

Distribution:

Committee Members:

A Ballantyne
K Eagles (Committee Deputy Chair)
F Gilkison
R Handley
T A Hohaia
P Lockett
K Nielsen (Committee Chair)
A Rumball
A Tamati
S Webb
G White

Management:

Chief Executive
General Manager Finance / Commercial
Chief Operating Officer
General Manager Planning & Funding &
Population Health
Chief Advisor Maori Health
Chief Medical Advisor
Quality Risk Manager
Management Accountant
EA to COO

Advisors:

C Gates-Thompson, Media Advisor
P Franklin, Legal Advisor
P Mayes, Relationship Manager, MoH

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TARANAKI DISTRICT HEALTH BOARD

AGENDA

**HOSPITAL ADVISORY
COMMITTEE**

ORDINARY MEETING

OPEN

**Wednesday 28 September 2016
1pm**

**Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth**

Public:

Tui Ora Limited
Midlands Health Network
Relationship Manager, MoH
HealthCare Providers
Te Whare Punanga Korero (7)
Dr Keith Blayney
J Nager
Agnes Lehrke, Grey Power

Public Libraries –

- New Plymouth
- Hawera
- Stratford
- Opunake
- Patea
- Manaia
- Kaponga
- Waverley
- Oakura
- Waitara
- Bell Block
- Inglewood
- Eltham

Media –

- Daily News
- Newstalk ZB
- Hawera Star
- Midweek
- Opunake & Coastal News
- Stratford Press
- TV One News

Health Centres –

- Stratford
- Patea
- Opunake
- Mokau

Base Hospital Library
Hawera Hospital Library
Corporate Reception



HOSPITAL ADVISORY COMMITTEE MEETING AGENDA

Wednesday, 28 September 2016
1 pm
Corporate Meeting Room 1, Base Hospital
David Street
New Plymouth

		Action
1.	Apologies – Gillian Campbell	For noting
2.	Interest Register & Conflicts of Interest <ul style="list-style-type: none"> • Members to verbally advise all changes to the interest register, and amend the register circulated; and • Members need to advise the Chair of any conflict with any matter that is part of the agenda papers. 	Members to advise Chair
3.	Public Comment	Verbal
4.	Chair's Report	Verbal
5.	Attendance Schedule	Verbal
6.	Minutes 6.1 Minutes of meeting held 27 July 2016 <u>Resolution</u> <i>That the Hospital Advisory Committee receives and notes the minutes of the meeting held 27 July 2016 as a true and accurate record.</i> 6.2 Matters Arising	Resolution
7.	Presentation – Maternity Service Overview Dr Jeremy Smith: Head of Department, Obstetrics and Gynaecology Leigh Cleland: Clinical Services Manager - Maternal/Child Health Belinda Chapman: Associate Director of Midwifery	Presentation
8.	Management Reports Hospital & Specialist Services Monthly Report , including: <ul style="list-style-type: none"> • Quality and Risk Report <u>Resolution</u> <i>That the Hospital Advisory Committee receives and notes the report of the Chief Operating Officer and associated Quality/Risk report.</i>	Resolution
9.	Date of Next Meeting 23 November 2016 – New Plymouth	For noting

Attendance Records 2016 - 2017
 TDHB Hospital Advisory Committee Meetings

Date	27/07/2016	28/09/2016	23/11/2016	00/0/0000	00/0/0000	TOTAL
Board						
Pauline Lockett	✓					
Sally Webb	✓					
Alex Ballantyne	AB					
Karen Eagles - Deputy Chair	A					
Flora Gilkison	A					
Richard Handley	✓					
Te Aroha Hohaia	✓					
Kevin Nielsen - Chair	✓					
Alison Rumball	✓					
Aroaro Tamati	✓					
Greg White	✓					

KEY	
✓	Attended
A	Apology
LOA	Leave of Absence
AB	Absent



MINUTES OPEN (unconfirmed)

HOSPITAL ADVISORY COMMITTEE

27 July 2016

1pm

**Corporate Meeting Room 1
Base Hospital David Street
New Plymouth**

Present:

Kevin Nielsen (Chair), Richard Handley, Te Aroha Hohaia, Pauline Lockett, Alison Rumball, Aroaro Tamati, Sally Webb (via videoconference), Greg White

In Attendance:

Rosemary Clements (Chief Executive), George Thomas (General Manager Finance & Corporate Services), Gillian Campbell (Chief Operating Officer), Anne Kemp (Quality & Risk Manager), Katherine Fraser-Chapple (Service Manager - Projects), Brent Abbott (Management Accountant), Cressida Gates-Thompson (Communications Advisor), Charles Hunt (HR Manager), Lisa Corrigan (EA to COO)

Dr Sharat Shetty – Clinical Director, Mental Health

Wendy Langlands – Clinical Services Manager, Mental Health & Addictions

Ronél Marais – Associate Director of Nursing, Mental Health

960.0 Opening of Meeting

Mr Nielsen declared the meeting open and welcomed those in attendance.

961.0 Public Comment

Mr Nielsen noted that there were no members of the public in attendance.

962.0 Apology

Resolution

That the Hospital Advisory Committee receive and note the apologies from Karen Eagles and Flora Gilkison (Board members).

*Rumball/Hohaia
Carried*

963.0 Attendance Schedule

The attendance schedule was received and noted.

964.0 Conflict of Interest

Members were asked to verbally advise all changes to the interest register and amend the register circulated; and members to advise the Chair of any conflict with any matter that is part of the agenda papers.

965.0 Presentation – Mental Health Services Overview

Mr Nielsen introduced Dr Sharat Shetty (Clinical Director Mental Health), Wendy Langlands (Clinical Services Manager, Mental Health & Addictions) and Ronél

Hospital Advisory Committee – Minutes – July 2016

Marais (Associate Director of Nursing, Mental Health) and invited them to present to the meeting.

Presentation:

- Our Aim
 - Key Priorities for the next 3 years 2016-2019
 - Progress further system wide change to improved consistency of service provision and improve outcomes for individuals, families and whanau
- Service Provision covers following Consumer Cohorts
 - Child and Adolescent Mental Health Services – Taranaki Wide
 - Mental Health Services Older People – Taranaki Wide
 - Adult Community Mental Health Services – North, South, Perinatal
 - Alcohol and Drugs Services
 - Total Staff FTE Approx. 210 or 250 people
- Workforce Distributions
 - Pie chart displaying workforce distributions for the following staff groups:
 - Nursing - 51%
 - Psych Assistants
 - Psychologists
 - MHAS Admin
 - Allied Health
 - Psychiatrists
 - MHAS Management and Support
 - MHAS Advisors
- Current State
 - Work within Tiered Model to achieve our aims for sustainable mental Healthcare.
 - Match interventions and service provided to the level of need of the individual
 - The Tiered Model illustrates the matched approach to care across the various levels of tiers of service
 - Table 1 Description of Tiers:
 - Tier 0 – Community Health and Wellbeing. Generic services providing education, health improvement and preventative approaches → Voluntary services, public health services, local authority education and leisure services
 - Tier 1 – Primary Care and Mental Health Services. Entry level for care where professionals will seek to address issues before they may require referral on to more specialised and focused services → General practitioner, public health nurse, long term conditions nurse, midwife, allied health professionals, e.g. dietetics physiotherapy, occupational therapy
 - Tier 2 – Secondary Care Community Mental Health Services. Specialist community and inpatient based structured treatment service accessed by referral from Tier 1 → Community and inpatient mental health services, locality based psychological therapies, addiction services

- Tier 3 – Tertiary Care. Specialist and high intensity treatment services. Access by referral from Tier 2 → Low secure forensic unit, eating disorder service, mother and baby mental health unit, forensic service
- MH&A Journey to the Future diagram
- Quick Wins
 - Assessment & Brief Care Team
 - Intensive Psychiatric Care
 - Suicide Prevention
 - Seclusion & Restraint

Discussion

- Mrs Langlands, Mrs Marais and Dr Shetty introduced themselves and shared their clinical background experience.
- It was noted that the presentation to the Board today was a high level overview of Mental Health services in Taranaki. Mental Health services are mapped on a three to five year plan. For Mental Health services to progress system wide services in Taranaki, these are done in conjunction with the primary sector and NGOs (non-governmental organisations). Mental Health services are a patient/family and whanau centred service.
- Workforce distributions were discussed. The largest workforce component of Mental Health services is nursing. Currently there is a 12% Maori workforce and the service is working to exceed 13%.
- Future state for Mental Health Services: look at system redesign, integrated care pathways with key stakeholders, and improve self determination (a Recovery Action Plan has been developed and will be launched next week).
- Mr Handley asked what relationship does the DHB have with Tui Ora and what are their responsibilities? Tui Ora run parallel services in the community and have GPs on site. It was noted that NGOs receive 1/3 Mental Health funding in Taranaki.
- There has been a lot of work around seclusion reduction, with total hours captured. The Intensive Psychiatric Care Unit (IPC) design is not suitable for the new care models and staff are looking forward to the redesign of the current facilities to reflect these models of care.
- Mental Health have combined the Crisis and Acute Home Base teams in June and this has enabled more flexibility in the team, with people being seen quicker. A further plan for acute service delivery is being developed for South Taranaki.
- Mr Nielsen asked about the increasing number of referrals. Mrs Langlands noted that the Alcohol and Drug service received 80 referrals in June (average is 50) and the CAMHS service received 70 referrals in June (average is between 50-60). We are not sure what has caused the increase and it is hard to compare over one month. Mrs Marais noted that with the higher number of referrals, admissions have also increased.
- Mental Health are starting education processes in the community – this will take a while and will need investment. Planning to spend time with GPs. It was noted that when patients are referred to the service, clinical care is usually required.
- Mr Handley asked about suicides and whether this was felt to be related to more stress/signs in the community. Dr Shetty noted that the service has started work on pre and post vention, and that the service was becoming more

of an intervention team. Currently working with IT to start a new assessment form. The Recovery Action Plan is Taranaki wide, not just in the DHB. Education is important and the service is happy to provide support for this. Discussion held around suicide in South Taranaki being higher. Dr Shetty noted that most suicides are people not known to the service and we need to know why these people are not approaching the service.

- Discussion was held around suicide in teenagers. It was asked what kind of education is there for this group of people. Mrs Langlands noted that there is high access to the service at this time but it is not clear what the triggers are (e.g. due to exams, winter, etc).
- Mrs Lockett asked whether there is a perception that life for young people is more complex or is it reality? Is there is a stigma aspect to getting help? Would education help overcome this? Dr Shetty noted there are a number of factors, including external stress, lack of resilience. New Plymouth Girls High School have two to three depression champions.
- Mr Nielsen asked what key benefits the remodelling of the IPC will offer. Dr Shetty noted that the new remodel will enable flexible nursing. There will be an area for patients to socialise in, or by themselves, with family, etc, in separate areas. There is a national drive to remove seclusion rooms and all DHBs need to work on this. IPC will reduce to one lockable room and it is hoped that this will not be used. This will be a cultural change in the unit.
- It was asked when the remodel will be completed? Construction is commencing at the end of next month and it is planned to be completed by the end of the year.
- Mr Nielsen thanked the presenters who then left the meeting.

Mr Nielsen welcomed Mr Greg White (representative from TWPK) to the meeting.

966.0 Chair Report

Mr Nielsen noted the end of financial year deficit and that activity in the hospital remained high. Now attention will be focused on this financial year and the initiatives for the Provider to live within Provider means.

967.0 Minutes of Previous Meeting

Resolution

That the Hospital Advisory Committee resolve to accept the minutes of the meeting held 25 May 2016 as a true and correct record.

*Rumball/Tamati
Carried*

967.1 Matters Arising

967.2 Action List – Letter of Thanks

Mr Nielsen noted that a letter of thanks is going to be sent to TeUrumairangi Ritai for her time on the HAC Board.

967.3 Action List – Mental Health Community Services

The presentation regarding Mental Health Community Services was given at the meeting today.

967.4 Action List – Influenza Vaccine Programme

Mrs Locket asked whether the HAC meeting should make a recommendation to the Board to set a target for influenza vaccinations next year.

Mrs Kemp noted the DHB is awaiting the next set of data analysis on the vaccination statistics – this is due on 31 July and will give the final number of staff vaccinated. Last year 52% of staff were vaccinated. The influenza vaccination period has been extended to the end of August. Discussion held around setting targets for professional groups, e.g. nurses and midwives, but it was noted that these group statistics had proportionality improved compared to last year.

It was agreed to ask Dr Simmons to come up with a recommendation once all the statistical data and information is available.

968.0 Management Reports

Mrs Campbell took her report as read and highlighted the following:

- End of year financial result is a deficit of \$18.75M, which is \$6.65M higher than budget. The Provider will continue to strive to make gains against the plan for this year.
- Health Targets: have continued to achieve against the health targets. Noting the complexity of ED patients, the whole hospital has been doing well to try and meet the target.
- Activity for the May and June months is higher than expected; particularly in ICU and Paediatrics. July activity is indicating the same trends.
- Elective Results: have exceeded elective discharges.
- Mrs Rumball noted that in the Health of Older People appendix there had been no admission from Rest Homes over two weekends and was this a step forward? Yes, this is a change from historical pattern and reflects the work that has been done with our Nurse Specialists and the Rest Homes.
- Mr Handley raised the maternity casemix for discussion. Mrs Campbell noted that although the birth rate is average, the complexity has increased. There is not a significant variance compared to the previous year. Discussion was held around education and early management of expectant mothers with long term conditions.
- Mr Nielsen noted the concern around ultrasound and sonography recruitment. Mrs Campbell noted that a sonographer has been recruited, which will assist wait list management.
- Mr Handley noted that the DNA status shows that the project is on track. Mrs Campbell agreed and noted that last year work had been done on colposcopy DNAs and the learnings that arose from this are helping us manage other specialty DNA's, e.g. diabetes.
- Ms Tamati noted the Oral Health – Menemene Mai progress comment around adults in the community being able to access the mobile units in the school holiday period. Mrs Campbell noted that this had become business as usual.
- Mr Nielsen noted that the National Bowel Screening programme will be a bit of a challenge. Mrs Campbell noted that this programme is being rolled out based on the Waitemata pilot and planning is based on the predicted impact on the flows from the screening programme.

968.1 Quality & Risk Quarterly Report

Mrs Kemp took her report as read highlight the following:

- The DHB's recertification audit is scheduled for October and planning for this is underway.

- The Open to Better Care programme will close at the end of June. Going forward the HQSC will be focussing on reducing pressure injuries and the deteriorating patient.
- Health Safety quality markers show that the DHB has done well with fall prevention but there has been a deterioration in risk assessments for high risk areas. The team is assessing and working on how to improve this. The team is identifying the barriers but suspect this is due to the busyness on the wards. The risk assessment is a manual process and we are working on trying to do real time auditing.
- Surgical Site Infections: one of the improvements the DHB is working on is the use of an antibiotic prior to patients going to theatre for a joint replacement. The patients are getting the antibiotic but it may not be at the HQSC suggested dose. Discussion was held and Mrs Kemp noted that 53% of patients were getting the suggested dose.

Discussion

- Mrs Rumball asked about the definition of a deteriorating patient. The DHB has an Early Warning System (EWS) observation chart which helps clinical staff pick up any deterioration in symptoms while admitted.
- Ms Tamati asked how many patients who are not assessed have a fall. Mrs Kemp noted that the high risk patient is always assessed. However, some of the data relates to two patients falling in the Outpatient areas.

968.2 Human Resources and Organisational Developmental Quarterly Report

Mr Thomas took his report as read and advised that the report provided tracking of trends and details of key activities. Mr Hunt was invited to speak to the highlights of the report:

- 2.1.2: Key deliverables for Quarter 1 include: a DHB talent management programme including succession planning, a review of current performance appraisal model and planning for the implementation of a new e-learning platform.
- 2.2.1 Senior Medical Officer (SMO) Positions: Due to the number of SMO vacancies the DHB has, the use of locums has increased. The DHB is actively working on recruitment and have made a number of offers. It was noted that there are two new specialists down in Hawera.
- There has been a slight drop in % Maori employees which reflects 2 or 3 people. Mr Hunt noted that a position impact assessment is now undertaken to ensure the cultural requirements of a position are considered during the recruitment process.
- 2.2.5 Scholarships: 15 students have been informed that they were successful for scholarship support, in addition to the current 6 students the DHB already supports.
- 2.2.6 Vulnerable Children's Act (VCA): safety checks on existing employees will take another two to three years to complete - this is on track.

Discussion

- Mrs Hohaia asked what are the DHB's expectations to connect workforce and Maori health outcomes. Discussion was held around DHB initiatives, e.g. education with Hone Huruhanganui has shown there is more awareness around customer service and cultural competence.

- Mrs Lockett noted the annual leave KPIs are lower than the target. Mrs Campbell noted that some of the significant leave balances are historical and the DHB is working with relevant staff on planning to get these leave balances decreased. Discussion held around Health and Safety and ensuring staff take their leave entitlement within the year. Mrs Lockett noted that the reports are not showing the leave taken for the twelve month period and suggested it would be good information to have in the report.
- Mr Handley asked if the DHB had experienced the national payroll issues? Mr Thomas confirmed that the DHB has had no issues. The auditors have assessed and there have been no implications.
- Mr Handley asked if the DHB has had to take any more additional junior doctors? It was confirmed that the DHB has had to take one additional PGY1 House Surgeon for next year.
- Mrs Hohaia noted that there were only 13% of performance appraisals completed. Mr Hunt noted that the current tool and template are quite complicated, so the DHB is looking at other options.
- Ms Tamati noted that there is only 4% of Maori under the ethnicity statistics for medical and asked whether the DHB has a priority to increasing this figure to the targeted amount. It was noted that the WRR programme was presented at last joint Board meeting. There are a few graduates coming out next year and the DHB is hoping that they will come to Taranaki. Our Scholarship programme has three doctors identified as Maori on it. The DHB is active in supporting and working with Maori RMOs to come back to the community.

Resolution

That the Hospital Advisory Committee receives note the report of the Chief Operating Officer.

*Webb/Rumball
Carried*

969.0 General Business

969.1 No general business noted.

970.0 Next Meeting

28 September 2016 in New Plymouth.

The meeting concluded at 3.05pm.

.....
Chairman

.....
Date



TDHB Hospital Advisory Committee Task List as at 27 July 2016						
Action No	Date Raised	Action Description	Status	Assigned	Due Date	Updates
48	25 August 2016	Faster Cancer Treatment – Health Target	Ongoing	COO	Future HAC	Transfer from Board Task List
47	25 May 2016	Letter of thanks to TeUrumairangi Ritai	WIP	Chair	July HAC	Completed
41	27 August 2015	Mental Health Community Services – expansion of services into the community	To be prepared for future meeting	COO	The	Presented on 27 July 2016
40	30 June 2015	Influenza Vaccine Programme 2016 Recommendation from Dr Simmons once statistical data available.	WIP	CMA/Q&R Manager	By March 2016	Progressing

TO Hospital Advisory Committee



FROM Lee McManus
Acting Chief Operating Officer

DATE 22 September 2016

MEMORANDUM

SUBJECT Hospital and Specialist Services Report for
July and August 2016

Recommendation:

That the Hospital Advisory Committee receive and note the Hospital and Specialist Services monthly report.

Please find attached the Hospital and Specialist Services monthly report for July and August 2016 providing an overview of Hospital activity. This gives details of progress against District Annual Plan initiatives, Health Targets, financial results and activity for the month. Included in this report is a summary of the 2015/16 year end key achievements.

Lee McManus
ACTING CHIEF OPERATING OFFICER

Hospital and Specialist Services Monthly Report – July and August 2016

Contents

Provider Overview – Lee McManus

- 1 Overview
- 2 Activity
- 3 Health Targets
- 4 Financial Performance
- 5 Quality Risk
- 6 Annual Plan
- 7 Projects

Appendices -

- A Allied Health and Technical Services
- B Health of Older People
- C Maternal and Child Health
- D Medical Services
- E Mental Health and Addictions
- F Surgical Services

1. Overview

Please find the report for July and August 2016 providing the Hospital Advisory Committee with an overview of hospital activity. This report is presented in a new format highlighting activity across the hospitals, progress against health targets, financial performance and performance against annual plan. Service level reports are to be further developed for the 2016/17 year showing progress against strategic initiatives including progress results.

Overall health target results mostly have continued to meet or exceed target. There was a deterioration in the FCT target for July, however this has now been met in August. Winter workload has affected the ED target with this not being met in July or August.

The year to date financial result is a deficit of \$2.8M, \$1.2M higher than the budget of \$1.7M. This has been influenced by outsourced costs and clinical supply costs higher than budget. Personnel budgets are on budget.

Activity in July and August has continued to be higher than expected resulting in ongoing pressure with staffing across all areas. All staff are thanked for the way in which they have worked to ensure our patients are cared for during this period of unexpected high demand.

1.2 Key Achievements

- The National Patient Flow team has successfully gained full compliance for phases 1 and 2. This is a significant achievement as less than half of all DHBs have been able to complete this work. Phase 3 continues to be challenging with more focus on radiology, however the team is progressing as able.
- TDHB has maintained overall ESPI compliance alongside excellent delivery for the Elective Health Targets. Whilst there has been some pressure in some specialities, the clinicians have worked closely with us to ensure patients continue to be seen and treated within the four month timeframe.
- The Improving Day Procedure project with General Surgery has been completed and a final report received by the Ministry. This project was successfully delivered with excellent clinical engagement and some very good outcomes gained, many of which will have a wider impact across multiple specialities.
- Family Violence Intervention Programme: We have seen month on month increased attendance in the family violence training, and in some areas 100% attendance has been reached. The updated MoH 2016 family violence assessment guidelines have now been released. These are being launched and the team have taken the opportunity to refresh FVIP in the DHB.
- SCRIPT line has ceased this year, this aligned with the government increasing the free GP visits for children up to 13 years. This has made a marked improvement in terms of administration time and facilitated the paediatricians time being more effectively used in relation to ongoing prescribing for patients.
- The review of CNS and district paediatric roles to achieve the introduction of three part time Community/CACC nurses has commenced. After just 8 weeks they are already proving very successful, with over 30 patients being taken off the waitlist, seen and discharged by a nurse in the community rather than having to see a paediatrician in CACC and plenty of positive feedback from families they are caring for. E-referrals via the hospital nursing referral system are now being used by CACC/Community nurses both North and South
- The Public Health Nurses use of iPads trial continues to be successful. The Nurses now carry an iPad and have immediate access to IBA to update demographics, share clinical data, gain

immediate sign off of standing orders and refer patients to other professionals as required. This is all able to be completed whilst they are visiting the patient in their home.

- Introduction of Paediatric Early Warning System (PEWS) and admission into the paediatric service has been a successful initiative by the team.
- Planning for the TPW redesign project and migration planning completed in preparation for commencement of the redesign in early September.
- The Radiology Advisory Group (RAG) has been established and is providing a useful forum for discussion of radiology related issues and concerns. Even outside of this forum, there has been a very positive response from TDHB clinicians to the increased availability of FRSL staff to address issues as they arise. We have also noticed a reduction in both internal and external customer complaints.
- A new sonographer has commenced employment and our trainee sonographer will be able to scan independently from next month. In view of this, we are currently trialling new US machines to inform a decision to purchase or lease the 2 new machines required to support this increased workforce.
- A new German radiologist has been successfully recruited and will commence work on 16 January 2017. He is very excited about this opportunity and we look forward to his arrival.

2. Activity

Performance against Funded Delivery

Contracted Volumes	Month			YTD				Annual Budget	Percentage Achieved
	Actual	Budget	Variance	Actual	Budget	Variance	% Variance		
Inpatients									
Medical (Casemix)	500	552	(52)	1,005	1,049	(44)	(4%)	5,367	19%
Surgical Acute (Casemix)	468	412	56	847	758	89	12%	4,224	20%
Surgical Elective (Casemix)	361	385	(24)	779	778	1	0%	4,621	17%
Maternity (Casemix)	143	172	(29)	324	355	(31)	(9%)	2,120	15%
Mental Health Bed Days	566	713	(147)	1,090	1,426	(336)	(24%)	8,395	13%
Older Peoples Health Bed Days	215	476	(261)	644	998	(354)	(35%)	3,700	17%
Emergency Department									
Base < 3 hours	1,411	1,494	(83)	2,717	3,003	(286)	(10%)	18,540	15%
Base > 3 Hours (Casemix funded)	113	87	26	218	171	47	28%	1,132	19%
Hawera < 3 hours	1,129	1,014	115	2,225	2,095	130	6%	13,220	17%
Hawera > 3 hours (Casemix funded)	30	27	3	72	60	12	21%	300	24%
Outpatients									
Surgical First Specialist Assessments	668	753	(85)	1,251	1,373	(122)	(9%)	7,860	16%
Medical First Specialist Assessments	430	419	11	907	795	112	14%	4,660	19%

Comment

For July and August Surgical Acute experienced higher than contract values due to all services being higher than their contract values. General Surgery and Urology were higher than contract at 24% and 197%, however Urology is a low volume service with small contract case weights.

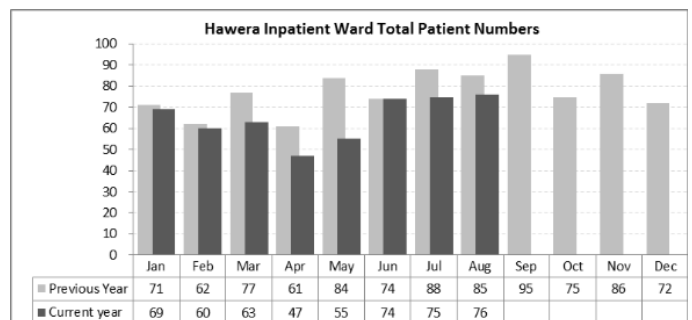
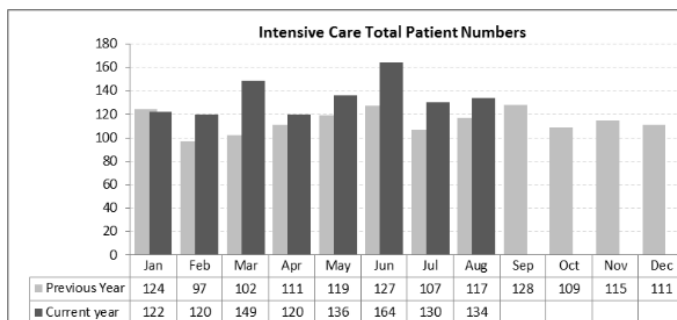
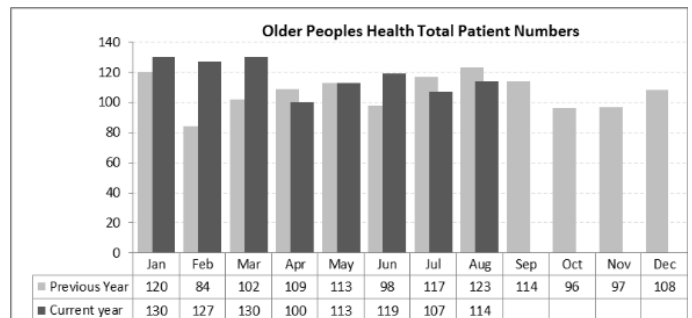
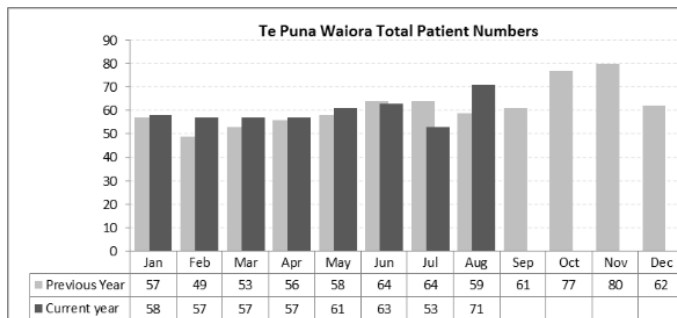
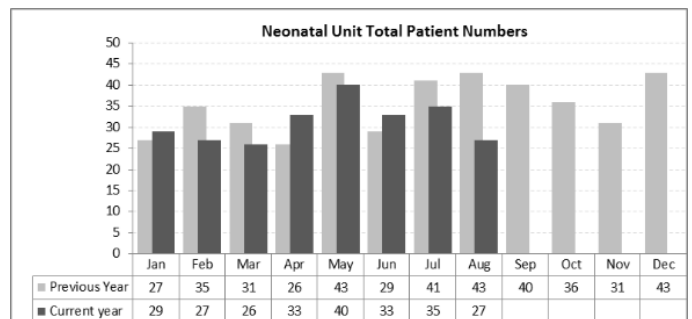
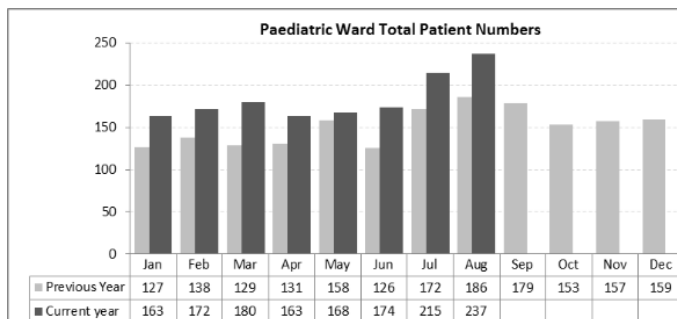
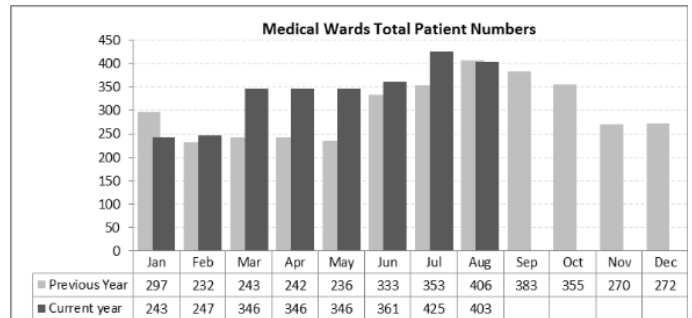
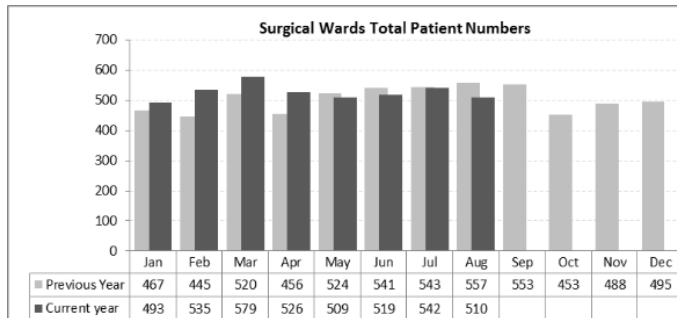
Actual Mental Health Bed days are lower than contract value however remain on average.

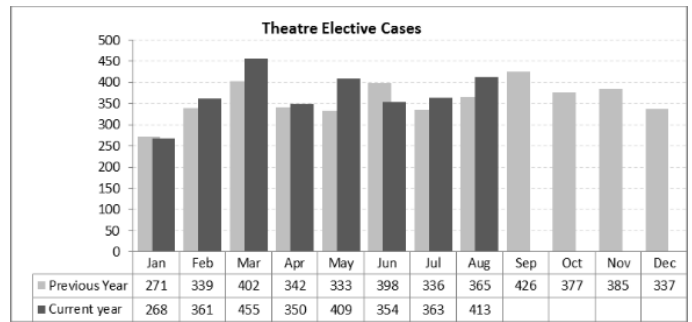
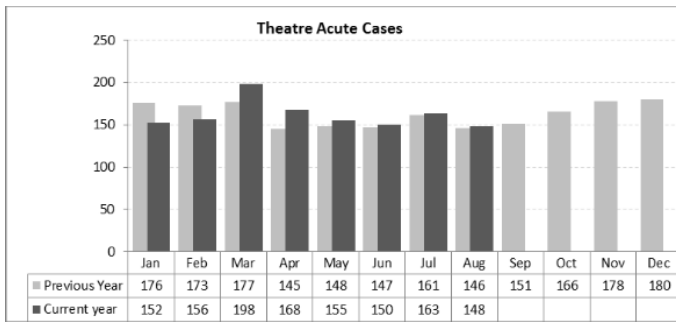
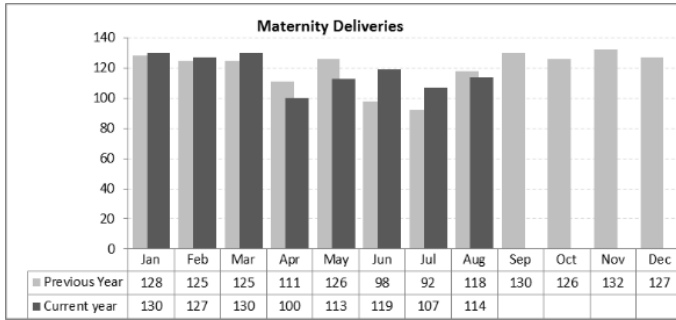
The Emergency Department continue to exceed contract delivery.

Patient Throughput

The count of total numbers of patients gives an indicator of the busy-ness of the wards and specialist units where this may not be indicated by capture of casemix or patient discharges. The number of patients treated also indicates the flow of patients into allied health and diagnostic services. Comparison with previous year gives a picture of seasonal peaks across units.

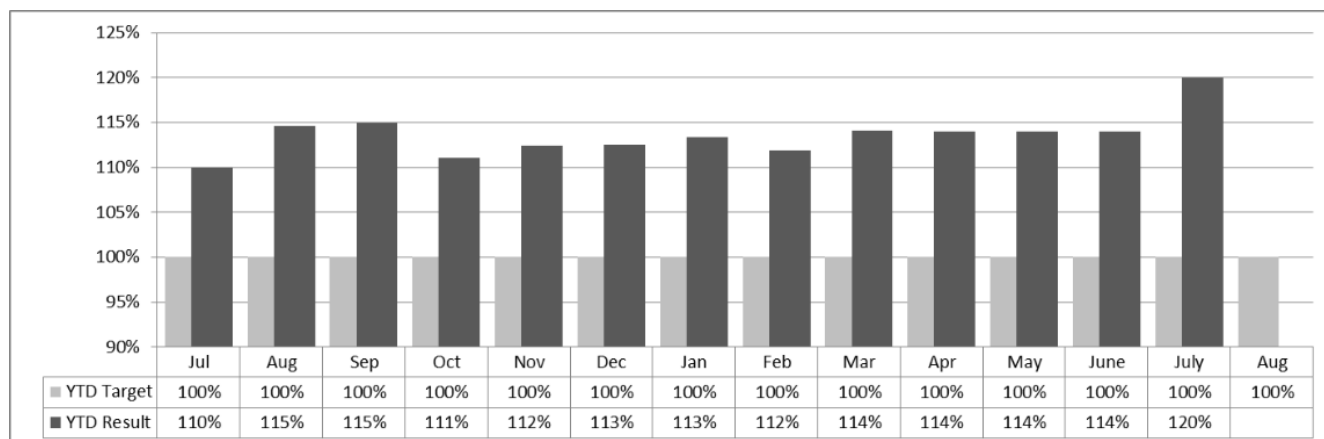
In general most units have seen and treated more patients than for the same period in 2015-2016, and we have experienced high demand for staff across all units. In July and August ICU continued to have high patient numbers compared to 2015-2016. The paediatric ward has experienced an increase in patient numbers over the past 8 months with a higher spike in July and August.





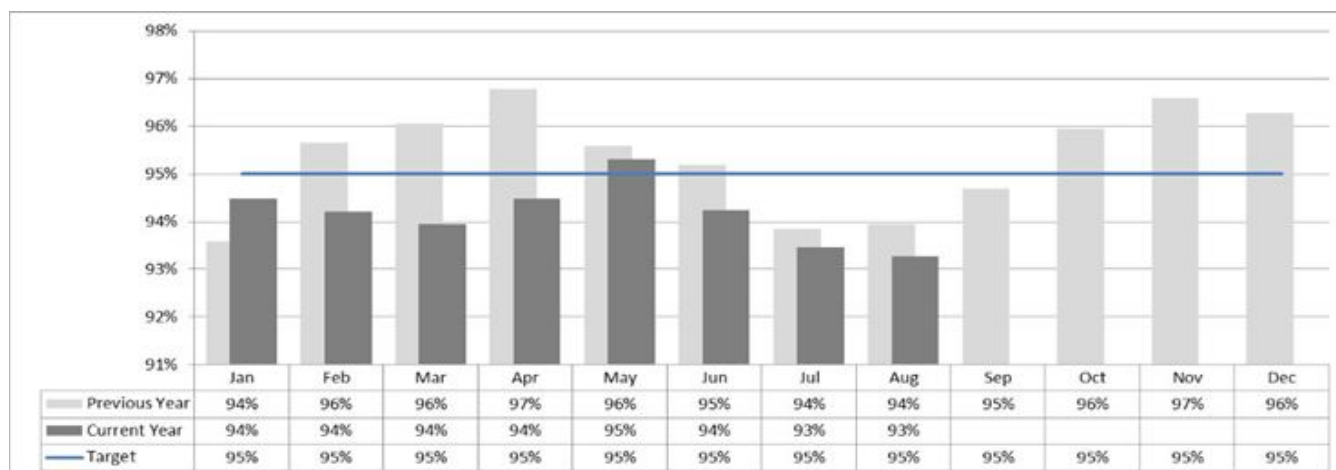
3. Health Targets

3.1 Increased Access to Elective Surgery



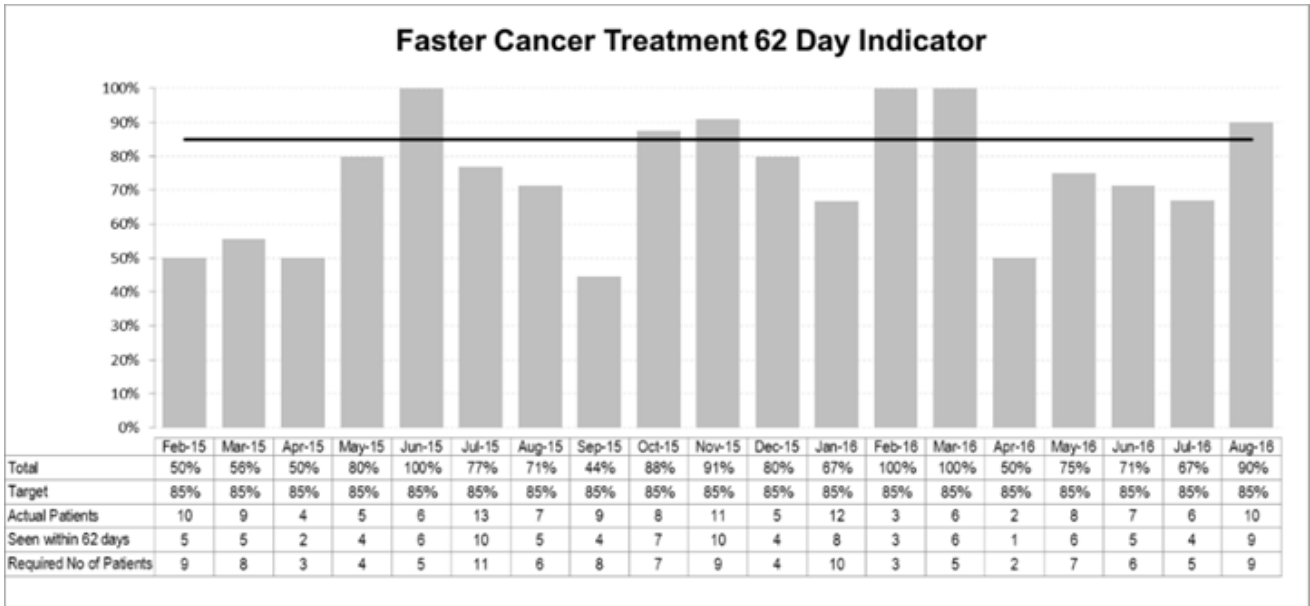
Issues/Mitigation	Comments
<ul style="list-style-type: none"> TDHB has continued to deliver discharge rates above target. Additional discharges were planned late 2015/16 to be delivered in June. This was successfully achieved. 	August data not yet available.

3.2 Shorter Stays in Emergency Departments



Issues/Mitigation	Comments
<ul style="list-style-type: none"> A good result for May however as expected target slipped in June, July and August. Focused work continues to address the increasing admission rate ED is now experiencing. 	The ED experienced increased demand of complex patients presenting during winter months. The wards were also experiencing high occupancy which affected the 6 hour target.

**3.3 Shorter Waits for Cancer Treatment
(Patients to receive their first cancer treatment within 62 days of being referred)**



Issues/Mitigation	Comments
<ul style="list-style-type: none"> FCT result fluctuates with low numbers. TDHB is confident the new pathways in place for patients with high suspicion of cancer are improving the overall result. 	Target achieved for August.

4. Financials

4.1 Statement of Financial Performance TDHB Provider Arm

	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
Revenue Total	(16,141)	(16,002)	(139)	F	(32,116)	(32,003)	(113)	F	0%	(187,502)
Personnel Costs	10,632	10,730	(98)	F	20,981	21,224	(244)	F	(1%)	129,468
Outsourced Services	1,718	1,031	687	U	2,568	2,061	506	U	25%	12,369
Clinical Supplies	2,828	2,291	536	U	5,094	4,640	454	U	10%	28,375
Infrastructure & Non Clinical Supplies	2,996	2,897	99	U	6,310	5,797	513	U	9%	32,089
Internal Allocations	(1)	(1)	0	U	(1)	(1)	0	U	(36%)	(6)
Total Expenses	18,174	16,948	1,225	U	34,952	33,722	1,231	U	4%	202,293
(Surplus)/Deficit	2,033	947	1,086	U	2,836	1,719	1,118	U		14,791

Outsourced Services 25% Unfavourable Variance YTD

High cost for Locums in Paediatrics.

Costs relating to previous years in General Medicine.

Radiology cost higher than expected due to cost of Radiologists being contracted rather than employed as what was budgeted for.

Clinical Supplies 10% Unfavourable Variance YTD

Increased costs of blood relating to Factor 8 which will be offset by revenue from National Haemophilia Pool.

Increased costs of Hips, Knees and Spinal implants.

Increased Drug costs.

Infrastructure & Non Clinical Supplies 9% Unfavourable Variance YTD

Made up of a number of variances from projects and the cost and efficiency program.

4.2 TDHB Provider Arm Performance Summary by Clinical Service Group

	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance		YTD % Variance	Annual Budget
Provider Arm Internal Revenue	(14,809)	(14,830)	22	U	(29,745)	(29,660)	(85)	F	0%	(173,445)
Hospital										
Allied Scientific and Technical	1,899	1,817	82	U	3,939	3,632	307	U	8%	22,109
Business Manager	715	568	148	U	1,274	1,137	137	U	12%	6,889
GM Hospital	165	93	72	U	288	184	103	U	56%	1,090
Health of Older People	480	498	(18)	F	967	986	(19)	F	(2%)	5,997
Maternal and Child Health	1,483	1,379	104	U	2,893	2,730	163	U	6%	16,667
Medical Services	3,452	2,821	631	U	6,156	5,600	555	U	10%	34,249
Mental Health and Addictions	1,244	1,313	(69)	F	2,443	2,596	(152)	F	(6%)	15,876
Surgical Services	3,606	3,401	205	U	6,731	6,766	(34)	F	(1%)	41,404
Hospital Total	13,044	11,890	1,154	U	24,692	23,632	1,060	U	4%	144,282
Corporate and Facilities	3,211	3,210	2	U	6,807	6,396	411	U	6%	35,825
Public Health	180	211	(31)	F	340	419	(79)	F	(19%)	2,538
Radiology	406	466	(60)	F	742	932	(189)	F	(20%)	5,592
(Surplus)/Deficit	2,033	947	1,086	U	2,836	1,719	1,118	U		14,791

4.3 Statement of Personnel Costs by Professional Group (Salary costs only)

Salary Costs Only \$(000)	Month								YTD											
	Actual	Budget	Var.	% Var.	FTE Actual	FTE Budget	Var.	% Var.	YTD Actual	YTD Budget	Var.	% Var.	FTE Actual	FTE Budget	Var.	% Var.				
1 Medical Staff	2,825	2,846	(21)	(1%)	F	149.0	162.0	(13.0)	(8%)	F	5,521	5,667	(146)	(3%)	F	149.3	162.0	(12.7)	(8%)	F
2 Nursing Staff	4,038	3,826	212	6%	U	601.2	565.9	35.3	6%	U	8,007	7,522	486	6%	U	600.4	565.9	34.5	6%	U
3 Allied Health Staff	1,651	1,787	(136)	(8%)	F	259.7	281.0	(21.3)	(8%)	F	3,248	3,534	(286)	(8%)	F	259.0	281.0	(22.1)	(8%)	F
4 Support Staff	402	332	71	21%	U	101.5	92.0	9.5	10%	U	824	651	172	26%	U	100.9	92.0	8.8	10%	U
5 Mgmt & Admin Staff	1,644	1,745	(101)	(6%)	F	273.9	270.0	3.9	1%	U	3,249	3,462	(213)	(6%)	F	273.7	270.0	3.7	1%	U
Grand Total	10,561	10,536	25	0%	U	1,385.3	1,370.9	14.4	1%	U	20,849	20,836	13	0%	U	1,383.2	1,370.9	12.3	1%	U

Due to specialising requirements across the hospital there was an increase in Health Care Assistant costs. High cost of Orderlies and Cleaners due to high staffing requirements.

4.4 2016-2017 Costs and Efficiency Initiatives

The 2016-2017 cost and efficiency programme is in place with savings across all initiatives. Monitoring of initiatives will be provided monthly to the Finance Audit and Compliance Committee.

5. KPIs

5.1 Medical

Description	Previous Month	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance
QC0138 ED Acute Demand - Number Referred to Primary Options	61	50	48	2	111	48	63
QC0132 Percentage of Acute Admissions from ED	21.6%	19.8%	30.0%	(10.2%)	20.7%	30.0%	(9.3%)
PR0141 Average Length of Stay - All Services	4.1	4.0	3.90	(0.10)	4.1	3.9	(0.20)

5.2 Surgical

Description	Previous Month	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance
PR0141 Average Length of Stay - All Services	3.6	3.8	3.9	0.1	3.73	3.9	0.17
HS0119 Elective and Arranged Day of Surgery Admission Rate	97.6%	97.3%	95.0%	2.3%	100.0%	95.0%	5.0%

5.3 Allied Health

Description	Previous Month	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance
QC0177 CT Patients Waiting < 6 Weeks for Scans			90.0%	(90.0%)		90.0%	(90.0%)
QC0180 MRI Patients Waiting < 6 Weeks for Scans			80.0%	(80.0%)		80.0%	(80.0%)
QC0194 US Patients Waiting < 6 Weeks for Scans			80.0%	(80.0%)		80.0%	(80.0%)

Data unavailable

5.4 Mental Health

Description	Previous Month	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance
PS0149 Number of patients secluded	3	3	2	(1)	6	2	(4)
PS0150 Number of seclusion events	3	5	2	(3)	8	2	(6)
PS0152 Number of patients restrained	6	5	2	(3)	11	2	(9)
PS0151 Number of restraints	10	5	2	(3)	15	2	(13)

5.5 Older Peoples Health

Description	Previous Month	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance
QC0161 Thrombolysis	0.0%	0.0%	6.0%	(6.0%)	0.0%	6.0%	-6.0%
QC0123 Dedicated Area for Management of People with Stroke	64.3%	57.1%	80.0%	(22.9%)	60.7%	80.0%	(19.3%)

5.6 Child Maternal Health

Description	Previous Month	Month Actual	Month Target	Month Variance	YTD Actual	YTD Target	YTD Variance
HS0125 Elective Caesarean Rate	29%	20%	25%	-6%	25%	25%	0%
HS0128 Whanau Pakari Referrals	8	4	1	3	12	11	1

6. Quality Risk

6.1 Quality improvements

- Organisational Mapping and Alignment process is proceeding well with the Duty Manager group. This is identifying what the Duty Managers require to do their job efficiently and what the organisation wants from this group that overseas the day to day patient flow through the hospital.
- Work is under way for the next report for the Quality Accounts.
- Accreditation visit will take place in October; work is under way in preparation for this.
- Results Project: The team are nearing completion of the third of five key stages of this project.
 - Review of the current risk for patients, clinicians and TDHB - *completed*
 - Managing past results – *partially completed, completion due mid October*
 - Understand current SMO practice - *completed*
 - Agree on the future, how to reach the above objectives
 - Monitoring and reporting

6.2 Emerging Risks

- Bed Management due to TPW rebuild is proving to be a constant daily challenge. A good overview of beds including sector/community beds has become imperative to managing this risk. Daily update emails are the key to mitigating this risk.
- Mental Health continues to have challenges with recruitment of key staff. Interim arrangements are in place, however long term solutions are being sought.
- The Department of General Surgery has unexpectedly had a staff member on leave, whilst another was on planned sabbatical. Whilst the team is providing cover for the call arrangements

there may be significant pressure on the FSA and Surgical waitlist with respect to the 4 month timeframe. The MOH Elective team has been notified and all efforts are being made to minimise this risk.

6.3 Health and Safety

- Ongoing education through out Provider Arm to increase awareness of obligations and responsibility for health and safety.

7. Strategic Initiatives (Hospital & Specialist Services deliverables)

Deliverables	Status	Results/Measures	Progress
DAP			
Better Support for Smokers to Quit in Secondary Care	Complete	95% of smokers are given brief advice. This result continues to be achieved.	Achieved an excellent result of 98% for both July and August.
MHP			
DNA	On Track	DNA rates for colposcopy continue to be monitored. Results improvement continues.	Diabetes DNA project is ongoing.
Living within our means			
Knowledge Information Accountability	On Track	To be defined.	Pilot is complete with Duty Managers and is currently being assessed. Positive feedback has been received.
Organisation Wide Savings Initiatives	On Track	Reported quarterly to FAAC	
Other initiatives and Programmes			
CCDM	Behind Plan	Local data council sets to be developed.	Re-launch of CCDM now planned for October and integrated with RTTC.

Appendices -

- A Allied Health and Technical Services
- B Health of Older People
- C Maternal and Child Health
- D Medical Services
- E Mental Health and Addictions
- F Surgical Services

A. Allied Health, Scientific and Technical Services Group

1 Service Overview

The Allied Health, Scientific and Technical Services Group is responsible for Diagnostic Services (Laboratory and Radiology), Pharmacy, Physiotherapy, Occupational Therapy, Social Work, Psychology, Orthotics, Dietetics, Speech Language Therapy, Newborn Hearing Screening, Audiology and Podiatry. The Clinical Services Manager is Gloria Crossley.

2 Strategic Initiatives

	Status	Measure	Progress
DAP			
Long Term Conditions Programme	Remains On track	TDHB ensures complex LTC inpatients are managed by specialist interdisciplinary teams.	Ongoing process with main area of risk being the ability to maintain right staffing levels. Staff changes in skill mix continue to be monitored.
Improved Access to Diagnostics	Progress continues	Taranaki DHB through Fulford Radiology will fully participate in the National Radiology Project and will continue to work on improving access, reducing wait times, improving flow and increasing quality care.	Work continues and results can be seen further down in report.
LIVING WITHIN OUR MEANS			
Allied Health Service Consolidation	Not started		Awaiting integration services project.
Diagnostics Service Efficiency	On going		<p><u>Radiology</u> MRI stats May and June were 79 and 94%. For both July and August this remained at 94% which is a marked turnaround from March and April figures of 40 and 38%.</p> <p>CT stats May and June were 82 and 82%. July and August were 78 and 76% respectively. A slight decrease mainly due to referral numbers remaining high. Last year at this time there were 100 less referrals received each month.</p> <p>Ultrasound results remain a concern; stats for May and June were 30 and 27%. For both July and August the percentage was 28%. High numbers of referrals and recruitment of staff remain the issues in this area.</p> <p><u>Laboratory</u> Awaiting decision on future laboratory service delivery.</p>

B. Health of Older People Services Group

1 Service Overview

The Health of Older People Services Group is responsible for Geriatricians & Psychogeriatricians, Inpatient Rehabilitation, Intermediate Care Services (ICATT & E-ICATT), Community Support Services/NASC (Care Managers, Screener/Assessors, and Lead InterRAI Practitioner), Psychogeriatric Services- Inpatient and Community and Home Support Services. The Clinical Service Manager is Wendy Langlands.

2 Strategic Initiatives

Initiative	Status	Measure	Progress
DAP			
Stroke Services	Ongoing Quarterly	80% of people admitted with stroke will be managed in the stroke unit with demonstrated pathway.	66% of patients have been admitted to the stroke unit for the quarter so far. This equates to a total of 29 admissions. Of the 29, 10 patients were not admitted directly to Ward 2A (stroke unit). A review of discharge summaries of those patients is underway. An audit of the stroke pathway has been completed. It appears along with other process matters that the 20 bed configuration of the Ward 2A and associated staffing profile is a contributing factor to acceptance of stroke patients at time of admission.
Health of Older People Rapid Response Service	Service level discussion	Implementation of a rapid response service.	Agreement has been reached not to progress. Evidence around definitive need is/has not been clear following discussions with key stakeholders/staff.
Health of Older People Fracture Liaison Service	Complete	Fracture Liaison service is in place.	A business case for a Taranaki Falls service based in the community is currently being progressed. How the fracture liaison service would fit is currently being discussed as is access for GPs to DXA (bone density) scans. This makes good sense as GPs follow the MOH guidelines and often only refer a patient in to secondary for access to the DXA scan. The FLS national group is currently developing an osteoporosis guideline which will soon be available for all FLS to use.
LIVING WITHIN OUR MEANS			
Enhanced Intermediate Care - Expansion of service	Complete	No evidence to suggest additional beds is required at this stage	The current enhanced Intermediate care service (4 beds at Tainui) has been reviewed. Both parties continue to work well and from patient perspective good outcomes in relation to discharge home has seen a high success rate.

Initiative	Status	Measure	Progress
OTHER INITIATIVES AND PROGRAMMES			
Implement Clinical Nurse Specialist Role Residential Care	Complete	Monitor number of admissions to Hospital services via ED.	<p>This role person is proving hugely successful in supporting, enabling and upskilling staff in the residential care sector. Key areas focused on over the last month;</p> <p>Inservices- to train staff to administer subcut fluids safely. Jean Sandel and Thornleigh have completed their training models. Thornleigh successfully managed sub cuts fluids for a patient whom would have otherwise been admitted to hospital for same.</p> <p>6 days for the month of August were identified where there were no admissions from residential care facilities to hospital.</p>

C. Maternal and Child Health Group

1 Service Overview

The Maternal and Child Health Group is responsible for Maternity, Neonatal, Paediatric Medicine, Gynaecology, Child Health, Public Health Nursing, Community Dental and Sexual Health. The Clinical Services Manager is Leigh Cleland.

The vision for Child Maternal Health is to provide safe, equitable and patient focused maternity and paediatric services within Ministry of Health guidelines and as close to the community environment as possible..

2 Strategic Initiatives

Initiative	Status	Measure	Progress
DAP			
Prime Ministers Youth Mental Health Project - Public Health Nursing	On track	A review of School based clinic hours, service provision and nurse availability by December 2016 is planned.	We are working with Funding and Planning to progress this.
Vulnerable Children - Children's Teams			Not yet rolled out to Taranaki.
Reducing Assaults on Children - Family Violence Intervention Programme	On track	<p>Train all staff to identify partner abuse (PA) and child abuse and neglect (CAN).</p> <p>Train staff on the requirements of the Vulnerable Children's Act (VCA).</p> <p>Identify and manage risks to the unborn baby and newborn.</p>	<p>32 staff attended the FVIP training in July/August.</p> <p>Staff are well versed in the requirements of the VCA in relation to recruitment, police vetting, etc.</p> <p>The updated MoH 2016 family violence assessment guidelines have now been released. These are being launched, taking the opportunity to refresh FVIP in the DHB.</p> <p>Ward 2b reached 56% screening rate for routine enquiries this month.</p> <p>27 reports of concern were logged and 20 gateway alerts were placed.</p>
Improved Breast Feeding Rates	Complete	To meet the MoH target in relation to Breastfeeding, reducing the gap between Maori and non-Maori	TDHB has reached BFHI competency, the maternity team remain committed to maintaining this. Currently 88.5% women are exclusively breastfeeding on discharge, with 98% having initiated breast feeding on discharge.

Primary Care Access to Services - Specialist Advice and Support Paediatrics	On Track	Continue to review the Paediatric model of care to ensure patients are treated appropriately across the primary-secondary care continuum	The three Community/CACC nurses are now bedded into their new roles. They are already making good progress toward their objective of ensuring children are cared for as close to primary care as possible and by primary care providers.
Maternity Quality and Safety Plan - continued implementation	Complete/ongoing	Maintain the Maternity Quality and Safety Programme and integrate into DHB wide quality programme and initiatives. Develop local targets to ensure improvement of maternal and infant health outcomes	The Maternity Quality and Safety programme is very embedded now supporting the service providers to better improve the service they provide. A renewed focus has now commenced, focusing on improving clinical outcomes for patients.
MAORI HEALTH PLAN			
Oral Health – Menemene mai and Early enrolment	Complete	Utilise mobile dental units more efficiently during school holiday time. Family based checks continue. Work with maternity services to ensure all children at birth enrolled with dental service	A mobile unit based service for adults in the community who hold a community services card had been a success. Plans are now underway to extend this service, working with Maori health providers. This is complete and now business as usual with the target of 100% of children enrolled being reached on an ongoing basis.

D. Medical Services Group

1 Service Overview

The Medical Services group is responsible for Medicine, Renal Services, Cardiology, Emergency Departments, Health Centres, Outpatients Department and Community Nursing. The Clinical Services Manager is Janet Gibson.

2 Strategic Initiatives

Initiative	Status	Measure	Progress
DAP			
Shorter Stays in ED	On Track	Align to the ED Quality Framework. Identify three non mandatory measures within Q1 and by March 2016. Review future measures to be used.	ED Clinical Governance Group is up and running. This group will oversee ED quality processes and the continuing roll out of the ED Quality Framework. We are currently working through the prioritisation of quality indicators. An ED reporting model is currently being set up by MIU to assist with this. Continuing work is ongoing re identifying use of the ED whiteboard to capture data regarding the ED patient journey. Electronic whiteboard roll out in Hawera ED scheduled for September has been delayed due to sourcing of equipment.
Appropriate Presentations and Emergency Departments and Primary Care	On Track	Undertake actions spanning the whole system – pre ED, within the ED, and post-ED ensuring a whole of organisation focus, with demonstrable support from senior managers and clinicians.	Managing acute demand work with the MHN, GP Redirection and care pathways continuing successfully. Triage 4 & 5 patient presentation numbers are being maintained or decreasing. Primary Option pathways are continuing to be developed. The Hawera ED Observation Unit has been successfully rolled out in Hawera Hospital ED to better manage patients who are required to stay for further tests and investigations. CCDM audit completed regarding patient flow which will identify gaps and allow the development of quality improvements. A Variance Response is being developed for the ED.
Shorter Waiting Times for Cancer Treatment	On Track	Support implementation of Budget 2014 initiatives; supportive care services for cancer patients are enhanced including employment of social work and psychologists within the cancer treatment team. Continue to work with CCN to support active patient tracking aligned to CRISP	TDHB continue to work with CCN to ensure meeting the FCT targets. Good progress. Ongoing Internal E-referral project for all services is nearing completion. OP e-referral project is being prioritised. Ongoing MDM attendance at all meetings progressing well with all disciplines in attendance. Radiology

Initiative	Status	Measure	Progress
		<p>and national patient flow</p> <p>Implement nationally developed e-referral criteria for referral of patients with high suspicion of cancer (HSC) from primary care</p> <p>Work with CCN to continue implementation of priority areas identified in:</p> <ul style="list-style-type: none"> - National Medical Oncology Models of Care Implementation Plan 2012/13 - the regional radiation oncology capital and service plans - priorities completed by June 2016 	<p>representation at all MDMs is continuing successfully.</p>
Acute Coronary Syndrome	On Track	<p>Commission new angiography suite to open September 2015; embed processes to increase number of acute angiograms completed locally</p> <p>Develop processes, protocols and systems to enable local risk stratification and transfer of appropriate high risk ACS patients</p> <p>Undertake initiatives locally to ensure population access to cardiac services is not significantly below the agreed rates.</p>	<p>Angiography suite completed – expected increase of 2-3 patients per week with new facility.</p> <p>Work continuing re improvement of admission to referral time to Waikato for angiography. Aiming for <1 day for 70% of referrals. Ongoing work with Midlands Cardiology group to ensure equitable access for Taranaki patients to cardiac interventions at Waikato DHB continues.</p> <p>Insertion of reveal devices at TDHB is now planned for mid October, awaiting training. Local visits by Waikato Cardiac EP Physicians being investigated – evaluation will occur to assess whether our new cardiology cath lab can be utilised for any other cardiology procedures - ongoing. Cardiology Clinical Governance group continuing to monitor cardiology services and develop quality improvements. Remote access reporting for cardiology scans have been activated to assist when reporting Cardiologist is absent.</p> <p>We are currently undertaking a review of the data from ANZACs-QI to determine the number of patients that are being referred to Waikato for PCI and the number of those patients whose referral is accepted and go on to have the procedure. Evaluation of this data will occur to identify any quality improvements - ongoing.</p>
Faster Cancer Treatment	On Track	Focus on four speciality clinics and identify successful approaches to reduce DNA rates for	Fifth Tumour Standard Review – patient review completed (Upper GI) and moving into service review. Service review has been

Initiative	Status	Measure	Progress
		Maori: colposcopy, cardiology, diabetes, and dental	submitted to the Central Cancer Network. Head and Neck patient review has been completed and submitted. Urology Project continues with the completion of the HEAT tool and value stream mapping which assesses equitability of service. Excellent progress on the development of the ERAS pathways, near to completion. Maori Male Focus Group established. Excellent source of information and is determining where we should be focussing our quality improvement. This group will be active participants in the development of patient information packs.
Cardiac Services	On Track		
MAORI HEALTH PLAN			
Cardiovascular Disease	On Track		
LIVING WITHIN OUR MEANS			
ED Capacity Funded Model	On Track		

E. Mental Health and Addiction Services Group

1 Service Overview

The Mental Health and Addiction Services Group is responsible for a 23 bed Acute Inpatient Mental Health Ward (nominally assigned as Adult Beds 15, Psychogeriatric beds 4, Intensive Psychiatric Care beds-4), Acute Intervention Mental Health Services (Crisis and Acute Home Based Services) Community Mental Health (North and South, & Perinatal Services), Child & Adolescent and Alcohol and Other Drug Services. The Clinical Services Manager is Wendy Langlands.

2 Strategic Initiatives

Initiative	Status	Measure	Progress
DAP			
Prime Ministers Youth Mental Health Project - Public Health Nursing	On track	<p>A review of School based clinic hours, service provision, and nurse availability by December 2016 is planned.</p> <p>Review and improve the follow up care for those discharged from CAMHS and Youth AOD services. Discharge summaries to GP's will increase to 95% by June 2017.</p> <p>Improve access to CAMHS and Youth AOD services.</p>	<p>The Public Health Nursing Service are intending on undertaking a survey. The aim is to ensuring that clinic times and nurse availability is maximised within the school environment.</p> <p>The processes for completing discharge summaries for patients seen in the CAMHS service have been reviewed. An agreed discharge Proforma is now in use by the CAMHS Psychiatrists and sent to GPs as part of routine service delivery within seven days. Any further follow-up will be identified in the discharge summary with the expectation that this is activated by the General Practice accordingly.</p> <p>As part of the MH Service Leadership Alliance Team Process/meetings it has been agreed that whole continuum of care for a young person accessing / requiring CAMHS services will be the priority piece of work. Youth A&D services fall under this umbrella. The structure and vision of the SLAT is currently being progressed.</p> <p>The Taranaki DHB CAMHS service has also changed their model of service through role redesign in order to complete initial assessments within three weeks of referral.</p>
Service Development - Improved Integration between Primary and Specialist Care	Ongoing	This work falls under the MH SLAT process.	SLAT formation for MHAS in progress.

Initiative	Status	Measure	Progress
Primary Care Access to Services - Specialist Advice and Support Mental Health	Ongoing	Access to Specialist Mental health Staff/support is timely.	Intake Consultant/CNS roles provide direct phone access and first line support/advice to primary care and community support services as required.
MAORI HEALTH PLAN			
Community Treatment Order Rates	Ongoing	The gap between Community Treatment orders for Maori and Non Maori is negligible.	Discussion at MH Clinical Governance Meetings monthly.
LIVING WITHIN OUR MEANS			
Community Mental Health Model of Care	On track	A more responsive Crisis service is delivered in South Taranaki.	Proposal for a redesigned Monday to Friday crisis service is currently being drafted. This will require a formal change proposal.

F. Surgical Services Group

1 Service Overview

The Surgical Services group is responsible for surgical services and theatres, surgical wards, dental services (excluding child & youth dental), endoscopy, ICU, ACC, booking office, medical staff management and supplementary staffing. The Clinical Services Manager is Lee McManus.

The vision for Surgical Services is to provide timely, consistent, equitable access to high quality surgical care whilst working within the guidelines directed by both the Ministry of Health and TDHB.

2 Strategic Initiatives

Initiative	Status	Measure	Progress
DAP			
Improved Access to Elective Surgery	Ahead of target	Implement the National Patient Flow Project Redesign of the internal referral process for elective services by August 2015.	TDHB has achieved full compliance for Phase 2, a significant achievement. Phase 3 is progressing with some challenges.
Improved Access to Diagnostics - Colonoscopy	Behind target	Implement improvement initiatives re referral management, prioritisation process, single waiting list, and the introduction of a planning tool in order to meet expected waiting times.	Significant challenge with meeting waiting times for colonoscopy and gastroscopy due to extended leave of key clinicians. A team will be attending a workshop regarding the National Bowel Screening rollout with our Midland colleagues.
LIVING WITHIN OUR MEANS			
Reduced Reliance on Outsourced Facilities	Ahead of target	Monitor IDF flow with the aim of reducing outflow by bringing appropriately trained clinicians to TDHB to complete procedures within the hospital.	All IDF surgical referrals are viewed by CSM Surgery. Some vascular surgery is being done locally with a view to increasing this as able.
OTHER INITIATIVES AND PROGRAMMES			
Increasing Day Procedures in Surgery	Complete	Increase rate of Day Case for appropriate patients within the Department of Surgery.	Continuing to monitor the gains delivered by this project and roll out to other specialties.

TO Lee McManus
Acting Chief Operating Officer



FROM Anne Kemp
Quality & Risk Manager

DATE 20 September 2016

MEMORANDUM

SUBJECT Quality & Risk Report for July
and August 2016

1.0 QUALITY

1.1 Certification

The [Health and Disability Services \(Safety\) Act 2001 and Regulations](#) replaced the Hospitals Act and Hospitals Regulations and took full effect on 1 October 2004.

Under the Act and Regulations, the hospital services of the DHB (child health, medical, surgical, maternity and mental health) had until 1 October 2004 to be 'certified' against the mandated [Health and Disability Services Standards](#) as follows:

- [Health and Disability Sector \(General\) Standard - NZS 8134.0:2008](#)
- [Health and Disability Sector \(Core\) Standards - NZS 8134.1:2008](#)
- [Restraint Minimisation and Safe Practice Standard - NZS 81134.2:2008](#)
- [Infection Control Standard - NZS 8134.3:2008](#)

We have undergone regular certification audit by a designated auditing agency since October 2003.

Our re-certification audit is scheduled for the 25th, 26th and 27th October and preparation, including the completion of our self assessment, is well underway.

1.2 Health Quality & Safety Commission

The Health Quality and Safety Commission <http://www.hqsc.govt.nz/> was established in November 2010 as a Crown Entity under the New Zealand Public Health and Disability Act 2000 to lead and co-ordinate work across the health and disability sector for the purposes of:

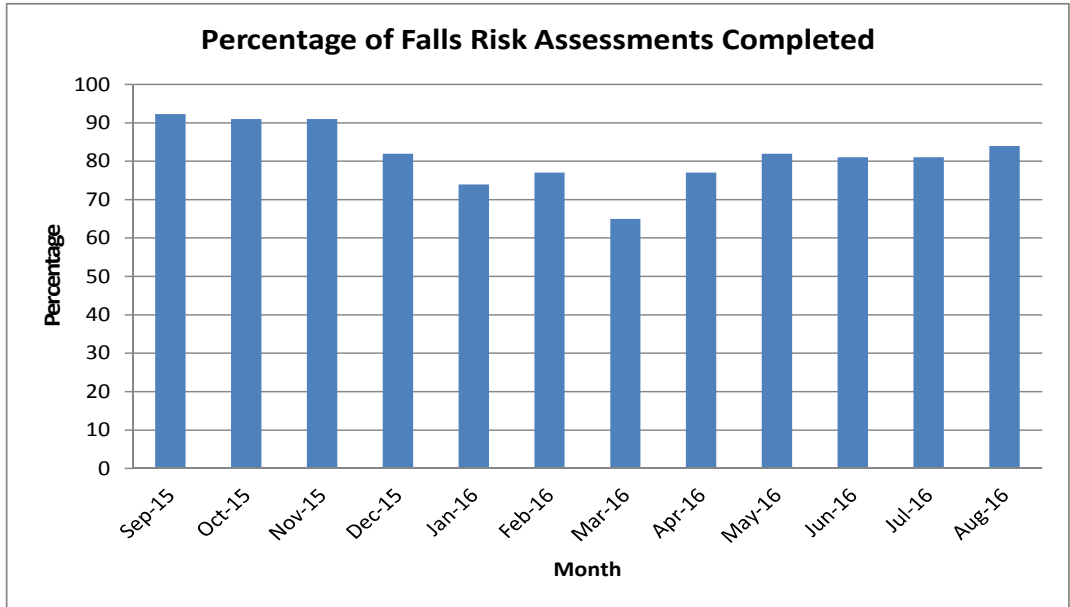
- Monitoring and improving the quality and safety of health and disability support services
- Helping providers across the whole sector to improve the quality and safety of services.

Reducing harm from patient falls, preventing hospital acquired infection, safe surgery increasing medication safety have been the focuses for the Health Quality and Safety Commission under their 'Open for better care' national patient safety campaign since May 2013. The campaign came to an end on the 30th June 2016, however work related to these focuses continues. Going forward the Commission has signalled that it will be undertaking national programmes related to pressure injury reduction and a five year programme focusing on the 'deteriorating patient'.

Falls Prevention

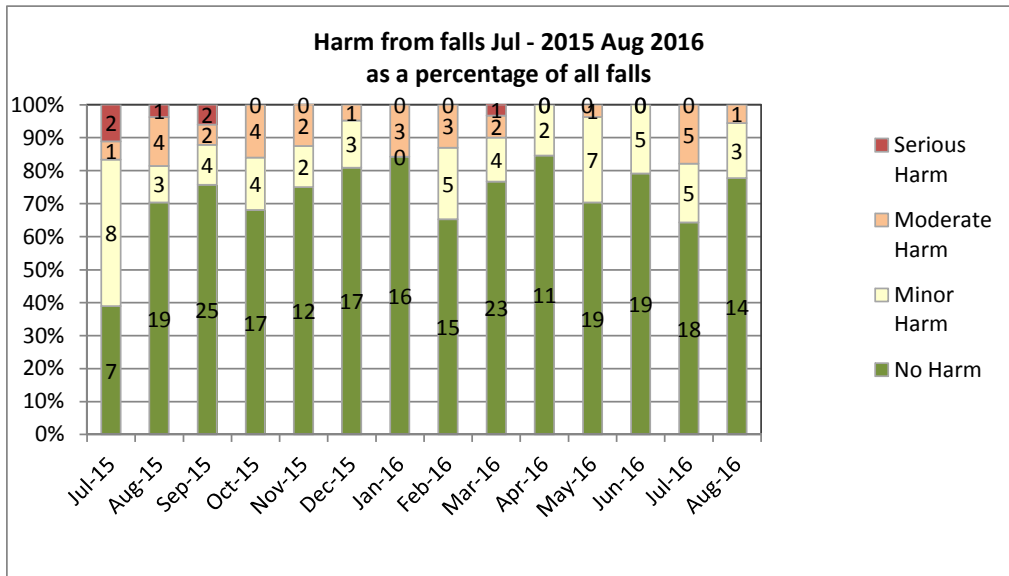
We continue to have many activities co-ordinated via our Falls Prevention Steering Group. The Group facilitated the annual April Falls awareness week in late April with success. Activities included static displays, online quiz, physical challenge for staff and falls prevention sessions delivered to aged residential care staff.

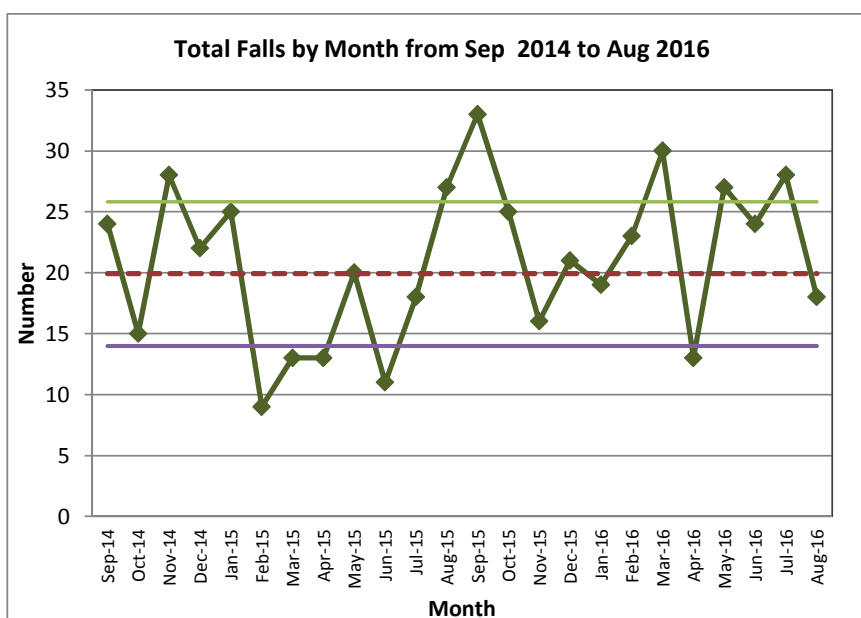
Since December 2015, we have had a decrease in quality and safety marker compliance in regard to the percentage of patients having a falls risk assessment which is disappointing. The target is 90% and while we have made some improvement, more is required. Individual ward feedback at the time of the audit continues.



We have however maintained 100% compliance in relation to patients assessed at risk of falling receiving an individualised care plan.

While we still have around the same number of inpatient falls, we have seen a decrease in serious harm as a result of these. We believe this is due to the many different preventative strategies we have put in place over the last three years.





Prevention of Hospital Acquired Infection **Increasing Hand Hygiene Compliance**

The current period for hand hygiene audit finishes at the end of September 2016. We are on track to meet the completion of the 800 observed hand hygiene moments and increase our compliance that was 78.1% for the last auditing period, 80% is the national target.

Central Line Associated Bacteraemia (CLAB)

Local monitoring and collection of data continues, however national reporting has now ceased. Roll out to other areas in the hospital is now being planned. We continue to consistently achieve our insertion bundle targets but do struggle with achieving the maintenance bundle targets, however improvement is being made.

Surgical Site Infections (SSIs)

Surgical Site Infections occur in approximately 2-5% of patients undergoing surgery and patients with a Surgical Site Infection have a 2-11 fold risk of death compared with post-operative patients without a Surgical Site Infection. The vision for the programme is to remove all preventable patient harm resulting from surgical site infections throughout the New Zealand health and disability sector. Prevention interventions to increase awareness and encourage practice improvements include:

- Streamlining the surveillance process
- Appropriate use of prophylactic antibiotics (pre, intra- and postoperatively): right time, right drug, right dose.
- Appropriate skin preparation
- Clipping rather than shaving the surgical site

From a Taranaki DHB perspective, the Surgical Site Infection prevention programme is planned, delivered and evaluated under the auspices of the Infection Control Committee. We are achieving targets in the quality and safety markers related to surgical site infections except for the use of prophylactic antibiotics (right dose) pre-surgery for hip and knee replacements, however, compliance has improved to 76%.

Safe Surgery (previously reducing perioperative harm)

Data suggests perioperative harm is a substantial patient safety issue in New Zealand. It is associated with potentially preventable deaths, increased length of stay, ongoing health effects, and additional costs to the health system. ACC accepts 20-50 claims per year for injuries to patients who have undergone an operation.

The Commission's reducing perioperative harm focuses on improving patient safety culture through better teamwork and communication and improving prophylaxis for the prevention of deep vein thrombosis. Briefing and debriefing before and after theatre sessions have been the focus over the last 15 months and these have been implemented in our theatres. Auditing (a new quality and safety marker) commenced on the 1st July 2016 with the first submission scheduled for November 2016. There are some challenges with compliance; however improvement over time is the expectation.

In 2014, we established the Venous Thromboembolism (VTE) Prevention working group to review and standardise where possible VTE risk assessment and then determine by service, preventative actions to be taken to decrease patient VTE risk. VTE risk assessments are now being systematically conducted in preadmission clinics by clinical nurse specialists for those patients undergoing elective surgery.

Medication Safety

Opioids are extremely useful and effective analgesics however they are not without adverse effects (nausea, vomiting, constipation, delirium, hallucinations, falls, low blood pressure, aspiration pneumonia and addiction) and are known to cause considerable harm (respiratory depression). Opioids were the number one medication class causing harm when measured in the NZ Quality of Healthcare study (1998) and more recently in a study in three DHBs. In both studies just over 17% of adverse events were caused by opioid use in hospitals.

The national Breakthrough Collaborative on the safe use of opioids in DHB hospitals ended on the 30 June 2016.

The local project, led by Elizabeth Plant and supported by a multidisciplinary group, aimed to reduce opioid-induced constipation for certain patients; restrict the use of oxycodone (type of opioid); and reduce patient harm resulting from opioid use after discharge. Good improvement is being made in all areas being audited. We have submitted our results to the national data set and are now awaiting the final reports (local and national).

Quality & Safety Markers

These markers assist the Commission to evaluate the success of their Patient Safety Campaign and determine whether the desired changes in practice and reductions in harm and cost have occurred. The process measures show whether the desired changes in practice have occurred at a local level while the outcome measures focus on harm and cost that can be avoided. The markers set the following thresholds for DHBs' use of interventions and practices known to reduce harm:

- 90% of older patients are given a falls risk assessment
- 90% of older patients assessed at risk of falling who received an individualised appropriate care plan
- 90% compliance with procedures for inserting central line catheters
- 80% compliance with good hand hygiene practice
- 100% of patients undergoing knee or hip replacement operations receive their antibiotic between 0-60 minutes before 'knife to skin'.
- 100% of patients undergoing knee or hip replacement operations receive 2 grams or more of Cephazolin
- 100% of patients receive appropriate skin preparation.
- Electronic Medication Reconciliation is implemented in each DHB.

Updated reports are not available from the Health Quality & Safety Commission as yet.

1.3 Patient Experience

The best person to answer how health and disability services could be improved is the user of those services. We need to find out what people think of our services and where improvement should be made. The Health Quality and Safety Commission have a variety of tools available to assist health and disability services to obtain the patient experience.

HAC 29/09/2016 Open

Following on from the launch of the Taranaki DHB Patient and Family/Whanau Centred Care Framework, a small 'Council' has been established and a work plan formulated that has been approved by the Clinical Board. Activities in the work plan include 'videoing patient stories', consumers involved in project teams and the review of all patient handouts/leaflets, utilisation of the Commission's PLAN resources and developing key messages about patient centred care for all clinical and non-clinical staff.

The Health Quality & Safety Commission has progressed the development of a survey for inpatients utilising the Picker Institute's inpatient survey questions under four 'domains' of patient experience (communication, partnership, co-ordination and physical and emotional support). There have now been seven quarterly surveys (August and November 2014 and February, May, August, November 2015, February and May 2016). Results for Taranaki, compared to the New Zealand average follows below and indicates that we are about the same as the New Zealand average.

Taranaki DHB



District health board (DHB)

- New Zealand
- Taranaki DHB

Compared with NZ average

- About the same
- Higher
- Lower
- No comparison as low response

1.4 Patient Complaints

44 complaints were received during the months of June and July 2016 compared to 38 received in the previous two month period.

44 (100%) of the complaints were acknowledged within 5 working days and 43 (98%) were considered closed within the 20 working day timeframe.

The most common issues captured during these months were as follows:

- Clinical treatment 22
- Staff behaviour/attitude 10
- Communication 4

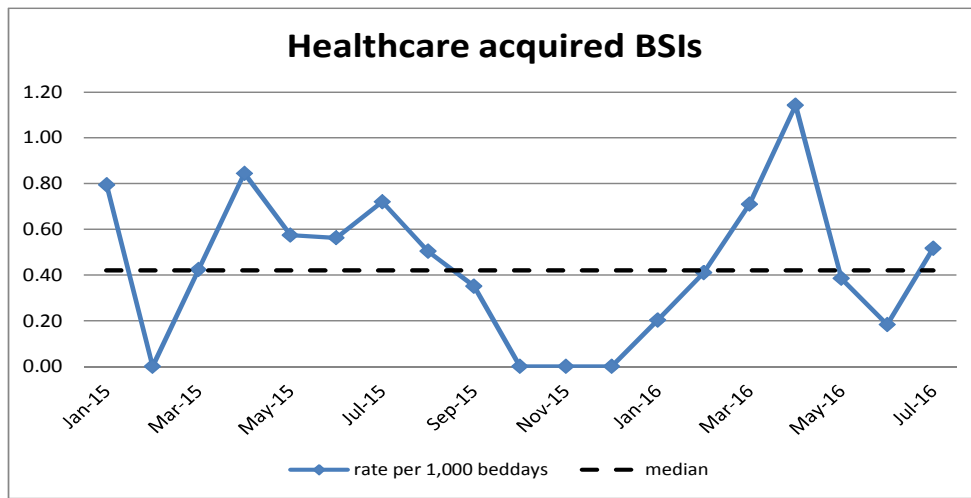
2.0 INFECTION CONTROL

2.1 Hospital Acquired Blood Stream Infections

Description	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16
Healthcare Acquired Blood Stream Infections	3	2	0	0	0	1	2	0	6	2	1	3

NA - data not available

- There were four Healthcare Acquired Blood Stream Infections identified during June and July 2016. One patient was recovering from abdominal surgery, one had a biliary stent in place, one had a tunnel line in place and one patient was recovering from urological surgery. All occurrences have been reviewed by the Infection Prevention and Control team with no issues of concern being identified.



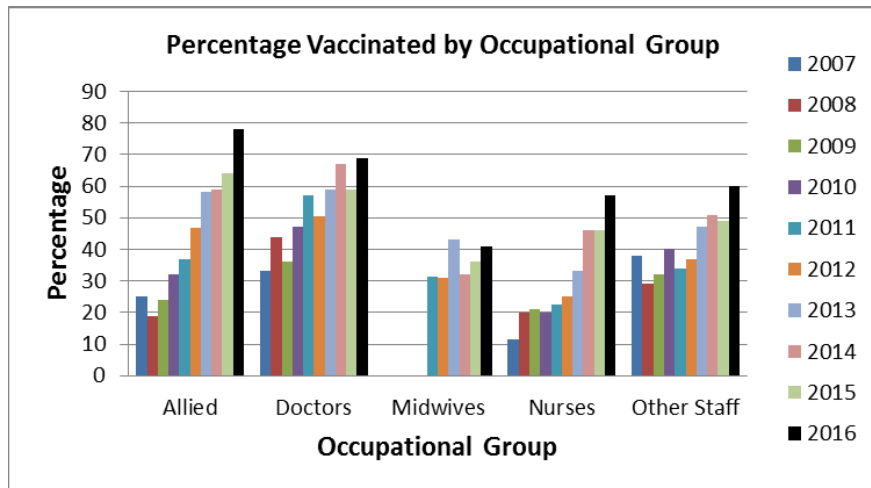
2.2 Influenza Vaccination 2016

Every year, influenza causes our waiting rooms and hospitals to fill up. The World Health Organisation recommends that all health professionals get the seasonal influenza vaccine annually not only for their own protection but to ensure continuity of service and also to reduce the spread of influenza to vulnerable patients.

In 2015 Taranaki was the second lowest DHB with 51% per cent of staff vaccinated, the national average was 66%. This year the aim was to increase our vaccination rate to at least 60%. The Ministry of Health's influenza vaccination season ended on the 31st of August 2016.

1100 out of 1756 or 63% of our staff were vaccinated this year. A review of our 2016 vaccination programme is underway and will be presented to the Board in due course.

The graph below compares vaccination percentages by occupational group from 2007 through to 2016.



RECOMMENDATION

That the Quality and Risk Report for July and August 2016 be noted and received.

Anne Kemp
General Manager Quality & Risk