auckland City Hospital

Hei Oranga Tika Mo Te Iti Me Te Rahi
Healthy Communities, Quality Healthcare